



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

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

Enc		Purpose	Page	Time
A	MEETING BUSINESS			09:30
A1	Welcome, apologies for absence and declarations of interest <i>Suzy Brain England OBE, Chair</i> <i>Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known</i> <i>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting</i>			10
A2	Actions from previous meeting (no active actions) <i>Suzy Brain England OBE, Chair</i>	<i>Review</i>		
B	True North SA1 - QUALITY AND EFFECTIVENESS			09:40
B1	Board Assurance Framework <i>Dr Tim Noble, Executive Medical Director</i> <i>Karen Jessop, Chief Nurse</i>	<i>Assurance</i>		10
B2	Executive Medical Director Update <i>Dr Tim Noble, Executive Medical Director</i>	<i>Assurance</i>		10
B3	Impact of Junior Doctors Industrial Action <i>Dr Tim Noble, Executive Medical Director</i> <i>Suzanne Stubbs, Interim Deputy Chief Operating Officer – Elective</i>	<i>Assurance</i>		10
B4	Chief Nurse Update <i>Karen Jessop, Chief Nurse</i>	<i>Assurance</i>		10
B5	Maternity Update <i>Lois Mellor, Director of Midwifery</i>	<i>Assurance</i>		10
B6	Birthrate Plus Assessment <i>Lois Mellor, Director of Midwifery</i>	<i>Approve</i>		10

C	True North SA2 & 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT			10:40
C1	Board Assurance Framework <i>Zoe Lintin, Chief People Officer</i>	Assurance		10
C2	People Update (to include Just Culture) <i>Zoe Lintin, Chief People Officer</i> <i>Marie Hardacre, Head of Nursing – Corporate Services</i>	Assurance		10
C3	2022 Staff Survey Results <i>Zoe Lintin, Chief People Officer</i> <i>Daniel Ratchford, Senior Director and General Manager - IQVIA</i>	Assurance		25
C4	Guardian of Safe Working Quarterly Report <i>Dr Anna Pryce, Guardian for Safe Working & Consultant in Sexual Health</i> <i>Zoe Lintin, Chief People Officer & Dr Tim Noble, Executive Medical Director</i>	Assurance		10
BREAK 11:35 – 11:45				
D	True North SA4 - FINANCE AND PERFORMANCE			11:45
D1	Board Assurance Framework <i>Jon Sargeant, Chief Financial Officer (SA4 Finance)</i>	Assurance		10
D2	Finance Update <i>Jon Sargeant, Chief Financial Officer</i>	Assurance		10
D3	Board Assurance Framework <i>Suzanne Stubbs, Interim Deputy Chief Operating Officer – Elective (SA1/SA4 Performance)</i>	Assurance		10
D4	Operational Performance Update to include Ambulance Handovers <i>Suzanne Stubbs, Interim Deputy Chief Operating Officer - Elective</i>	Assurance		15
D5	Directorate of Recovery, Innovation & Transformation Update <i>Jon Sargeant, Interim Director of Recovery, Innovation & Transformation</i>	Assurance		5
E	GOVERNANCE AND ASSURANCE			12:35
E1	Corporate Risk Register <i>Fiona Dunn, Director Corporate Affairs / Company Secretary</i>	Review		5
E2	Chair's Assurance Log i. People Committee <i>Mark Bailey, Non-executive Director</i> ii. Charitable Funds Committee <i>Hazel Brand, Non-executive Director</i> iii. Finance & Performance Committee <i>Mark Day, Non-executive Director</i> iv. Quality & Effectiveness Committee <i>Jo Gander, Non-executive Director</i>	Assurance		20

F	INFORMATION ITEMS (To be taken as read)			13:00
F1	Chair and NEDs Report <i>Suzy Brain England OBE, Chair</i>	<i>Information</i>		
F2	Chief Executives Report <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		
F3	Performance Update Appendices <i>Suzanne Stubbs, Interim Deputy Chief Operating Officer - Elective</i>	<i>Information</i>		
F4	Minutes of the Finance and Performance Committee – 24 November, 8 December 2022 & 26 January 2023 <i>Mark Day, Non-executive Director</i>	<i>Information</i>		
F5	Minutes of the People Committee – 17 January 2023 <i>Mark Bailey, Non-executive Director</i>	<i>Information</i>		
F6	Minutes of the Quality & Effectiveness Committee – 6 December 2022 <i>Jo Gander, Non-executive Director</i>	<i>Information</i>		
F7	Minutes of the Charitable Funds Committee – 8 December 2022 <i>Hazel Brand, Non-executive Director</i>	<i>Information</i>		
F8	Minutes of the Audit & Risk Committee – 14 October 2022 <i>Kath Smart, Non-executive Director</i>	<i>Information</i>		
G	OTHER ITEMS			13:00
G1	Minutes of the meeting held on 28 February 2023 <i>Suzy Brain England OBE, Chair</i>	<i>Approval</i>		5
G2	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>		
G3	Governor questions regarding the business of the meeting (10 minutes) * <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>		10
G4	Date and time of next meeting: Date: Tuesday 25 April 2023 Time: 9:30 Venue: MS Teams	<i>Information</i>		
G5	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>		
H	MEETING CLOSE			13:15

*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, as 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 directly by 5pm day prior to the meeting to express this. All other queries from governors arising from the papers or other matters should be emailed to Fiona Dunn for a written response.

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

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to 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

Board Assurance Framework – Risks to achievement of Strategic Aims

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

True North Strategic Aim 1	True North Strategic Aim 2	True North Strategic Aim 3	True North Strategic Aim 4
To provide outstanding care and improve patient experience	Everybody knows their role in achieving the vision	Team DBTH feel valued and feedback from staff and learners in top 10% in UK	In recurrent surplus to invest in improving patient care.
Breakthrough Objective: Achieve measurable improvements in our quality standards & patient experience	Breakthrough Objective: At least 90% of colleagues have an appraisal linked to the Trusts Values and feel able to contribute to the delivery of the Trust vision.	Breakthrough Objective: Team DBTH feel valued and the Trust is within the top 25% for staff & learner feedback	Breakthrough Objective: Every team achieves their financial plan for the year

Current Risk Appetite Summary for all Risk Level Categories (2022-2023)

Current risk appetite summary for DBTH 2022 / 2023 is: <i>(adapted from Good Governance Institute’s Risk Appetite for NHS Organisations Matrix)</i>	Reputation	Finance/VFM	Regulatory	Innovation	Quality	People
	Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)

Current Risk Level Summary

The entire current BAF was last reviewed in Mar 2023 reviewed alongside the corporate risk register and now incorporates the Board risk appetite statement for 2022/2023.

The entire BAF and CRR were reviewed at Board Sub Committee meetings during Jan/Feb 2022/23 and by the Strategic aim sponsors in Mar 2023. The individual BAF sheets indicate the assurance detail and the risks have been discussed and captured via the minutes at Board and its sub committees.

Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the Jan/Feb/Mar Board Committees and Trust Board.

The BAF continues to be further developed to ensure strategic risks impacting on delivering the strategic aims are captured, assessed and well articulated within each BAF area. The rationale for the overall risk score for each risk is discussed and captured at each meeting.

The Audit and Risk committee has oversights for all four strategic aims/objectives and the Non-Executive Directors confirm overall compliance and assurance at this committee for this BAF process.

The key risks to achieving outstanding patient experience remains workforce, the key risk to financial sustainability is underperformance against income plan, cost improvement plan and the underlying financial sustainability and the key risk to operational excellence remains RTT 18 and the 52-week breach position. Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the Nov Trust Board and its subcommittees. No other changes have been recorded in the overall BAF risk scores for SA1-SA4.

New sections within the individual BAF sheets SA1-SA4 now include reference to the individual risks that contribute to the BAF explanations

There has been no change in the overall BAF risk levels during quarter 3 of 2022/2023.

Heat Map of individual SA risks (identified 2022-2023 BAF)					
	No Harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2					
Possible 3				2 Q&E1, ARC01	3 F&P11, COVID 2472, F&P12,
Likely 4				4 F&P1, F&P6, PEO3, PEO2	2 F&P4, F&P20,
Certain 5		ARC02	Q&E9		

Overall change per Strategic Aim (SA)						
	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2021/22	No of risks/SA	Change
SA1	↔	↔	↔		5	↔
SA2	↔	↔	↔		3	↔
SA3		↔	↔		3	↔
SA4	↔	↔	↔		4	↔

Appendix Level1

Controls (mitigation to lead to evidence of making impact):	Last Review date	Next review date	Reviewed by	Gaps in Control
Accountability Framework & Quality framework process Risk Stratification, Validation and Clinical Prioritisation of Patient Pathways. KPMG work complete and business as usual continues through the Outstanding Outpatients forum in terms of ongoing developments, improvements and digital transformation.	September 2022	March 2023	Executive Medical Director and COO	Action plans in place, reviews on going Processes embedded within admitted pathways and diagnostics. Current PAS system unable to provide full view of follow up patients on non-active pathways. Further work to support the processes for clinical validation and risk stratification across all clinical pathways underway within Digital Transformation and operationally, including the development of a patient pathway management system and refreshed Strategy for 2023/24.
Draft Quality Framework developed including ward to board assurance and accreditation framework, plan in place to discuss with wider stakeholders and pilot in each division Tendable app (ward level auditing tool) successfully launched across the Trust	March 2023	May 2023	Chief Nurse	Quality framework remains in draft Use of Tendable and subsequent improvement planning needs embedding across the organisation
PSIRF Stakeholder group established with good progress made against the phase 1 diagnostic and discovery phase and plans to commence phase 2 in line with the national implementation timelines Support in place with Implementation project manager supported and commenced	March 2023	May 2023	Chief Nurse	Implementation Project Manager – needs to recruit to rest of agreed team, still ongoing Continued capacity of wider stakeholder group
Urgent and Emergency Care Improvement Programme – ongoing	November 2022	April 2023	Executive Medical Director and COO	Actions & plans in place monitored through Urgent and Emergency Care Programme Board
Quality Strategy in draft and first stakeholder meeting held and next steps agreed, golden thread through the draft strategy is patient experience, engagement, and involvement Accessible information standards compliance, core objective for new Head of Patient Experience, gap analysis and action plan under development	March 2022	May 2023	Chief Nurse	Further work required to establish a Patient voices group/patient engagement network Capacity of teams to ensure good stakeholder involvement – various routes being considered to manage this.
NMAHPs workforce – Monthly staffing reports strengthened and data reviewed to ensure accuracy Safer Nursing Care Tool review undertaken data analysis underway	March 2023	May 2023	Chief Nurse	Data Quality being reviewed, NHSE team visiting the Trust by invitation to review systems and processes to support assurance.
CNST/Ockenden Oversight Committee established to maintain oversight of existing action plans DoM direct reporting to Trust Board and Quality and Effectiveness Committee	March 2023	May 2023	Chief Nurse	Awaiting National review of all current Maternity Transformation plans to ensure a coordinated single plan is developed to support Trust oversight
As part of PSIRF implementation maintain and enhanced the new clinical governance structure in line with previous review	March 2023	May 2023	Executive Medical Director	Capacity of wider stakeholder group
Risk Management Board now established and Risk Manager in post. Internal audit review ongoing.	March 2023	May 2023	Executive Medical Director	Capacity for administration of risk management processes
Clinical audit and effectiveness processes exist but improvements to be made as a key component of clinical governance structure review	March 2023	May 2023	Executive Medical Director	Capacity of wider stakeholder group and approval of business case for additional clinical audit roles
Assurances received (L1 – Operational L2-Board Oversight L3 External) **	Last received	Received By	Assurance Rating	Gaps in Assurance
L2	Monthly staffing report to People Committee	7 th March 2023	People Committee	Full
L3	Patient Safety (Datix fields, low and no harm incidents)	Jan 2023	Audit and Risk Committee	Review of categories in use to be undertaken Consideration of shortened report form to enable simpler completion
L3	Advisory review of CNST, Maternity Incentive Scheme Safety Actions (360 assurance)	January 2023	Audit and Risk Committee	Assurance opinion not yet allocated As identified in the report, full plan in place to address the gaps identified and will be monitored by QEC quarterly
L3	CQC Maternity survey results (February 2022)	February 2023	Trust Board of Directors	Action plan in place to address gaps identified, low response rate.

Appendix Level1

L2	Regular Board reporting by Director of Midwifery	February 2023	Trust Board of Directors				
L3	National Getting It Right First Time (GIRFT) reviews across specialties on a rolling programme of work.	September 2022	Board	Full	Medical Director supporting implementation of recommendations		
L3	Job Planning Internal Audit and review. Actions and trajectories being reviewed and trajectories refreshed for 2023/24.	March 2023	Audit and Risk Committee People Committee	Full	Medical Director leading agenda, action plan being developed to drive improvements during 2023/24		
Corrective Actions required				Action due date	Action status	Action owner	Forecast completion date
Workforce Supply and Demand Paper – Consultant Workforce, presented to People Committee in March 2023, providing analysis of the Consultant medical workforce against demand data at specialty level, understand the workforce gaps and feed into the Trust’s Workforce Strategy				March 2023	Under Review	Medical Director	

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:

- L1 Management –such as staff training and compliance with a policy
- L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
- L3 External Assurance –such as internal and external audits.

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

Areas in **blue highlight** reflect Chief Nurse changes

Areas in **green highlight** reflect the Executive Medical Director changes

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	B2		
Report Title:	Executive Medical Director Update				
Sponsor:	Dr Tim Noble, Executive Medical Director				
Author:	Julie Butler, Senior Manager				
Appendices:					
Report Summary					
Purpose of report:	To provide a clinical update on the areas within the EMD portfolio of work				
Summary of key issues/positive highlights:	The clinical update provides an overview as well as some specific examples within each of the team's work-strands, presenting a largely positive overview of the work being undertaken and future plans.				
Recommendation:	The Committee is asked to note the content of the report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	<i>No changes made</i>				
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:					
Date:		Decision:	For information and assurance		
Next Steps:					
Previously circulated reports to supplement this paper:					

1. INTRODUCTION

This report provides a clinical update from the Executive Medical Director's office, summarising in a structured way, key topics within individual Medical Directors and Associate Medical Directors' areas of responsibility.

2. MEDICAL DIRECTOR (MD) FOR WORKFORCE AND SPECIALTY DEVELOPMENT

2.1 Junior Doctors Strike

Following the overwhelming majority of the junior doctor workforce voting in favour of industrial action, there was a 72 hour walkout, from 13th to 15th March 2023, with a full withdrawal of labour from junior doctors, including emergency care.

The emergency planning has been led from the Chief Operating Officer's team, Emergency Planning Officer and supported by the Medical Directors.

Preparation for strike action commenced at the end of January, with MD communication to all senior medical staff and clinical directors to consider how emergency services will be managed during this time. Since the outcome of the ballot and dates of industrial action were announced, focussed and detailed planning commenced with COO and EMD teams supporting Divisions.

2.2 Job Planning

The first phase of uploading job plans to the electronic Allocate system through to final sign off has taken longer than anticipated. Contributing factors include complexity of rota patterns and job planning detail, translating paper based information from spreadsheets and adjusting into the configuration of the electronic system, significant amount of time and resource required for training, meetings and discussions to agree job plans, input onto the system and sign-off.

Once the first phase is complete there will be a period of transition to business as usual, agreed through the Allocate Programme Board.

As at 1st March 2023, there are **135 job plans** signed off on the Allocate system, this fluctuates as job plans on the system become due an annual review.

In-month activities to improve the position include:

- Excellent progress with Paediatric and Respiratory job plans now in the process of updating on Allocate ready for electronic sign off
- Work with surgery progressing

Excellent progress has been made against the internal audit recommendations, however there remains a significant proportion of job plans which are not formally signed-off.

The MD will review those areas which are delaying achievement of all job plans being held electronically and signed off and, working with divisions and specialties, revise the action plan with realistic trajectories for recovery in 2023/24. These will be discussed and agreed at the Allocate Programme Board, following which a formal report and detailed recovery plan will be presented to the People Committee.

2.3 Workforce Planning

Work continues with divisions on medical workforce challenges, reviewing where capacity gaps are being covered through job planned/additional sessions, locums and agency staff, and identifying particularly difficult to recruit areas. This is a collaborative approach involving divisional and corporate colleagues within People and Organisational Development (P&OD) directorate, with workforce plans reflected in divisional business plans for 2023/24.

The Medical Director and Deputy Director for P&OD presented a Workforce Supply and Demand analysis paper for medical staff to People Committee on 7th March 2023, which was positively received.

2.4 Workforce Development and Engagement

2.4.1 Clinical Directors (CDs) Development Workshops

The CDs development session on the 7th February was well attended and feedback very positive. There was a presentation and discussion on the SAS doctor role led by Dr Shervin Vaziri, followed by the Head of Organisational Development and Wellbeing providing a development session and a forum for discussion and learning from each other's directorates and work.

The next workshop is scheduled for 6th June 2023.

2.4.2 New Consultant Forum

The next forum for new consultants joining the Trust is being planned for Tuesday 25th April.

This forum is open to all new consultants that have joined the organisation over the preceding 12 months as well as new appointees due to start. The aim is to help them integrate into the organisation provide some leadership development, along with job planning training and an opportunity to meet executive leads within the Trust. The sessions will encourage relationship building and provide support and signposting for informal mentorship.

2.4.3 Medical Advisory Committee

March's meeting was led by the Medical Director and focussed on planning for the junior doctors strike action.

Topics for discussion at April's meeting include:

- Reflection and shared learning from the junior doctor industrial action
- Trust strategic capital developments and plans
- Staff survey results

3. MEDICAL DIRECTOR FOR OPERATIONAL STABILITY AND OPTIMISATION

3.1 Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

In response to a request from the national GIRFT team, two Trust-wide GIRFT events were held in January, attended by the North East and Yorkshire Implementation Lead and GIRFT Clinical Ambassador.

Across the two January sessions, each specialty presented their findings and recommendations and the data benchmarked against performance indicators. As a result of these discussions, decisions regarding future recommendations for improvement and developments were made, helping to inform the Trust's wider strategic direction.

The feedback provided to DBTH as part of these review sessions has been invaluable in supporting the Trust to identify areas where improvements can be made and in introducing new initiatives to improve patient care. The Trust's positive and proactive response to the GIRFT feedback demonstrates commitment to providing the best possible care to patients in the local community, and serves as a great example of how the GIRFT programme can drive improvements in healthcare delivery.

3.2 Key Areas of Focus

The Medical Director continues his involvement in the Trust's strategic developments including:

- Mexborough Elective Orthopaedic Centre (MEOC)
- Radiology
- Community Diagnostic Centre
- Virtual Ward
- GIRFT
- Risk Stratification, Clinical Validation and Prioritisation

The Medical Director reports to the Trust Board sub-committee, Finance and Performance Committee.

4. ASSOCIATE MEDICAL DIRECTOR (AMD) REVALIDATION AND APPRAISAL

4.1 Electronic Medical Appraisal Platform

The Trust currently uses the national NHS England MAG 4.2 form to store the medical appraisal and associated supporting information, supported by an in-house IT system. This is not particularly user friendly due to cyber security measures, making it very difficult to access remotely.

Whilst the AMD has been reviewing and evaluating other Trust's appraisal systems with a plan to upgrade to a modern e-appraisal platform compliant with NHS England and Associated Medical Royal Colleges recommendations, a significant issue has been flagged by the Head of Digital Operations and Cyber Security. This concerns the current system which is based on deprecated technologies that effect the IPC system, made worse because of the even older age of the underlying server operating system that Revalidation is running on. **This cannot be supported beyond the end of June 2023.**

The AMD, Head of Digital Operations and Cyber Security and their team are working closely on possible solutions to support the current system, however, it cannot be maintained longer term. The options for a future system compliant with NHSE and Royal Colleges, have been explored and the capital identified as a cost pressure for 2023/24 and business case developed.

The mitigated risk score is rated 16, to be presented and discussed at the March Risk Management Board.

4.2 Appraisal Performance

In comparison to the Agenda for Change appraisal season, medical staff are appraised throughout the year and their appraisals form part of the revalidation process. The AMD and team support individuals that require further help and support and chase any outstanding appraisals that need to be scheduled.

Current appraisal performance is 74% for 2022/23, and with a number of appraisals scheduled in March, the team are confident that by year-end the 85% target will be surpassed.

5. ASSOCIATE MEDICAL DIRECTOR CLINICAL GOVERNANCE/PATIENT SAFETY

5.1 Clinical Governance (CG)

The Clinical Governance Coordinator has attended specialty and divisional clinical governance meetings over the past few months as an observer, and highlighted a number of areas where improvements have been made:

- Efficiency within the meetings and effective use of governance processes
- Membership engagement and excellent chairing by the leads

- Risk reviews – linked to the new Risk Management Board and processes
- Quality of minutes, action logs and monitoring

These improvements are supported through governance forums, an informal arrangement led by the AMD for Clinical Safety and attended by the CG Coordinator and Divisional Clinical Governance Leads, providing an opportunity for sharing advice and support. In addition, the CG Coordinator has established quarterly support meetings with Divisional Governance Administrators

Further work from the Clinical Governance Committee includes:

- Supporting Divisions in the need for a Radiology Dashboard to inform clinicians, patients and GPs of waiting times for radiology interventions and reports.
- Supporting Divisions in the need for a patient tracking system.
- Facilitating “question and answer” sessions between Divisions and the Digital Transformation team in terms of clinical IT systems.

5.2 Hospital Standardised Mortality Ratio (HSMR) & Summary Hospital-Level Mortality Indicator (SHMI)

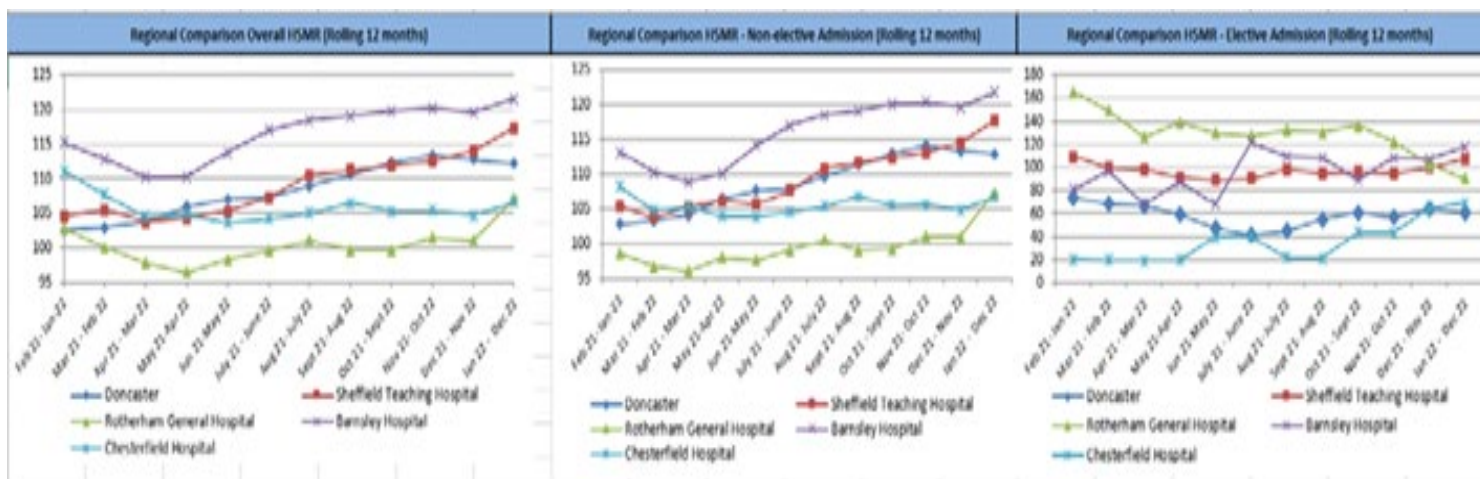
In response to an increase in the Trust’s mortality rate, a Mortality Investigation Group has been established. The group has been meeting monthly since January 2023 and is made up of internal and external stakeholders from Doncaster Place, with the primary purpose to ensure a thorough investigation of DBTH mortality is undertaken. A number of actions have been identified as part of the investigatory phase of work broadly covering the following areas:

- Peer review against other Trusts locally and within DBTH’s peer group
- Medical Examiner’s Office – quality assurance of current systems and processes
- Structured Judgement Reviews (SJRs) – peer review, quality assurance and optimising feedback through training with specialty level mortality leads
- Clinical coding review
- Data Analysis deep dive

The Trust’s HSMR performance data is compared to a group of peers of a similar size with a similar socio-economic population profile, namely:

- Bradford
- York
- Derby and Burton
- Lincoln
- Calderdale and Huddersfield
- Mid Yorkshire

However, the Healthcare Evaluation Data (HED) compared across the South Yorkshire and Chesterfield region (charts below recently presented at the Trust’s Clinical Governance Committee) shows DBTH performance for non-elective admissions sits within the middle of this group and for elective admissions has the lowest mortality rate, over the rolling 12-month period January-December 2022.



HSMR Regional Comparison Data (Rolling 12 months) January 2022 to December 2022

The investigatory process is ongoing and learning from other Trusts suggests that once the investigatory phase has completed with findings and recommendations translated into a detailed action plan, a 12 month programme of work will be required to ensure business change processes can be embedded to recover the Trust's position.

The next meeting of the Mortality Investigation Group will be held in April 2023, and this will conclude the investigatory phase. The group will then provide its conclusion, improvement/recovery action plan and recommendations to the Clinical Governance Committee, Trust Executive Group, Quality and Effectiveness Committee and Board of Directors.

5.3 Risk Management Board Update

The new Risk Systems Manager is now in post and is supporting this committee and actions from its meetings.

- Trust Risk Register – ongoing review of all risks scored 15 and above, checking risk owner, mitigations, and score using standardised descriptors for consistency.
- Review of all new risks scoring 15 and above, thematic analysis as well as those that cut across a number of areas which divisions cannot mitigate in isolation and/or need executive support.
- Risk Systems Manager developing risk management training, learning from other areas
- Improved awareness and discussion around risk management at Clinical Governance Committee.
- Focussed support provided by the newly appointed Risk Manager to Divisional Clinical Governance Leads to cleanse current Risk Registers.

Further improvement will be made when the new Clinical Governance framework is implemented, at which time the Risk Management Board will present a monthly highlight report to the Clinical Governance Committee.

There are no escalations from the committee at this time.

6. MEDICAL EXAMINER UPDATE

6.1 Medical Examiner Update

The Medical Examiners continue to review 100% of all adult deaths in the Trust and highlight the identification of any potential care issues, led by Dr Ruth Medlock, Chief Medical Examiner.

The team are involved in the Mortality Investigatory Group and leading actions around ME processes and SJRs.

6.2 ME scrutiny of all non-coronial adult deaths

The Chief Medical Examiner is currently working with the Doncaster Place Medical Director and GPs across Doncaster and Bassetlaw to implement the systems and processes needed for the scrutiny of non-coronial adult deaths in the community, to meet the deadline for compliance with statutory legislation by the end of March 2023.

The ME team will have access to Systmone and EMIS clinical IT systems to review patients records in primary care. The Systmone module is well established and live, EMIS training is ongoing and 'go live' plans in place.

Engagement with GPs is going well and implementation progressing as planned.

7. EXECUTIVE MEDICAL DIRECTOR'S CLOSING SUMMARY

This report summarises the extensive work led by the Executive Medical Director to help support and shape the safe direction of the Trust.

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 March 2023	Agenda Reference:	B4
Report Title:	Chief Nurse Update		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Kirsty Clarke, Acting Deputy Chief Nurse Simon Brown, Acting Deputy Chief Nurse		
Appendices:	None		
Report Summary			
Purpose of report:	To provide an update to the Trust Board of Directors on key items in relation to the Chief Nurse portfolio.		
Summary of key issues/positive highlights:	<p>The paper outlines the December 2022 and January 2023 outcomes in relation to the key patient safety measures identifying areas of good practice and improvement in:</p> <ul style="list-style-type: none"> • Falls prevention • Prevention of hospital acquired pressure ulcers • Infection prevention and control <p>The report also details any reportable serious incidents.</p> <p>The paper highlights patient experiences, focused on the effectiveness of the complaints procedures, themes of complaints and how we evidence learning.</p> <p>The paper also gives an insight into the current position on safe staffing based on January and February 2023 data, highlighting the mitigations in place and the future developments to support safety.</p> <p><u>Key Points</u></p> <p>Good progress has been made with Patient Safety Incident Response Framework (PSIRF) implementation and we are preparing to move into the governance phase in line with the national timeline.</p> <p>There were eight Serious Incidents logged in December 2022 and January 2023, the details are contained within the report.</p> <p>The Hospital Acquired Pressure Ulcer (HAPU) reduction objective remains on trajectory to achieve a 20% reduction across the Trust on Category two and above HAPUs.</p> <p>The Trust remains within agreed thresholds for infection prevention and control in relation to Clostridium Difficile, E Coli and MRSA bacteraemia.</p> <p>The total care hours per patient day (CHPPD) in January was 7.79, there was a slight increase in February to 7.93 hours.</p>		

	<p>The Trust wide total care hours per patient day (CHPPD) shows an improving trend, although within midwifery services the data demonstrates a decline in CHPPD for the February 2023 period.</p> <p>Work continues to ensure effective use of bank and agency resources including monthly divisionally led rota assurance meetings and agency cascade review.</p> <p>Recruitment of Internationally Educated Nurse continues as per the agreed plan.</p>				
Recommendation:	To note the report.				
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:	CQC – Safe Care and Treatment and Patient Centred Care. Achievement of Outstanding.				
Legal:	Trusts licence to operate				
Resources:	Nil				
Assurance Route					
Previously considered by:	Quality and Effectiveness Committee (QEC)				
Date:	February 2023	Decision:	Regular updates required to QEC		
Next Steps:	Update progress to QEC				
Previously circulated reports to supplement this paper:	None				

Chief Nurse Update - March 2023

Introduction

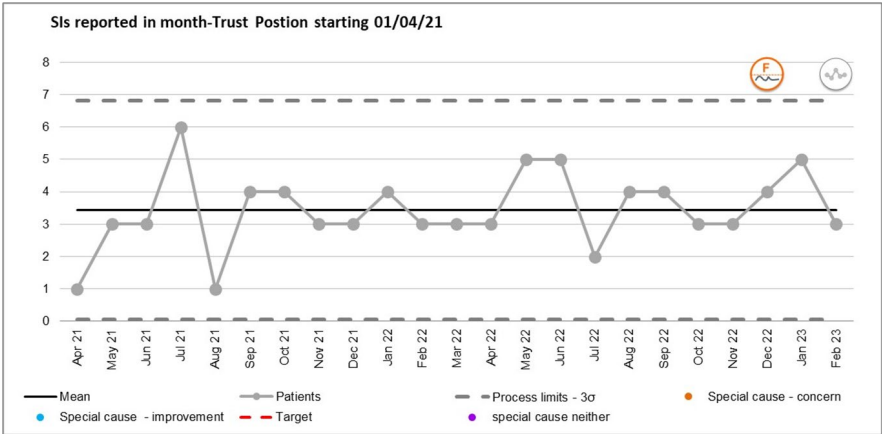
This report provides the Trust Board of Directors with an update on the key issues, challenges and relevant information with regard to the Chief Nurses areas of responsibility

Patient Safety Incident Response Framework (PSIRF) Implementation

The Patient Safety Incident Response Framework (PSIRF) was published on 16 August 2022, it is a major piece of guidance on how NHS organisations respond to patient safety incidents and ensure compassionate engagement with those affected. All providers contracted under the NHS standard contract are required to transition to PSIRF from 1 September 2023. Preparation is expected to take 12 months with organisations transitioning to PSIRF by autumn 2023. The recently established PSIRF implementation group continue to meet monthly. A full implementation action plan has now been created and will be monitored via Monday.com, the current phase of the plan is the diagnostic and discovery phase of implementation. Planning is in progress to commence the thematic analysis process which will form the basis of our patient safety improvement plan. Due to excellent engagement with stakeholders and support provided with project management the Chief Nurse is pleased to report that we have made good progress and are preparing to move into the governance phase in line with the national timeline.

Patient Safety Reporting

Serious Incidents



There was one never event recorded in December 2022 this related to a wrong site nerve block in theatre.

There were eight Serious Incidents logged in December 2022 and January 2023, which were:

- Diagnostic delay - failed follow-up
- VTE
- Unexpected child death
- Sub optimal care

- Sub optimal hip hemiarthroplasty
- 38/40 IUFD
- Termination of pregnancy @ 21+5
- Inpatient fall

This is a total of 38 Serious Incidents reported, year to date for 2022-23.

Year to date for comparison in 2021-22 the number of serious incidents reported was 28, for the same reporting period.

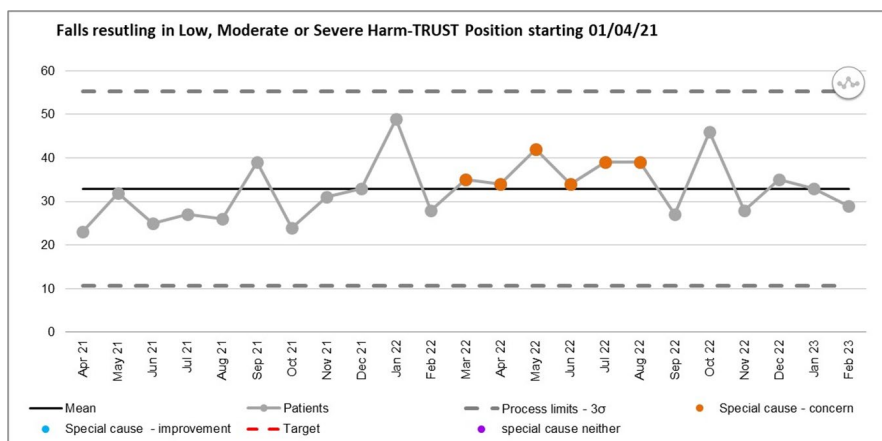
Following a serious incident, immediate safety actions are identified and implemented. These are subsequently reported on the Strategic Executive Information System (StEIS).

Healthcare Safety Investigation Branch (HSIB) Investigations

There have been no new referrals for HSIB investigations.

Falls

There were 298 patient falls reported across December 2022 and January 2023. Of these, 226 resulted in no harm, 64 falls have resulted in low harm, and three resulted in moderate harm and five severe harm.



January’s TENDABLE audits in the falls and enhanced care question sets which are carried out weekly, demonstrate continued improvement with a score of 96%. This visual assessment audit focuses on the 5 principles for falls prevention. This visual assessment audit focuses on the 5 principles for falls prevention.

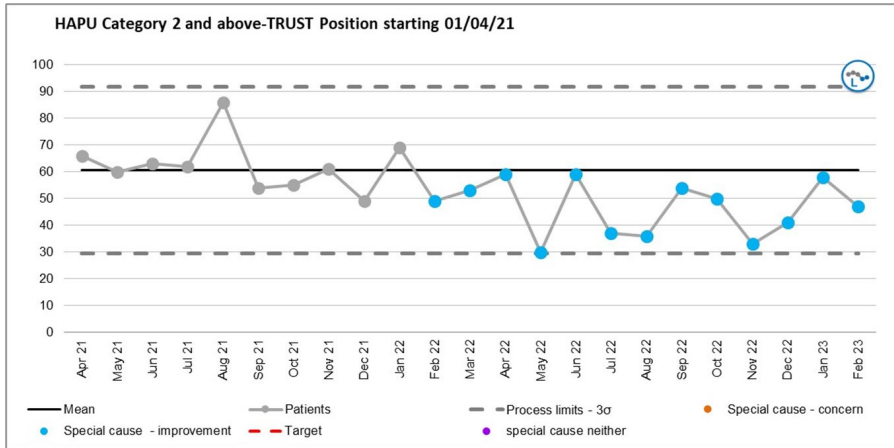
The falls team continue their project targeted on one medical ward and have registered with NHS England their key focus; “Get up, get dressed, and get moving” with a QI project called the reconditioning games. Early evaluation at month two demonstrates a reduction in overall falls and length of stay for our patients. The pilot will conclude in April 2023 and a full evaluation completed.

Hospital Acquired Pressure Ulcers (HAPU)

There were 68 HAPU’s in December 2022 and 81 in January 2023. This has affected 105 patients in total. Of these patients, zero were classified as category four HAPUs, 12 were

category three HAPUs and 13 were unstageable HAPUs. There were zero mucosal pressure ulcers in December 2022 and three in January 2023.

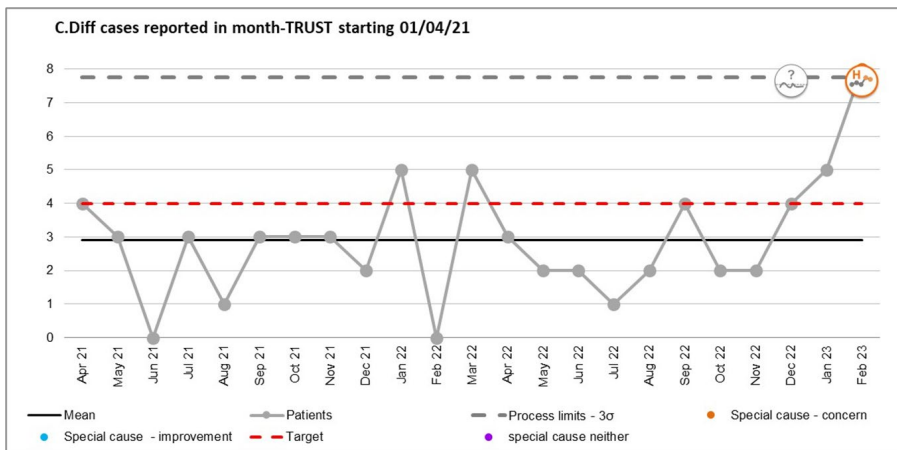
The Skin Integrity Team continue their Quality Improvement programme with the aim of achieving a 20% reduction across the Trust of category two and above HAPU's by the end of March 2023. The Trust remains on target with this threshold following a slight increase albeit within normal variation in January 2023.



Infection Prevention and Control (IPC)

Clostridium difficile (C.diff): There were four cases of Clostridium difficile in December 2022 and six in January 2023. Nine of these were Hospital Onset, Hospital Associated (HOHA) infections, and one was Community Onset, Hospital Associated infections (COHA).

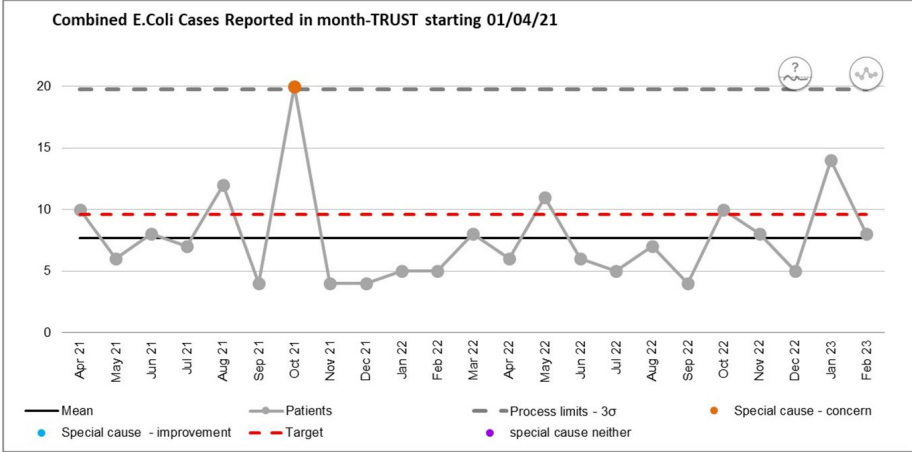
The total number of cases of Clostridium difficile for the financial year is now 33, against a threshold of 48.



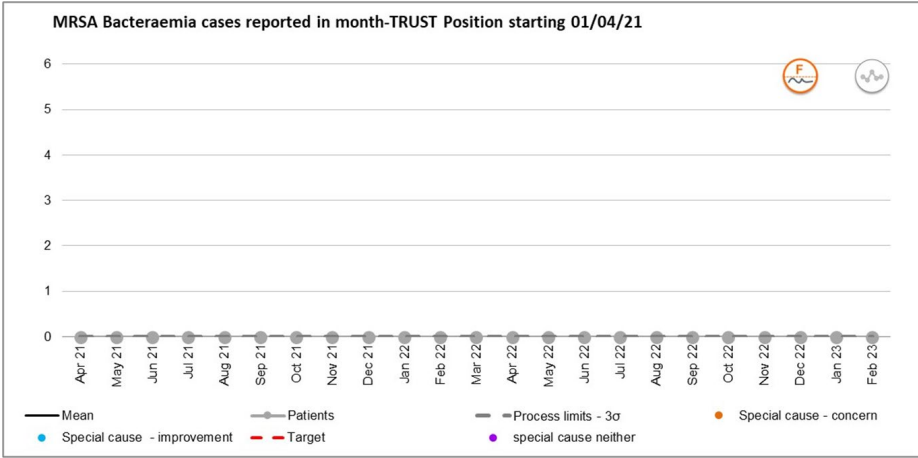
An updated communication was issued to clinical teams regarding the rising number of C.Diff cases and asked for increased rigor around antibiotic prescribing and sampling in line with guidance. It is to note there have been no lapses in care identified in any of the cases reviewed at post infection review meetings.

E-Coli bacteraemia: In December 2022 there were four cases and in January 2023 13 cases of E-Coli bacteraemia reported. Thirteen cases were classed as Hospital Onset, Hospital Associated and four were Community Onset, Hospital Associated (COHA)

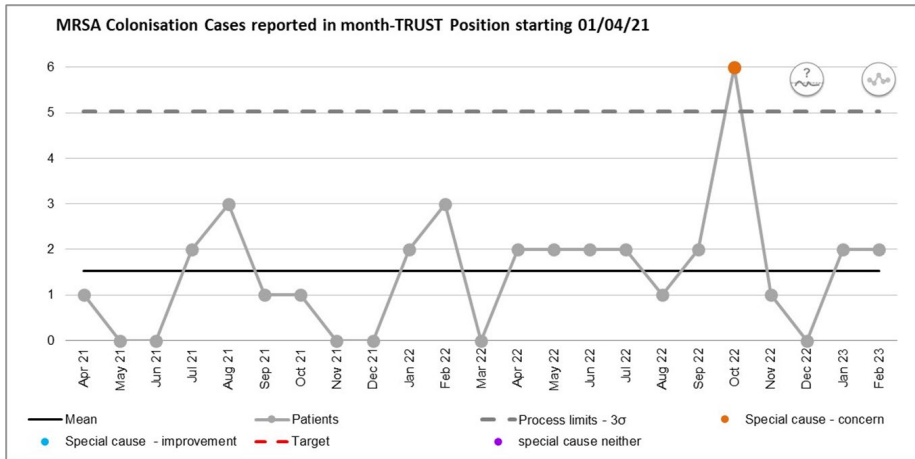
The total for the year so far is 61 against a threshold of 87.



MRSA bacteraemia: There were no MRSA bacteraemia reported in December 2022 or January 2023. This is against a threshold of zero. The Trust has not had an MRSA bacteraemia since 26 February 2021 - a fantastic achievement.



MRSA colonisation: There were zero cases reported in December 2022 and one in January 2023. This is a total of 19 cases year to date and is being closely monitored.



Improvement

Shared Learning

Following investigation, recommendations and learning from patient safety incidents, the monthly Patient Safety Review Group hear presentations on the agenda each month. These presentations share learning across all divisions. This allows operational discussion to discuss learning from an incident and to share and cascade through governance processes.

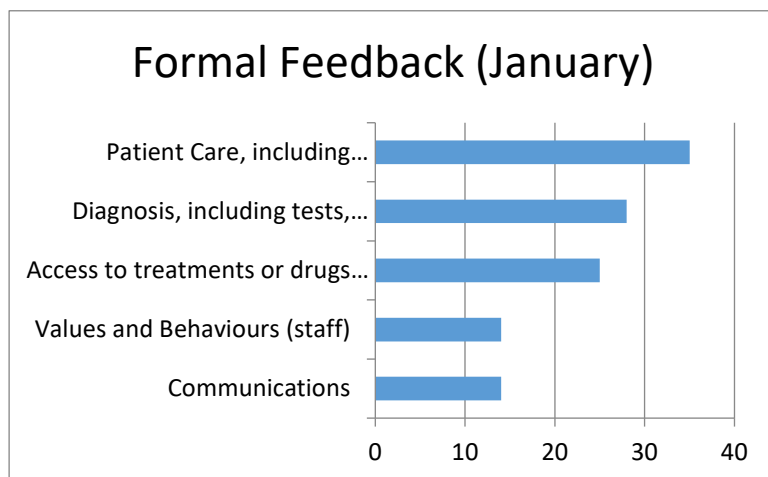
At January’s PSRG, learning was shared from an incident which resulted in traumatic subarachnoid haemorrhage following spinal surgery at an outsourced provider. Learning included a more robust process for sharing of information between providers at handover and the use of a surgical drain with a vacuum.

Patient Experience

Complaints

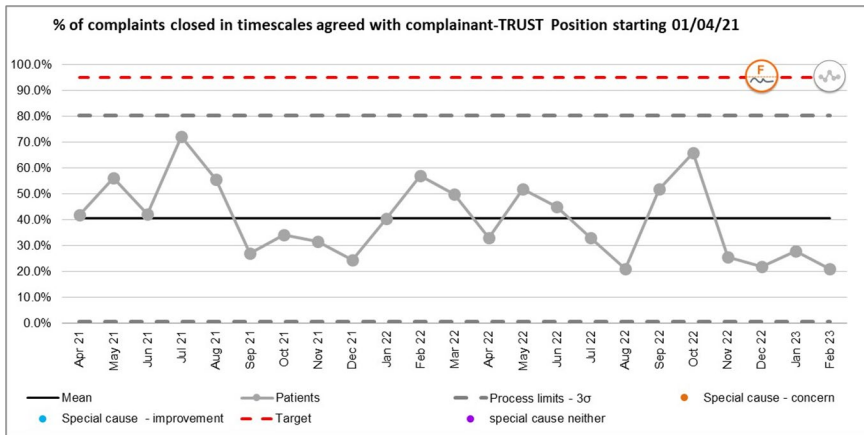
The number of formal complaints in January was 66 compared to 44 in December.

Each formal complaint may contain a variety of questions and as a result there will be more subjects than actual number of complaints.

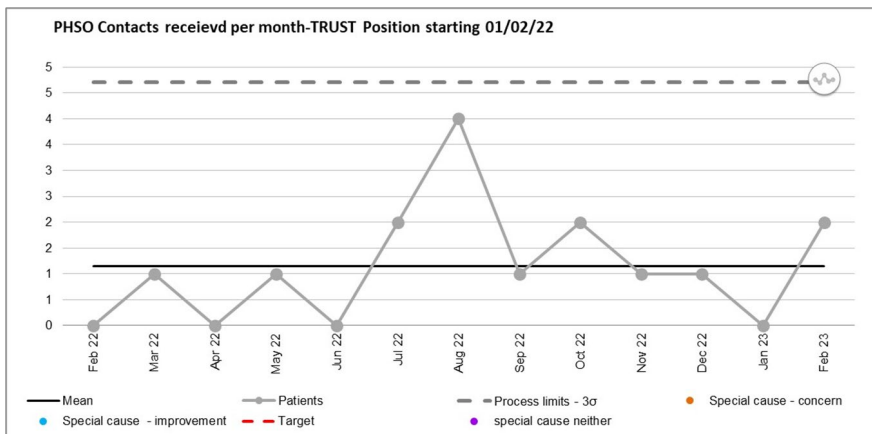


In January the top 5 subjects of complaints were Patient care, including hydration, nutrition and maternity (35), Diagnosis including tests, delays and missed diagnosis (28), Access to treatments or drugs or equipment or appliances (25), Values and Behaviours (14), Communications (14).

Complaints closed in agreed timescale

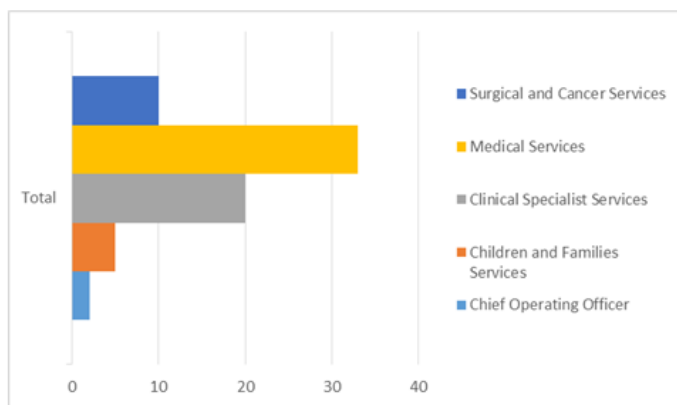


Parliamentary Health Service Ombudsman (PHSO)



Compliments

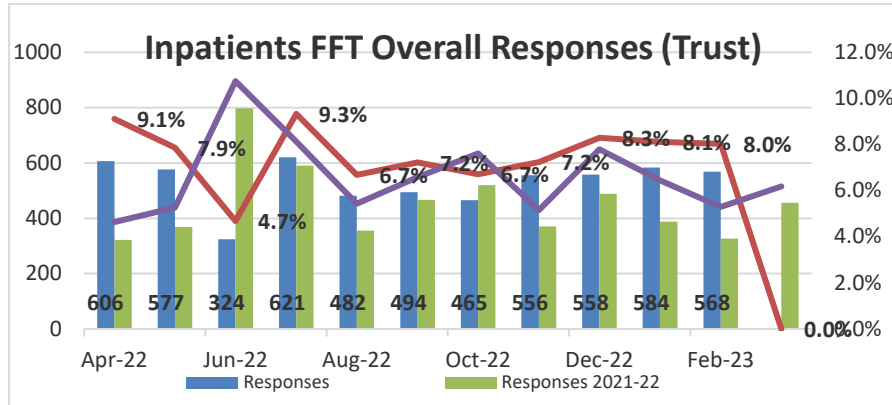
Compliments received January 2023



The majority of compliments received are collated by the ward staff. PALS currently upload FFT card comments received from the wards / departments.

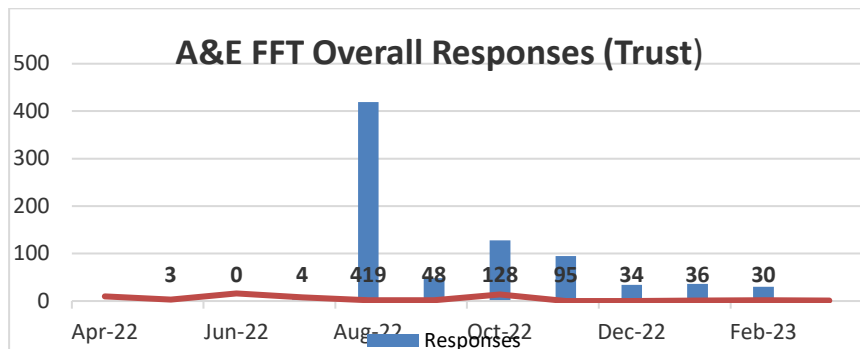
Inpatient Friends and Family Test (FFT)

The overall FFT response rate was 8% for February 2023. This was consistent with the previous two months response rate. In total 568 responses were received from inpatients in February 2023 with a total eligible patients for the same period being 7082.



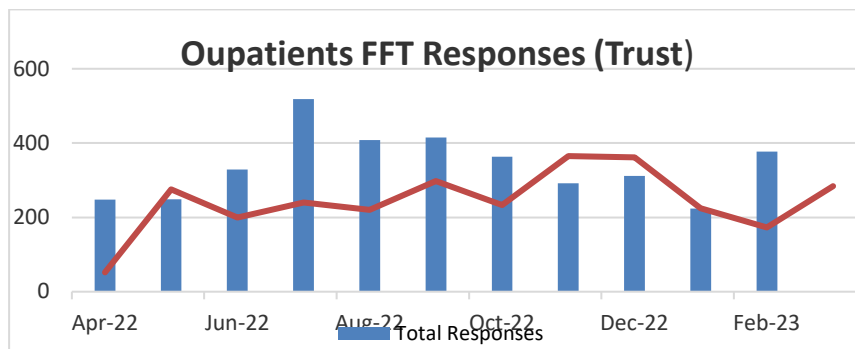
When we review those inpatient responses received 98.59% of the responses were positive and 0.70% were negative.

Accident and Emergency FFT

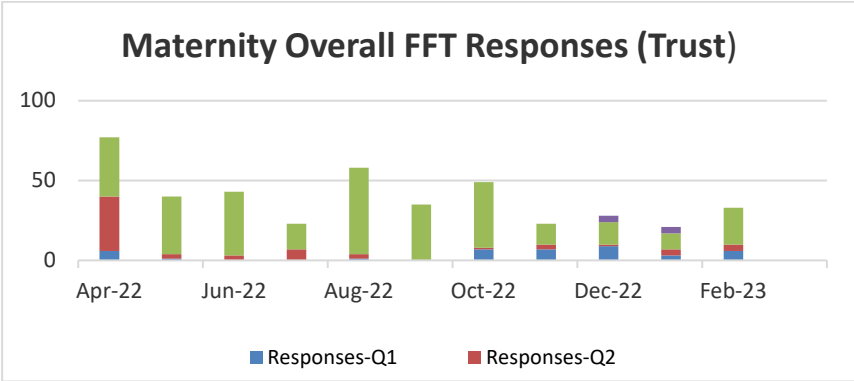


Outpatients Friends and Family Test

377 responses were received from outpatients for the month of February 2023 which was an increase compared to 224 responses the previous month.



Maternity Friends and Family Test



There are maternity friends and family test asks four questions. The number of responses has been challenged with six responses for question one, four responses for question two, 23 responses for question three and zero responses for question four. The actual number of responses however had increased in February 2023 compared to January 2023.

A review of how we can increase our friends and family response rate is being undertaken, this includes looking at how we use technology and possible outsourced provider to support data capture and analysis.

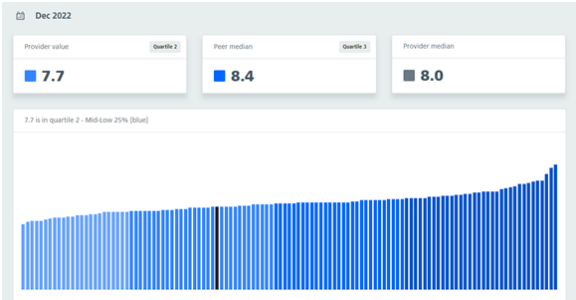
Nursing and Midwifery staffing

All NHS Trust providers are required to publish Nursing and Midwifery staffing data on a monthly basis. The data describes planned hours for staffing based against the actual hours worked. In addition to this the care hours per day (CHPPD) are reported as a monthly metric. DBTH submitted data within the submission timeframe for the months of January 2023 and February 2023.

The submissions over time are summarised in the table below:

DBTH	Aug (22)	Sept (22)	Oct (22)	Nov (22)	Dec (22)	Jan (23)	Feb (23)
Total CHPPD	7.72	7.77	7.66	7.84	7.66	7.79	7.93
Midwifery						15.07	14.74

CHPPD is reported nationally and benchmarking data (compared to peer and nationally) is available on the Model Hospital Dashboard, the current data refers to December 2022 and is included below;



Data is collated at ward level and site level as presented in the below table, all three sites providing inpatient services have demonstrated an improving CHPPD position across January and February 2023.

DBTH Total CHPPD site specific data submission

Trust wide CHPPD	Nov 2022	Dec 2022	Jan 2023	Feb 2023
BDGH	8.84	7.59 ↓	8.10↑	8.26↑
DRI	7.79	7.85↑	7.91↑	8.03↑
MMH	5.80	5.87↑	5.70↑	5.99↑
Total	7.84	7.66↓	7.79↑	7.93↑

Midwifery areas also collect CHPPD data and this is presented for January and February 2023 by site in the below table. There has been a reduction in CHPPD across midwifery area during February 2023 on both sites, in the main contributed to by vacancy and staff absence including maternity leave.

CHPPD data – site specific Midwifery only

Midwifery CHPPD	Jan 2023 CHPPD	Feb 2023 CHPPD
BDGH	15.05	14.90↓
DRI	15.08	14.64↓
Total	15.07	14.74↓

Additional above nursing establishment bed capacity

During January 2023 and February 2023 in response to increasing demands on emergency pathways DBTH opened Ward 22 at DRI as additional winter inpatient capacity. As demonstrated in the below table, in addition to Ward 22 an additional 41 beds were used across the three sites to provide further winter inpatient bed capacity.

Plans are in place currently to reduce the additional surge capacity opened for winter response.

Site	Additional Beds open
BDGH	21 beds
DRI	10 beds in addition to planned winter beds (Plus Ward 22 x 16 beds)
MMH	10 beds
Total	41 beds (Plus planned 16 beds)

Planned versus actual staffing level variance

For many reasons planned staffing requirements can be negatively impacted and this may contribute to a negative impact on quality and safety measures monitored across inpatient areas. During January and February 2023 several wards were rated red for an actual staffing deficit of > 10% below planned staffing levels, as highlighted in the below tables.

January 2023 CHPPD including bed occupancy for in patient wards reporting >10% below planned staffing levels

WARD	CHPPD	Overall planned variance	Day Time Planned Variance (Nurse)	Day Time Planned Variance (HCA)	Night Time planned variance (Nurse)	Night Time planned variance (HCA)	Bed occupancy
CHW	7.5	88.6%	92.65%	94.84%	90.13%	65.63%	87%
M1	9.1	71%	83.74%	62.89%	82.81%	80.57%	78%

February 2023 CHPPD including bed occupancy – in patient wards reporting >10% below planned staffing levels

WARD	CHPPD	Overall Planned variance	Day Time Planned Variance (Nurse)	Day Time Planned Variance (HCA)	Night Time planned variance (Nurse)	Night Time planned variance (HCA)	Bed occupancy
Wards 1&3	8.7	88%	84.09%	71.30%	86.02%	103.15%	94%
Ward 17	6.4	85%	88.87%	78.09%	98.03%	79.61%	114.6%
CHW	8.3	88%	85.40%	114.87%	83.47%	85.55%	85.9%
M1	8.8	80%	92.62%	75.08%	71.67%	77.84%	72%

The above tables provide the data for ward areas where actual staffing levels were >10% below planned staffing requirements. Ward areas only have been included as CHPPD is too crude a measure to use for certain areas, such as critical care or labour ward. Bed occupancy to some extent may have mitigated risk associated with lower staffing levels than planned in certain areas, however the above does not reflect acuity and dependency on the wards for the specified time. As digital solutions roll out further at DBTH and safe care is embedded Trust wide, the triangulation of CHPPD, bed occupancy, acuity, dependency and harms will be used to provide further analysis.

Ward 17 had flexed bed capacity during this reporting period of an additional 4 inpatient beds and the planned staffing requirements for the flexed bed base were not met. The Chief Nurse and Chief Operating Officer are working collaboratively to agree the funded bed base at DBTH and provide information on the additional requirements required should surge bed capacity be considered necessary for peaks in emergency or elective flow. This will provide clear escalation processes to follow when peaks in inpatient activity occur and steps to be taken when deciding on utilisation of flexed capacity, including staffing requirements.

Temporary Workforce solutions

During January and February 2023 NHSP incentives and use of agency continued to support delivery of safe staffing across Paediatrics, Maternity and Adult Inpatient areas and mitigate risk contributed to by seasonal staff absence increases, increased demand on services (including additional bed and discharge lounge capacity) and underlying vacancy. Use of Bank and Agency and effective rostering practices are all currently under review to ensure that the requirements of safe staffing are met whilst reducing high-cost agency usage

Safer Nursing Care Data

DBTH uses the Safer Nursing Care Tool (SNCT) as a NICE endorsed evidence-based decision support tool to determine optimal staffing levels. The tool supports the measurement of patient acuity and / or dependency to inform evidence-based decision making on staffing and workforce. DBTH has licences to use the SNCT for the following settings:

- adult inpatient wards in acute hospitals
- adult acute assessment units
- children and young people's inpatient wards in acute hospitals

Further training to provide a wider DBTH ED faculty to undertake the assessments was planned for February 2023 with the National SNCT team, however due to unanticipated operational issues only one of the three nurses attended, however that one attendee passed the required assessment level. The first data collection for all ED areas is currently being planned and is scheduled to be completed in April / May 2023.

The SNCT data, when triangulated with professional judgement and local intelligence helps the Divisional Directors of Nursing (DDoN) and Head of Nursing (HoN) to review the ward / ED establishments and agree the skill mix and required establishments for each area with the Chief Nurse (CN) and in collaboration with matrons and ward / dept. managers.

The Chief Nurse has now completed formal establishment reviews with each Divisional Director of Nursing, the acting deputy Chief Nurse, finance colleagues and the Erostering team undertaken across January to March 2023. The nursing and midwifery establishments for 2023/24 are now being finalised by Finance colleagues as a result of these reviews, which are a requirement of the Developing workforce safeguards (NHSI 2018).

The SNCT reviews undertaken in November / December are still being analysed and will provide the first of two data sets that will be reviewed in collaboration with the Chief Nurse and a report shared through the relevant Trust committees.

Safe Care

Daily safe staffing meetings

The embedding of daily staffing meetings has continued at DRI / MMH with all inpatient areas now attending daily meetings seven days a week. This currently uses a hands per shift review process, review of red flags and professional judgement, the meetings are logged and actions recorded. Red flags are those occurrences referenced by NICE (July 2014) which may be an indicator that the quality of care has declined, and patients are at increasing risk of adverse effects of delays in care delivery. These can include:

- Unplanned omission in providing patient medications
- Delay of more than 30 minutes in providing pain relief
- Patient vital signs not assessed or recorded as outlined in the care plan
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan
- Less than 2 registered nurses present on a ward during any shift
- Patient not receiving 1:1 care despite risk assessment demonstrating high risk

Current red flags utilised in the DBTH safe staffing meetings include review of registered nurse planned versus actual variance, enhanced care needs, delayed observations, delays in risk assessment completion, serious incidents relating to falls and pressure ulcers or delayed medications.

DBTH are currently exploring ways in which digital systems can further support provision of timely data that provides evidence of delays in medication administration including Parkinson’s medication, regular and PRN pain relief and delays in planned nursing care for example repositioning.

The safe care pilot using the Allocate system rolled out across January and February at Bassetlaw Hospitals and now reports into the daily safe staffing meetings seven days a week. The safe care roll out will next progress to the MMH and DRI sites following a Bassetlaw post implementation review in March 2023.

A pilot process for ED to undertake cross site daily safe staffing reviews and feed into the Trust wide safe staffing will progress during March 2023, led by Matron / Head of Nursing for ED supported by Safe Staffing Matron.

Vacancy position

Utilising provider workforce return (PWR) data the below tables illustrate the vacancy position for nursing, midwifery and theatre practitioners up to and including month 11 data. Please note this does not include the 18 wte internationally educated nurses who should transition into Registered Nurse posts between February and April 2023. It should also be noted that the below does not include the 116 HCA offered positions (of which 44 have a confirmed start date ranging February to April 2023).

Trust wide* Band2/3 Support Worker vacancy wte position (April 2022 to February 2023)

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Funded	937.91	928.47	927.22	940.93	949.38	960.84	969.33	957.08	964.26	957.32	963.32
Contracted	802.22	804.93	804.71	800.63	804.67	800.57	814.3	843.08	848.34	865.91	872.63
Vacancy%	14.5%	13.4%	13.3%	15%	15.3%	16.7%	16%	12%	12.1%	9.60%	9.50%

*Excludes Midwifery

Trust wide* Band 4 to 7 Nursing vacancy wte position (April 2022 to February 2023)

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Funded	1675.82	1671.52	1685.72	1704.42	1699.02	1700.62	1695.62	1695.82	1692.82	1703.72	1724.88
Contracted	1462.06	1465.46	1452.13	1464.82	1455.15	1494.54	1517.34	1527.96	1520.76	1530.46	1598.26
Vacancy%	12.8%	12.3%	13.9%	14.1%	14.4%	12.2%	10.6%	9.9%	10.2%	10.2%	7.31%

*Excludes Midwifery

Trust wide Midwifery Band 2/3 vacancy position

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Funded	60.36	60.36	60.36	60.36	60.85	60.85	60.85	60.85	60.85	60.85	60.85
Contracted	59.68	60.08	61.17	60.17	58.44	58.44	57.06	56.96	60	61.88	65.12
Vacancy%	2%	1%	0%	1%	4%	4%	6%	6%	1.50%	0%	0%

Trust wide Midwifery Band 5 to 8a vacancy position

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Funded	186.48	186.8	187.06	187.06	187.06	187.06	193.45	193.45	193.45	193.45	193.45
Contracted	165.4	163.55	163.71	159.35	160.33	163.01	174.11	175.84	176.06	172.94	170.09
Vacancy%	11%	12.50%	12.50%	15%	14%	13%	10%	9%	9%	11%	12%

Recruitment

Open days to support recruitment of Newly qualified Nurses and Midwives are ongoing in line with their anticipated HEI completion dates in September 2023. Full details of all the retention activities are provided via the Trust's People Committee.

Healthcare assistant recruitment

The healthcare assistant (HCA) workforce continues to be a challenge both in terms of recruitment, training and retention requirements. DBTH offers all HCA recruits new to care or experienced the opportunity to complete foundations of care programme, care certificate and Health & Social care level 2 certificates.

Internationally Educated Nurse Update

DBTH continues with the recruitment of internationally educated nurses to complement our existing workforce. Following funding support from NHS England DBTH will have recruited 82 Adult Nurses and 5 Paediatric nurses, with the last 7 candidates from the 22/23 plan arriving in April 2023.

Cohort's 22/23	Number (WTE)	OSCE outcome	Current status
6 - arrived April	11 adult nurses	11 passed	All on rota
7 - arrived May	9 adult nurses	9 passed	All on rota
8 - arrived Aug	10 adult nurses	10 passed	All on rota
9 - arrived Sept	10 adult nurses	10 passed	All on rota
10 - arrived Oct	5 adult nurses	5 passed	4 on rota 1 waiting NMC Pin
11 - arrived Nov	13 adult nurses 5 paediatric nurses	8 passed 5 resits 5 passed 2 nd OSCE	6 on rota 2 awaiting NMC Pin Awaiting NMC Pin
12 - arrived Jan 23	12 nurses	OSCE's sat 5.3.2023	Results awaited
13 - arrive Mid Feb	5 adult nurses	OSCE booked 31.3.2023	
14- arrive April 2023	7 adult nurses		
Total	82 Adult 5 Paediatric		

All internationally educated nurses are required to pass an objective structured clinical examination (OSCE) to enable them to transition on to the Nursing & Midwifery (NMC) UK register.

The Trust has submitted a bid to the latest 23/24 NHS England funding stream for a further 55 Internationally educated RNs.

Conclusion

The Trust Board of Directors is asked to take assurance from this report in relation to the key elements of the chief nurse portfolio in relation to quality, safety, patient experience and the nursing and midwifery workforce.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	B5		
Report Title:	Maternity Update				
Sponsor:	Karen Jessop, Chief Nurse				
Author:	Lois Mellor, Director of Midwifery Laura Churm, Divisional Director of Nursing (Paediatrics)				
Appendices:	Perinatal Surveillance Dashboard				
Report Summary					
Purpose of report:	To update the Board of Directors on performance, key issues, and developments in Maternity and Neonatal Services.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> • No stillbirths or neonatal deaths this month • No current HSIB cases • Training compliance improving • CNST compliance improved • Midwifery vacancies continue • One to one care in labour levels good • Details in relation to neonatal services are included • High level Medical workforce information has been provided 				
Recommendation:	To note the 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:	Risk to strategic aim - that we fail to provide outstanding care and that patient experience does not meet expectations – SA1				
Corporate risk register:	ID 16 – Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs				
Regulation:	CQC – Regulation 12				
Legal:	N/A				
Resources:					
Assurance Route					
Previously considered by:	Governance Meetings Children’s & Families Board (verbal updates)				
Date:	16.1.2023	Decision:	To continue to monitor		
Next Steps:	Support to continue improvements in maternity & neonatal service, and achieve year 5 CNST standards				

**Previously circulated reports
to supplement this paper:**

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Monthly Board Report

February 2023

Additional information in support of this report is provided in conjunction with the Board Surveillance PowerPoint Presentation.

1. Findings of review of all perinatal deaths

1.1 Stillbirths and late fetal loss > 22 weeks

There have been no stillbirths reported.

1.2 Neonatal Deaths

No neonatal deaths have been reported.

1.3 Actions/ Learning from Perinatal Mortality Review Tool (PMRT)

The development of a local maternity and neonatal system (LMNS) guideline for reduced fetal movement is in progress. Which will improve consistency of care with the LMNS.

The bereavement (Serenity) suite remains on the action log, and the work has commenced in March as planned with an expected completion date in May 2023.

2. Neonatal Services

Neonatal staffing remains a pressure with 92% of establishment recruited and 74% at work, there is an improved position with 98% of establishment recruited in April. The Qualified in Speciality ratio remains at 70%. During February we had 92% of shift within British Association of Perinatal Medicine (BAPM) standards, the 11 shifts which did not meet these standards were due to no supernumerary co-ordinator.

No new serious incident or HSIB eligible cases.

The GIRFT action plan for Neonatal service remains open while we establish transitional care, a joint QI programme will commence in April to develop Transitional care plan for both sites. Work to review neonatal consultant cover including planned absences is ongoing in relation to a historic SI.

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

There has been no change from last month, the reduction in active cases appears to be a national trend.

Cases to date	
Total referrals	22
Referrals / cases rejected	4
Total investigations to date	18
Total investigations completed	18
Current active cases	0
Exception reporting	0

3.1 Reports Received since last report

No investigations currently.

3.2 Current investigations

None.

4. Serious Incident Investigations (Internal)

There is one serious incident investigation in progress, the draft report has been completed and has been submitted for executive sign off.

5. Training Compliance

Trajectories have been set to achieve > 90% compliance by 31st March 2023. This will ensure that the service is in a good position to achieve good compliance with year 5 CNST standards.

K2 E learning package and Cardiotocograph (CTG) Study Day

The most recent training position is:

MDT Role	Number	Number Compliant	K2 CTG Compliance	Number of Staff Undertaken Fetal Monitoring Study Day	Study Day Compliance
Consultants	14	14	100.0%	12	85.7%
Doctors	19	15	78.9%	14	73.7%
GP Trainees	19	9	47.4%	9	47.4%
Midwives	198	147	74.2%	146	73.7%
NHSP Midwives	23	17	73.9%	7	30.4%
Divisional	273	202	74.0%	188	68.9%

All staff non-compliant with training that do not have a booked session are identified to their line manager for an individual discussion and plan to achieve compliance.

Practical Obstetric Multi Professional Training (PROMPT) Training (Obstetric Emergencies)

MDT Role	Number	Number Compliant	Prompt Compliance
Consultants	14	12	85.7%
Doctors	37	26	70.3%
Midwives	201	181	90.0%
NHSP Midwives	26	15	57.7%
Support Workers	68	53	77.9%
Anaesthetists	40	32	80.0%
Divisional	386	319	82.6%

In month there has been an improvement from 80.77% to 82.6%, and the planned trajectory will achieve 90% compliance with all staff groups.

The service has also run a baby abduction drill, and this identified a communication issue (language used) by the admin team. This was immediately addressed.

6. Service User Feedback

The service continues to work closely with the maternity Voices Partnership (MVP), and a number of members have visited the new central delivery suite. They have made some suggestions about improving the environment. They have also been tasked with suggested names for the labour rooms.

We are working closely with the MVP to engage and understand requirements of vulnerable groups. The MVP has actively sought out groups to engage with, and members of the maternity service have joined these groups to hear their thoughts on how we can improve our service.

7. Health service Investigation branch (HSIB) / NHS resolutions (NHSR) / Care quality Commission (CQC) or other investigation with a concern or request for action made directly to the Trust

None.

8. Coroner Prevention of Future deaths (Reg 28) made directly to Trust

None.

9. Progress in achievement of Clinical Negligence Scheme for Trusts (CNST)

Year 4 submission was completed on time, with partial compliance being submitted for five safety actions, 3,4,5,8 and 9. Since the submission the service has continued the work required to meet compliance with these safety actions.

The service is now compliant with safety actions 3 (reducing term admissions to neonatal unit & transitional care) and 9 (safety champions for maternity services).

Safety Action 4 (Workforce) and 5 (midwifery workforce) will be compliant on submission of reports by the end of March 2023.

Progress with safety action 8 is reported in section 5 (Training compliance).

The first meeting of the Ockenden and CNST oversight Committee was held on 15th March 2023. This meeting will coordinate all the work related to CNST and Ockenden requirements. Leads for each element will submit highlight reports monthly, with an update and any identified risks to the compliance with each standard.

Year 5 CNST standards are expected to be published in May 2023.

10. Board Level Safety Champion

The Board level safety champion continues to take an active role in the maternity service.

From the last walk round in Jan 2023 progress has continued with the feedback from the ward areas.

The formal walk rounds and subsequent meeting will be held bi monthly and the next one is planned for March 24th 2023 at the Bassetlaw site.

11. Perinatal Surveillance dashboard

This dashboard is currently under review to update the metrics reported to the Trust Board of Directors.

12. Midwifery staffing

Midwifery vacancies remain at DBTH and these are mitigated using agency and bank midwives. There are daily huddles and reviews of staffing, and an out of hour's senior midwifery manager to assist with decision making.

Despite the midwifery challenges we continue to provide high levels of one to one care in labour (one midwife to one woman). This is metric is from admission, and if it is not possible to provide one to one care straight away this is considered non-compliant. Current compliance is:

Doncaster - 96.4%

Bassetlaw - 97.81%

Where one to one care is not immediately achievable this will be escalated to the manager on call, and a midwife moved to achieve one to one care as soon as possible e.g. bring a community midwife into the unit, move RMs between wards and / or sites.

On the live birthrate+® app midwives can record any red flag incidents. The data is inputted every four hours and the following episodes of red flags were recorded in February 2023.

Doncaster

4 Delayed or cancelled critical time activity

2 delay between admission for induction and beginning the progress

Management Actions taken

Redeploy staff internally - 18

Redeploy from community - 3

Escalate to Manager on call - 3

Bassetlaw

1 Delayed or cancelled critical activity

Management Actions taken

Redeploy staff internally - 3

Escalate to manager on call - 8

13. Medical Workforce

Fully recruited to current Consultant workforce (with 1 WTE colleague due to commence in June 2023), some gaps exist in middle grade rotas, which are being covered by external locums and extra shifts covered by the existing team. There are 6 Speciality training level doctors at various stages in the required recruitment processes.

14. Conclusion

This report contains the details of the Trust performance against local and nationally agreed measures to monitor maternity services, the risks in relation to training compliance are highlighted

and the Trust progress against compliance with meeting the CNST standards is detailed, the Trust Board of Directors is asked to consider the assurance provided in this report.

NE&Y Regional Perinatal Quality Oversight Group Highlight Report

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

Vacancy
rate (MW)

LW co-ordinator
supernumerary
(%)



LMNS: South Yorkshire and Bassetlaw

Reporting period: January 2023 – March 2023

Overall System RAG:

(Please refer to key next slide)

Jan	1:26.5	10.1%	98%
Feb	1:26.6	10.41%	99%

Maternity unit **DBTH – Doncaster**

KPI (see slide 4)	Measurement / Target		Doncaster Rate			
			Jan	Feb		
Caesarean Section rate	Elective	<13.2 %	14.6%	18.9%		
	Emergency	<15.2 %	22.9%	25.8%		
Preterm birth rate	≤26+6 weeks	0	0	1		
	≤36+6 weeks	<6%	10.2%	9.6%		
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	2%	1.8%		
Term admissions to NICU		<6%	0.7%	0.8%		
3 rd & 4 th degree tear	SVD (unassist'd)	<2.8%	1.5%	0%		
	Instrumental (assisted)	<6.05 %	15%	16.7%		
Right place of birth		95%	100%	99.5%		
Smoking at time of delivery		<11%	14.4%	11.3%		
Percentage of women placed on CoC pathway		35%	0%	0%		
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%		
	Area of deprivation		0%	0%		

Month/Quarter	Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)	HIE cases (2 or3)	Neonatal Deaths Early	Neonatal Deaths Late	Notification to ENS	Maternal Mortality (direct / indirect)
2022/2023	Jan	31	158 (total)	0	0	0	0	0	0	0	0	0
	Feb	2		0	0	0	0	0	0	0	0	0

Maternity Red Flags (NICE 2015)

		Jan	Feb
1	Delay in commencing/continuing IOL process	31	2
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	0	0
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0

NE&Y Regional Perinatal Quality Oversight Group Highlight Report



LMNS: South Yorkshire and Bassetlaw

Reporting period: Jan 2023 – March 2023

Overall System RAG:

(Please refer to key next slide)

Maternity unit DBTH – Bassetlaw

KPI (see slide 4)3.9%	Measurement / Target		Bassetlaw Rate			
			Jan	Feb		
Caesarean Section rate	Elective	<13.2 %	10.6%	8.6%		
	Emergency	<16.9 %	29.5%	33.1%		
Preterm birth rate	≤26+6 weeks	0	0	0		
	≤36+6 weeks	<6%	6.06%	7.91%		
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	3%	2.16%		
Term admissions to NICU		<6%	3.25%	0.77%		
3 rd & 4 th degree tear	SVD (unassist'd)	<2.8%	4.5%	5.3%		
	Instrumental (assisted)	<6.06 %	8.3%	0%		
Right place of birth		95%	100%	100%		
Smoking at time of delivery		<11%	6.1%	7.3%		
Percentage of women placed on CoC pathway		35%	0	0	0	
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME		0	0		
	Area of deprivation	75%	0	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	Jan	8	0	1	0	0	0	0	0	0	0	0	0	0	0
	Feb	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Maternity Red Flags (NICE 2015)0			
		Jan	Feb
1	Delay in commencing/continuing IOL process	8	0
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	0	0
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0

Assessed compliance with 10 Steps-to-Safety

		Jan	Feb	March
1	Perinatal review tool	On Track	On Track	Complete
2	MSDS	On Track	On Track	Complete
3	ATAIN	At Risk	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	On Track	Complete
9	Safety Champions	At Risk	On Track	Complete
10	Early notification scheme (HSIB)	On Track	On Track	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

		Jan	Feb	
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)

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

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



Maternity unit			
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 >1500ml Unexpected admission to NNU Staffing	PPH > 1500mls SGA Unexpected admissions to NNU Cat 1 LSCS	
Themes from Maternity Serious Incidents (Sis)	Management and review of diabetic pathway and management of late diagnosis/unstable GDM	None	
Themes arising from Perinatal Mortality Review Tool	Diabetic management of unstable GDM Poor use of translation services CDS USS requires review and aim to upgrade-trial machine in place		
Themes / main areas from complaints	Communication Attitudes	Staff attitude Lack of involvement in care	
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience	MVP Bereavement questionnaire	MVP visits to CDS Website under review	
Evidence of co-production	New CDS and serenity suite appeal MVP workshop with the LMNS	Visit to new CDS by MVP Attendance at Changing lives hub	
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Ongoing OCR meeting Ongoing skills and drills scenarios Education lead now back in post supporting education needs of staff PROMPT Pastoral care team	Staff survey results shared Action planning commenced Baby abduction drill undertaken	
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 LMNS meetings Trust meeting	Newsletters Weekly round up email Reviewed incident review meeting	



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									



Glossary of terms / Definition for use with Maternity papers

AN – Antenatal

ATAIN – term admission to neonatal unit (Term – 37-42 weeks gestation)

Cephalic – Head down

CNST – Clinical Negligence Scheme for Trusts

CTG – Cardiotocograph (fetal monitor)

Cooling – a baby is actively cooled lowering the body temperature

DoM – Director of Midwifery

EFW – Estimated fetal weight

FTSU – Freedom to speak up

G – Gravida (number of total pregnancies (including miscarriages))

HSIB – Health Service Investigation Branch

HIE – Hypoxic ischaemic encephalopathy (when the brain does not receive enough oxygen)

IUD – Intrauterine death

LMNS – Local Maternity and neonatal System

MVP – Maternity Voices Partnership

MSDS – Maternity Service dataset

NED- Non Executive Director

NICU = Neonatal Intensive care unit

NND – Neonatal death

NMPA –National maternity and perinatal Audit

OCR – Obstetric case review

Parity – Number of babies born > 24 weeks gestation (live born)

PFDR – Prevention of Future Deaths Report

PMRT – Perinatal Mortality Review tool

PPH – Postpartum haemorrhage (after birth)

PROMPT – Practical Obstetric Multi- professional training

RIP – Rest in Peace

SVD – Spontaneous vaginal delivery

SBLCDV2 – Saving Babies lives care bundle version 2

MCoC – Midwifery Continuity of carer (6-8 midwives working in a team to deliver holistic care to a family)

MST – Microsoft teams

Other information

Term pregnancy is 37 – 42 weeks long

Viability is 24 weeks (in law) – gestation a pregnancy is considered viable

Resuscitation of a preterm baby can be offered from 22 weeks gestation (parent will need to be counselled)

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	B6		
Report Title:	Birthrate Plus Assessment				
Sponsor:	Karen Jessop, Chief Nurse				
Author:	Lois Mellor, Director of Midwifery				
Appendices:	None				
Report Summary					
Purpose of report:	The purpose of the report is to update the Trust Board of Directors on the Birth rate plus (BR+) assessment of Midwifery staffing Received in August 2022.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> - The report describes the use of the BR + tool, which is a decision support tool, nationally recommended to determine Midwifery establishments. - The report outlines the case mix pregnancy percentages from category 1 (low risk) to category 5 (high risk) demonstrating an increase over time in women with high risk pregnancies accessing DBTH services - Details of the skill mix recommendations from national reports/guidance are highlighted - The numbers of Registered Midwives (RM), specialist Midwives and support staff recommendations are described - An increase in the RM workforce is a recommended output from the use of the BR+ tool - Challenges with recruitment of RMs and the national context is outlined 				
Recommendation:	Trust Board of Directors approve the recommendation to seek a regional approach and position in relation to the required numbers of RMs over and above the existing establishment				
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:	SA1				
Corporate risk register:	16 - Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs				
Regulation:	CQC regulation 12				
Legal:	n/a				
Resources:	Outlined in the report				

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:		Approval from Trust Board of Directors in relation to the recommendation	
Previously circulated reports to supplement this paper:			

1. Introduction

The final Ockenden report (2022) recommends that maternity services are funded appropriately to enable the workforce to deliver consistent safe maternity care. In addition a number of documents make recommendations about midwifery staffing in maternity services.

- Clinical Negligence Scheme for Trusts (CNST) recommendation to use Birthrate Plus®
- The Maternity Self-Assessment tool
- The Royal College of Midwifery Strengthening leadership: a manifesto for better maternity care

2. Birthrate Plus®

Birthrate Plus is the recommended decision support tool for assessing and determining midwifery staffing levels and is used in conjunction with professional judgement to calculate the workforce required to deliver safe maternity services and has been used at DBTH since 2014.

The assessment aims to determine safe midwifery staffing for all aspects of ante natal, intrapartum and post-natal care within the hospital and community settings.

The assessment accounts for bookings, together with women who have ante natal care at DBTH but birth in other units (exports) and women who have community care at other trusts but birth at DBTH (imports). It also allows for attrition from pregnancy loss or moving out of area.

A full assessment using the tool was undertaken on the case mix from September to December 2021, the final report from this assessment was provided to the Trust in August 2022.

The Case mix percentage is as below (Cat 1 low risk to Cat V highest risk pregnancy);

Bassetlaw	Cat 1	Cat II	Cat III	Cat IV	Cat V
2022	7.3%	9.8%	20.8%	29.2%	32.9%
2019	4.9%	11.5%	26.6%	26.9%	30.1%

Doncaster	Cat 1	Cat II	Cat III	Cat IV	Cat V
2022	6.6%	8.9%	19.6%	30.9%	34.0%
2019	6.6%	11.5%	19.5%	26.7%	35.7%

3. Recommended Midwifery staffing

The reports suggests the service requires 243.18 Whole Time Equivalent (WTE) midwives as described below:

	BR Plus Recommended WTE
DRI (clinical)	157.44
BDGH (clinical)	63.63
Specialist/ Managerial	22.11
Total	243.18

The specialist and managerial posts includes the following posts at 8a and above;

- Head of Midwifery
- Equity and Equality Lead Midwife
- Recruitment and Retention Lead
- Clinical and Governance Lead Midwife
- Matrons

4. Skill Mixing

Birthrate Plus suggests that up to 10% of the WTE midwifery requirement can be provided by Agenda for Change (AFC) Band 3 Maternity Support Workers (MSW) where clinically appropriate. Skill mixing can predominantly be undertaken on the post-natal ward, and in community.

When applying a 10% skill mix the following workforce would be recommended by birthrate plus.

	BR Plus Recommended	Midwives B5 -7	Band 3 skill mix
DRI (clinical)	157.44	139.5	17.94
BDGH (clinical)	63.63	57.27	6.36
Specialist / Managerial	22.11	22.11	0
Total	243.18	218.88	24.3

In addition it is recommended that there are support staff at band 2 working on the delivery suites, maternity wards and outpatient services. These are not included in the midwifery staffing ratio.

5. Recommended Staffing Model (Clinical)

The BR+ tool needs to be used in conjunction with professional judgment to include local context. The DBTH maternity service is delivered across two sites and is geographically challenged. Therefore, the following model has been developed using the birthrate+ recommendations, including professional judgement. It is also calculated using the WTE requirement for one member of staff for a 24 hour period, this results in areas being under or over the recommended WTE but ensure that a roster pattern is workable.

DONCASTER	BR +	Midwife WTE	Band 3 WTE	Skill mix	Total WTE	Band 2
Delivery Suite	45.7	44.6	0		44.6	11
Triage	11.07	11.6			11.6	
M2 (AN ward)	13.59	13.4			13.4	1
M1 (PN ward)	37.4	28.1	11	72/28	39.1	
Outpatient	8.03	7.9	2	80/20	9.9	2.6
Antenatal assessment	1.81	1.8			1.8	
Community midwifery	39.84	30	10	75/25	40	0
Total DRI	157.44	137.4	23	87/13	160.4	14.6

Bassetlaw	BR+	Midwife WTE	Band 3 WTE	Skill mix	Total WTE	Band 2
Labour ward	19.75	17.5	0		17.5	5.5
Pregnancy Assessment	6.85	5.5	0		5.5	
A2 (AN & PN ward)	16.82	17.1	0		17.1	5.5
Outpatients	4.07	4	1	75/25	5	1.6
Community Midwifery	16.14	14.2	3	83/17	17.2	0
Total BDGH	63.63	58.3	4	95/5	62.3	12.6
Trust Total	221.07	195.7	27	88/12	222.7	27.2

6. Leadership in Midwifery

The Royal College of midwives published the Strengthening midwifery leadership document in August 2019. This document sets out the recommendation for improving the leadership structures to assist in delivering safe maternity care. Key elements from the guidance for the organization are:

- A Director of midwifery in every trust
- More heads of midwifery

- More consultant midwives
- Specialist midwives in every trust
- Strengthening and supporting sustainable midwifery leadership in education and research

This is reflected in the Maternity self-Assessment tool published by NHSE in July 2021. This tool is designed to support trusts seeking to improve their maternity service rating from 'requires improvement' to 'good', as well as supporting trusts to benchmark their services against national standards and best practice guidance. This includes:

- Director of Midwifery in post
- A-EQUIP model implemented (Professional midwifery advocates in place)
- Bereavement midwife in post
- Application of the CNST safety actions (Safety Action 5 – Midwifery staffing, compliance with Birthrate+ assessment)
- Maternity Governance lead midwife
- Maternity risk manager
- Audit Midwife
- Practice development midwife

To strengthen midwifery leadership at DBTH the following posts are in place:

- Director of midwifery
- Head of midwifery
- Equity and Equality lead Midwife
- 3 matrons
- Recruitment and Retention lead midwife

To meet the requirements for the self-assessment tool the following posts are in place:

- Risk and Governance Midwife
- Audit and Guideline Midwife
- 2 practice development Midwives
- Lead Professional midwifery advocate and other PMA's in line with the A-EQUIP model
- Bereavement Midwives

There are a number of other specialist midwives in post to meet the maternity transformation agenda requirements and provide specialist support to families.

7. Managerial / Specialist Recommended Staffing Model

As described several roles are required to deliver a safe maternity service and a number of the specialist midwife posts are externally funded from NHSE/ Ockenden or LMNS funding. These include;

- Perinatal Mental Health Midwife
- Birth in Mind Midwife
- Audit and Guideline midwife
- Recruitment and retention midwife
- Practice development midwives

However, these posts are non-recurrently funded and if guidance and standards are to be met these posts will need to be substantively funded going forward. Therefore, they have been included in the specialist midwives WTE.

The specialist midwife team also require additional support from Band 2 to undertake non midwifery tasks. This equates to 3 WTE to support infant feeding, and bereavement care.

Role	Grade	BR +	WTE	Required by
Head of Midwifery	8B		1	Ockenden/ RCM
Equity and Equality Lead	8B		1	Ockenden / LMNS
Inpatient Matron	8A		1	Self-Assessment
Intrapartum Matron	8A		1	Self-Assessment
Community Matron	8A		1	Self-Assessment
Risk and Governance Lead	8A		1	Ockenden / Self-assessment
Recruitment Lead	8A		0.6	NHSE
Bereavement Midwives	7		1.2	Ockenden
Audit and Guidelines Midwife	7		1	Ockenden / CNST (CNST funded for 1 year)
Screening Midwives	7		1.5	National screening programme
Retention Midwife	7		.94	Ockenden funded currently
Digital Midwife	7		1	CNST / Self-Assessment
Practice Development Midwives	7		1.8	Ockenden (ockenden funded currently)
Diabetes	7		1.8	Ockenden
Perinatal Mental Health	7		1	Ockenden / LMNS
Birth in Mind (Trauma)	7		0.6	LMNS funded currently
Birth afterthoughts	7		0.2	Ockenden
Fetal monitoring midwives	7		0.8	Ockenden
Substance Misuse midwife	7		1	LMNS
Professional Midwifery advocates	7		1	A-EQUIP / ockenden / self-assessment
Infant feeding midwives	7		1.5	BFI
Safeguarding Midwives	7		1.6	Self-assessment
Band 2 support workers			(3)	Excluded from MW numbers
Total for Leadership / Specialist Roles		22.11	22.34	

In order to achieve all of the recommendations above the funded WTE required would be:

Role	Proposed	Funded	Deficit
8b	2	1	-1
8a	4.6	4.6	0
Band 7 Managerial hours	6.6	6.6	0
Band 7 Coordinators	16.5	16.5	0
Specialist Band 7	15.74	14.8	- 0.94
Midwives 6 /7 clinical hours	173.36	149.47	- 23.89
Total midwives	218.04	192.97	-25.07
MSW Band 3	27	27.23	+ 0.23
Support workers Band 2	30.2	33.62	+ 3.42

8. Current Midwifery Numbers and Mitigating risks

There is currently a national shortage of Midwives, and therefore the service may temporarily utilize different skill mix ratios than recommended to ensure that safe services are maintained whilst the service continues to recruit registered midwives. A risk assessment approach to this is taken and the risk is lower on the post-natal wards and in the community.

Whilst some progress has been made on recruitment to Maternity services in DBTH, there continues to be a national shortage of registrants, the ability to recruit a further 25 WTE RMs on top of the existing vacancy position (compounded by current maternity leave levels) is constrained. The CEO as SRO for the Local Maternity and Neonatal Service (LMNS) has suggested that there is a regional approach to this issue, given that it is not unique to DBTH, this will be taken forward and the new posts will not be added to the Midwifery budgets until there is an agreed approach in relation to the financing and availability of recruits, this approach would be subject to any further National guidance or funding streams.

9. Continuity of Carer (MCoC)

A letter from NHSE was received in September 2022 advising that services paused MCoC until the three following building blocks are in place:

- Adequate staffing
- Engagement with staff
- Training and education

Currently DBTH has paused MCoC (Since July 2021) however when continuity is recommenced there will have to be further assessment for the required workforce model using the continuity of carer workforce model toolkit. As this model of providing care has a different workforce requirement that is likely to increase.

Conclusion

For Trust Board of Directors to note the outcome of the BR+ assessment and to approve the recommendation to seek a regional approach as outlined in the paper.

References

Ball, Washbrook and RCM (unknown) *Working with Birthrate Plus*

NHS Resolution (2022) *Maternity Incentive scheme – year four*

NHS England (2021) *Maternity self-assessment tool*

NHS England (2016) *National maternity Review: Better Births*

Ockenden (2022) *Ockenden Report – FINAL Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust*

RCM (2019) *Strengthening Midwifery leadership: a manifesto for better maternity care*

OUR VISION : To be the safest trust in England, outstanding in all that we do														
True North Strategic Aim 2 – Everybody knows their role in achieving our vision														
Risk Owner: Trust Board – Chief People Officer Committee: People		People, Partners, Performance, Patients, Prevention				Date last reviewed : March 2023								
Strategic Objective Everybody knows their role in achieving our vision Breakthrough Objective At least 90% of colleagues have an appraisal linked to the Trusts Values and feel able to contribute to the delivery of the Trust vision. Measures: <ul style="list-style-type: none"> At least 90% of colleagues have an appraisal linked to the Trust's objectives and values 5% improvement in colleagues reporting they are able to make suggestions to improve the work of their team/department. Delivery of a 5% improvement in the number of colleagues who have the opportunity to show initiative in their area and make improvements in their area of work. 90% of the Divisional and Directorate leaders will have undertaken QI training as part of leadership development programme. <p>- Yellow highlights are the updates since the version presented to People Committee on 7 March 2023</p> <p>Discussion at TEG meeting on 14 November linked to 360 Assurance feedback and recognition of some overlap in the themes of SA2 & SA3 resulting in some overlap in actions. To be considered when BAFs reviewed for 2023/24</p> <p>Refreshed corrective actions to be considered following review of BAF framework for 2023/24</p>		Risk Appetite: The Trust has an appetite for this strategic risk as shown below by risk type:				Overall Risk Scores for Strategic Objective <table border="1"> <tr> <td>Initial Risk Rating</td> <td>4(C) x 5(L) = 20 extr</td> <td rowspan="3">Risk Trend </td> </tr> <tr> <td>Current Risk Rating</td> <td>4(C) x 4(L) = 16 extr</td> </tr> <tr> <td>Target Risk Rating</td> <td>3(C) x 3(L) = 9 low</td> </tr> </table>		Initial Risk Rating	4(C) x 5(L) = 20 extr	Risk Trend 	Current Risk Rating	4(C) x 4(L) = 16 extr	Target Risk Rating	3(C) x 3(L) = 9 low
		Initial Risk Rating	4(C) x 5(L) = 20 extr	Risk Trend 										
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Target Risk Rating	3(C) x 3(L) = 9 low													
		Reputation	Finance/VFM	Regulatory	Innovation	Quality	People							
		Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)							
		Risks: <ul style="list-style-type: none"> Identified below. Relevant risk descriptions and ratings reviewed by Chief People Officer with Risk Manager to reflect changes, with some rewording of descriptions People Committee content with risk ratings, actions, controls and assurances at March PC, noting the review undertaken by the Chief People Officer and Risk Manager and ongoing review undertaken by Chief People Officer <p><i>Please ensure gaps in assurance are qualified and explained in conjunction with current Trust Risk Appetite</i></p>				<p><i>In assessing rationale for the overall strategic risk current score, please articulate the individual strategic risks clearly, by considering the prompts below:</i></p> <ul style="list-style-type: none"> Is the target risk score realistic/when will it be achieved and is this date reflected in action completion dates? Are the controls in place effective – are they driving the risk score down? Are there any gaps in controls? Are any of the controls not having an impact – do they need removing from the BAF? Have actions to address gaps been identified and are these on track? Is there a need to seek additional assurance – either additional board scrutiny or independent assurance? Do the controls mitigate high level operational risks noted on the BAF? <p>Rationale for overall strategic risk current score: Impact:</p> <ul style="list-style-type: none"> Impact on Trust reputation Impact on safety of patients & their experience Possible Regulatory action Recruitment and retention issues in areas Increased sickness levels Financial impact for the Trust if increased levels of absence and gaps 								
Risk ID	Risk Description	Current CRR Risk Rating	Risk Appetite Type	Risk Appetite Level	Target Risk Rating	Datix Linked Risk ID's	Comments							
PEO1 19	Inability to engage with and involve colleagues, learners and representatives to improve experiences at work	12	Inn Peop	Open	8									
PEO2 16	Inability to recruit a sufficient workforce and to ensure colleagues have the right skills	16	Inn Peop	Open	12	3104	Risk PEO2 16 has been reviewed following the PC meeting and likelihood remained as 'likely' based on current position therefore no change to rating							
PEO4 3104	Impact on our workforce of the economic context/cost of living including risk of potential industrial action	12	Inn Peop	Open	9		Discussion at Jan PC about whether this risk should be split into two separate ones. Agreed to leave as one as a strategic level risk encompassing the impact on our colleagues of 'external' events							
Controls (mitigation to lead to evidence of making impact):		Last Review date	Next review date	Reviewed by	Gaps in Control									
Monitoring progress of appraisal completion through central		Mar 2023	Apr 2023	ZL	Appraisal Season launched 1 June 2022, ongoing monitoring of completion rates through appraisal season window, fortnightly reports and reviewed at									

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regular reporting within P&OD indicating compliance					Performance, Overview and Support meetings (POSM) with divisions. No gaps in control identified. Report presented to Nov PC meeting – 83% completion rate recorded for appraisal season. Evaluation and review of 2022 season underway and improvements planned for 2023 (see action below). Update provided below in corrective actions- no gaps in control remaining		
Staff survey and focus groups – positive feedback on colleagues knowing Trust vision		Mar 2023	2022 staff survey results – March 2023	ZL/GP	No gaps identified. Approach for 2022 staff survey action planning presented to People Committee, TEG and Board in July 2022 – supported. new provider secured. Actions taken by divisions in response to survey feedback being presented at POSM. Response rate of 65% - leading amongst acute trusts nationally using our provider. Engagement sessions with local teams on staff survey results beginning following lifting of national embargo on 9 March - plans in place, toolkits/resources developed by People & OD team. Updates provided at each PC meeting- Committee assured.		
Staff survey action plans to ensure appraisal conversations are meaningful as defined by the staff survey		Mar 2023	2022 staff survey results – March 2023	GP	Paper on People Committee Agenda 5 July 2022. Appraisal season monitoring through fortnightly reporting and Performance, Overview and Support meetings with divisions. Appraisal season report presented at Nov PC meeting and Committee assured. As action update above – PC assured		
Numbers accessing Leadership Development Programme, including QI		Sept 2022	Mar 2023	GP	None identified – Prospectus of Leadership Programme Training & Development launched Mar 2022. Full review of leadership development offer to be undertaken following development of leadership behaviours framework. Update on development of the framework provided at Jan PC and Committee assured. Action learning sets now in place with trained facilitators. Creation of leadership behaviours framework progressing, see update below		
Assurances received (L1 – Operational L2-Board Oversight L3 External) **		Last received	Received By	Assurance Rating	Gaps in Assurance		
L1, L2	Feedback from the appraisal season	Nov 2022 (appraisal season)	People, Board	Full	Papers to People Committee 05 July, 6 Sept and 8 Nov 2022. Addition of Engagement and Leadership as standing agenda item at People Committee. No gaps in assurance		
L1,L2,L3	KPMG Job Planning Audit	Mar 2023 (TN update at PC)	People, ARC, Board	No assurance opinion Mar PC – limited assurance	Action plan actively monitored by ARC and People Committee. Timetable for completion of job plans being developed, led by Medical Director. Updates to be presented to People Committee – report to November meeting. Job Planning discussed at PC Mar 23, see update below		
L2	Reports presented at March PC meeting included Engagement and Leadership and new People Strategy following presentation at Board in Feb 23.	Mar 2023	People	Full	Committee assured		
L3	Annual National Staff Survey Results	Jan 2023 Mar 2023	Confidential Board (initial results under embargo) People (initial results & by themes, under embargo) Public Board – full report and presentation from IQVIA (survey provider)	Full	Final survey results to be received (expected late Feb – late Mar) and plan in place for engagement. PC assured by improvements in staff survey results and plans for local engagement and Trust-wide communication		
Corrective Actions required				Action due date	Action status	Action owner	Forecast completion date
Active monitoring on KPMG Job Planning audit to ensure all actions completed – see additional update above. Details on progress on actions in Pentana (360 Assurance system) Action outstanding, due March 2023 Action from March People Committee, following discussion: Escalation to Executive Group and Board of the limited assurance arising from less than 100% completion of the required medical staff job planning. A report on the areas of concern and recovery options is to be presented by the Executive Medical Director Office. Required for the next Confidential Board.				Oct 2022 – deferred from May 2022 Mar 23 for new PC action	Amber -ongoing TN provided verbal update at Mar PC – action identified	TN	Autumn 2022 – changed to Mar 2023
Review of Appraisal Season to be undertaken after the season and on receipt of staff survey results (feedback on appraisals), including refresh of paperwork for 2023 season – 2 stage review Update – Positive feedback and improved results in staff survey results on appraisals (having an appraisal and quality). Preparations completed for launch of 2023 appraisal season in April – appraisal form refreshed and shortened, toolkits/guidance updated, communications & engagement plan in place, reporting issues explored, Executive Directors appraisals booked in March to support cascade of objectives				Nov 2022 (initial review) March 2023 (review of survey results)	Completed	ZL	Action closed

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<p>Development of new People Strategy from 2023</p>	<p>Jan 2023</p>	<p>Draft People Strategy presented to PC and TEG at Jan meetings and also shared widely with other groups during Jan for comments. Positive feedback being received</p> <p>Final draft People Strategy approved by TEG and Board in February</p> <p>Completed</p>	<p>ZL</p>	<p>January 2023 (for draft) February 2023 for approval</p> <p>Action closed</p>
<p>Design and implementation of new leadership behaviours framework for DBTH. Plan for engagement in Nov/Dec, development Jan/Feb. approval process & launch Mar/Apr. Updates presented at Jan and Mar PC meeting – Committee assured. Draft framework shared with PC and TEG in March, wider engagement to follow</p>	<p>Mar/Apr 2023</p>	<p>On track – multiple engagement sessions held in Nov/Dec 2022</p> <p>Draft 'The DBTH Way' framework developed</p>	<p>ZL</p>	<p>March/April 2023 for draft</p>
<p>Approach to succession planning to be refreshed, following development of leadership behaviours framework</p>	<p>May 2023</p>	<p>New action discussed at November PC</p>	<p>ZL</p>	<p>May 2023</p>

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:

- L1 Management –such as staff training and compliance with a policy
- L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
- L3 External Assurance –such as internal and external audits.

Areas in yellow highlight indicate change from last version

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

True North Strategic Aim 3 – Team DBTH feel valued and feedback from staff and learners in top 10% in UK

Risk Owner: Trust Board – Chief People Officer Committee: People		People, Partners, Performance, Patients, Prevention				Date last reviewed : March 2023			
Strategic Objective Team DBTH feel valued and feedback from staff and learners in top 10% in UK Breakthrough Objective Team DBTH feel valued and the Trust is within the top 25% for staff & learner feedback Measures: <ul style="list-style-type: none"> Delivery of a 5% improvement in colleagues and learners recommending the Trust as a place to work and learn in the 2021/2022 staff survey results. Delivery of a 5% improvement in how valued colleagues feel by managers and the Trust in the 2021/ 2022 staff survey results Delivery of 5% improvement in health and wellbeing feedback in the 2021/2022 staff survey results Delivery of 5% improvement in WRES and WDES feedback in the 2021/2022 staff survey results <p>- Yellow highlights are the updates since the version presented to People Committee on 7 March 2023</p> <p>Discussion at TEG meeting on 14 November linked to 360 Assurance feedback and recognition of some overlap in the themes of SA2 & SA3 resulting in some overlap in actions. To be considered when BAFs reviewed for 2023/24</p> <p>Refreshed corrective actions to be considered following review of BAF framework for 2023/24</p>	Risk Appetite: The Trust has an appetite for this strategic risk as shown below by risk type:				Overall Risk Scores for Strategic Objective				
	Reputation	Finance/VFM	Regulatory	Innovation	Quality	People	Initial Risk Rating	4(C) x 5(L) = 20 extr	Risk Trend
	Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)	Current Risk Rating	4(C) x 4(L) = 16 extr	
						Target Risk Rating	3(C) x 3(L) = 9 low		
Risks: <ul style="list-style-type: none"> Identified below. Relevant risk descriptions and ratings reviewed by Chief People Officer with Risk Manager to reflect changes, with some rewording of descriptions People Committee content with risk ratings, actions, controls and assurances at March PC, noting the review undertaken by the Chief People Officer and Risk Manager and ongoing review undertaken by Chief People Officer <p>Please ensure gaps in assurance are qualified and explained in conjunction with current Trust Risk Appetite</p>						<p><i>In assessing rationale for the overall strategic risk current score, please articulate the individual strategic risks clearly, by considering the prompts below:</i></p> <ul style="list-style-type: none"> Is the target risk score realistic/when will it be achieved and is this date reflected in action completion dates? Are the controls in place effective – are they driving the risk score down? Are there any gaps in controls? Are any of the controls not having an impact – do they need removing from the BAF? Have actions to address gaps been identified and are these on track? Is there a need to seek additional assurance – either additional board scrutiny or independent assurance? Do the controls mitigate high level operational risks noted on the BAF? <p>Rationale for overall strategic risk current score:</p> <p>Impact:</p> <ul style="list-style-type: none"> Impact on Trust reputation Impact on safety of patients & their experience Possible Regulatory action Recruitment and retention issues in areas Increased sickness levels Financial impact for the Trust if increased levels of absence and gaps 			
Risk ID	Risk Description	Current CRR Risk Rating	Risk Appetite Type	Risk Appetite Level	Target Risk Rating	Datix Linked Risk ID's	Comments		
PEO1 19	Inability to engage with and involve colleagues, learners and representatives to improve experiences at work	12	Inn Peop	Open	8				
PEO2 16	Inability to recruit a sufficient workforce and to ensure colleagues have the right skills	16	Inn Peop	Open	12	3104	Risk PEO2 16 has been reviewed following the Nov PC meeting and likelihood remained as 'likely' based on current position therefore no change to rating		
PEO4 3104	Impact on our workforce of the economic context/cost of living including risk of potential industrial action	12	Inn Peop	Open	9		Discussion at Jan PC about whether this risk should be split into two separate ones. Agreed to leave as one as a strategic level risk encompassing the impact on our colleagues of 'external' events		
Controls (mitigation to lead to evidence of making impact):		Last Review date	Next review date		Reviewed by	Gaps in Control			
Support introduction of Freedom to Speak Up Champions		Jan 2023	Jul 2023		PH/ZL	No gaps identified. Relaunch of Speaking Up in Autumn 2022, communication began September with different themes being highlighted weekly Engagement during this time will contribute to Speaking Up strategy. Increased number of champions including linking			

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					to Wellbeing Champions and new EDI roles; further training undertaken. Bi-annual Speaking Up report presented to Jan PC meeting by Speak Up Guardian and Committee assured. Updated report presented to Jan Board meeting following PC discussion
Staff survey action plans to ensure improvement	Mar 2023	May 23	ZL/GP		Staff Survey Paper on People Committee Agenda 5 July. Updates and actions being taken provided at Performance, Overview and Support meetings with divisions. Approach for 2022 staff survey action planning presented to People Committee, TEG and Board in July 2022 – supported, new provider secured. Addition of Staff Engagement as standing agenda item for People Committee. Response rate of 65% – leading for acute trusts nationally using our provider. Plan for results to be presented to March PC meeting. Planning starting in divisions/directorates in preparation for results being published (date tbc nationally. Engagement sessions with local teams on staff survey results beginning following lifting of national embargo on 9 March - plans in place, toolkits/resources developed by People & OD team including improvement plan templates. Updates provided at each PC meeting- Committee assured.
Development programme to include Everyone Counts/Civility	Jan 2023	Apr 2023	GP		No gaps currently identified - Leadership development offer to be reviewed following launch of Leadership Behaviours Framework Creation of leadership behaviours framework progressing, see update on SA2
Actions to improve sickness absence, linked to ongoing health and wellbeing programme of work	Jan 2023	May 2023	AJ/GP		Actions and next steps identified in plan presented to People Committee. Health & wellbeing proposal presented to Nov PC and supported. Proposal approved by Charitable Funds Committee. Verbal H&W provided at Jan PC meeting and Committee assured. Improvement Projects report at Mar PC includes update on management of sickness absence – Committee assured
Assurances received (L1 – Operational L2-Board Oversight L3 External) **	Last received	Received By		Assurance Rating	Gaps in Assurance
L1,L2	Standard POD and Education & Research reports for Board. Draft Research and Innovation Strategy presented to Board July 2022 and final strategy approved at Jan 2023 Board	Jul 2022 – Jan 2023 to Board	People, Board	Full	None
L1,L2	Staff networks (BAME, LGBTQ+, Long term conditions); Reciprocal Mentoring programme – feedback to learning partners	-	People, Board	Full	People Committee work plan reviewed for 2023 and gives appropriate attention given to EDI including networks. Reciprocal Mentoring Programme – graduation in July 2022, TEG supported next cohort to launch planned Sept 2022. RMP launched Jan 23. EDI report presented at Mar 23 PC – Committee assured
L3	KPMG Job Planning Audit	Nov 2023 - PC	People, ARC, Board	Limited assurance - PC	Action plan actively being monitored Timetable for completion of job plans being developed, led by Medical Director. Updates to be presented to People Committee – job planning report presented to Nov PC by Medical Director. See action update on SA2
L3	Internal Audit – 360 Assurance Race Code advisory audit	Sep 2022	People, ARC	Advisory audit	Audit report presented to People Committee in Sept 2022 – action closed, see ‘corrective actions’ below
L1	Leadership Behaviours Framework update, Business Planning & Workforce Planning and draft People Strategy presented at January PC meeting and Committee assured. Reports presented at March PC meeting included Education report, Engagement and Leadership, EDI, Just Culture, Workforce Supply & Demand and People Strategy following presentation at Board in Feb 23. Committee assured	Mar 2023	People	No gaps identified, Committee assured	Committee assured and supportive of new Equality, Diversity and Inclusion action plan (linked to previous action from 360 Assurance audit) and Health & Wellbeing approach. Jan PC assured by all these items presented.
L3	GMC survey	Nov 2022	People	Full	GMC survey results and analysis included in Education Report presented to Nov PC meeting. Committee assured.
L3	Annual Health Education England ‘Monitoring the Learning Environment’ quality visit (visit in Dec 22)	Jan 2023 Mar 2023 (TEG)	People	Full	Positive verbal feedback provided by HEE with written report to follow. To be presented to PC in March 2023 once received. Final report being

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					presented to TEG in Mar 23		
L3	Annual National Staff Survey Results	Jan 2023 Mar 2023	Confidential Board (initial results under embargo) People (initial results & by themes, under embargo) Public Board – full report and presentation from IQVIA (survey provider)	N/A	Final survey results to be received (expected late Feb – late Mar) and plan in place for engagement. PC assured by improvements in staff survey results and plans for local engagement and Trust-wide communication		
Corrective Actions required				Action due date	Action status	Action owner	Forecast completion date
New approach to timely and effective engagement in staff survey results to be developed and introduced – feedback sessions with teams to commence when embargo lifted 9 March 2023 Approach in place and enacted, update provided at PC in Mar 2023 – Committee assured				Aug 22 to develop approach Mar 2023 to implement	Completed	ZL	Action closed
Action from RACE Code audit – overarching action plan on EDI to be developed to ensure integration with wider EDI agenda				30 Sept 2022	Completed - refreshed EDI action plan presented to PC & TEG Nov 22 and supported	GP	Action closed
Development of new People Strategy from 2023				Jan 2023	On track – agreed to align with national People Plan themes. PC agenda format changed from Sept 2022 Themes and priorities being collated based on local feedback and national requirements (Nov 22) Draft People Strategy presented to PC and TEG at Jan meetings and also shared widely with other groups for comments. Positive feedback being received. Final draft People Strategy approved by TEG and Board in February Completed	ZL	January 2023 (for draft) February 2023 for approval Action closed

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:

- L1 Management –such as staff training and compliance with a policy
- L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
- L3 External Assurance –such as internal and external audits.

Areas in yellow highlight indicate change from last version

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	C2		
Report Title:	People Update				
Sponsor:	Zoe Lintin, Chief People Officer				
Author:	Zoe Lintin, Chief People Officer				
Appendices:					
Report Summary					
Purpose of report:	To provide Board with an update on developments in relation to activities to support colleague engagement and experience including an overview of our Just Culture workstream.				
Summary of key issues/positive highlights:	<p>There is a Board commitment and ambition to improve colleague experience and engagement across DBTH in line with our True North objective to be in the top 10% in the UK for feedback from our colleagues and learners.</p> <p>This paper highlights some of the recent developments at DBTH and progress being made against our plans in relation to cultural improvement, colleague experience, supporting our people and workforce development, including:</p> <ul style="list-style-type: none"> • Just Culture – workstream launched in January 2023 covering employee relations and patient safety aspects. Update on recent activities and next steps provided, including approach to visible Board commitment through pledges • Leadership Behaviours Framework: The DBTH Way – following engagement and creation phases, now in draft form for review and feedback • Equality, Diversity, and Inclusion – overview of new development and awareness-raising workshops • Workforce planning – overview of connections with annual business planning processes and other developments in this area <p>The People Committee receives regular detailed progress reports on all these areas.</p>				
Recommendation:	<p>The Board is asked to note the actions being taken, the progress being made and to support the work programmes described.</p> <p>The Board is asked to reaffirm its commitment to embedding a Just Culture at DBTH and support the completion of individual pledges.</p>				
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:	SA1, SA2, SA3, SA4		
Corporate risk register:	PE01 19, PEO2 16, PEO3 3104		
Regulation:	None		
Legal:	None		
Resources:	None		
Assurance Route			
Previously considered by:	Some aspects considered by Trust Executive Group and People Committee		
Date:	March 2023	Decision:	Aspects shared and supported where required. People Committee assured.
Next Steps:	Proceed as outlined		
Previously circulated reports to supplement this paper:			

1. Introduction

The People Update reports presented to Board focus on the strategic work being undertaken to improve our people metrics and colleague experience, in pursuit of our True North ambitions to be in the top 10% in the UK for colleague and learner feedback and for everyone to know their role in achieving our vision.

This report provides an update in relation to our Just Culture workstream, the creation of our new Leadership Behaviours Framework – The DBTH Way, information on our refreshed programme of Equality, Diversity and Inclusion training and an update on workforce planning.

2. Just Culture

In January 2023, we launched our Just Culture workstream which is jointly led by the People & OD and Patient Safety teams and seeks to take a holistic approach towards employee relations and patient safety issues. The intention is to further develop and embed a Just Culture at DBTH through engagement, involvement, senior leadership support and focused actions.

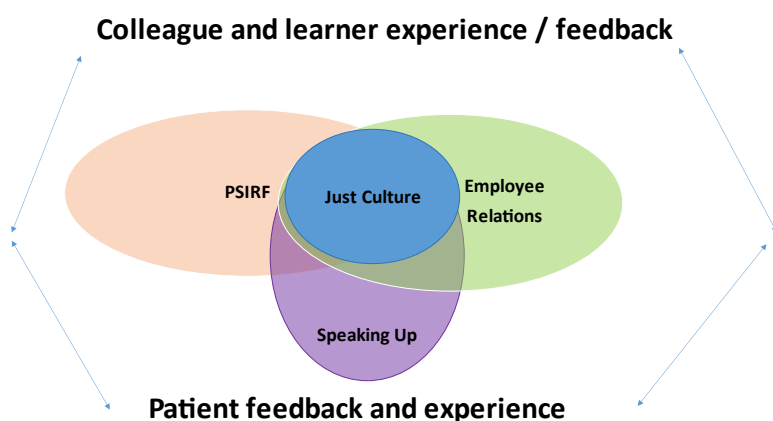
2.1 What is a Just Culture?

A Just Culture is one which considers wider systemic issues when things go wrong, recognising that people will make human errors. It encourages learning and provides support alongside a consistent, constructive and fair evaluation of the actions of individuals involved in patient safety incidents or employee relations issues.

As a learning organisation, we know that everyone needs to feel safe to recognise and admit to mistakes for learning to be possible. A Just Culture is one of learning, insight and improvement, rather than blame. People who don't adhere to rules or policies are first asked why and not judged. People who intentionally put their patients, their colleagues or themselves at risk or display poor behaviour are held to account for their actions.

The new Just Culture workstream also closely aligns with our ongoing engagement and embedding of a Speaking Up culture as well as the implementation of the new Patient Safety Incident Response Framework (PSIRF) and our ongoing work to enhance our employee relations approach previously linked to the national 'Improving People Practices' recommendations.

For these reasons, we have chosen to lead this work jointly across the Chief People Officer/People & OD team and Chief Nurse/Patient Safety team to cover colleague and patient aspects and to ensure alignment with other workstreams and activities.



2.2 Recent activities and next steps

In late January 2023, we reaffirmed our commitment to Just Culture with a launch engagement session with a large group of colleagues from across the Trust. This was well received, and we repeated the engagement session in March 2023 so additional colleagues could join the conversation. A Board development session was also held in late February 2023.

In addition to these targeted events, the ethos of Just Culture and the new workstream has also been discussed in different meetings such as Trust Executive Group (TEG), People Committee, PSIRF implementation group, Speaking Up Forum and different team meetings.

A small working group has been meeting to identify our next steps for the workstream. We have agreed that we will review the key themes and priorities arising from these key engagement sessions to help to shape an action plan to identify high level and high impact actions. In support of ongoing cultural change, we would like to see collective ownership of improvement actions across different groups and for individuals to understand their own responsibilities within their roles.

We will be mindful not to duplicate the work happening elsewhere and instead will ensure there are appropriate linkages between different workstreams. For example, there are actions arising from the PSIRF implementation plans which connect well with the Just Culture ethos. Themes for actions are likely to include areas such as communications and engagement, learning and development, policies and systems.

2.3 Board pledge to Just Culture

The Board has confirmed its commitment to supporting and embedding a Just Culture at DBTH. Board members will be asked to sign up to the following pledge, which will be designed in a standard template:

By embedding a Just Culture across DBTH, we are supporting our vision to be the safest trust in England, outstanding in all that we do. Our Board commitment is to encourage and develop our leaders and colleagues to focus on learning, insight and appropriate improvement as a cultural thread – so that having a Just Culture is part of who we are and how we work at DBTH.

Individual pledges from Board and others:

“I think Just Culture is important and support this at DBTH because.....”

This was developed following the discussions at the Board development session in February 2023 and has been agreed with the Chair and the Chief Executive. Senior leaders and other colleagues will also be asked to make an individual pledge, as part of our work on ongoing communication and engagement. Further details will follow. People Committee will continue to have oversight on the employee relations aspect of our Just Culture workstream.

3. Leadership Behaviours Framework

As previously discussed at Board and People Committee, wide engagement has been undertaken to seek input into the development of a new leadership behaviours framework at DBTH. This has included interactive on-line engagement sessions, with some open for all colleagues across DBTH and others focused for Board/TEG and Leadership Assembly, as well as shorter sessions at various team meetings. These workshops have been well attended and well received, with positive feedback from colleagues who were pleased to be asked to contribute to this work. National resources and frameworks have also been reviewed, and alignment with our own Trust Values and True North strategic ambitions has been considered.

Our new leadership behaviours framework is now in draft form, entitled The DBTH Way, and this is starting to be shared with TEG, People Committee and other Board members for initial feedback. Wider engagement

will follow, in a similar style to seeking feedback on the new People Strategy, and consideration will also be given to the patient perspective.

When talking about a leadership behaviours framework, this is in the context that everyone is a 'leader' in what they do at work – and not just people who have specific job titles. Therefore, it has been designed to relate to behaviours of all colleagues at DBTH. The draft framework has key words then several examples of what this means in terms of acceptable and unacceptable behaviours, aligned with our values.

The intention is that The DBTH Way will sit alongside our values to describe who we are and how we do things at DBTH. Once finalised and approved, work will then begin on the plans to embed The DBTH Way so, over time, it becomes a core part of working life at DBTH. A full review of our leadership development offer will also be carried out once the framework has been finalised and launched.

4. Equality, Diversity and Inclusion (EDI) training

In support of our commitment to enhance our EDI training offer, the EDI team has developed a programme of bite-sized online awareness and development sessions for 2023/24. The sessions will be delivered to colleagues virtually in a similar format to the Wellbeing Wednesdays sessions.

Dates will be publicised shortly and the sessions will cover the following topics:

- Disability Equality - to increase awareness and understanding of the importance of disability equality and inclusion
- WDES (Workforce Disability Equality Standard) - why we collect WDES data in the NHS
- Staff Networks – different sessions to cover different networks: Ability, Race Equality, FABS (Faith and Belief or Spirituality), LGBTQ+
- Race Equality – to increase awareness and understanding of the importance of Race equality and inclusion
- Lived Experience sessions - Race equality; Religion & Belief equality, LGBTQ+ perspectives - written or spoken accounts that highlight the unique challenges and perspectives of individuals; series of different sessions
- WRES (Workforce Race Equality Standard) - why we collect WRES data in the NHS
- Race Equality Staff Network
- Religion & Belief Equality - to increase awareness and understanding of the importance of religious and belief equality and inclusion
- Religious holidays, Beliefs & Spiritualities - the importance of religious holidays and celebration events
- Sexual Orientation – to increase awareness and understanding of the issues/challenges from a LGBTQ+ perspective
- Allies – to learn how to become effective Allies of LGBTQ+ colleagues

5. Workforce planning

Regular reports have been provided to Board and Board sub-committees by the Chief Finance Officer and Chief People Officer on the annual business planning process and how workforce planning is aligned within the wider process. The People and OD team continue to provide support within the Trust and for the wider system submission. A learning needs analysis is also included within the business planning process this year, and the outcomes will be supported by the Education and Research team.

These processes contribute to the refinement of our approach to Trust-wide strategic workforce planning, together with the implementation of the new Strategic Workforce Planning Tool supported by KPMG described in the January 2023 People Update report. In addition, the workforce planning deep dive workshops have commenced for 2023 with the first session focusing on Theatres/ODPs.

The People Committee receive a Workforce Supply and Demand report at each meeting, which has a focus on a different area or professional group each time. The previous two reports have focused on Allied Health Professionals and Medical Consultants and have been presented by the relevant Workforce Leads in conjunction with the Deputy Director of People and OD.

6. Recommendations

The Board is asked to reaffirm its commitment to embedding a Just Culture at DBTH and support the completion of individual pledges.

The Board can be assured that actions are being taken to continue to enhance our approach to colleague experience and workforce planning, with ongoing cultural improvement linked to our True North ambitions, and that good progress is being made in different workstreams. The Board can be assured that People Committee is maintaining oversight of these workstream and project areas.

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 March 2023	Agenda Reference:	C3
Report Title:	2022 Staff Survey Results		
Sponsor:	Zoe Lintin, Chief People Officer		
Author:	Zoe Lintin, Chief People Officer		
Appendices:	Appendix 1 - National NHS Staff Survey 2022, DBTH Summary Report Appendix 2 – National Staff Survey 2022 in summary (internal communication)		
Report Summary			
Purpose of report:	<p>To present to Board our 2022 annual staff survey results and our plans for communication and engagement.</p> <p>Daniel Ratchford, Senior Director and General Manager, from IQVIA (our survey provider) will also attend the Board to present our results.</p>		
Summary of key issues/positive highlights:	<p>At DBTH, we have a True North strategic objective to be in the top 10% nationally for colleague and learner feedback. The annual staff survey is a key indicator of our progress.</p> <p>Our initial results were presented at the confidential Board meeting in January 2023 and the final results, including national benchmarks, were available and published on 9 March 2023 when the national embargo on the results was lifted.</p> <p>Our full results and detailed report can be found here (154 pages): https://cms.nhsstaffsurveys.com/app/reports/2022/RP5-benchmark-2022.pdf</p> <p>The summary pages of this report showing our results against the People Promise themes are enclosed at Appendix 1 and our infographic for internal communication of the summary results is shown at Appendix 2.</p> <p>Headlines</p> <p>Our response rate was 65.2% and the comparator average for acute trusts using the same provider was 44%. We were a leading acute trust for our response rate nationally and we achieved our highest ever response rate for the survey at DBTH which is a positive sign of engagement.</p> <p>Our initial results showed a breakdown by question with a comparison with our 2021 results and our comparator group of acute and acute & community trusts using IQVIA. These initial results showed the following for the individual questions:</p> <p style="padding-left: 40px;">Better than our results in 2021 = 79 Worse than 2021 = 18 Unchanged = 1</p> <p style="padding-left: 40px;">Better than our IQVIA comparator = 62 Worse than our comparator = 41 Same = 1</p>		

	<p>Our final results show the questions against the seven People Promise themes and two additional elements of Staff Engagement and Morale. In comparison with our results in 2021, we have seen improvement in eight of these themes and held our position on the remaining one. This contrasts with the national picture on the NHS staff survey results.</p> <p>Whilst there are still clearly areas for improvement and further development, these are an encouraging set of results in the circumstances showing an improving position in our journey to improve our colleague experience and enhance our organisational culture in line with our True North ambitions.</p> <p>Current actions and next steps</p> <p>As previously described at Trust Executive Group, People Committee and Board, each team with their own local results will be holding engagement session(s) to give the opportunity for the results to be shared, positive themes to be highlighted and improvement actions to be discussed.</p> <p>The People and OD team has developed resources to support this process including creating engagement improvement plan templates to record actions and materials to support the facilitation of these conversations. The Senior People Business Partners are providing support and teams are asked to keep their plans ‘live’ during the year so that team members can see changes and play a role in making improvements. People Committee will have oversight of summary improvement plans at a divisional/directorate level as well as continuing to have oversight of progress of Trust-wide activities at a corporate level.</p> <p>Alongside this, a suite of communications including infographics have been developed at a Trust-wide level to share our results through different channels and there will be ongoing communications planned to highlight the actions taken in response to colleague feedback on different topics.</p> <p>This whole approach is designed with the intention of implementing and embedding a culture of year-round engagement with all our colleagues.</p>				
Recommendation:	The Board is asked to review our 2022 staff survey results and to be assured by the improvements seen and the approach being taken to communication and engagement.				
Action Require:	Approve	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	

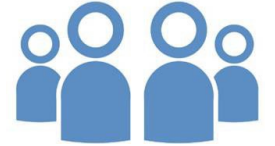
Implications	
Board assurance framework:	SA1, SA2, SA3
Corporate risk register:	All People-related risks
Regulation:	N/A
Legal:	N/A

Resources:		N/A	
Assurance Route			
Previously considered by:		Initial embargoed results presented at Trust Executive Group, People Committee, and confidential Board	
Date:	January and March 2023	Decision:	Approach to engagement supported
Next Steps:		Presentation of final results to Board in March 2023, following lifting of the national embargo	
Previously circulated reports to supplement this paper:			

Doncaster and Bassetlaw Teaching Hospitals NHS

Foundation Trust

2022 NHS Staff Survey



Organisation details

Completed questionnaires **4252**

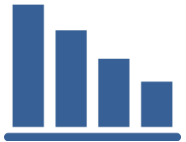
2022 response rate **65%**

Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

Acute and Acute & Community Trusts



2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292

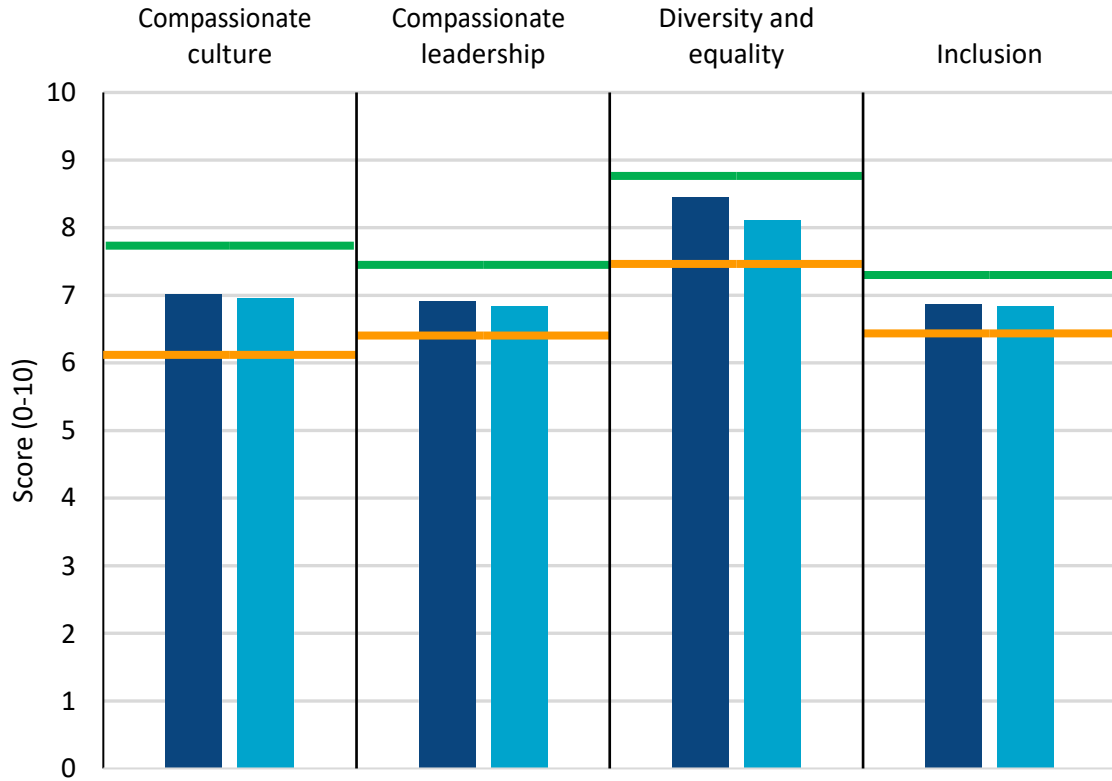


People Promise Elements, Themes and sub-score results

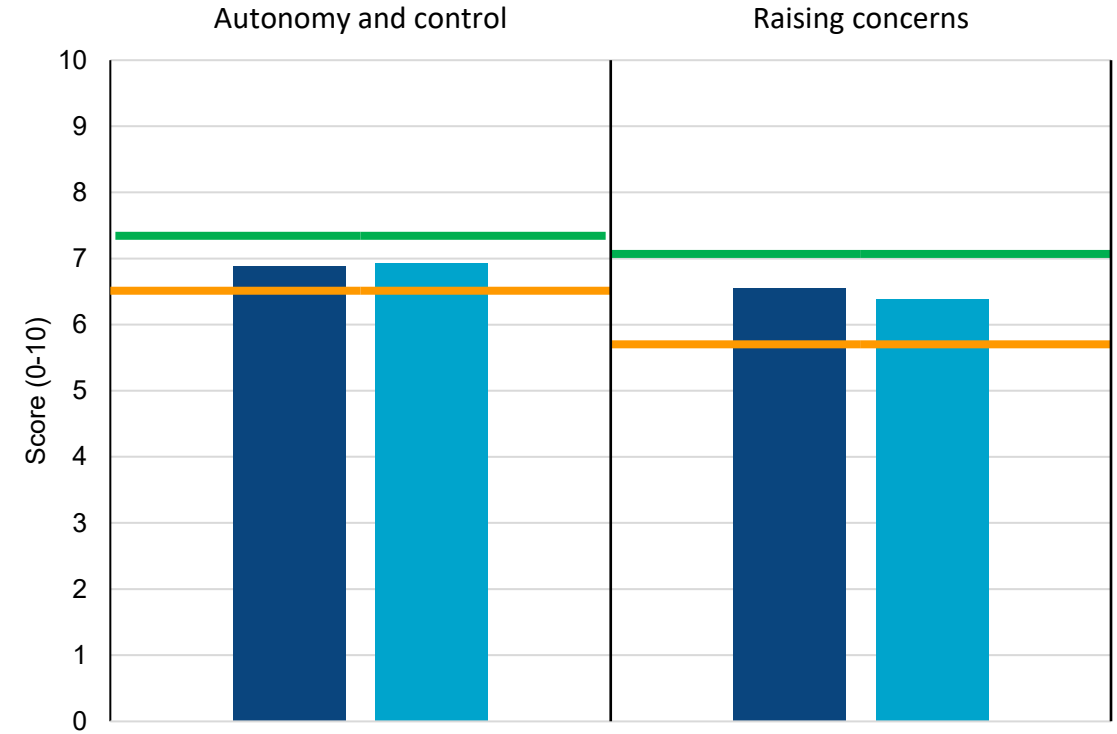
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



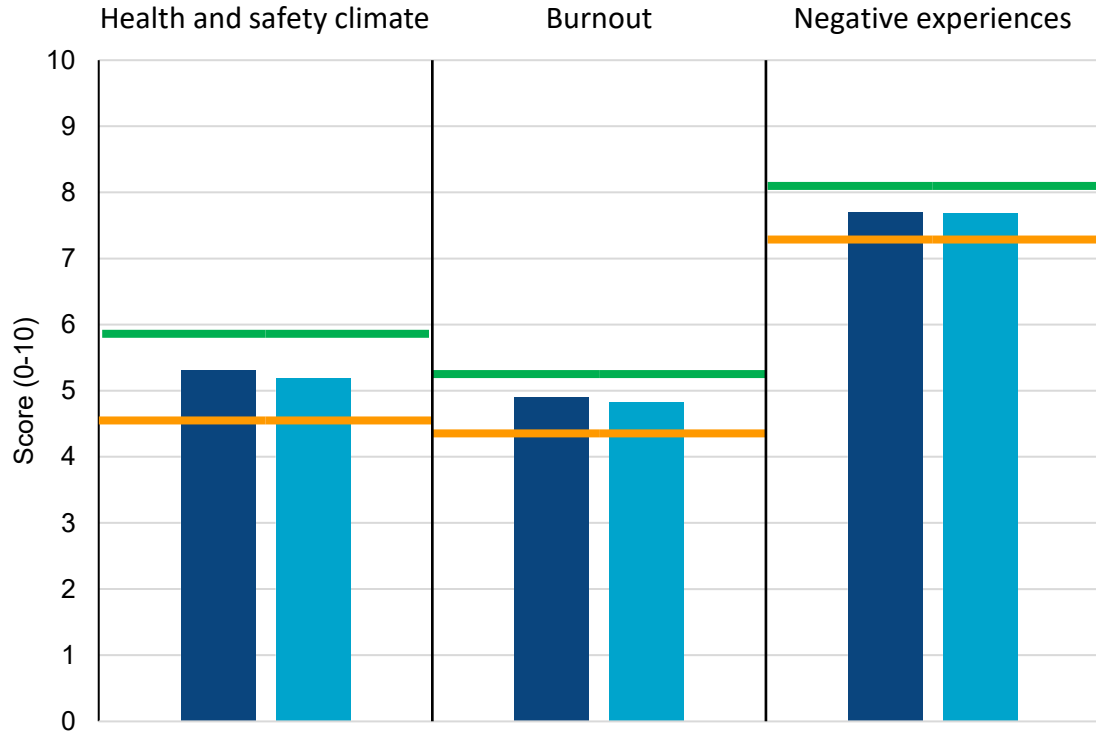
Your org	7.0	6.9	8.5	6.9
Best	7.7	7.4	8.8	7.3
Average	7.0	6.8	8.1	6.8
Worst	6.1	6.4	7.5	6.4
Responses	4224	4237	4235	4225

Your org	6.9	6.5
Best	7.3	7.1
Average	6.9	6.4
Worst	6.5	5.7
Responses	4241	4197

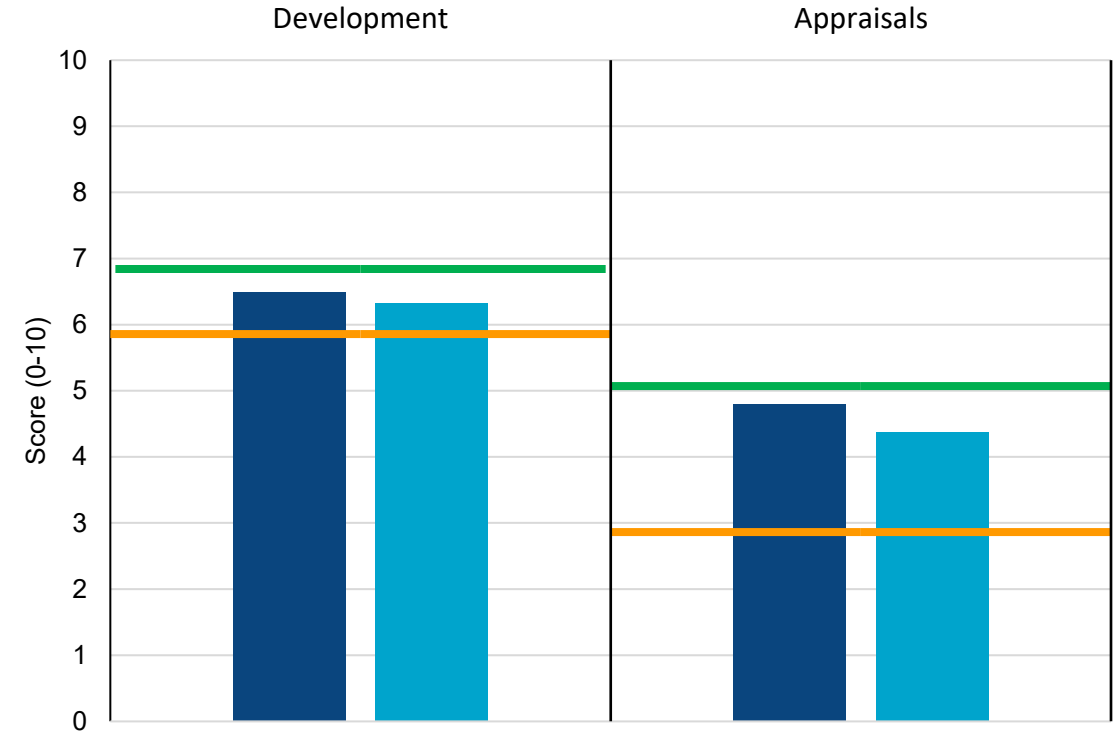
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



Your org	5.3	4.9	7.7
Best	5.9	5.3	8.1
Average	5.2	4.8	7.7
Worst	4.6	4.4	7.3

Responses

4240

4243

4236

Your org	6.5	4.8
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9

Responses

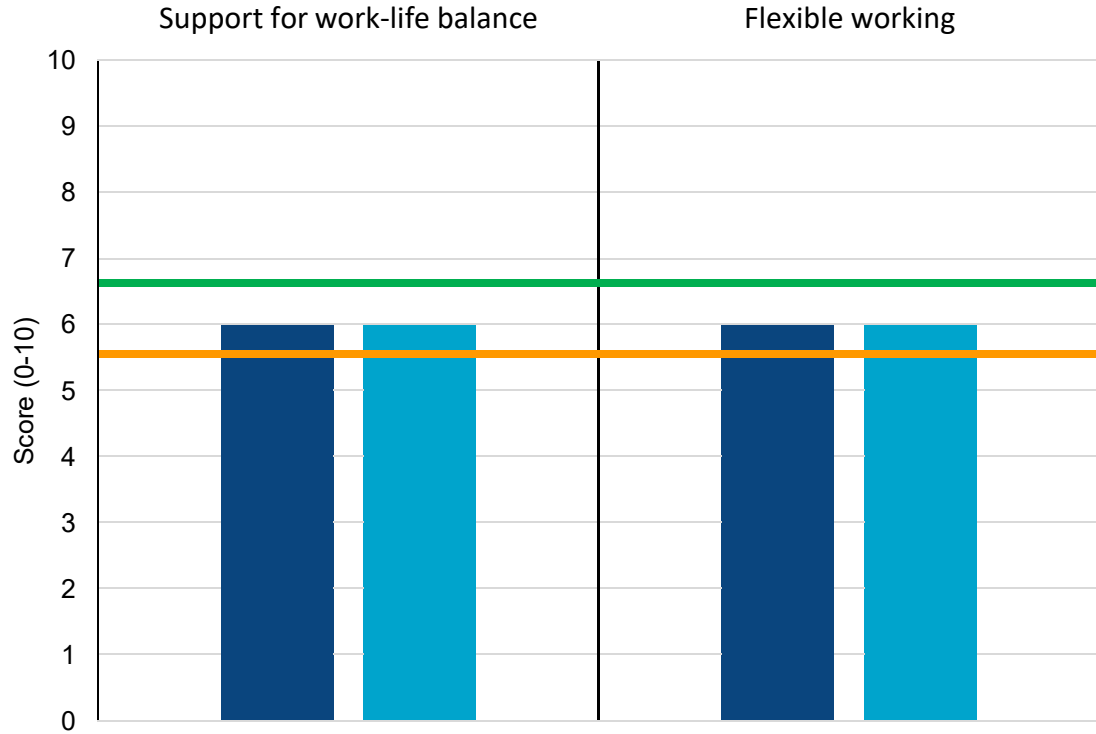
4224

4134

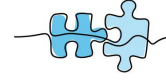
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



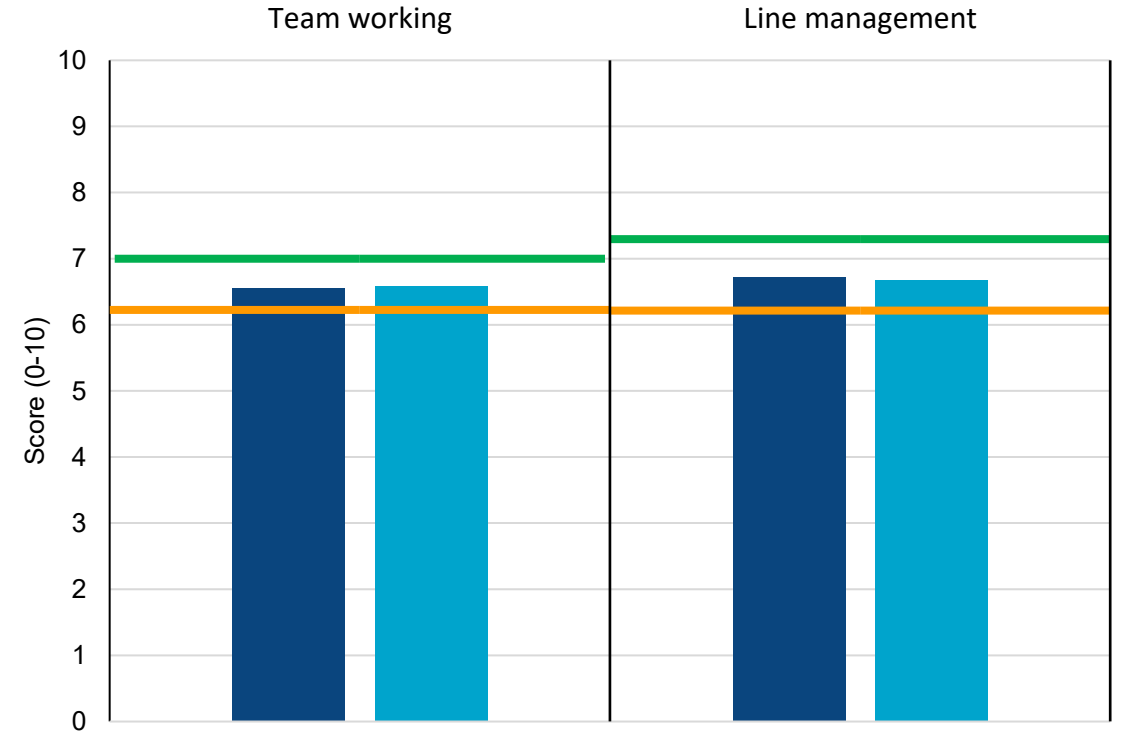
Promise element 6: We work flexibly



Your org	6.1	5.8
Best	6.7	6.6
Average	6.1	6.0
Worst	5.6	5.5
Responses	4239	4219



Promise element 7: We are a team



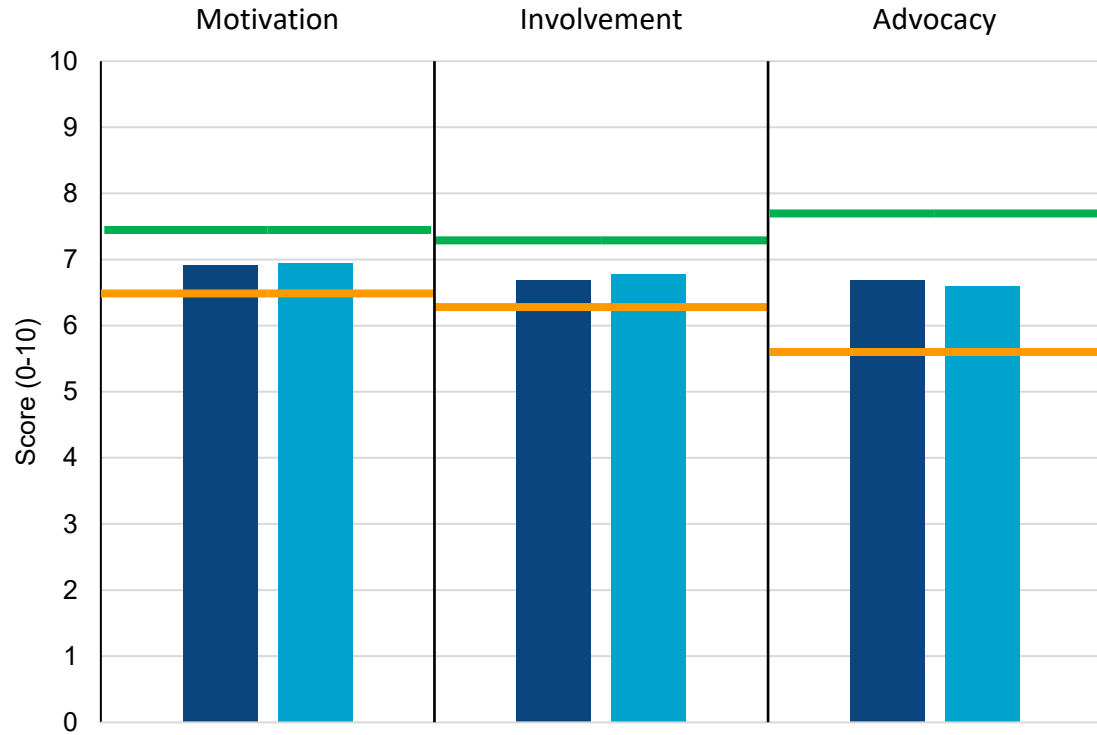
Your org	6.6	6.7
Best	7.0	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	4238	4240



People Promise Elements, Themes and Sub-scores: Sub-score Overview

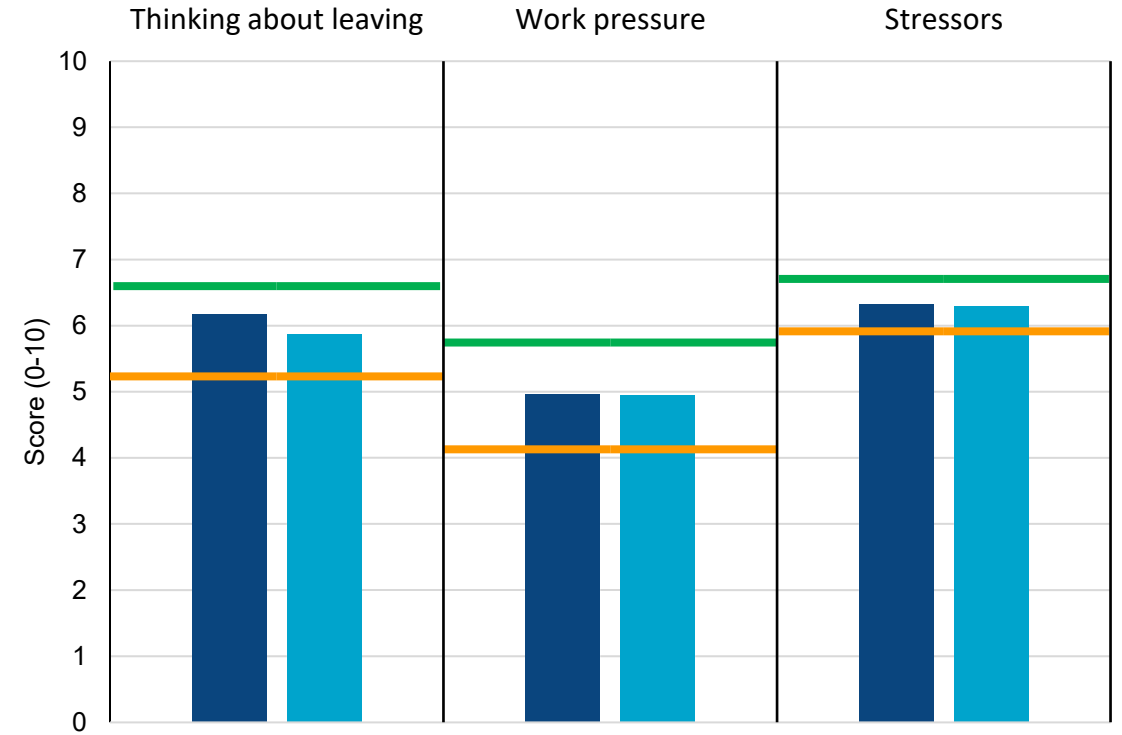
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Element	Score	Responses
Your org	6.9	4186
Best	7.4	
Average	7.0	
Worst	6.5	
Your org	6.7	4240
Best	7.3	
Average	6.8	
Worst	6.3	
Your org	6.7	4225
Best	7.7	
Average	6.6	
Worst	5.6	

Theme: Morale



Element	Score	Responses
Your org	6.2	4218
Best	6.6	
Average	5.9	
Worst	5.2	
Your org	5.0	4238
Best	5.7	
Average	5.0	
Worst	4.1	
Your org	6.3	4232
Best	6.7	
Average	6.3	
Worst	5.9	

National Staff Survey 2022

in summary



Response rates

DBTH's response rate this year was amongst the highest in the country!

65.2% Completed the survey (4,252).

44% Average response rate for similar organisations.

5 out of 7 NHS People Promise elements scored significant higher.



Thank you for your feedback!

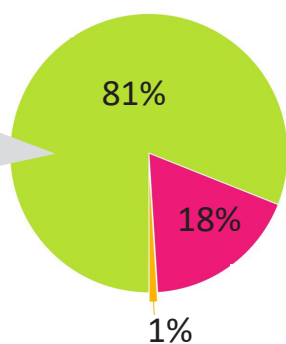
Notable feedback



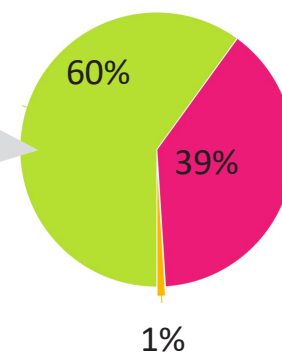
- 90%** feel trusted to do their job.
- 90%** of you had an appraisal in the last 12 months.
- 82%** of you enjoy working with the colleagues in your team.
- 87%** of you always know what your work responsibilities are.
- 65%** of you receive clear feedback from your manager.
- 57%** feel that their team has enough freedom in their work.
- 67%** feel that their immediate manager takes a positive interest in their health and wellbeing.
- 67%** feel that their immediate manager works with them to come to an understanding of problems.

How our responses compare:

With our 2021 results



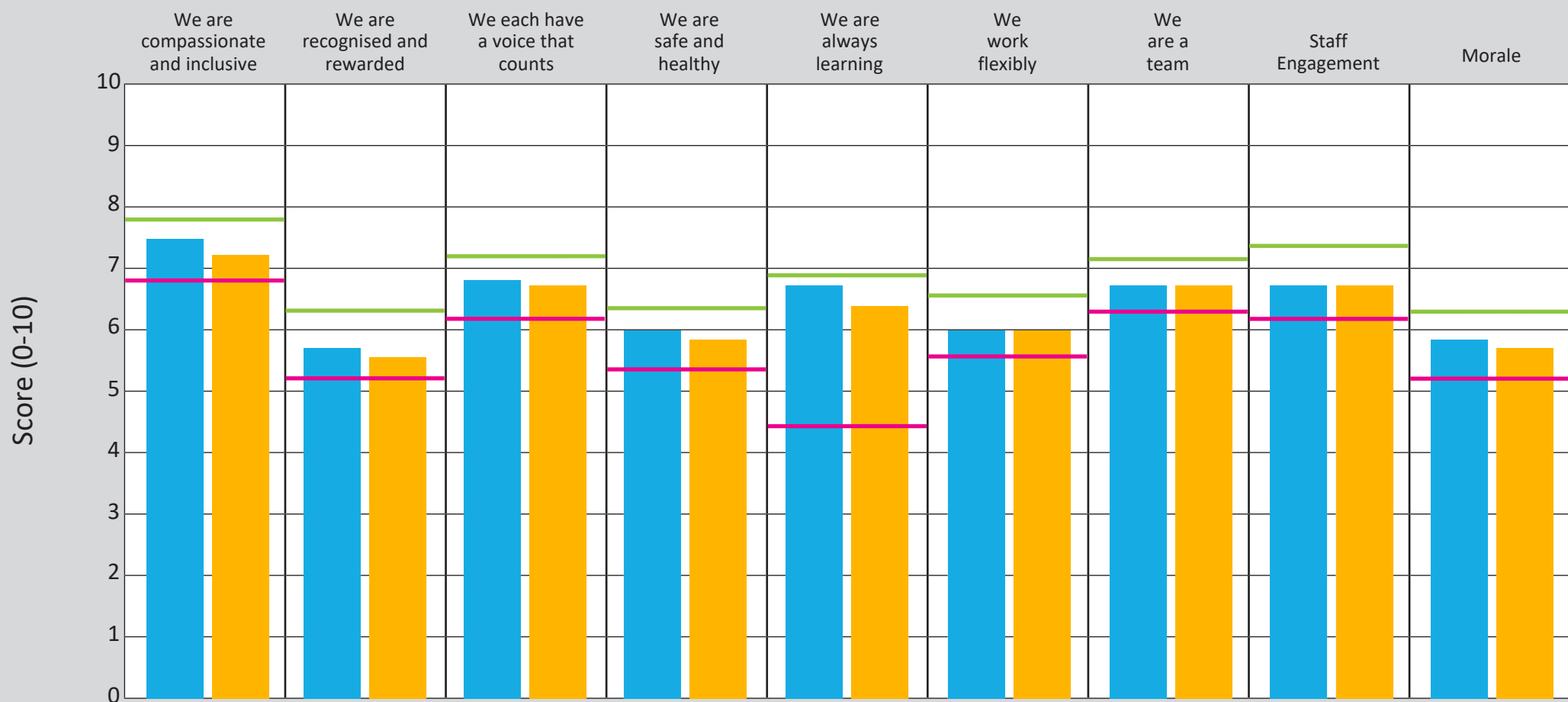
With the national picture for acute trusts



Better Worse Similar

The 7 People promise themes and how we compare nationally










The table below shows how **DBTH** compares to the **national average** score for each of the seven NHS People Promise themes, as well as how we compare in terms of staff engagement and morale. It also shows how DBTH compares to the **worst** and **best** scores nationally.



Our data is benchmarked against national data from similar organisations (acute trusts)

Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
DBTH	7.3	5.8	6.7	6.0	5.6	6.0	6.6	6.8	5.8
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2

How does this compare with last year?

Theme	2021 score	2022 score	Change
We are compassionate and inclusive	7.2	7.3	
We are recognised and rewarded	5.7	5.8	
We each have a voice that counts	6.7	6.7	
We are safe and healthy	5.9	6.0	
We are always learning	5.2	5.6	
We work flexibly	5.8	6.0	
We are a team	6.4	6.6	
Staff Engagement	6.7	6.8	
Morale	5.7	5.8	

■ Better
 ■ Worse
 ■ Similar to last year

People Promise



Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	C4		
Report Title:	Guardian of Safe Working Quarterly Report				
Sponsor:	Zoe Lintin, Chief People Officer and Dr Tim Noble, Executive Medical Director				
Author:	Dr Anna Pryce, Guardian of Safe Working				
Appendices:	None				
Executive Summary					
Purpose of report:	As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our people to provide high quality, efficient and effective care.				
Summary of key issues:	<p>The Guardian of Safe Working is required to provide quarterly reports to the Board of Directors to provide assurance as to whether our trainees have access to a safe working environment and appropriate educational opportunities.</p> <p>This report draws attention to the numbers and areas of exception reporting and indicates how this correlates with rota gaps, vacancies and locum usage. Further communication is planned to ensure junior doctors are encouraged to exception report so that themes can be identified and there is good senior leadership representation at the Junior Doctors' Forum to engage with and support this group of colleagues.</p> <p>The report concludes by providing assurance that the vast majority of trainee doctors are able to work safely and that appropriate steps are taken within divisions to address any issues when they arise.</p>				
Recommendation:	Members are asked to receive this report and to review the themes raised.				
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:	SA1, SA2, SA3				
Corporate risk register:	PE02				

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

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

Author: Dr Anna Pryce, Guardian of Safe Working

Report date: March 2023

Executive summary

The number of exception reports (ERs) received during the most recent 4 months is fewer than in the preceding 4 months during the summer of 2022. This is a reversal of the usual increase in reporting observed over the winter months. There have been no reports regarding missed educational opportunities over the last 4 months, which is in contrast to the 8 reports received over the prior 3 months.

There was 1 ER of immediate safety concern submitted. This was due to understaffing as a result of sickness absence in Surgery over a weekend. This led to increased work pressure on existing colleagues and locum cover was unavailable. The specialties with the highest numbers of exception reports were General Medicine, Gastroenterology and General Surgery. However, the specialties with the highest proportion of current rota gaps are Emergency Medicine and Obstetrics and Gynaecology.

Introduction

This report sets out the information from the Guardian of Safe Working with regard to the 2016 Terms and Conditions for Junior Doctors to assure the Board of the safe working of junior doctors. This report is for the period 1 November 2022 to 28 February 2023. The Board should receive a quarterly report from the Guardian as per the 2016 contract, which will include:

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

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

Table 1. Number of exception reports by month, 1 March 2022 to 28 February 2023

Month	Complete	Pending	Total
March 2022	8		8
April 2022	4		4
May 2022	11		11 (2)*
June 2022	6		6 (3)*
July 2022	1		1
August 2022	19		19
September 2022	29		29
October 2022	20		20
November 2022	12		12
December 2022	1		1
January 2023	0	2	2
February 2023	0	10	10
Grand Total	111	12	123 (111)

*It should be noted in May and June 2022 an individual Junior Doctor submitted 9 and 3 exception reports respectively in relation to a dispute regarding a change in their working pattern. The change was implemented as a result of concern about standards of practice and in order to facilitate their supervision and training. I believe that the resulting 12 exception reports should not be included in the monthly figures and have therefore adjusted the monthly figures (shown in brackets).

There has previously been a pattern of seasonal variation in Exception Reporting (ER) with the highest number of monthly reports usually occurring during the winter months. This has been noted in previous years within this Trust as well as being noted nationally. Unusually, from August 2022 onwards the number of monthly reports increased prior to them falling during the recent winter months. Reports are sometimes submitted late, especially when Junior Doctors are under intense clinical pressure, which may account in part for the more recent decrease in reports. However, the trend is toward fewer monthly reports since the last Board Report in November 2022.

Table 2. Number of exception reports by specialty, 1 March 2022 to 28 February 2023.

Specialty	March 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2022	Grand Total
Gastro-enterology												7	7
General Medicine	1			1		9	7	11	4	1	1	3	38
General Surgery	2	1	9 (0)	3 (0)		2	17	6	5	1	1		47 (35)
Cardiology													
Geriatric Medicine													
Renal Medicine						3		1					4
Accident and Emergency				2		5	3	3					13
Obstetrics and Gynaecology	1				1		2		3				7
Otolaryngology	2												2
Trauma and Orthopaedics	1												1
Paediatrics	1	3	2										6
Grand Total	8	4	11 (2)	6 (3)	1	19	29	21	12	2	2	10	125 (113)

Over the past 12 months, the majority of ERs have been submitted by Trainees working in General Surgery and in General Medicine. In the most recent 4 months, this is also the case, but there has also been a number of reports from Trainees working in Gastroenterology and also in Obstetrics and Gynaecology.

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

Table 3. Reason for submission of Exception Report, 1 November 2022 to 28 February 2023.

Additional Hours Worked	14
Change in pattern of work	1
Service Support	5
Educational opportunities	0
Total	20

Over the past 4 months, the majority of ERs were submitted in relation to additional hours worked, reflecting the ongoing high workload of Junior Doctors and unpredictable emergency care requiring Juniors to stay late to ensure patient safety. In contrast to previous months in 2022 and 2021, there have been no reports in relation to missed educational opportunities over the past 4 months.

b) Work schedule reviews

No work schedule reviews were requested within the last quarter.

c) Locum bookings

Locum and bank usage.

The data below details bank and agency shifts covered by training grade doctors. Complete data was unavailable for February 2023 at the time of writing this report.

Table 4. Cost of locum and bank usage, 1 November 2022 to 31 January 2023

Specialty	Nov-22	Dec-22	Jan-23
Acute Medicine	£132,554.18	£134,328.42	£139,787.20
Anaesthetics and Critical Care	£19,293.48	£14,381.39	£20,255.10
Anaesthetics and Maternity	£2,640.00	£4,205.76	
Anaesthetics and Theatres	£63,218.35	£73,725.37	£51,545.23
Cardiology (Medical)			£9,780.10
Care of the Elderly	£88,916.04	£80,385.96	£72,508.86
Dermatology	£1,910.00	£565.00	£1,050.00
Emergency Medicine	£290,630.96	£368,841.82	£397,959.88
Endocrinology and Diabetes	£31,950.14	£32,360.27	£33,615.95
Endoscopy - Surgical	£2,700.00	£3,280.00	£3,400.00
ENT	£33,119.62	£21,529.99	£26,409.39
Gastroenterology	£18,611.81	£7,296.02	£15,603.04
General Medicine		£0.00	£10,560.94
General Surgery	£86,169.15	£100,418.21	£110,718.41
Genitourinary Medicine	£1,300.00		£910.00
Microbiology (Medical)	£1,920.00	£1,920.00	£1,600.00
Obstetrics and Gynaecology	£96,678.25	£110,879.60	£126,684.10
Ophthalmology	£6,753.75	£4,290.00	£500.00
Oral and Maxillofacial Surgery	£13,100.00	£9,425.00	£4,000.00
Orthopaedic & Trauma for Emed	£41,348.36	£21,888.14	£22,237.61
Orthopaedic and Trauma Surgery	£155,003.07	£144,275.81	£139,781.65
Paediatrics and Neonates	£45,086.20	£79,090.32	£66,933.38
Renal Medicine		£9,490.00	£13,942.50
Respiratory Medicine	£55,418.44	£54,597.46	£41,983.73
Stroke Medicine	£38,545.58	£38,037.46	£36,180.41
Urology	£7,519.60	£14,263.90	£14,284.50
Vascular Surgery	£17,233.44	£8,736.84	£0.00

Haematology	£3,335.28		
Breast Surgery		£400.00	
Rehabilitation Medicine	£9,804.96	£9,804.96	£9,526.41
Rheumatology	£800.00		
Neonatal Medicine		£0.00	
Grand Total	£1,265,560.66	£1,348,417.70	£1,371,758.39

The cost of 'locum' cover has increased over the last 3 months.

Table 5. Reason for locum and bank usage, 1 November 2022 to 31 January 2023

Reason	Nov-22	Dec-22	Jan-23	Grand Total
Additional session Endoscopy	10	11	12	33
Additional session Outpatients	57	42	23	122
Additional session Theatres	22	10	12	44
Annual Leave	49	55	69	173
Compassionate/Special leave	3	7	5	15
Extra Cover	105	163	204	472
Induction		1	2	3
Maternity/Pregnancy leave	27	20	21	68
Paternity Leave	3	8	8	19
Restricted Duties	10	22	22	54
Seasonal Pressures	27	64	45	136
Sick	150	172	155	477
Sickness - Covid-19	5	7	18	30
Study Leave	2	10	9	21
Vacancy	1611	1586	1636	4833
Grand Total	2081	2178	2241	6500

The majority of locum cover was required for rota vacancies (74%) and the number of locum shifts covering vacancies has remained fairly stable over the past 3 months. A comparable number of locum shifts were required for both extra cover (7%) and for sickness absence (7%) over the past 3 months.

d) Vacancies

Rota vacancies have fluctuated over the course of the year, with the highest numbers of monthly vacancies occurring in February 2023 (44.5 WTE) and in August and September 2022 (41.6 and 40.0 WTE respectively). August usually has the lowest number of rota vacancies when compared with the other months. Of the current rota vacancies in February 2023, 7.8 WTE were in Medicine (all subspecialties) (11% posts were unfilled), 7.4 WTE were in Emergency Medicine (30% posts unfilled), 7.4 were in Obstetrics and Gynaecology (30% posts unfilled) and 11.8 WTE in all surgical specialties (24% posts unfilled).

In previous years, monthly rota vacancies have varied between 19.2 WTE to 31.4 WTE (in 2021) and between 25.1 WTE to 34.2 WTE (in 2020) with the lowest number of vacancies occurring in August of those years. Overall, the monthly rota vacancies in 2022 exceed those of previous years with a range of 30.9 WTE to 41.6 WTE, with the highest number occurring in August 2022. The number of current rota vacancies in February 2023 (44.5 WTE) exceeds that in all other months over the past 3 years.

Table 6. Trainee vacancies by specialty.

	VACANCIES (WTE)	Total posts	Jan 22	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan 23	Feb
Medicine	Medicine (all sub-specialties)	69	5	7.8	6.8	6.2	6.4	6.4	6.4	7	6	5.4	6.6	10.8	10.2	7.8
	Emergency medicine	25	3.4	5.2	5.2	4.4	4.4	5.4	5.4	4	3	3	3	3.2	3.2	7.4
	Elderly Medicine	16	2	2	2	1	1	1	1	4	3.4	3.4	3.6	2.6	2.4	2.4
	Renal	8	0	0	0	0	0	0	0	1.2	1.2	1.2	1.2	1.2	0.4	0.2
Children & Family	Obstetrics & Gynaecology	25	6	8.8	9	9	9	9	9	7.2	7.2	7.2	5.4	5.4	6.0	7.4
	Paediatrics	33	5.5	6.9	8.1	8.1	8.1	8.1	8.1	7.8	7.8	7.8	4.7	4.7	4.7	4.7
	GU Medicine	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4
Surgery & Cancer	ENT	8	0	1	1	1	1	1	1	0	0	0	1.4	1.4	1.4	1.4
	General Surgery	20	3	2.4	2.4	1.4	1.4	1.4	1.4	2	3	3	0	2	2	5
	Urology	6	0.4	0.4	0.4	0.4	0.4	0.4	0.4	2	2	2	3	3	2.2	2.2
	Trauma & Orthopaedics	10	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	1.2	1.2	1.2	1.2	3.2
	Vascular	6	2	1	1	1	1	1	1	1	1	1	1	1	1	0
Clinical Specialties	Anaesthetics	14	1.4	1.4	1.4	2	1.6	1.6	1.6	1.8	1.8	1.8	3	2	2	0.2
	ICT	14	0	0	0	0	0	0	0	1.4	1.4	1.4	1.4	0.2	0.2	2.2
	Total	299	30.9	39.1	39.5	36.7	36.5	37.5	37.5	41.6	40.0	38.4	35.5	38.7	36.9	44.5

e) Fines

No fines have been levied within the last quarter.

Qualitative information

The number of exception reports has decreased over the last quarter. However, due to a lag in reports being submitted, the data for February may be incomplete and ERs already submitted indicate an increase compared with previous months. At the Junior Doctor Forum (JDF) discussion with Junior Doctors identified that rota gaps and resultant understaffing as well as difficulty in obtaining locum cover at short notice continued to impact upon Junior Doctors' working conditions.

Trainees raised the issue that submitting multiple exception reports over the course of the year may reflect badly upon them as individuals. It was reiterated that reporting is to be encouraged to identify patterns of exceptions and a joint communication from the Medical Director's Office and the Guardian for Safe Working was planned.

Summary

Ongoing exception reports highlight the high workload of Junior Doctors. There has been a decline in missed educational opportunities, with the latest related ER occurring in October 2022. On occasion, unfilled rota gaps that have occurred due to sickness absence result in Junior Doctors working in conditions that are deemed to be unsafe for both patients and colleagues. This is due to lean staffing, meaning when Junior Doctors are unexpectedly absent and gaps are unfilled by locum cover, the resultant workload is too great for the remaining colleagues to undertake safely and to a high clinical standard, this has occurred infrequently in Medicine and in Surgery during nights and weekends. The specialties with the highest numbers of exception reports, however, are not those with the highest proportion of current rota vacancies.

A high proportion of ERs continue to be submitted due to acutely ill patients requiring unpredictable emergency care resulting in individual doctors staying late in order to ensure patient safety. Improved out of hours cover and handover arrangements could help alleviate this. Monthly exception report numbers typically show seasonal variation with higher numbers occurring over the winter months. However, over the past 12 months, monthly reports increased over the summer months and then declined. This is most likely to be due to a combination of improved awareness of reporting amongst new-starters, rota gaps, high workload and missed educational opportunities over the summer, with subsequent improvements in rota gaps from October 2022 to January 2023.

Engagement

The regional Guardian Forum now takes place online twice a year and the last meeting occurred on 6 July 2022. The local quarterly Junior Doctors' Forum (JDF) took place via MS Teams on 23 February 2023. A joint meeting with the Trainee Management Group has been implemented since December 2020. The JDF is open to all trainee Junior Doctors with the aim of improving engagement.


An ongoing programme of engagement to raise awareness of exception reporting, and to encourage attendance at and participation in the JDF is underway.

Recommendation

The Board of Directors can be assured that the vast majority of trainee doctors are able to work safely. Medical and surgical specialties remain a concern with regards understaffing and, in particular, sporadic low levels of staffing at weekends and overnight due to sickness absence. The divisions are sighted on this and are taking steps to recruit to rota gaps and to improve locum cover in the shorter term. Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, and there has been a recent improvement as demonstrated by a reduction in education-related ERs received over the last 4 months.

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

True North Strategic Aim 4 – In recurrent surplus to invest in improving patient care

<p>Risk Owner: Trust Board – Director of Finance (AC) Committee: F&P & QEC</p>	<p>People, Partners, Performance, Patients, Prevention</p>					<p>Date last reviewed: March 2023</p>														
<p>Strategic Objective In recurrent surplus to invest in improving patient care</p> <p>Breakthrough Objective Every team achieves their financial plan for the year</p> <p>Measures:</p> <ul style="list-style-type: none"> • Delivery of in year financial plan/budgets • Underlying/recurrent financial position of the Trust • Trust Cash Balances • External and Internal Audit outcome 	<p>Risk Appetite: The Trust has an appetite for this strategic risk as shown below by risk type:</p>					<p>Overall Risk Scores for Strategic Objective</p>														
<table border="1"> <thead> <tr> <th>Reputation</th> <th>Finance/VFM</th> <th>Regulatory</th> <th>Innovation</th> <th>Quality</th> <th>People</th> </tr> </thead> <tbody> <tr> <td>Seek (4)</td> <td>Open (3)</td> <td>Minimal (1)</td> <td>Open (3)</td> <td>Open (3)</td> <td>Open (3)</td> </tr> </tbody> </table>						Reputation	Finance/VFM	Regulatory	Innovation	Quality	People	Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)	<p>Initial Risk Rating</p> <p>Current Risk Rating</p> <p>Target Risk Rating</p>	<p>4(C) x 5(L) = 20</p> <p>4(C) x 4(L) = 16</p> <p>4 C) x 3(L) = 12</p>	<p>Risk Trend</p> 
Reputation	Finance/VFM	Regulatory	Innovation	Quality	People															
Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)															
<p>Risks:</p> <ul style="list-style-type: none"> • The Trust’s reported surplus for month 11 (February 2023) was £1.6m, which was a £2.8m favourable variance to plan and a £2.4m favourable variance to forecast. The Trust’s Year to Date (YTD) financial position was a deficit of £11.8m as at the end of month 11 which is favourable to plan by £2.2m and favourable to forecast by £1.3m. However, within this position, £2.5m of the annual leave accrual has been released in month 11 which wasn’t in the plan to be released until month 12. This was following direction from the ICB to release early on the basis of the ICB delivering its planned trajectory agreed with NHS E. Excluding this release, the actual YTD position would have been a deficit of £14.2m, which would be £0.3m adverse to plan and £1.1m adverse to forecast. Driving the adverse position versus forecast is that the Trust has increased pay spend related to winter pressures. This includes the opening of additional beds across both Doncaster and Bassetlaw sites and the impact of significant incentives being paid for temporary staffing (nursing and medics) This is only part offset by additional confirmed funding from Doncaster PLACE of £2.5m, with no additional funding received from Notts ICB. Other key reasons for the Trust being off forecast is the non-delivery of CNST again for the second year running (£0.5m) and increasing utilities pressures. • Overall, the Trust is expecting to deliver its year end plan and forecast of a £10.1m deficit. This is driven by an expected reduction in costs at the end of the year following some of the actions taken by Execs on temporary staffing and also some non-recurrent income benefits notified to the Trust late on in the financial year. One of the key risks to the position is the costs and impact of the Junior Doctors strike which will be known in March. • The ICB financial position at Month 10 is a £13.7m deficit. A range of mitigating options are being considered which closes the gap to c£4.4m currently, with the expectation that the remaining gap will be closed in Month 12. • Agency spend remains at historical levels and significantly above pre-pandemic levels. The area of increase in agency since pre-pandemic continues to be nursing which was very rarely used pre-pandemic. Other temporary staffing spend (nursing bank and medical additional sessions) is also causing significant pressures with incentives and rate increases in year. Planning guidance for 23/24 sets a target of 3.9% of pay spend on agency with the Trust currently spending nearly double this amount. Some action has been taken in month to tackle the high-cost agency spend with alignment of rates of other organisations in the ICB. However, the incentives still remain in place at the time of writing. • Non-pay inflation is currently very high in the economy and is not funded at those levels within the funding allocations. For example, we have seen increasing pressures on utilities and a range of contracts which will extend into the next financial year. There is a risk that next year’s inflation assumptions are not sufficient to cover the actual cost increases being seen by the Trust. • The Trust’s financial plan for 23/24 is a £40.3m deficit which whilst significantly reduced from the draft financial plan is still significant. It should be noted this plan is predicated on delivering the national activity targets on elective recovery and delivering productivity and efficiency savings of £16.7m (c3%). Given the size of the Trust’s deficit the Trust will likely come under further pressure to reduce this. • Cash risk - the deficit this financial year and next year along with the significant capital programme are causing cash to reduce to the end of the financial year with central cash support required in 23/24 (currently estimate to be between £25-35m). • Income allocations are yet to be rebased. The Trust continues to ask the ICB regarding funding allocations as we move into future years and has written and met with the ICB and PLACE regarding this however there appears to be no current intention from the SY ICB to change allocations at this point. • Productivity reductions have been seen during COVID, where activity being delivered is significantly below pre-pandemic levels, whilst resource (especially clinical resource) has increased. The challenge moving into 23/24 is 						<p><i>In assessing rationale for the overall strategic risk current score, please articulate the individual strategic risks clearly, by considering the prompts below:</i></p> <ul style="list-style-type: none"> • Is the target risk score realistic/when will it be achieved and is this date reflected in action completion dates? • Are the controls in place effective – are they driving the risk score down? Are there any gaps in controls? Are any of the controls not having an impact – do they need removing from the BAF? • Have actions to address gaps been identified and are these on track? • Is there a need to seek additional assurance – either additional board scrutiny or independent assurance? • Do the controls mitigate high level operational risks noted on the BAF? <p>The current risk score of 16 reflects:</p> <ul style="list-style-type: none"> • The Trust is still at risk of not delivering its year end financial position as set out in the risk section opposite. • The Trust has a deficit plan for 23/24 of £40.3m with the Trust’s objective to be in recurrent surplus is off plan given the Trust is in a recurrent underlying deficit position. • The Trust requires cash support in 23/24. <p>This impacts on:</p> <ul style="list-style-type: none"> • Trust’s ability to invest in its services and infrastructure and maintain a sustainable site as its asset base ages further. • Delivery of safe and sustainable services for patients including any backlogs in activity due to COVID. • Ensuring the sustainability and safety of the Doncaster site. • Impacts on Trust reputation with potential regulatory action • Impacts on level of input and influence with regards to local commissioning. <p>To mitigate the in-year risk the executive team agreed a suite of actions to minimize costs against temporary staffing, non-essential non-clinical posts and discretionary spend for the year end. Some of these have been implemented and the financial controls against these items are being reviewed for the new financial year against best practice.</p>														

Appendix Level1

	<p>to deliver pre-pandemic levels of activity within pre-pandemic resources whilst providing safe and sustainable services. If this is not delivered the Trust's income position will be at risk as elective income for 23/24 is based on delivery of activity targets.</p> <ul style="list-style-type: none"> Trust's underlying deficit financial position has worsened during the pandemic and is over £40m. Impact of major incident at W&C. The incident highlights significant risks concerning the funding route for and delivery of backlog maintenance costs. However, some additional capital funding has been provided in year of c£1.8m to support this. There however remains limited capital funding especially for significant builds given the Trust's estates risks. The Granger Report also identified a number of actions that are required in Health and Safety. Impact of inflationary pressures on capital projects within allocated funding – BEV, RAAC, ePR 						
Risk ID	Risk Description	Current CRR Risk Rating	Risk Appetite Type	Risk Appetite Level	Target Risk Rating	Datix Linked Risk ID's	Comments
F&P1 11	Failure to achieve compliance with financial performance and achieve financial plan	16	Fin	Open	8		
F&P12 1412	Risk of fire to the Estate	15	Fin Reg	Open	10		
F&P20 1807	Risk of Critical Lift Failure in a Number of Passenger Lifts Trust Wide	20	Qual Fin	Open	8	1224,1239,2681	
ARC01 13	Risk of economic crime against the Trust by not complying with Government Counter Fraud Functional Standard GovS 013 – Counter Fraud	12	Rep Reg	Open	4		
Controls (mitigation to lead to evidence of making impact):							
Controls (mitigation to lead to evidence of making impact):		Last Review date	Next review date	Reviewed by		Gaps in Control	
Key Financial Control Processes: Vacancy Control Panel, CIG, Grip and Control, Capital Monitoring Committee, Cash Committee. Reintroduction of financial escalation process with Divisions from June.		March 2023	April 2023	Chief Finance Officer/ Deputy Director of Finance		Ongoing review of financial controls. Variability in level of grip and control in Divisions.	
Budget Setting and Business Planning		March 2023	April 2023	Chief Finance Officer/ Deputy Director of Finance		No unexpected exceptions identified. Business planning is coming to a conclusion.	
Internal & External Audit programme design & compliance outcomes		Dec 2022	April 2023	Chief Finance Officer/ Deputy Director of Finance		Last Internal Audit provided significant assurance. External Audit on 21/22 provided an unqualified audit opinion. HFMA internal audit results overall were positive with action plan in place to address gaps.	
Establishment of new Directorate: Recovery, Innovation and Transformation.		April 2022	Completed	Deputy CEO			
Working with the ICS through CEO's and DoFs regarding funding arrangements. Reporting back through F&P and Board.		March 2023	April 2023	Chief Finance Officer/ Deputy Director of Finance		Ongoing monitoring as ICB develops and Place develops. Funding issues raised in letter to ICB and ongoing discussions with ICB as start 23/24 planning. Has not moved on during planning for 23/24.	
Implementation of Granger Report Actions		March 2023	June 2023	Chief Finance Officer/ Deputy Director of Finance/F&P		The report identified a number of gaps in control and actions, the majority of the actions has been implemented with the remaining in progress.	
Assurances received (L1 – Operational L2-Board Oversight L3 External) **		Last received	Received By	Assurance Rating		Gaps in Assurance	
L2, L3	Internal Audit Annual report including Head of Internal Audit Opinion	June 22	ARC, Board	Moderate Assurance			
L2,L3	Feedback from NHSI/E on statutory returns	Ongoing	F&P, Board	Full		None outstanding	
L2	LCFS Annual Report	July 21	ARC	Full		None outstanding	
L1,L2,L3	Internal Audit: General Ledger and Financial Reporting	March 22	ARC	Significant Assurance		Nothing significant noted in the Internal Audit	
L2, L3	External Auditors Annual Report	June 22	ARC, F&P, Board	Unqualified Opinion		Nothing high risk identified in ISA 260, but some control recommendations to work on through the financial year with progress reported to ARC.	
Corrective Actions required		Action due date	Action status	Action owner		Forecast completion date	

Appendix Level1

1. Delivery of external and internal audit recommendations	June (IA) March (EA)	IA completed EA progressing	Chief Finance Officer	Internal audit recommendations implemented on time. External audit actions progressing with forecast delivery by end of year.
2. Working with the ICS regarding funding allocations for Doncaster	March 23	Ongoing	Chief Finance Officer	Ongoing – Letter send to ICB and discussed with ICB and Place partners funding allocations. Not picked up by ICB in 23/24 planning round.
3. Delivery of reduced temporary staffing spend especially in Nursing	Ongoing	Ongoing	Chief Finance Officer – supported by all Exec Directors	Further work required in this area as we exit winter pressures.
4. Development and delivery of CIP plan	Plan – April 22 Delivery March - 23	Good progress so far	All Exec Directors, Chief Finance Officer lead for Efficiency and Effectiveness	Ongoing – positive progress on delivery in year so far.
5. Development and implementation of financial assurance processes in line with new Governance proposals (including escalation and monitoring processes).	June 22	Completed	Chief Finance Officer	June 22 – implemented

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:

- L1 Management –such as staff training and compliance with a policy
- L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
- L3 External Assurance –such as internal and external audits.

Areas in yellow highlight indicate change from last version

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 March 2023	Agenda Reference:	D2
Report Title:	Finance Update – Month 11 (February) 2023		
Sponsor:	Jon Sargeant, Chief Financial Officer		
Author:	Alex Crickmar, Deputy Director of Finance Finance Team		
Appendices:			
Executive Summary			
Purpose of report:	To set out to the Board an update with regards to the Trust’s financial position at Month 11.		
Summary of key issues:	<p>The Trust’s reported surplus for month 11 (February 2023) was £1.6m, which was a £2.8m favourable variance to plan and a £2.4m favourable variance to forecast. The Trust’s Year to Date (YTD) financial position was a deficit of £11.8m as at the end of month 11 which is favourable to plan by £2.2m and favourable to forecast by £1.3m.</p> <p>However within this position, £2.5m of the annual leave accrual has been released in month 11 which wasn’t in the plan to be released until month 12. This was following direction from the ICB to release early on the basis of the ICB delivering its planned trajectory agreed with NHS E. Excluding this release, the actual in month position would have been a deficit of £0.9m which would be £0.4m favourable to plan and £0.1m adverse to forecast. YTD, this would have made the position a deficit of £14.2m, which would be £0.3m adverse to plan and £1.1m adverse to forecast.</p> <p>Excluding the release of the annual leave accrual, compared to month 10, pay has remained consistent, including similar pressures for incentives (£0.4m in month) and winter pressures (£0.5m in month). Therefore action on these items is still required.</p> <p>It should be noted the final annual leave position has yet to be finalised and may change between now and year end.</p> <p>It should also be noted that the position reported includes all year-to-date Elective Recovery Funding (c.£11.8m) given there is no clawback of funding despite the Trust not delivering electivity activity targets.</p> <p>Overall the Trust is expecting to deliver its year end plan and forecast of a £10.1m deficit. This is driven by an expected reduction in costs at the end of the year following some of the actions taken by Execs on temporary staffing and also some non-recurrent income benefits notified to the Trust late on in the financial year. One of the key risks to the position is the costs and impact of the Junior Doctors strike which will be known in March.</p> <p>Capital</p> <p>Capital spend in month was £7.2m against the plan of £3.9m giving an in-month over-performance of £3.3m. YTD capital spend is £28.0m against the plan of £30.5m, giving a YTD underperformance of £2.2m. Additional to the capital spend is £263k of donated assets bringing the overall capital spend to £28.2m. The current spend is in line with expectations and the Trust is still forecasting to deliver its capital plan.</p>		

	<p>Cash</p> <p>The cash balance at the end of February was £23.1m (January: £20.2m), meaning cash has increased by £2.9m in the month. This positive movement in cash is as a result of the Trust receiving £1.3m more in PDC Dividend income than it paid out in capital payments, an additional £3.3m of HEE income due to the timing of receipts and an additional £2.5m of income from Commissioners. This is somewhat offset by £0.4m of loan and interest payments, and £1.7m of invoices that were being queried. As such, the suggested underlying revenue cash deficit of c.£2m as reported in the previous month, still holds true. As reported previously, if the Trust's underlying deficit position does not improve the 23/24 Q1 cash position will deteriorate further with the need for central cash support to meet its obligations. A separate paper on the cash flow forecast and going concern will be presented to the F&P Committee that sets this out in further detail.</p> <p>CIPs</p> <p>In month the Trust has delivered £1.5m of savings versus the plan submitted to NHSE of £2.1m and is therefore £0.6m adverse to plan. YTD the Trust has delivered £18.0m of savings against a planned £17.2m, an over achievement of £0.8m. A separate paper to the Committee reports on this position in more detail.</p>				
Recommendation:	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> The Trust's deficit YTD at month 11 (February 2023) was £11.8m, which was favourable to plan by £2.2m and favourable to forecast by £1.3m. The financial risks as outlined in the paper including the cash position entering into next financial year. 				
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:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.				
Corporate risk register:	See above				
Regulation:	No issues				
Legal:	No issues				
Resources:	No issues				
Assurance Route					
Previously considered by:	N/A				
Date:		Decision:			
Next Steps:					
Previously circulated reports to supplement this paper:					

FINANCIAL PERFORMANCE

Month 11 – February 2023

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P11 February 2023

1. Income and Expenditure vs. Budget										2. CIPs									
Performance Indicator	Monthly Performance					YTD Performance					Performance Indicator	Monthly Performance			YTD Performance			Annual Plan £'000	
	Actual £'000	Variance to forecast £'000		Variance to budget £'000		Actual £'000	Variance to forecast £'000		Variance to budget £'000			Plan £'000	Actual £'000		Plan £'000	Actual £'000			
Income	(44,124)	(1,355) F		(2,056) F		(475,672)	(4,450) F		(11,131) F		Local	0	334 F		0	6,004 F		0	
Pay	26,970	(1,918) F		(1,221) F		314,240	(95) F		7,354 A		Workforce (vacancy control)	374	374 F		5,131	5,131 F		5,500	
Non Pay	15,119	931 A		521 A		167,644	2,998 A		1,810 A		ERF productivity	458	458 A		5,042	5,042 A		5,500	
Financing Costs	485	(15) F		(85) F		5,814	(31) F		(456) F		Temporary staffing	100	0 A		900	0 A		1,000	
(Profit)/Loss on Asset Disposals	0	0 A		0 A		(97)	0 A		(97) F		Procurement	63	4 A		688	118 A		750	
(Surplus)/Deficit for the period	(1,551)	(2,357) F		(2,842) F		11,929	(1,579) F		(2,520) F		Non-pay cost containment	333	333 A		1,667	1,667 A		2,000	
Adj. for donated assets and gains on disposal of assets	(41)	(7) F		2 A		(144)	232 A		328 A		Unidentified	750	0 A		3,750	0 A		4,500	
Adjusted (Surplus)/Deficit for the purposes of system achievement	(1,592)	(2,364) F		(2,841) F		11,785	(1,347) F		(2,191) F		Total CIP	2,078	1,504 A		17,177	17,961 F		19,250	
Key Income: Over-achieved F Under-achieved A Expenditure: Underspent F Overspent A F = Favourable A = Adverse										4. Other Performance Indicator: Monthly Performance YTD Performance Annual Plan Plan £'000 Actual £'000 Plan £'000 Actual £'000 Plan £'000									
3. Statement of Financial Position Opening balance £'000 Closing balance £'000 Movement £'000										5. Workforce Funded WTE Substantive WTE Bank WTE Agency WTE Total in Post WTE Current Month Previous Month Movement									
Non Current Assets						246,595	267,183		20,588										
Current Assets						62,494	62,155		-339										
Current Liabilities						-77,772	-81,369		-3,597										
Non Current liabilities						-13,286	-16,325		-3,039										
Total Assets Employed						218,031	231,644		13,613										
Total Tax Payers Equity						-218,031	-231,644		-13,613										

1. Month 11 Financial Position Highlights

Summary Income and Expenditure – Month 11

	Month 11					YTD				
	Plan	Actual	Variance	Forecast	Variance	Plan	Actual	Variance	Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income	-42,068	-44,124	-2,056	-42,769	-1,355	-464,541	-475,672	-11,131	-471,222	-4,450
Pay										
Substantive Pay	27,227	24,704	-2,523	24,584	120	295,106	266,916	-28,191	267,148	-233
Bank	53	1,916	1,863	1,682	234	569	20,746	20,177	20,199	547
Agency	453	1,450	997	2,002	-552	3,132	20,910	17,778	21,675	-764
Recharges and Reserves	458	-1,100	-1,558	620	-1,720	8,078	5,668	-2,410	5,314	354
Total pay	28,191	26,970	-1,221	28,887	-1,918	306,886	314,240	7,354	314,336	-95
Non-Pay										
Drugs	903	1,039	136	955	84	9,834	11,033	1,199	10,474	559
Non-PbR Drugs	1,799	1,947	148	1,902	45	19,767	21,576	1,809	20,937	639
Clinical Supplies & Services	3,247	3,163	-84	3,248	-86	34,046	36,753	2,707	35,463	1,290
Depreciation and Amortisation	1,257	1,191	-66	1,291	-100	13,828	13,571	-258	13,779	-209
Other Costs (including reserves)	5,947	6,216	269	5,185	1,032	72,452	66,748	-5,704	66,314	434
Recharges	1,446	1,563	117	1,607	-44	15,906	17,963	2,057	17,678	285
Total Non-pay	14,598	15,119	521	14,188	931	165,834	167,644	1,810	164,646	2,998
Financing costs	570	485	-85	500	-15	6,270	5,717	-553	5,748	-31
(Surplus)/Deficit Position	1,292	-1,551	-2,842	806	-2,357	14,449	11,929	-2,520	13,508	-1,579
Less donated asset adjustment	-43	-41	2	-34	-7	-472	-144	328	-376	232
(Surplus)/Deficit Position for the purposes of system achievement	1,249	-1,592	-2,841	772	-2,364	13,977	11,785	-2,191	13,132	-1,347

The Trust's reported surplus for month 11 (February 2023) was £1.6m, which was a £2.8m favourable variance to plan and a £2.4m favourable variance to forecast. The Trust's Year to Date (YTD) financial position was a deficit of £11.8m as at the end of month 11 which is favourable to plan by £2.2m and favourable to forecast by £1.3m.

However within this position, £2.5m of the annual leave accrual has been released in month 11 which wasn't in the plan to be released until month 12. This was following direction from the ICB to release early on the basis of the ICB delivering its planned trajectory agreed with NHS E. Excluding this release, the actual in month position would have been a deficit of £0.9m which would be £0.4m favourable to plan and £0.1m adverse to forecast. YTD, this would have made the position a deficit of £14.2m, which would be £0.3m adverse to plan and £1.1m adverse to forecast.

Excluding the release of the annual leave accrual, compared to month 10, pay has remained consistent, including similar pressures for incentives (£0.4m in month) and winter pressures (£0.5m in month). Therefore action on these items is still required.

It should be noted the final annual leave position has yet to be finalised and may change between now and year end.

It should also be noted that the position reported includes all year-to-date Elective Recovery Funding (c.£11.8m) given there is no clawback of funding despite the Trust not delivering electivity activity targets.

Overall the Trust is expecting to deliver its year end plan and forecast of a £10.1m deficit. This is driven by an expected reduction in costs at the end of the year following some of the actions taken by Execs on temporary staffing and also some non-recurrent income benefits notified to the Trust late on in the financial year. One of the key risks to the position is the costs and impact of the Junior Doctors strike which will be known in March.

Capital

Capital spend in month was £7.2m against the plan of £3.9m giving an in-month over-performance of £3.3m. YTD capital spend is £28.0m against the plan of £30.5m, giving a YTD underperformance of £2.2m. Additional to the capital spend is £263k of donated assets bringing the overall capital spend to £28.2m. The current spend is in line with expectations and the Trust is still forecasting to deliver its capital plan.

Cash

The cash balance at the end of February was £23.1m (January: £20.2m), meaning cash has increased by £2.9m in the month. This positive movement in cash is as a result of the Trust receiving £1.3m more in PDC Dividend income than it paid out in capital payments, an additional £3.3m of HEE income due to the timing of receipts and an additional £2.5m of income from Commissioners. This is somewhat offset by £0.4m of loan and interest payments, and £1.7m of invoices that were being queried. As such, the suggested underlying revenue cash deficit of c.£2m as reported in the previous month, still holds true. As reported previously, if the Trust's underlying deficit position does not improve the 23/24 Q1 cash position will deteriorate further with the need for central cash support to meet its obligations. A separate paper on the cash flow forecast and going concern will be presented to the F&P Committee that sets this out in further detail.

CIPs

In month the Trust has delivered £1.5m of savings versus the plan submitted to NHSE of £2.1m and is therefore £0.6m adverse to plan. YTD the Trust has delivered £18.0m of savings against a planned £17.2m, an over achievement of £0.8m. A separate paper to the Committee reports on this position in more detail.

Recommendation

The Board is asked to note:

- The Trust's deficit YTD at month 11 (February 2023) was £11.8m, which was favourable to plan by £2.2m and favourable to forecast by £1.3m.
- The financial risks as outlined in the paper including the cash position entering into next financial year.

Appendix Level1

Controls (mitigation to lead to evidence of making impact):	Last Review date	Next review date	Reviewed by	Gaps in Control
Accountability Framework & Quality framework process Risk Stratification, Validation and Clinical Prioritisation of Patient Pathways. KPMG work complete and business as usual continues through the Outstanding Outpatients forum in terms of ongoing developments, improvements and digital transformation.	September 2022	March 2023	Executive Medical Director and COO	Action plans in place, reviews on going Processes embedded within admitted pathways and diagnostics. Current PAS system unable to provide full view of follow up patients on non-active pathways. Further work to support the processes for clinical validation and risk stratification across all clinical pathways underway within Digital Transformation and operationally, including the development of a patient pathway management system and refreshed Strategy for 2023/24.
Draft Quality Framework developed including ward to board assurance and accreditation framework, plan in place to discuss with wider stakeholders and pilot in each division Tendable app (ward level auditing tool) successfully launched across the Trust	March 2023	May 2023	Chief Nurse	Quality framework remains in draft Use of Tendable and subsequent improvement planning needs embedding across the organisation
PSIRF Stakeholder group established with good progress made against the phase 1 diagnostic and discovery phase and plans to commence phase 2 in line with the national implementation timelines Support in place with Implementation project manager supported and commenced	March 2023	May 2023	Chief Nurse	Implementation Project Manager – needs to recruit to rest of agreed team, still ongoing Continued capacity of wider stakeholder group
Urgent and Emergency Care Improvement Programme – ongoing	November 2022	April 2023	Executive Medical Director and COO	Actions & plans in place monitored through Urgent and Emergency Care Programme Board
Quality Strategy in draft and first stakeholder meeting held and next steps agreed, golden thread through the draft strategy is patient experience, engagement, and involvement Accessible information standards compliance, core objective for new Head of Patient Experience, gap analysis and action plan under development	March 2022	May 2023	Chief Nurse	Further work required to establish a Patient voices group/patient engagement network Capacity of teams to ensure good stakeholder involvement – various routes being considered to manage this.
NMAHPs workforce – Monthly staffing reports strengthened and data reviewed to ensure accuracy Safer Nursing Care Tool review undertaken data analysis underway	March 2023	May 2023	Chief Nurse	Data Quality being reviewed, NHSE team visiting the Trust by invitation to review systems and processes to support assurance.
CNST/Ockenden Oversight Committee established to maintain oversight of existing action plans DoM direct reporting to Trust Board and Quality and Effectiveness Committee	March 2023	May 2023	Chief Nurse	Awaiting National review of all current Maternity Transformation plans to ensure a coordinated single plan is developed to support Trust oversight
As part of PSIRF implementation maintain and enhanced the new clinical governance structure in line with previous review	March 2023	May 2023	Executive Medical Director	Capacity of wider stakeholder group
Risk Management Board now established and Risk Manager in post. Internal audit review ongoing.	March 2023	May 2023	Executive Medical Director	Capacity for administration of risk management processes
Clinical audit and effectiveness processes exist but improvements to be made as a key component of clinical governance structure review	March 2023	May 2023	Executive Medical Director	Capacity of wider stakeholder group and approval of business case for additional clinical audit roles
Assurances received (L1 – Operational L2-Board Oversight L3 External) **	Last received	Received By	Assurance Rating	Gaps in Assurance
L2	Monthly staffing report to People Committee	7 th March 2023	People Committee	Full
L3	Patient Safety (Datix fields, low and no harm incidents)	Jan 2023	Audit and Risk Committee	Review of categories in use to be undertaken Consideration of shortened report form to enable simpler completion
L3	Advisory review of CNST, Maternity Incentive Scheme Safety Actions (360 assurance)	January 2023	Audit and Risk Committee	Assurance opinion not yet allocated As identified in the report, full plan in place to address the gaps identified and will be monitored by QEC quarterly
L3	CQC Maternity survey results (February 2022)	February 2023	Trust Board of Directors	Action plan in place to address gaps identified, low response rate.

Appendix Level1

L2	Regular Board reporting by Director of Midwifery	February 2023	Trust Board of Directors				
L3	National Getting It Right First Time (GIRFT) reviews across specialties on a rolling programme of work.	September 2022	Board	Full	Medical Director supporting implementation of recommendations		
L3	Job Planning Internal Audit and review. Actions and trajectories being reviewed and trajectories refreshed for 2023/24.	March 2023	Audit and Risk Committee People Committee	Full	Medical Director leading agenda, action plan being developed to drive improvements during 2023/24		
Corrective Actions required				Action due date	Action status	Action owner	Forecast completion date
Workforce Supply and Demand Paper – Consultant Workforce, presented to People Committee in March 2023, providing analysis of the Consultant medical workforce against demand data at specialty level, understand the workforce gaps and feed into the Trust’s Workforce Strategy				March 2023	Under Review	Medical Director	

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:

- L1 Management –such as staff training and compliance with a policy
- L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
- L3 External Assurance –such as internal and external audits.




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

Areas in **blue highlight** reflect Chief Nurse changes

Areas in **green highlight** reflect the Executive Medical Director changes

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

True North Strategic Aim 4 – In recurrent surplus to invest in improving patient care

<p>Risk Owner: Trust Board – Director of Finance (AC) Committee: F&P & QEC</p>	<p>People, Partners, Performance, Patients, Prevention</p>					<p>Date last reviewed: March 2023</p>																					
<p>Strategic Objective In recurrent surplus to invest in improving patient care</p> <p>Breakthrough Objective Every team achieves their financial plan for the year</p> <p>Measures:</p> <ul style="list-style-type: none"> • Delivery of in year financial plan/budgets • Underlying/recurrent financial position of the Trust • Trust Cash Balances • External and Internal Audit outcome 	<p>Risk Appetite: The Trust has an appetite for this strategic risk as shown below by risk type:</p> <table border="1" data-bbox="795 409 2033 520"> <thead> <tr> <th>Reputation</th> <th>Finance/VFM</th> <th>Regulatory</th> <th>Innovation</th> <th>Quality</th> <th>People</th> </tr> </thead> <tbody> <tr> <td>Seek (4)</td> <td>Open (3)</td> <td>Minimal (1)</td> <td>Open (3)</td> <td>Open (3)</td> <td>Open (3)</td> </tr> </tbody> </table> <p>Risks:</p> <ul style="list-style-type: none"> • The Trust’s reported surplus for month 11 (February 2023) was £1.6m, which was a £2.8m favourable variance to plan and a £2.4m favourable variance to forecast. The Trust’s Year to Date (YTD) financial position was a deficit of £11.8m as at the end of month 11 which is favourable to plan by £2.2m and favourable to forecast by £1.3m. However, within this position, £2.5m of the annual leave accrual has been released in month 11 which wasn’t in the plan to be released until month 12. This was following direction from the ICB to release early on the basis of the ICB delivering its planned trajectory agreed with NHS E. Excluding this release, the actual YTD position would have been a deficit of £14.2m, which would be £0.3m adverse to plan and £1.1m adverse to forecast. Driving the adverse position versus forecast is that the Trust has increased pay spend related to winter pressures. This includes the opening of additional beds across both Doncaster and Bassetlaw sites and the impact of significant incentives being paid for temporary staffing (nursing and medics) This is only part offset by additional confirmed funding from Doncaster PLACE of £2.5m, with no additional funding received from Notts ICB. Other key reasons for the Trust being off forecast is the non-delivery of CNST again for the second year running (£0.5m) and increasing utilities pressures. • Overall, the Trust is expecting to deliver its year end plan and forecast of a £10.1m deficit. This is driven by an expected reduction in costs at the end of the year following some of the actions taken by Execs on temporary staffing and also some non-recurrent income benefits notified to the Trust late on in the financial year. One of the key risks to the position is the costs and impact of the Junior Doctors strike which will be known in March. • The ICB financial position at Month 10 is a £13.7m deficit. A range of mitigating options are being considered which closes the gap to c£4.4m currently, with the expectation that the remaining gap will be closed in Month 12. • Agency spend remains at historical levels and significantly above pre-pandemic levels. The area of increase in agency since pre-pandemic continues to be nursing which was very rarely used pre-pandemic. Other temporary staffing spend (nursing bank and medical additional sessions) is also causing significant pressures with incentives and rate increases in year. Planning guidance for 23/24 sets a target of 3.9% of pay spend on agency with the Trust currently spending nearly double this amount. Some action has been taken in month to tackle the high-cost agency spend with alignment of rates of other organisations in the ICB. However, the incentives still remain in place at the time of writing. • Non-pay inflation is currently very high in the economy and is not funded at those levels within the funding allocations. For example, we have seen increasing pressures on utilities and a range of contracts which will extend into the next financial year. There is a risk that next year’s inflation assumptions are not sufficient to cover the actual cost increases being seen by the Trust. • The Trust’s financial plan for 23/24 is a £40.3m deficit which whilst significantly reduced from the draft financial plan is still significant. It should be noted this plan is predicated on delivering the national activity targets on elective recovery and delivering productivity and efficiency savings of £16.7m (c3%). Given the size of the Trust’s deficit the Trust will likely come under further pressure to reduce this. • Cash risk - the deficit this financial year and next year along with the significant capital programme are causing cash to reduce to the end of the financial year with central cash support required in 23/24 (currently estimate to be between £25-35m). • Income allocations are yet to be rebased. The Trust continues to ask the ICB regarding funding allocations as we move into future years and has written and met with the ICB and PLACE regarding this however there appears to be no current intention from the SY ICB to change allocations at this point. • Productivity reductions have been seen during COVID, where activity being delivered is significantly below pre-pandemic levels, whilst resource (especially clinical resource) has increased. The challenge moving into 23/24 is 					Reputation	Finance/VFM	Regulatory	Innovation	Quality	People	Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)	<p>Overall Risk Scores for Strategic Objective</p> <table border="1" data-bbox="2033 409 2858 520"> <tr> <td>Initial Risk Rating</td> <td>4(C) x 5(L) = 20</td> <td rowspan="3">Risk Trend </td> </tr> <tr> <td>Current Risk Rating</td> <td>4(C) x 4(L) = 16</td> </tr> <tr> <td>Target Risk Rating</td> <td>4 C) x 3(L) = 12</td> </tr> </table> <p><i>In assessing rationale for the overall strategic risk current score, please articulate the individual strategic risks clearly, by considering the prompts below:</i></p> <ul style="list-style-type: none"> • Is the target risk score realistic/when will it be achieved and is this date reflected in action completion dates? • Are the controls in place effective – are they driving the risk score down? Are there any gaps in controls? Are any of the controls not having an impact – do they need removing from the BAF? • Have actions to address gaps been identified and are these on track? • Is there a need to seek additional assurance – either additional board scrutiny or independent assurance? • Do the controls mitigate high level operational risks noted on the BAF? <p>The current risk score of 16 reflects:</p> <ul style="list-style-type: none"> • The Trust is still at risk of not delivering its year end financial position as set out in the risk section opposite. • The Trust has a deficit plan for 23/24 of £40.3m with the Trust’s objective to be in recurrent surplus is off plan given the Trust is in a recurrent underlying deficit position. • The Trust requires cash support in 23/24. <p>This impacts on:</p> <ul style="list-style-type: none"> • Trust’s ability to invest in its services and infrastructure and maintain a sustainable site as its asset base ages further. • Delivery of safe and sustainable services for patients including any backlogs in activity due to COVID. • Ensuring the sustainability and safety of the Doncaster site. • Impacts on Trust reputation with potential regulatory action • Impacts on level of input and influence with regards to local commissioning. <p>To mitigate the in-year risk the executive team agreed a suite of actions to minimize costs against temporary staffing, non-essential non-clinical posts and discretionary spend for the year end. Some of these have been implemented and the financial controls against these items are being reviewed for the new financial year against best practice.</p>			Initial Risk Rating	4(C) x 5(L) = 20	Risk Trend 	Current Risk Rating	4(C) x 4(L) = 16	Target Risk Rating	4 C) x 3(L) = 12
Reputation	Finance/VFM	Regulatory	Innovation	Quality	People																						
Seek (4)	Open (3)	Minimal (1)	Open (3)	Open (3)	Open (3)																						
Initial Risk Rating	4(C) x 5(L) = 20	Risk Trend 																									
Current Risk Rating	4(C) x 4(L) = 16																										
Target Risk Rating	4 C) x 3(L) = 12																										

Appendix Level1

	<p>to deliver pre-pandemic levels of activity within pre-pandemic resources whilst providing safe and sustainable services. If this is not delivered the Trust's income position will be at risk as elective income for 23/24 is based on delivery of activity targets.</p> <ul style="list-style-type: none"> Trust's underlying deficit financial position has worsened during the pandemic and is over £40m. Impact of major incident at W&C. The incident highlights significant risks concerning the funding route for and delivery of backlog maintenance costs. However, some additional capital funding has been provided in year of c£1.8m to support this. There however remains limited capital funding especially for significant builds given the Trust's estates risks. The Granger Report also identified a number of actions that are required in Health and Safety. Impact of inflationary pressures on capital projects within allocated funding – BEV, RAAC, ePR 						
Risk ID	Risk Description	Current CRR Risk Rating	Risk Appetite Type	Risk Appetite Level	Target Risk Rating	Datix Linked Risk ID's	Comments
F&P1 11	Failure to achieve compliance with financial performance and achieve financial plan	16	Fin	Open	8		
F&P12 1412	Risk of fire to the Estate	15	Fin Reg	Open	10		
F&P20 1807	Risk of Critical Lift Failure in a Number of Passenger Lifts Trust Wide	20	Qual Fin	Open	8	1224,1239,2681	
ARC01 13	Risk of economic crime against the Trust by not complying with Government Counter Fraud Functional Standard GovS 013 – Counter Fraud	12	Rep Reg	Open	4		
Controls (mitigation to lead to evidence of making impact):	Last Review date	Next review date	Reviewed by	Gaps in Control			
Key Financial Control Processes: Vacancy Control Panel, CIG, Grip and Control, Capital Monitoring Committee, Cash Committee. Reintroduction of financial escalation process with Divisions from June.	March 2023	April 2023	Chief Finance Officer/ Deputy Director of Finance	Ongoing review of financial controls. Variability in level of grip and control in Divisions.			
Budget Setting and Business Planning	March 2023	April 2023	Chief Finance Officer/ Deputy Director of Finance	No unexpected exceptions identified. Business planning is coming to a conclusion.			
Internal & External Audit programme design & compliance outcomes	Dec 2022	April 2023	Chief Finance Officer/ Deputy Director of Finance	Last Internal Audit provided significant assurance. External Audit on 21/22 provided an unqualified audit opinion. HFMA internal audit results overall were positive with action plan in place to address gaps.			
Establishment of new Directorate: Recovery, Innovation and Transformation.	April 2022	Completed	Deputy CEO				
Working with the ICS through CEO's and DoFs regarding funding arrangements. Reporting back through F&P and Board.	March 2023	April 2023	Chief Finance Officer/ Deputy Director of Finance	Ongoing monitoring as ICB develops and Place develops. Funding issues raised in letter to ICB and ongoing discussions with ICB as start 23/24 planning. Has not moved on during planning for 23/24.			
Implementation of Granger Report Actions	March 2023	June 2023	Chief Finance Officer/ Deputy Director of Finance/F&P	The report identified a number of gaps in control and actions, the majority of the actions has been implemented with the remaining in progress.			
Assurances received (L1 – Operational L2-Board Oversight L3 External) **	Last received	Received By	Assurance Rating	Gaps in Assurance			
L2, L3	Internal Audit Annual report including Head of Internal Audit Opinion	June 22	ARC, Board	Moderate Assurance			
L2,L3	Feedback from NHSI/E on statutory returns	Ongoing	F&P, Board	Full	None outstanding		
L2	LCFS Annual Report	July 21	ARC	Full	None outstanding		
L1,L2,L3	Internal Audit: General Ledger and Financial Reporting	March 22	ARC	Significant Assurance	Nothing significant noted in the Internal Audit		
L2, L3	External Auditors Annual Report	June 22	ARC, F&P, Board	Unqualified Opinion	Nothing high risk identified in ISA 260, but some control recommendations to work on through the financial year with progress reported to ARC.		
Corrective Actions required	Action due date	Action status	Action owner	Forecast completion date			

Appendix Level1

1. Delivery of external and internal audit recommendations	June (IA) March (EA)	IA completed EA progressing	Chief Finance Officer	Internal audit recommendations implemented on time. External audit actions progressing with forecast delivery by end of year.
2. Working with the ICS regarding funding allocations for Doncaster	March 23	Ongoing	Chief Finance Officer	Ongoing – Letter send to ICB and discussed with ICB and Place partners funding allocations. Not picked up by ICB in 23/24 planning round.
3. Delivery of reduced temporary staffing spend especially in Nursing	Ongoing	Ongoing	Chief Finance Officer – supported by all Exec Directors	Further work required in this area as we exit winter pressures.
4. Development and delivery of CIP plan	Plan – April 22 Delivery March - 23	Good progress so far	All Exec Directors, Chief Finance Officer lead for Efficiency and Effectiveness	Ongoing – positive progress on delivery in year so far.
5. Development and implementation of financial assurance processes in line with new Governance proposals (including escalation and monitoring processes).	June 22	Completed	Chief Finance Officer	June 22 – implemented

Assurances received (L1 – Operational L2-Board Oversight L3 External) identify the range of assurance sources available to an entity:

- L1 Management –such as staff training and compliance with a policy
- L2 Internal Assurance –such as sub-committees receiving evidence of L1 working effectively; and
- L3 External Assurance –such as internal and external audits.

Areas in yellow highlight indicate change from last version

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 March 2023	Agenda Reference:	D5
Report Title:	Operational Performance Update		
Sponsor:	Denise Smith, Chief Operating Officer		
Author:	Laura Fawcett-Hall, Head of Performance		
Appendices:			
Purpose of report:	<p>The report aims to:</p> <ul style="list-style-type: none"> • Deliver an executive summary – summarising the operational context, performance headlines and the forward plan. • Share the full performance metrics through the IQPR at a glance charts. • Provide the full performance exception report for the headline metrics. 		
Summary of key issues:	<p>Operational Context – Headlines of data trend analysis</p> <ul style="list-style-type: none"> • ED attendance levels remain higher than previous 4 years with the majority of the increase in the minors and paediatric pathways • In common with all Trusts, emergency demand and staffing pressures have impacted on elective delivery, however, the Trust maintained a programme of elective work through February 2023. • The performance report for February 2023 is presented in this operational context. <p>Emergency Care</p> <ul style="list-style-type: none"> • 4 Hour access – in February 2023 the Trust delivered 69.1% performance against national standard of 95%; an improvement from the January 2023 position of 65.2%. • 12 Hour waits – in February 2023 the Trust 4.3% of patients waited in the Emergency Department > 12 hour waits from time of arrival and 1.04% of patients waited > 12 hours from decision to admit. • Ambulance handover – In February 2023 50.87% of ambulance handovers took place within 15 minutes, 80.72% took place within 30 minutes and 94.88% took place within 60 minutes. <p>Elective Care</p> <ul style="list-style-type: none"> • Activity - overall, the Trust was not on plan for February 2023 and had lower activity levels compared to 19/20. In February 2023 the Trust delivered 93.1% of day case activity against plan (up 3.3% points from previous month), elective delivered 91.9% of plan (10.6% points increase from previous month), first outpatients delivered 98.1% of plan and follow ups were at 81.3% of plan. 		

	<ul style="list-style-type: none"> • 52 Week Breaches – in February 2023 the Trust reported 1,049 breaches, a notable reduction from 1,101 in January 2023. The 3 specialities with the most 52 week breaches are Trauma and Orthopaedics, Gynaecology and ENT. There has been a sustained improvement in this area since September 2022. • 104 week waits – At the end of February 2023, there were 2 patients waiting over 104 weeks. • Referral To Treatment (RTT) - in February 2023 the Trust delivered 64.9% performance within 18 weeks, below the 92% standard. This position is an improvement from January 2023 (63.7%) and is still being affected by a lack of bed capacity and staffing issues. • The total waiting list increased during February 2023 to 49,709. The previous position in January was 49,408 and December was 50,232. <p>Diagnostics - in February 2023 the Trust achieved 65.2% against a target of 99%. This is a significant improvement in performance from 54.1% in January 2023. The Trust remains an outlier in Diagnostic waiting times.</p> <p>Cancer waiting times</p> <ul style="list-style-type: none"> • Faster Diagnosis Standard – In January 2023 the Trust achieved the FSD standard with performance of 77.3% • 31 Day Standard – in January 2023 2 out of 3 nationally reported measures were achieved. • 62 Day Standard – in January 2023 0 out of 2 nationally reported measures were achieved. 				
Action Required:	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:	<i>Changes made to SA1 to reflect risk and related to winter planning and also planning mitigation</i>				
Corporate risk register:	<i>Report regards Risks ID 6 and 2349 on the Risk Register - F&P 6 and F&P 8.</i> <ul style="list-style-type: none"> • <i>Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</i> • <i>Failure to specifically achieve RTT 92% standard</i> <i>Report outlines actions plan to make progress, no change to risks on CRR</i>				
Regulation:	<i>Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.</i>				

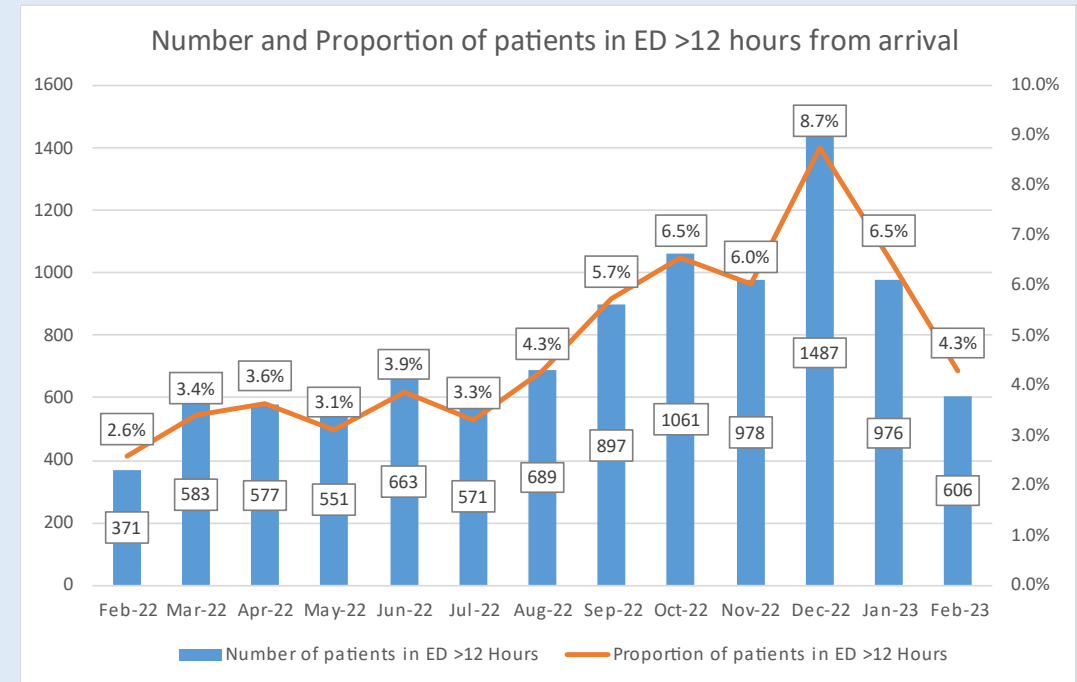
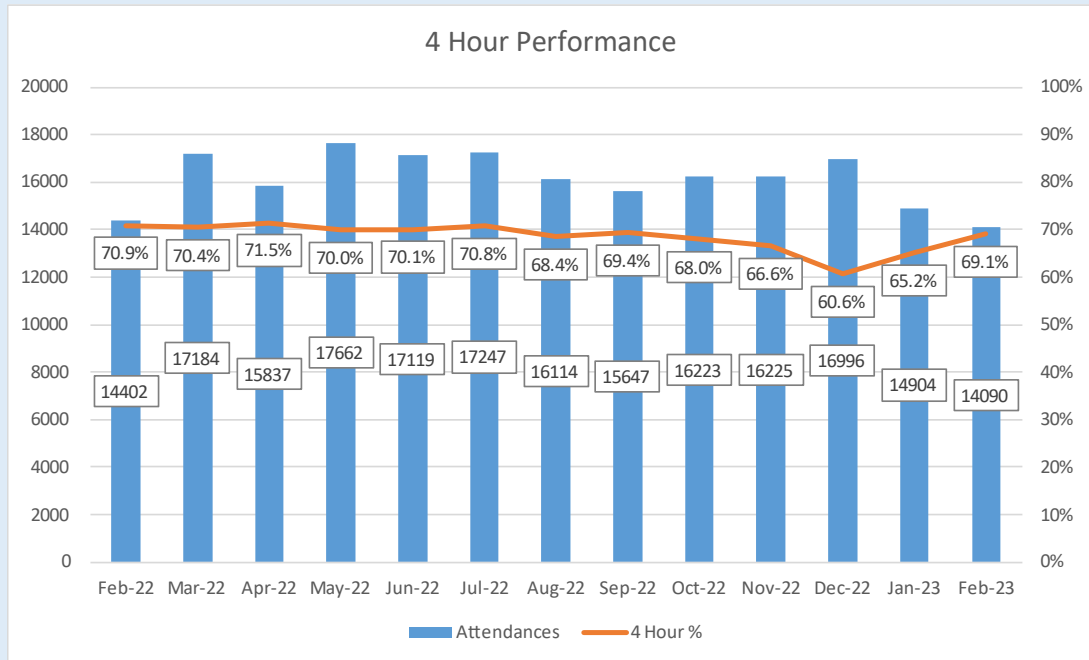
Legal:	<i>Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.</i>		
Resources:	<i>Impact on resources of delivering activity taken account of in Trust plans</i>		
Assurance Route			
Previously considered by:	Finance & Performance Committee		
Date:	23 / 03 / 23	Decision:	
Next Steps:			
Previously circulated reports to supplement this paper:			

Trust Board of Directors Report: March 2023

1. **Urgent and Emergency Care: 4 hour access and 12 hour waits**
2. **Urgent and Emergency Care: Ambulance handover**
3. **Urgent and Emergency Care: Length of stay**
4. **Elective: Waiting list and long waiting patients**
5. **Elective: Day case and inpatient activity vs plan**
6. **Elective: Outpatients**
7. **Diagnostics waiting times**
8. **Cancer waiting times**



1. Urgent and Emergency Care: 4 hour access and 12-hour waits



Key issues:

- 4 hour performance 69.1% for Trust. Main breach reasons continue to be doctor and bed waits
- Medical skill mix, sickness and vacancy continues to impact performance
- Significant exit block continues to impact flow with increased boarding times experienced as a result

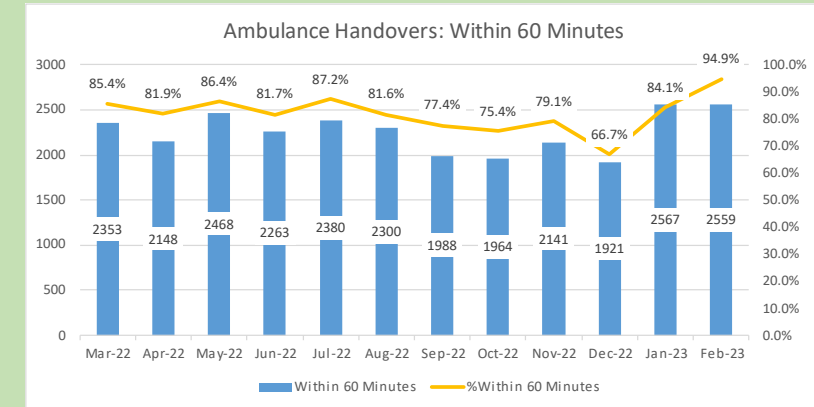
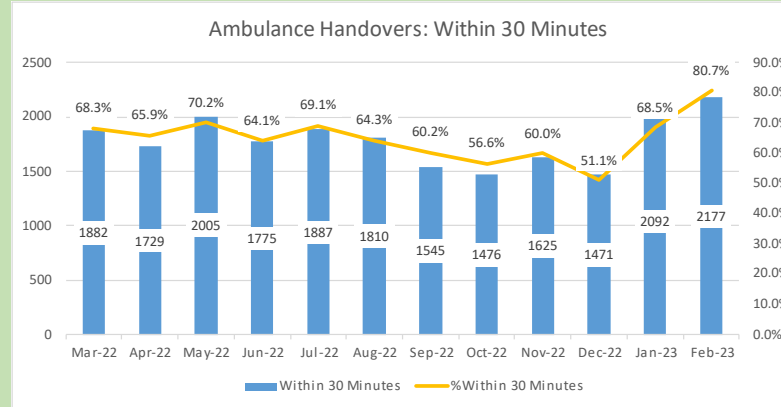
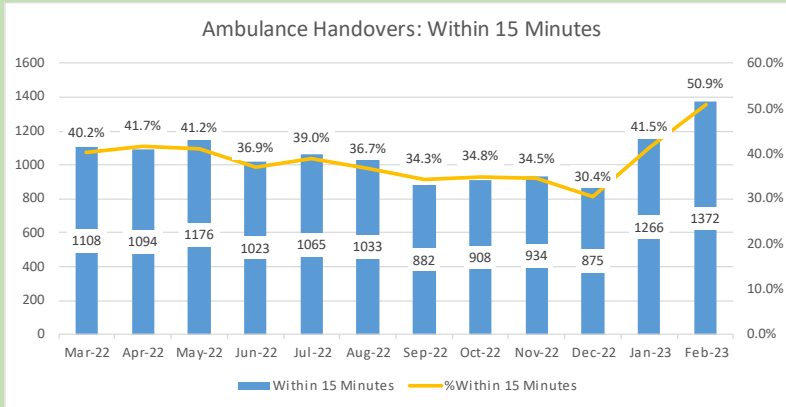
Key actions:

- 2 hourly board round implemented, with the consultant in charge and nurse coordinator to focus on waiting times
- 12 month, system wide, UEC improvement programme with ECIST to commence in April 2023
- 12 hour breach reports, actions taken forward through weekly ED performance meeting.

Hospital	4 Hour % Achieved	Attendances	Breaches	%Streamed From FDASS
Bassetlaw	79.71%	4410	895	8.48%
Doncaster	58.66%	8375	3462	18.58%
Montagu	100.00%	1305	0	0.08%
Trust	69.08%	14090	4357	13.70%



2. Urgent and Emergency Care: Ambulance handover



Key issues:

- Ambulance handover within 15 minutes has improved from 41.5% to 50.9% and has continued to improve week on week during February
- Issues related to flow out of ED & wider Trust continue to cause delays, due to impact on space in the department.
- Lack of space to cohort ambulances at Bassetlaw Hospital

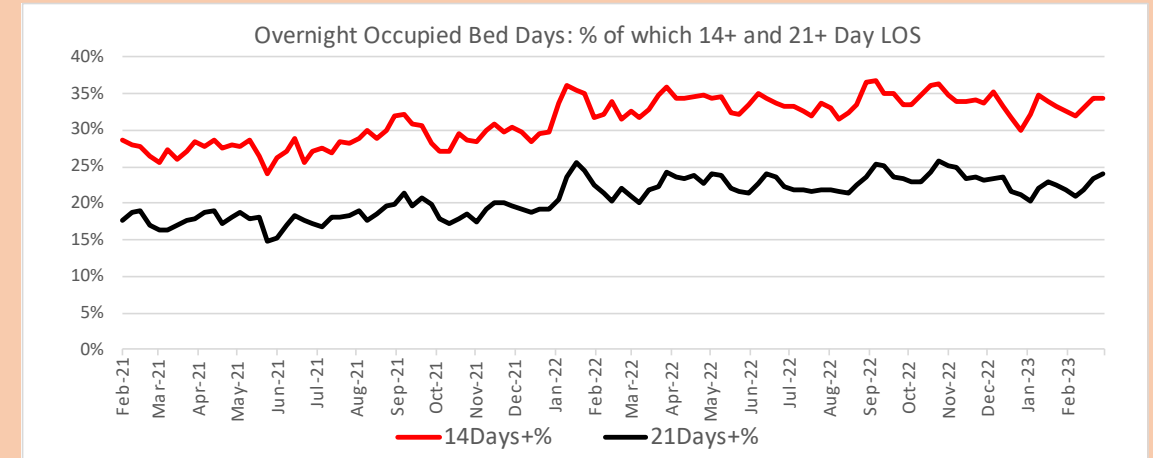
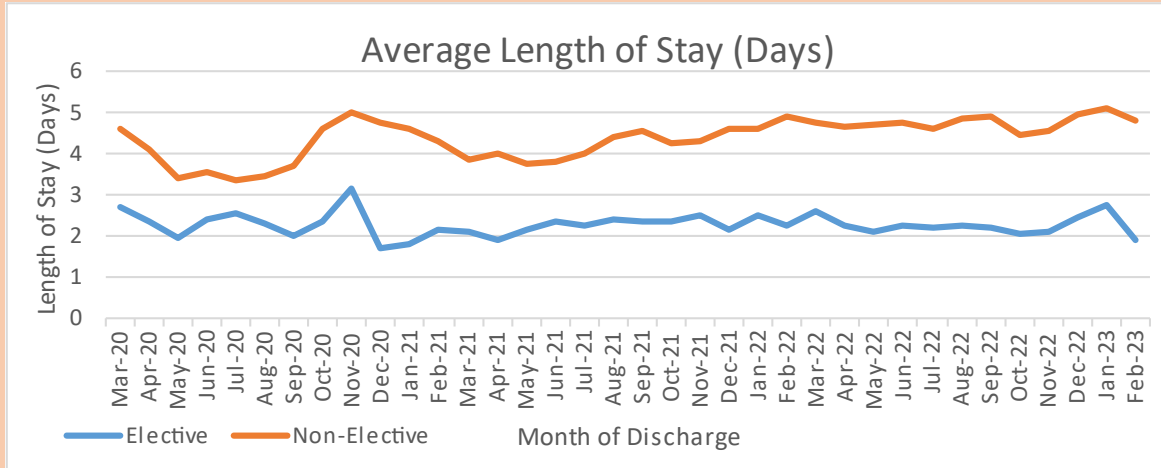
Key actions:

- Ongoing QI project with YAS
- Ambulance conveyance direct to primary care front door now in place
- Continue to embed Early Senior Assessment model, this provides increased capacity for ambulance handover

Month	Hospital	Total Arrivals	%<15 Minutes	%<30 Minutes	%<60 Minutes	Longest Wait
Feb-23	Bassetlaw Hospital	688	23.55%	81.10%	98.55%	01:37
Feb-23	Doncaster Royal Infirmary	2009	60.23%	80.59%	93.63%	03:11
Feb-23	Trust	2697	50.87%	80.72%	94.88%	03:11



3. Urgent and Emergency Care: Length of Stay (LoS)



Key issues:

- High number of patients who no longer have 'right to reside.
- Delays in pathway one and two due to capacity in social care.
- Deconditioning of surgical patients waiting for long periods on patient tracking list

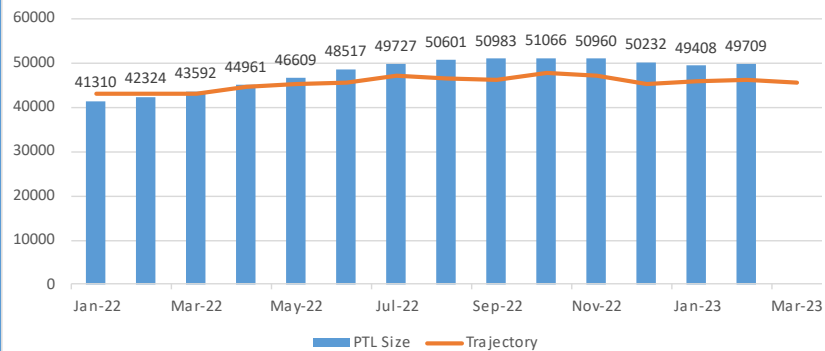
Key actions:

- Analysis of length of stay by specialty
- Efficiency work stream focusing on reducing length of stay to achieve 92% bed occupancy, in financial year 23/24.
- Joint workshop with PLACE and DBTH in April to focus on prehabilitation, pre-op optimising to reduce elective length of stay.

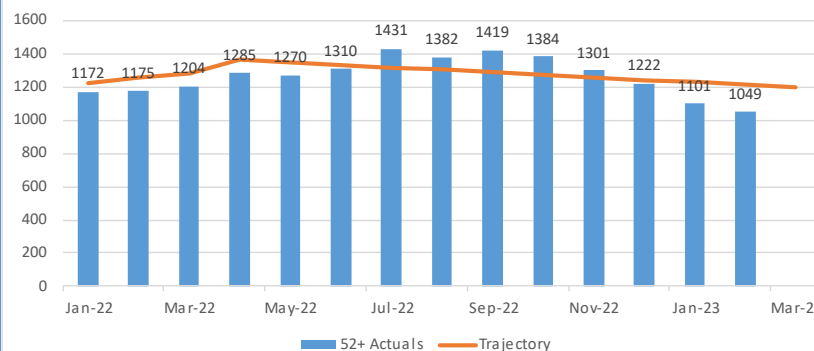


4. Elective: Waiting list and long waiting patients

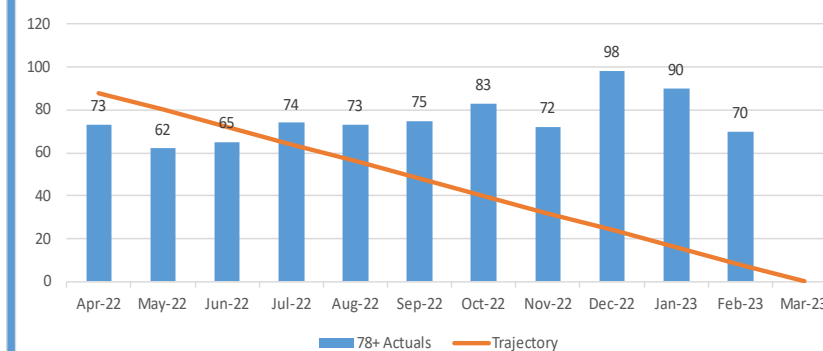
Patients on RTT PTL



Trust 52 Week Breaches



Trust 78 Week Breaches



Key issues:

- At the end of February the PTL size was 49709 this is an increase of 0.6% on the January position.
- There were two 104 week breaches in February.
- The Trust Level month end 18 week performance for February 2023 is 64.9%, which is 1.2% higher than in January 2023
- No patients waiting over 78 weeks by 31 March 2023

Key actions:

- Focused work to reduce 78 week breaches has resulted in a 22.2% reduction, on track for achieving March target
- 4.7% reduction in patients waiting over 52 weeks, via ongoing weekly meetings and validation.
- Agreed implementation plan to support the validation business case

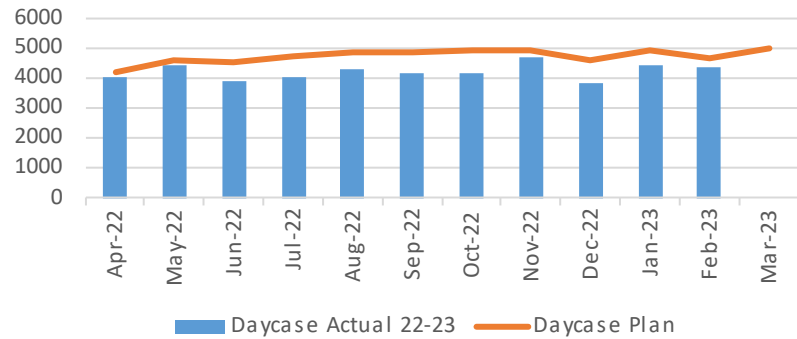
CCG	Values	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Bassetlaw CCG	Total Waiters	9014	9334	9601	9922	10234	10507	10597	10757	10726	10732	10635	10328	10301
	% Under 18 Weeks	66.3%	67.0%	67.3%	69.8%	68.1%	66.0%	65.5%	64.4%	65.5%	65.5%	64.0%	64.3%	65.8%
NHS Doncaster CCG	Total Waiters	26589	27380	28196	29327	30620	31420	32060	32350	32295	32166	31533	31087	31460
	% Under 18 Weeks	67.1%	68.3%	67.7%	70.7%	69.4%	67.2%	66.9%	65.5%	65.3%	65.4%	63.1%	64.1%	65.4%
Trust	Total Waiters	42324	43592	44961	46609	48517	49727	50601	50983	51066	50960	50232	49408	49709
	% Under 18 Weeks	67.3%	68.3%	68.1%	70.7%	69.1%	66.7%	66.2%	64.7%	65.1%	64.9%	62.7%	63.7%	64.9%

52+ Weeks: Top 5 Specialties

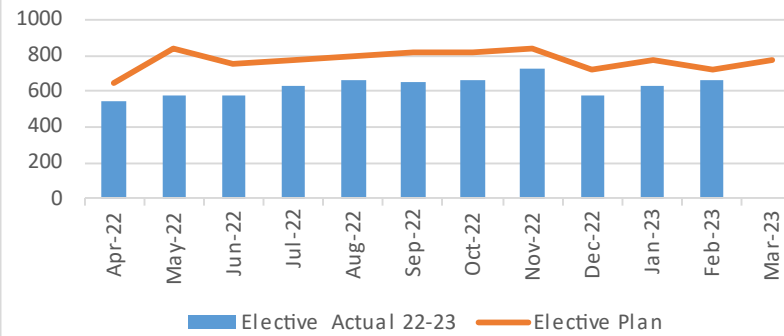
Specialty	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
TRAUMA & ORTHOPAEDICS	540	532	616	670	740	794	809	850	847	819	783	691	640
ENT	112	96	91	103	112	114	127	128	133	132	130	142	126
GYNAECOLOGY	45	77	103	127	139	153	167	161	161	128	115	94	90
UROLOGY	92	103	88	76	88	125	95	111	85	86	75	62	71
OPHTHALMOLOGY	287	321	317	224	150	154	110	85	70	62	44	34	38

5. Elective : Day case and Inpatient activity vs plan

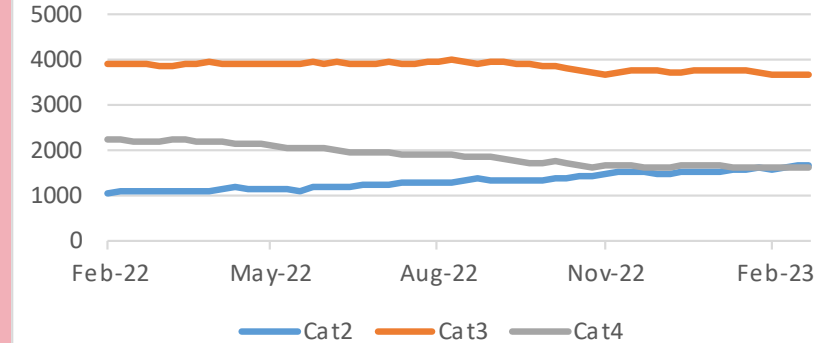
Daycase 22-23 vs Plan



Elective 22-23 vs Plan



RTT PTL: Inpatient WL Categorisations



Key issues:

- Achievement of Elective Recovery Plan and proposed improvement plan for theatres, elective capacity impacted by emergency
- Variable utilisation of theatre lists against the target of 85%

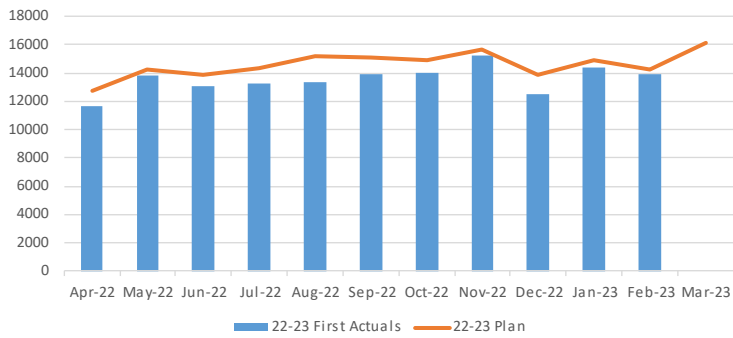
Key actions:

- Continue to list all patients based on clinical prioritisation focusing on maximising day case activity. Day case - Trust delivered 93.1% of plan, this is an improvement of 3.3% from previous month
- More effective planning of theatre lists, has improved utilisation in month. Resulting in a 10% increase on plan between January and February

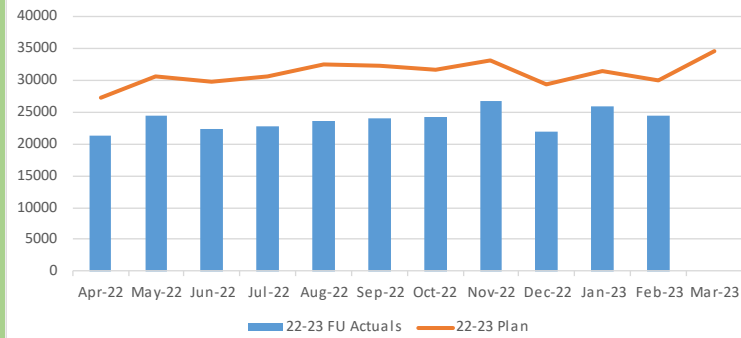


6. Elective: Outpatients

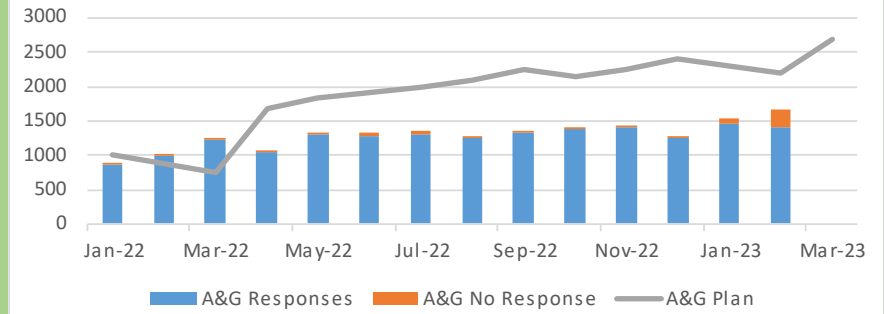
OP First 22-23 vs Plan



OP FU 22-23 vs Plan



Advice & Guidance: Actual



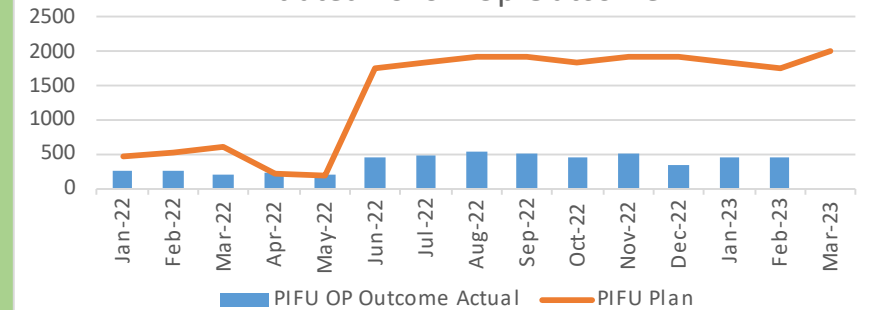
Key issues:

- New patient waiting times variable across specialties
- Insufficient validation resource to review patients on follow-up pathways
- Non-achievement of Patient Initiated Follow Up target of 5% at Trust level

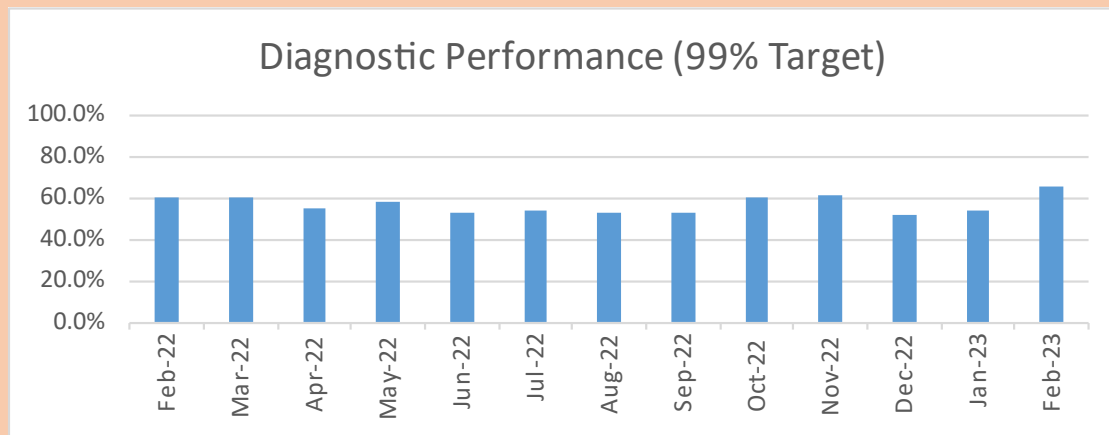
Key actions:

- Converted follow-up capacity to new patient where appropriate to reduce new patient waiting times. Resulting in a 1.6% increase versus plan in month (98.1%)
- Recruitment to levels identified in the validation Business Case
- Additional clinics in urology
- Establish an action plan for areas of non-compliance of Patient Initiated Follow Up target.

Number of Appointments with Patient Initiated Follow-Up Outcome



7. Diagnostic waiting times



Key issues:

- Performance is below the national standard in 11 modalities against the 6-week target
- Audiology under achievement of diagnostic performance target. Area of significant concern are patients over 50 years of age, currently at 20.36% against a target of 99%.
- DEXA currently at 38.24%

Key actions:

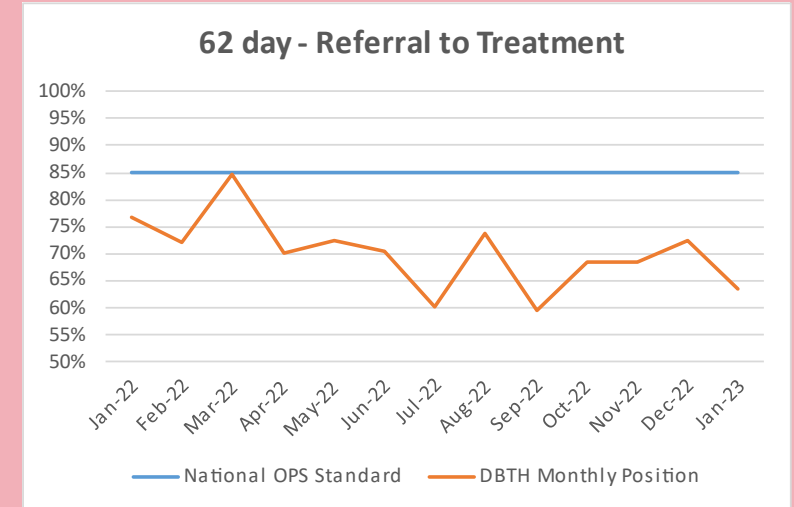
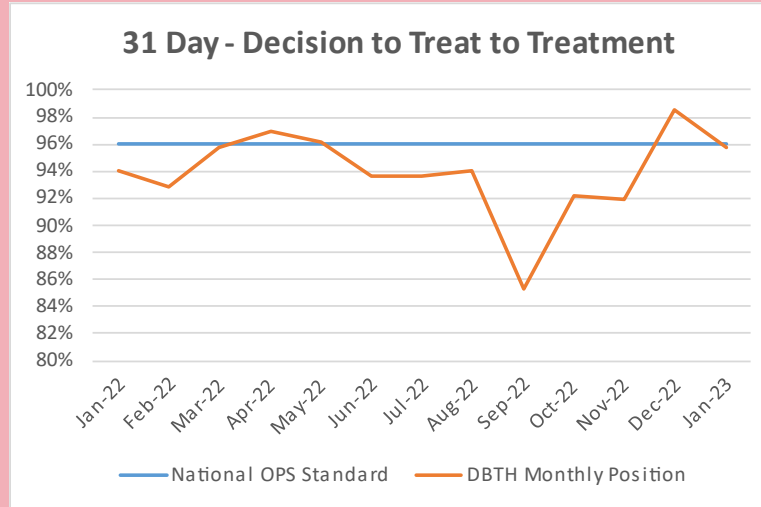
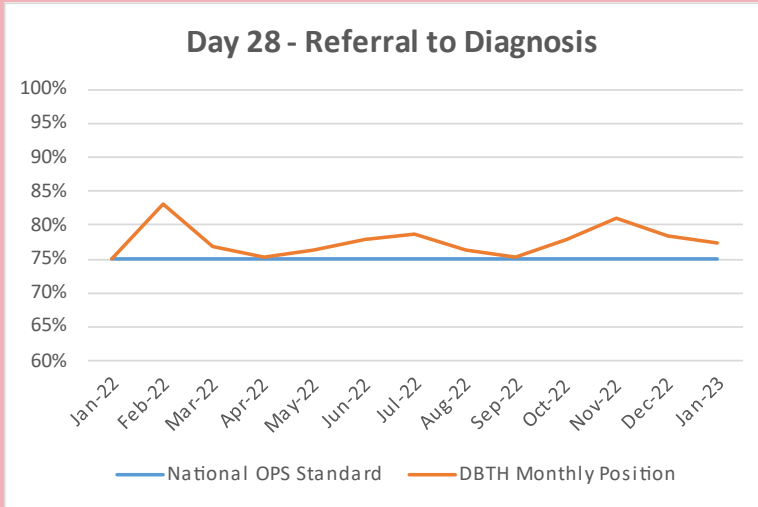
- Additional van days in CT and MRI have contributed to the improvement in performance to 65.2% which is an 11.1% increase from January's position.
- Options appraisal for audiology currently being considered to address the significant capacity shortfall in Audiology
- Develop a recovery plan for DEXA
- Deep dive into diagnostic performance being undertaken by Deputy Chief Operating Officer

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	7981	4259	12240	65.20%
NHS Doncaster	5190	2726	7916	65.56%
NHS Bassetlaw	2089	1158	3247	64.34%

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1981	791	2772	71.46%	38
CT	1024	39	1063	96.33%	36
Non-Obstetric Ultrasound	2519	1071	3590	70.17%	46
Barium Enema	0	0	0		-
DEXA	366	591	957	38.24%	28
Audiology	353	1381	1734	20.36%	73
Echo	442	8	450	98.22%	10
Nerve Conduction	130	65	195	66.67%	13
Sleep Study	18	0	18	100.00%	4
Urodynamic	41	5	46	89.13%	7
Colonoscopy	312	113	425	73.41%	15
Flexible Sigmoidoscopy	109	44	153	71.24%	14
Cystoscopy	293	1	294	99.66%	7
Gastroscopy	393	150	543	72.38%	17
Total	7981	4259	12240	65.20%	73



8. Cancer waiting times



Key issues:

- Delivering the 62 day target due to constraints at Sheffield however, the Trust continues to be compliant for the FDS standard throughout February.
- There has been a large increase in referrals to urology and insufficient capacity to meet the increased demand.
- Key staffing pressures in Histopathology are likely to continue to year end, this has an impact on all Cancer pathways and Cancer Waiting Times Standards

Key actions:

- Oversight of cancer aligned to Deputy Chief Operating Officer – Elective
- Continuing to collaborate weekly with Sheffield Teaching Hospitals and the Cancer Alliance to improve access times for diagnostics
- Urology to develop business case to meet increased demand.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	D5		
Report Title:	Directorate of Recovery, Innovation & Transformation Update				
Sponsor:	Jon Sargeant, Director of Recovery, Innovation & Transformation (RIT)				
Author:	Jon Sargeant, Director of Recovery, Innovation & Transformation (RIT)				
Appendices:	Appendix A – Capital Infrastructure Update Appendix B – Qi Update				
Executive Summary					
Purpose of report:	To provide an update on the changes in the Recovery, Innovation and Transformation Directorate.				
Summary of key issues:	This report provides an update on and highlights progress to date on the following: <ul style="list-style-type: none"> • The Community Diagnostic Centre (CDC) Programme • Bassetlaw Emergency Village (BEV) • Montagu Elective Orthopaedic Centre (MEOC) 				
Recommendation:	Members are asked to receive this report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving our vision</i>	<i>Team DBTH feels valued and 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:	None				
Legal:	None				
Resources:	None				
Assurance Route					
Previously considered by:	These papers have previously been considered by the Finance & Performance Committee				
Date:	23/03/2023	Decision:	N/A		
Next Steps:	N/A				
Previously circulated reports to supplement this paper:	N/A				

1. INTRODUCTION

This paper outlines the progress with the work of the DRIT in January 2023. The Directorate has mostly focused on completing the work on the annual plan, budgeting, in addition the normal work of the QI team and strategy team has continued. The Strategy team working with both places have developed the materials for the board seminar work on Health Inequalities. The detailed capital infrastructure update and qi update are attached as appendices. The annual plan work will be presented in a separate paper.

2. CDC PROGRAMME

The CDC has received national approval, and the money for the current financial year has already been made available to the Trust orders are being prepared to ensure that this money is spent within this financial year.

Orders are being finalised and the Trust will take ownership of the scanners during March 2023 as planned. The ownership to the two machines will be covered by a Vesting Certificate and they will be stored at the manufacturing plant until the building work in Mexborough is complete. Appropriate insurance and risk shares are in place with the suppliers (both multinational companies based in the EU).

3. BASSETLAW EMERGENCY VILLAGE

As reported at the last meeting, the commencement of the Bassetlaw Emergency Village (BEV) scheme was paused until final confirmation of the funding was received from the Department of Health and Social Care (DHSC) and NHSE/I. The Trust has recently received confirmation that the scheme is now able to progress on completion of the Reinforced, Autoclaved, Aerated Concrete (RAAC) replacement.

The RAAC scheme is continuing to run to plan and will be finished on time for the year end, and the programme of works for the BEV will be revisited to confirm the timeframes for the completion of the full scheme.

Capital Expenditure

The Trust is on line to deliver its capital programme, in line with the budget, In addition the last minute winter schemes that the Trust bid for were successful and work has commenced on the schemes which we expect to be finished by the end of March.

- Discharge Lounge DRI (£150k)
- Discharge Lounge BDTH (£150k)
- UTC Portacabin DRI (£160k)

The NHSE Estates team visited the Trust to confirm progress with the schemes and the RAAC project during February and we pleased with progress on all the projects.

MEOC

The governance structure has been agreed by the CEO's and is now being mobilised. Whilst this is taking place the core project team continues to work with clinicians on the model and finalise the design. The orders for the modular build have been placed, however the expected delivery time for the unit onto the Mexborough has been notified as 3 weeks later than originally envisaged when the case was put together. The impact of this on the opening of the unit is currently being assessed ahead of the initial steering group meetings.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 23	Agenda Reference:	D5 Appendix A		
Report Title:	Capital Update / Infrastructure Update				
Sponsor:	Jon Sargeant, Director of Recovery, Innovation & Transformation				
Author:	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure				
Appendices:					
Executive Summary					
Purpose of report:	This report provides an update on the capital infrastructure projects.				
Summary of key issues:	<ul style="list-style-type: none"> The Estates Capital Programme overall has progressed well and is still aiming to achieve the completion of the programme by end of March 23. CDC phase 3 business case has been approved. The commencement of the Bassetlaw Emergency Village (BEV) scheme was paused until final confirmation of the funding was received from the Department of Health and Social Care (DHSC) and NHSE/I. The Trust has recently received confirmation that the scheme is now able to progress on completion of the Radiated, Aerated, Autoclaved Concrete (RAAC) replacement. The RAAC scheme is continuing to run to plan and will be finished on time for the year end, and the programme of works for the BECV will be revisited to confirm the timeframes for the completion of the full scheme. The Medical Equipment Programme has now progressed with a number of business cases being put forward by Divisions to MEG and CIG for approval. This includes additional monies made available in February. The Digital Capital Programme – progressing well, to date £37k has been identified as confirmed underspend. The total capital of £10,734 is at risk of not being spent by 31 March 2023. 				
Recommendation:	The Board is asked to note this report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving our vision</i>	<i>Team DBTH feels valued and 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:			
Date:		Decision:	
Next Steps:			
Previously circulated reports to supplement this paper:			

1. OVERVIEW

The successful delivery to time and budget of Capital Infrastructure Programmes across Estates, Digital and Medical Equipment is vital in order to ensure the Trust benefits from the available funding and investment to improve the quality of care for our patients.

This summary report provides a highlighted update of where each program is at the end of month 11.

2. PROGRESS

Estates Capital

Reinforced Autoclaved Aerated Concrete (RAAC)

Short-form business case submitted to NHSE/I 1st July with confirmation of full allocation of £15.9m approved by 3rd August. The formal letter of approval was received on 15th September.

NHSE/I offered RAAC Trusts ability to draw down against an MOU, June Board of Directors authorised a draw-down of £2.757m in order to place early orders and to secure three temporary Vanguard theatres.

Between RAAC programme and BEV programme there are opportunistic co-dependencies in terms of enabling for BEV build.

Progressing as expected to program, completion March 23.

Bassetlaw Emergency Village

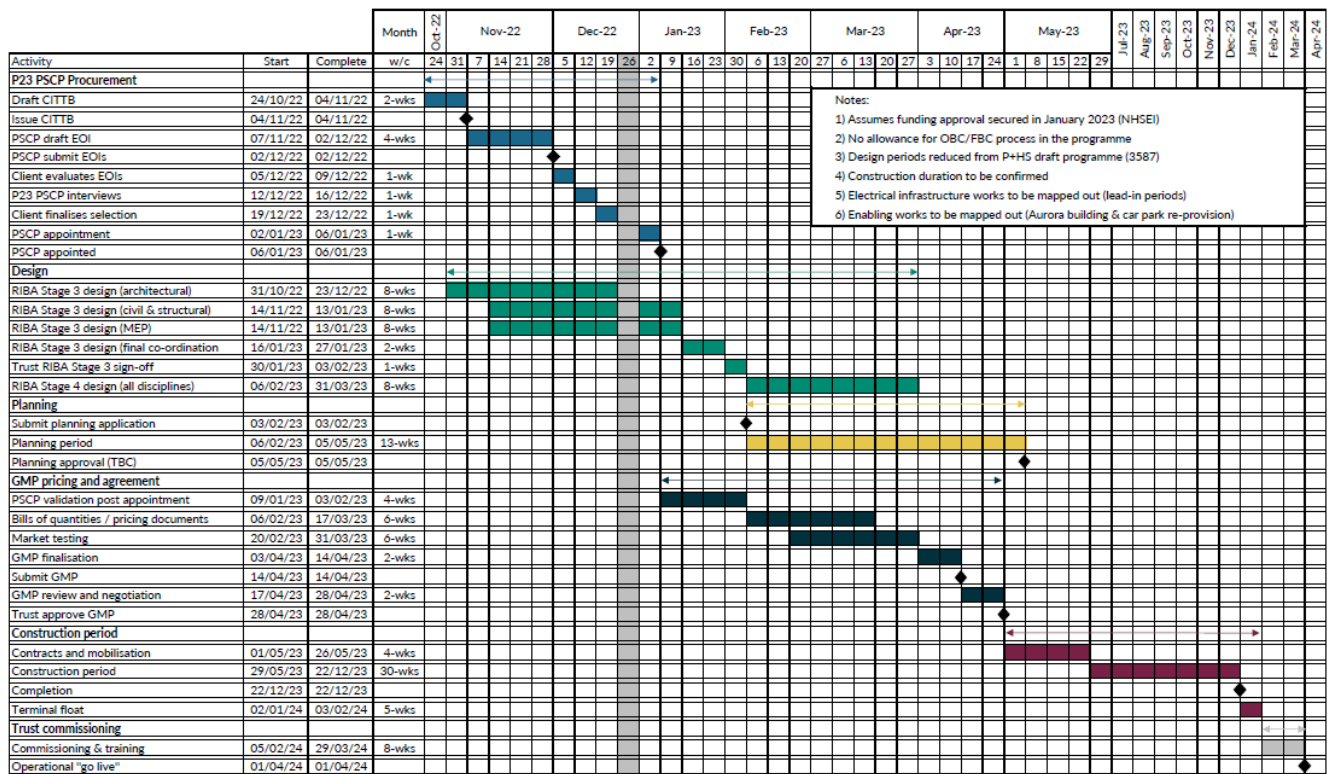
The preferred option of a combination of new build and refurbishment requires capital investment of £17.98m, delivered predominantly via £17.605m of Wave 4 STP funding and needs to be utilised by March 24.

The commencement of the Bassetlaw Emergency Care Village (BECV) scheme was paused until final confirmation of the funding was received from the Department of Health and Social Care (DHSC) and NHSE/I. The Trust has recently received confirmation that the scheme is now able to progress on completion of the Radiated, Aerated, Autoclaved Concrete (RAAC) replacement. The RAAC scheme is continuing to run to plan and will be finished on time for the year end, and the programme of works for the BECV will be revisited to confirm the timeframes for the completion of the full scheme.

Community Diagnostic Centre

Phase 1 complete, Phase 2A now started on site (relocation of Pain clinic) Phase 2B design completed and negotiated tender with Wilmott Dixon has been progressed. Unfortunately the phase 2b business case has also been impacted by hyper-inflation in the same way as the BEV project with a cost pressure of circa £1m, against an estimated budget costs of £8.7m. Confirmation has now been received from the region that additional funding will be made available to cover this inflationary increase.

Phase 3 Business Case was submitted in December and has now been approved. There has been a request to phase funding over 22/23, 23/24, and 24/25. Programme below:



Estates Capital Risks and Issues

Risks and Issues (CRL)

Report Ref	Subject	Risk / Issue	RAG
2.1	Capital Programme (CRL) 22/23	<p>CDS tender return currently exceeding 22/23 plan allowance and will require adjustment within the existing plan</p> <p>Lister Court – The delay in getting the electrical supplies terminated through NPG were putting the scheme at risk but should now occur within year.</p> <p>SDEC early design in 2022/23 to facilitate completion for winter 2023/24, but the delay in the clinical modelling is putting the delivery of the scheme in the required timescales at risk, depending upon the outturn infrastructure solution.</p>	
2.2	Charitable Funding	<p>Montagu Hydrotherapy – Major risk with regards to proceeding on cost plan and potential need to reduce GIFA. Inflation and Hyper-Inflation also to be applied from 2019. Design development required before Business Case can be submitted.</p>	
5.0	Frameworks	<p>Pagabo – Morgan Sindall seeking Funding for the Offsite Working project</p> <p>Insolvency claim following liquidation of Clugstons</p>	
7.1	2023/24 Capital Programme	<p>Amalgamated list required from Corporate Divisions</p> <p>Affordability of all Estates related requests within a smaller capital plan</p>	

Risks and Issues (PDC)

Report Ref	Subject	Risk / Issue	RAG
6.1	BDGH - BEV	<p>£17.6m allocation (Current cost plan without ATC, Backlog, SDEC and inflation - £17.9m)</p> <p>GMP currently higher than Pre-Tender Estimate – MEP element to be re-tendered</p> <p>Early Works instruction placed for works within ATC package without full BEV approval.</p> <p>NHSI/E requirement for expenditure by end March 2024.</p> <p>Escalated Programme including escalation of NHSE/I approvals</p> <p>OBC not approved as yet</p> <p>Design unknowns in terms of the ground conditions etc.</p> <p>ATC as part of the RAAC works – programming issue to be resolved/pre-works to BEV.</p> <p>Non-funded elements within the business case – ATC, SDEC, car parking implications, Sub-station to be allowed for through CRL.</p> <p>Ongoing inflationary risk</p>	
6.2	BDGH RAAC	<p>ATC design, works and programme risk</p> <p>Additional works – Fire doors etc. may need to be completed throughout 23/24</p> <p>Vanguard Theatres use for Arthroplasty</p> <p>Re-provision of AHU and effect on Endoscopy lists – CDEL allocation in 23/2</p>	

6.3	MMH CDC Phase 2 and 3	<p>Programme - Approved 7/7/22 rather than June as planned.</p> <p>Hyperinflation now affected the tender returns for Phase 2B (Business Case agreed on a cost plan and not tendered project)</p> <p>Awaiting approval for additional funding which will also affect programme Phase 3 – Potential works included for within 22/23 still awaiting confirmation.</p> <p>Existing Pain Clinic lift – CRL virement</p>	
6.4	MMH OEC	<p>Final full service scope to be developed.</p> <p>Design development which may bring scope change/creep</p> <p>Planning</p> <p>Unknown ground and infrastructure conditions at the moment</p> <p>Business Case proceeding on cost plan and not market test (apart from Module element)</p> <p>Very tight programme</p> <p>Continued inflationary risk</p> <p>Modular Company acting at Principle Contractor</p> <p>Allowance for further site expansion – Electrical infrastructure, Water storage and treatment and heating and hot water calorifiers.</p> <p>Site congestion – requires meeting to discuss inter-related impacts of co-located and concurrent projects</p>	

Medical Equipment

Current status

One late bid (not in-plan) was received by MEG for an Olympus ENF-VH ENT fiberscope and MEG were advised that the previously approved bid for defibrillators is now looking at 23 weeks delivery time

As a result of the costs being similar the group agreed to cancel the order for defibrillators and use the monies for the procurement of the fibrescope.

There are no business cases in-plan awaiting delivery to and approval by MEG by clinical divisions.

Members of the group were reminded that divisions should be considering their bids for year 2023/24 and submitting them as soon as possible, also members were reminded that MEG may be requested to submit a draft capital plan early in the New Year.

Currently 145 requests (not business cases) for medical devices procurement in year 2023/24 have been received by MEG with an estimated value of £12.9m, this value shall increase when more costings come in.

Work around procuring medical devices using the extra £500k slippage capital funding is ongoing.

Current 2022/23 status

Status	Number
Number of bids in the 2022/23 MEG plan	30
Number of bids rolled over from year 2022/22 (in plan)	3
Number of new bids in year 2022/23 (in plan)	27
Number of bids approved by MEG (in plan)	24
Number of bids approved by MEG (not in plan)	12
Number of business cases/requests still awaiting to be received by MEG.	0
Number of business cases approved by CIG.	32
Number of business cases/requests withdrawn	6
Number of bids delivered to site.	7
Number of requests received by MEG but not in plan for 2022/23.	116

Where new requests come in mid-year MEG shall request a reordering of the priorities, there are plenty of reserve requests on file should anything change.

Digital Capital

This report covers the period of 22 October 2022 – 23 January 2023.

Recruitment for all capital resource positions is ongoing, positions have been temporarily filled via NHSP contractors where appropriate. Delays in submissions for cross charging staffing resources will impact on actual spend being higher in month.

Digital Project Manager is now in place for:

- DPI34 Ophthalmology System Replacement
- DPI35 Audiology System Replacement
- DPI19 Critical Care Information System

Additional funding confirmed on 23 January 2023 totalling £327,051

- DPI00 Immutable backup storage for PACS
- DPI44 UPS/ATS batteries
- DPI43 Ward Board Refresh
- DPI41 Immutable storage capacity increase (DAS)
- DPI45 Live storage capacity increase (SAN)
- DPI36 Licence True-up
- DPI38 Telecoms

A capital review has been conducted over December and January, to date £37k has been identified as confirmed underspend. The total capital of £10,734 is at risk of not being spent by 31 March 2023. There are 3 schemes under review to confirm the funding allocation at risk and may be transferred to other schemes. Virements of £8,968 approved in January 2023 from DPI39 Divisional System Upgrades.

Below are the risks and issues to be escalated to capital monitoring committee.

Report Ref	Subject	Risk / Issue	RAG
4.1.2a	Ophthalmology EUC Windows 7	<p>Windows 7 computers will need to be 'locked down' to ensure that the Trust is not exposed to cyber threats. This means that the individual computer will not have access standard business items, Internet and Email.</p> <p>Update The users have been issued with iPads to carry out daily operations. Windows 7 PCs have been locked down.</p> <p>Recommended action:</p> <ul style="list-style-type: none"> • Digital Project Manager to work with clinical and business lead to provide an updated report to Head of Digital Programmes. • Head of Digital Programmes to report to Transformation Board for the project timeline and the cyber security mitigating actions that will be implemented. 	Yellow
4.1.3	Audiology EUC Windows 7	<p>Windows 7 computers will need to be 'locked down' to ensure that the Trust is not exposed to cyber threats. This means that the individual computer will not have access standard business items, Internet and Email.</p> <p>Update Opswatch technical solution has been proposed and the team are working to lock down the Windows 7 PCs.</p> <p>Recommended action:</p> <ul style="list-style-type: none"> • Digital Project Manager to work with clinical and business lead to provide an updated report to Head of Digital Programmes. • Head of Digital Programmes to report to Transformation Board for the project timeline and the cyber security mitigating actions that will be implemented. 	Yellow
4.1.1. a	Critical Care Information system – delayed	<p>Under resourced for clinical configuration. Requirements missing from business case and a request for £50k has been submitted for FY 23/24. Current delivery is scheduled for September 2024.</p> <p>Recommended action:</p>	Red
		Exception Report to be raised by head of digital programmes, escalated POSM and the Transformation Board.	Red

3. NEXT STEPS

Progress against the delivery of Trust Infrastructure Capital Programmes will continue to be monitored via the Trust Capital Monitoring Committee and its sub-groups.

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	D5 Appendix B		
Report Title:	Innovation & Improvement Update				
Sponsor:	Jon Sargeant, Director of Recovery, Innovation & Transformation				
Author:	Rob Mason, Head of Quality Improvement				
Appendices:	Appendix A – Qi refresh communication plan				
Executive Summary					
Purpose of report:	Update on the progress and priorities of the improvement engagement work within the Trust for the current year and updates on the strategic business case to embed Quality improvement (Qi) in the way we do work at the Trust to be the safest trust in England, Outstanding in all that we do.				
Summary of key issues:	<p>The report provides a progress update on</p> <ul style="list-style-type: none"> • Engagement • Major programmes of work <ul style="list-style-type: none"> ○ PSIRF ○ Speak Up – engagement & strategy ○ Sustainable Trauma project ○ Support for flow work ○ Improvement coach training & Report outs ○ Qi refresh communication plan 				
Recommendation:	The Board is asked to note this report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving our vision</i>	<i>Team DBTH feels valued and 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:	None				
Legal:	None				
Resources:	None				
Assurance Route					
Previously considered by:					
Date:		Decision:			
Next Steps:					
Previously circulated reports to supplement this paper:					

The key components of this report are:

1. Introduction
2. Background
3. Progress to date
4. Future Work
5. Next Steps
6. Risks / Challenges

1. Introduction

This paper provides an update on progress and priorities of the improvement engagement work within the Trust for the current year and updates on the strategic business case to embed Quality improvement (Qi) in the way we do work at the Trust to be the safest trust in England, Outstanding in all that we do.

2. Background

The Improvement team engaged with 879 people and worked with 35 teams on improvement projects in 2021-22. The projects detailed on this report cover those that have been identified, so far, in 2022-23 as Trust priorities and those that have been projects identified by divisional teams as requesting improvement support.

3. Progress to date

From April 22– January 23 the team have engaged with **781** people (490 internal Qi training) across **24** teams. The financial year target is **900** people across **25** teams for the year.

Updates on major programmes of work that improvement are supporting are outlined in further detail below:

Patient Safety Incident Response Framework (PSIRF)

Initial implementation group held 02.02.23 project managed by PMO. Qi involvement being planned to;

- Map current practice and review against new standards
- Develop a team of experts & develop processes to allow oversight / learning from the new framework

Speak Up – Engagement & Strategy

2nd Qi session held 24th January. Draft challenge statement: *To strengthen the engagement and speaking up strategy to empower all colleagues, including learners, bank and agency workers and volunteers to build an improvement and listening culture as part of how we do work at DBTH.*

- 3 Trust wide engagement sessions took place end January
- Data and feedback being collated
- Additional surveys being sent out

Project actions recorded in Monday.com

Sustainable Trauma project

- Weekly project team meetings in place
- Initial preferred options identified
 - Further engagement on organisational challenges posed by these options have taken place with initial stakeholder group.
 - Economic evaluation of options outstanding
 - Pathway evaluation against options – plan of engagement being worked on.

Support for Flow Work

- Ward round observations (AMU) – information from observations to be used to introduce ward rounds to a further 6 medical wards.
- Support with 100 day challenge actions
- Visual Management (Team boards) being revisited on 3 wards.

Training & Report outs

- **31 Qi Level 1 accredited** in financial year
- **23 Qi Level 2 accredited** in financial year
- **436 Qi general awareness** to date in financial year
- Further Report out dates planned –;
 - Thursday 16th March 2023 – 12:30- 14:00
 - Thursday 18th May 2023 – 12:30-14:00
 - Thursday 20th June 2023 – 12:30-14:00
 - Thursday 21st September 2023 – 12:30-14:00
 - Thursday 16th December 2023 – 12:30 -14:00
 - Thursday 18th January 2024 – 12:30 – 14:00

Qi refresh – communication plan

As part of the Qi refresh a communication plan has been worked on with the communication team. The top-level actions are shown below. A full version of the objectives can be found in Appendix A.

- Regular bimonthly Qi report out schedule celebrating 3-5 Qi projects, supported by NEDs and Executive Team attendance. – Action **complete**
- E learning / modular training videos - Target completion **end March 2023**
- **Qi listening events – first event being planned for March 2nd 12:30Pm.**
- First Video / soundbite from previous ‘report out presentation’ – **Target end March 2023**
- Monthly submission of teams who have completed Qi projects on the Qi database to the DBTH star awards – **Complete** & ongoing
- Regular monthly meetings with head of patient engagement – **Complete**
- Governance reporting on Qi activity to TEG / Transformation board and QEC - **Complete**

4. Current work

Scoping (8 projects)

Project and charter	Status	Charter	Appro
> Theatres Qi 7	Scoping		
Scan 4 safety project - procurement	Scoping		
> NIV Pathway ↕ Open	Scoping		
DBTH Framework -toolkit	Scoping		
SDEC location	Scoping		
Visual Management - Opinion Survey	Scoping		
Ophthalmology - cataracts	Scoping		
Acute in patient and occupational therapy pathways	Scoping		
+ Add Project and charter			

Planning & Design (10 projects)

Project and charter	Status	Charter	Appro
> DBTH way - Leadership Toolkit 7	Planning & Design		
> Cancer Management Team MDT discussions 7	Planning & Design		
> DBTH way - Leadership Toolkit 7	Planning & Design		
> Cancer Management Team MDT discussions 7	Planning & Design		
> Estates & Facilities - Model Area 7	Planning & Design		
> Learn from AMU board round observations to 6 me... ↕ Open	Planning & Design	Working on it	
> Bereavement Services C&F 7	Planning & Design	Completed	
> Parkinsons medication timelines 7	Planning & Design	Completed	
> Inventory Management 7	Planning & Design	Completed	
> Freedom to speak up - engagement 7	Planning & Design	Completed	
+ Add Project and charter			

Delivery (4 Projects)

Project and charter	Status	Charter	Appro
> TTO process 7	Delivery	Completed	
> well sky discharge letters 7	Delivery	Completed	
> RDaSH / DBTH falls 7	Delivery	Completed	
> Stroke Thrombectomy pathway 7	Delivery	Completed	
+ Add Project and charter			

Completed (2 projects)

Completed Projects

Project and charter	Status	Charter	Appro
> Palliative care team - time with patients 7	Completed	Completed	
> Theatre Recovery - C&F 7	Completed	Completed	
+ Add Project and charter			

Other projects that Qi are supporting as part of wider programs (6 active areas)

<input type="checkbox"/>	Item		Person	Status
<input type="checkbox"/>	Recruitment End to End			Done
<input type="checkbox"/>	Sustainable Trauma		RM	Working on it
<input type="checkbox"/>	Board Rounds (part of 100 day challen...		JW	Working on it
<input type="checkbox"/>	> T&O listing / Outsourcing (... Open		RM	Done
<input type="checkbox"/>	Granger Report - Support for L2 (ST)		RM	Done
<input type="checkbox"/>	Maternity scans - mapping 7 30,60,90		NW	Working on it
<input type="checkbox"/>	EoL Team - IPOC pathway			Working on it
<input type="checkbox"/>	PSIRF		CH	Working on it
<input type="checkbox"/>	Input into Nerve centre / Camis - for ...		CH +3	Working on it

5. Future Work

New Requests (3)

<input type="checkbox"/>	Project		Request Status	Approval at Stee...	Approval at I&T B...	Rec
<input type="checkbox"/>	OT RDash / DBTH		New request			Fe
<input type="checkbox"/>	Neo Nates		New request			Fe
<input type="checkbox"/>	NCOS - A3		New request			Fe
<input type="checkbox"/>	+ Add Project					

The Qi team are handing over actions on 2 main programmes and currently in initial conversations about scoping 3 new areas of work and also 1 place based piece of Qi work.

6. Next Steps

The team consists of 5.6 WTEs – 1 WTE position currently vacant.

As part of the Recovery, Innovation and Transformation directorate formation there is a business case being considered to provide extra improvement support and bandwidth **directly** to Divisions to further embed and sustain the Qi methodology within the Trust.

7. Risks / Challenges

- Qi Clinical Lead – Left December 2022
- Qi Business partners not approved at CIG
 - Potential recycling of Qi Clinical lead to fund 1.5 WTEs for partial Qi Business partners
 - Risk is weakening of clinical engagement and education and research areas as Qi clinical lead post will not be filled.

- Quality Improvement Strategy
 - Current published Strategy runs to end 2022.
 - New improvement Strategy not signed off for publication.
 - Needs to reflect the new organisation structure & link with overall Trust Quality strategy.
 - Action plans in place and being worked to support overall vision and True North objectives of the Trust.

Appendix A – Qi refresh communications plan 2023

True North objectives	<i>To Provide Outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners in top 10% in UK</i>	<i>In recurrent surplus to invest in improving patient care</i>
Qi 5 year aims	New ways of working are co-produced (Patients our colleagues and Partners)	Qi is embedded in the way we do work at DBTH	We are recognised for the effectiveness of our improvement work	Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and use of resources
Communication activity	<p>Sequence of report outs including NED and Exec support – Complete</p> <ul style="list-style-type: none"> ○ Granger ○ TTOs ○ Recruitment ○ Thermo regulation W&C ○ Play Leaders ○ Palliative care admin <p>Qi Face book – weekly posts</p> <p>Patient involvement</p> <ul style="list-style-type: none"> ○ Pt. Stories ○ Impact ○ Regular monthly meetings – Head of Pt Engagement - Complete ○ Pt. improvement group <p>Engagement activities of major work</p> <ul style="list-style-type: none"> ○ BEV ○ SU ○ Recruitment 	<p>Training</p> <ul style="list-style-type: none"> ● L1 dates advertised & flyer ● L1 E learning ● L2 Coach / coach - Complete ● L2 cohort-Complete ● Induction slot (now Qi is no longer part of SET) ● Modular – subject training (10 min tool talks) <p>Qi Faculty</p> <ul style="list-style-type: none"> ● Action Learning set- Complete ● Own face book <p>Qi ‘drop in’ sessions</p> <ul style="list-style-type: none"> ● Sequence of ‘stands’ – with exercises – 6S, Standard work, red bead <p>Leading indicators</p> <ul style="list-style-type: none"> ● Qi activity per division per month reported ● # L2 & L1 Qi coaches / division – Complete <p>Qi Listening events - monthly</p> <p>Executive Gemba</p> <ul style="list-style-type: none"> ● Model areas ● Team Huddle attendance 	<p>Celebration</p> <ul style="list-style-type: none"> ● Monthly star award nominations - Complete/ new Qi focused category ● Qi OS questions (or TED) ● Video / Sound bites of report outs ● Presentation at 4 Qi conferences (incl. sharing how we care) ● Regular Qi Buzz update <ul style="list-style-type: none"> ○ Newly trained ○ Report out sound bites ○ Advance notice of presentations <p>Place and System based joint improvements / facilitation</p> <ul style="list-style-type: none"> ● Falls ● TO (TBC) ● Link in with other Trusts ‘improvement weeks’ <p>Refresh Qi page on Buzz</p> <p>Pt. / Colleague testimonials</p> <p>Communication piece about Qi</p> <ul style="list-style-type: none"> ● Short Bios ● Structure ● What we offer ● Strategy on a pag 	<p>Sequence of report outs including NED and Exec support – Complete</p> <ul style="list-style-type: none"> ○ Granger ○ TTOs ○ Recruitment ○ Thermo regulation W&C ○ Play Leaders ○ Palliative care admin <p>DBTH Library of A3s</p> <p>Update of Qi database to sort on QCDM</p> <p>Governance reports - Complete</p> <ul style="list-style-type: none"> ● QEC (6 monthly) ● People committee ● Monthly TEG ● Bi monthly Transformation Brd. <p>Publication of Qi KPIs</p>

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	28 March 2023	Agenda Reference:	E1
Report Title:	Corporate Risk Register		
Sponsor:	Jon Sargeant, Chief Financial Officer, Director of Recovery, Innovation & Transformation		
Author:	Fiona Dunn, Director Corporate Affairs/Company Secretary		
Appendices:	CRR MAR 2023, DBTH Risk 15+ vs overarching/dependent		
Executive Summary			
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.		
Summary of key issues:	<p><u>Key changes to the CRR this period:</u></p> <ul style="list-style-type: none"> No new corporate risks rated 15+ have been added or escalated from Trust Executive Group Currently there are 93 risks logged rated 15+ across the Trust. 14 of these risks are currently monitored via Corporate Risk register (CRR) Changes to report include risks 15+ linked to an overarching risk on the register, with dependent risk(s) now identified on the report. For example RISK ID 12 - Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation- is the overarching risk for 21 dependant risks rated 15+ Risk ID3112 – (QECPSIRF) - Patient Safety Incident Response Framework- compliance with meeting deadline for completing implementation of PSIRF. Risk rating decreased from 12 to 6 (3Cx2L). Rationale for decrease: PSIRF implementation group continues to meet, progressing in line with national framework. Removed from CRR. <p><u>Action Status of risk management process</u></p> <ul style="list-style-type: none"> Continuous review of existing risks and identification of new or altering risks through improving processes via Trust Risk Management Board. Ensure link to key strategic objectives indicated within the Board Assurance Framework. New Risk Manager (Operational) now in post and process of risk validation of 15+ risks now reviewed via Risk Management Board (RMB). Risk Manager undertaking series of reviews of risks 15+ with operational leads directly within divisions. (see section below) New thematic review added to agenda of RMB - review of frequent incidents across the Trust or in a specific area ascertaining if there is a risk on the register (add / amend), looking at themes in NHS New risk pivot reports generated for Trust Executive Group oversight of details and actions for these 15+ risks. 		

	<ul style="list-style-type: none"> New Pivot reports to link dependent risks to an overarching risk on the Corporate register <p><u>15+ Risk activity status Jan since introduction of Risk Manager</u></p> <ul style="list-style-type: none"> 15 + Risks on register in Jan 2023 - 85 15+ Risks Archived - 7 15 + Risks Downgraded - 15 15 + Risks discussed at Risk Mgt Board (Feb/Mar) 44 (30 Feb / 14 Mar) NEW reported 15 + Risks discussed to RMB - 13 (Feb 6 /Mar 7) Total 15 + Risks on register in Mar 2023 - 93, comprising of: <ul style="list-style-type: none"> 3 in holding area 10 being reviewed 1 awaiting final approval 79 approved (breakdown of risk vs overarching/dependent in appendix 2) 				
Recommendation:	The Board is asked to note the Corporate Risk Register				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	The entire BAF has been reviewed alongside the CRR. The corresponding TN SA's have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHSF trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust Resources highlighted in individual risks				
Assurance Route					
Previously considered by:	TEG & Risk Management Board– (15+ risks)				
Date:	Risk Mgmt Board Mar 2023	Decision:	Reviewed and updated		
Next Steps:	Continuous review of individual risk by owners on DATIX risk management system				
Previously circulated reports to supplement this paper:	Risks rated 15+				

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
7	F&P6	02/01/2023	Chief Operating Officer	Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards	<p>Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards</p> <p>leading to</p> <p>(i) Regulatory action (ii) Impact on reputation</p>	Smith, Denise	[13/09/2022 ICB now in place as overarching structure for SYB [30/11/2021 12:33:17 Fiona Dunn] Controls still applicable as in March. Refreshed board performance report in progress to reflect H2 priorities and to improve transparency of performance against key metrics. Improved benchmarking approach in place using data from NHSE/I, nationally published data and dashboards. Trust wide engagement approach with consultants/SAS and Divisional leaders regarding H2 requirements including UEC roadshow.	Extreme Risk (16)	High Risk (9)	Sep-22	Overarching	No	↔	2349
11	F&P1	31/03/2023	Directorate of Finance, Information and Procurement	Failure to achieve compliance with financial performance and achieve financial plan	<p>Failure to achieve compliance with financial performance and achieve financial plan</p> <p>leading to</p> <p>(i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action</p>	Sargeant, Jon	[22/11/2022 Continued scrutiny & monitoring via committees.no change in controls. [24/06/2022 15:04:56 Fiona Dunn] Financial plan been updated and submitted to NHSIE and ICB 24/6/2022. No change in controls. [28/03/2022 11:50:19 Fiona Dunn] full discussions re new plans to F&P on 24/3/22.Key Financial Control Processes: Vacancy Control Panel, CIG, Grip and Control, Capital Monitoring Committee, Cash Committee.Budget Setting and Business Planning. Establishment of new Directorate: Recovery, Innovation and Transformation.Working with the ICS through CEO's and DoFs regarding funding arrangements. Reporting back through F&P and Board.Internal & External Audit programme design & compliance outcomes	Extreme Risk (16)	High Risk (8)	Nov-22	Overarching	No	↔	17, 1413, 1806, 3017, 3168, 3170, 3174, 3175, 3179
12	F&P4	28/04/2023	Estates and Facilities	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.</p> <p>leading to</p> <p>(i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction to site development</p> <p>Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register.</p>	Howard Timms	[21/02/2023 BDGH Asset capture complete, DRI currently in progress.07/12/2022 BDGH Asset capture in progress. Projected completion Q3/Q4 for all three Trust sites. Business case in progress for submission Q4. 09/10/2022 Howard Timms] Asset Capture in progress as part of 7 Point Plan. MMH Complete. Howard Timms] Implementation of Maintenance Strategy Review (7 Point Plan) FY 22/23 £16.7 Million Capital Investment identified for 22/23 Project Team working on Development of new Hospital Build for Doncaster. [16/11/2020 Sean Alistair Tyler] - DBTH not included on list of 40 new hospitals, Board decision required on continuing developing case in preparation for bid for further 8 new hospitals mid decade.	Extreme Risk (20)	High Risk (10)	Feb-23	Overarching		↔	2335, 2868, 1078, 1082, 1083, 1095, 1097, 1208, 1209, 1246, 1264, 1274, 1277, 1781, 1782, 2335, 2863, 2867, 2868, 2878, 3190

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
13	ARC01	28/06/2023	Directorate of Finance, Information and Procurement	Risk of economic crime against the Trust by not complying with Government Counter Fraud Functional Standard GovS 013 – Counter Fr	<p>Risk of economic crime against the Trust by not complying with the Government Counter Fraud Functional Standard GovS 013 – Counter Fraud</p> <p>leading to</p> <ul style="list-style-type: none"> (i) Impact on Trust's finance (ii) Negative impact on reputation (iii) Action from Cabinet Office re failure to comply with standard 	Sargeant, Jon	<p>[21/03/2023 Full completion of 2022/23 operational fraud plan and 2023/24 plan in place (WeF 01/04/23) Completion of fraud staff survey 97% completed SET fraud awareness training in 2022/23</p> <p>Regular NHSCFA reports to the Trust</p> <p>Attainment of Green rating in the annual NHSCFA Counter Fraud Functional Standard Return (CFSSR) 2022</p> <p>Quarterly reports to the ARC with provision of an Annual Counter Fraud report [04/04/2022] Regular communication via ARC and Trust Counter Fraud champion and CF Specialists.</p> <p>Trust assessed against the standards and documented for compliance in (LOCAL FRAUD RISK ASSESSMENT Version 11 (Valid from 1st April 2022 until 31st March 2023. Submitted and approved at ARC via the Counter Fraud Operational Plan 24th March 2022. Individual risk assessment attached to risk.</p>	High Risk (12)	Moderate Risk (4)	Mar-23	Stand alone			
16	PEO1 (F&P8)	07/04/2023	Directorate of People and Organisational Development	Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs	<p>Inability to recruit a sufficient workforce and to ensure colleagues have the right skills leading to:</p> <ul style="list-style-type: none"> (i) Increase in temporary expenditure (ii) Inability to achieve Trust strategy (iii) Inability to provide safe, effective and sustainable services 	Lintin, Zoe	<p>[03/01/2023 Workforce planning and Learning Needs Analysis built into business planning processes for 23/24</p> <p>Schedule of deep dive workforce planning workshops to be arranged with specialties from Feb/Mar 2023 [13/09/2022 KPMG Workforce Planning tool project now underway (to be managed through Monday.com). International recruitment - additional cohorts agreed for nursing this year and other professional groups being explored.</p> <p>Work ongoing on agency controls and processes</p> <p>Risk rating discussed at length at People Committee on 06/09/22, agreed to increase target risk rating to 12 for 2022/23 given current context. Longer term aim is to decrease to 8.</p> <p>02/12/2021 - Regular reports to the People Committee in relation to vacancy levels and training plans.</p> <p>Refreshed Trust level workforce plan being developed detailing hot spot areas and planned actions. Electronic workforce planning tool being investigated to support divisional/specialty workforce planning. Workforce planning forms part of business planning process.</p> <p>Apprenticeship group in place which reports through the Training and Education committee to the People Committee. Workforce Planning committee now in place with representation from divisions and key staff groups to explore how we maximise our recruitment and training opportunities.</p>	Extreme Risk (16)	High Risk (12)	Jan-23	Overarching	Yes		26, 441, 2427, 2465, 2535, 2768, 2781, 2865, 2948, 3006, 3010, 3043, 3067, 3104, 3130, 3152, 3159, 3187, 3192, 3200, 3211, 3212, 3213

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
19	PEO1 (Q&E1)	07/04/2023	Directorate of People and Organisational Development	Inability to engage with and involve colleagues, learners and representatives to improve experiences at work	<p>Inability to engage with and involve colleagues, learners and representatives to improve experiences at work</p> <p>Key measures:</p> <ul style="list-style-type: none"> - staff survey results - learner surveys - feedback from listening sessions and informal visits - exit interview themes 	Lintin, Zoe	<p>[03/01/2023] Draft People Strategy being shared with TEG, People Committee and other networks in Jan 23</p> <p>Engagement sessions held in Nov and Dec 22 to inform design and development of new DBTH Leadership Behaviours Framework. Plan to launch Mar/Apr 23 [13/09/2022 14:40:41 Fiona Dunn] Strategic approach to engagement in 2022 staff survey agreed and in place, including timely sharing of feedback with teams and involvement in identifying actions.</p> <p>Board visits schedule introduced from Sept 2022.</p> <p>New People Strategy to be developed from 2023 aligned with the NHS People Plan.(ZL) summaries.</p>	High Risk (12)	Moderate Risk (8)	Jan-23	Stand alone	Yes	↔	
1410	F&P11	31/03/2023	Digital Transformation	Failure to protect against cyber attack	<p>There is a risk that a failure to protect against cyber attack - leading to:</p> <p>(i) Trust becoming non-operational (ii) Inability to provide clinical services (ii) Negative impact on reputation</p> <p>The top 3 DSP risk areas have been recognised as:</p> <ol style="list-style-type: none"> (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Unsupported and end-of-life software and hardware (4) Disaster recovery and business continuity testing (5) Control of device (not user) access to the network (6) Configuration management and process documentation (7) Backup management and storage capacity (8) Logging and retention of log information (infrastructure) (9) Failure to wholly implement patch management (10) Visibility of networked devices and systems as they relate to notified vulnerabilities (e.g. CareCERT advisories) <p>As a result the above could lead to temporary closure of systems access, infection of key software and/or related operational issues. This</p>	Linacre, David	<p>[21/09/2022] All supported servers are now on a regular patching interval.</p> <p>Immutable storage / backup configured and working OK with all compatible / supported systems enrolled. Further systems will be enrolled as servers are upgraded and can be included. Separate arrangements are needed for PACS - to be included in a business case for 23/24.</p> <p>A small number of Windows 7 stations remain due to the systems they run not being compatible with Windows 10. Procurements are underway to replace the systems concerned. Extended support or other mitigation arrangements (segmentation / restriction of use) has been applied to Windows 7 stations in the meantime.</p> <p>Network Access Control remains on hold due to resource constraints to implement.</p> <p>NHS Secure Boundary on hold pending business case to procure replacement perimeter equipment in 23/24.</p> <p>Log retention configured and working for Firewall and Domain Controllers only at this time.</p> <p>DSPT for 21/22 - requirements met.</p> <p>7/2/22 -Updated ordering of risks to reflect work done on patching, asset management and log retention and analysis, which has reduced risk in these areas. More work remains on those points, but other risks now have a greater priority. Work is ongoing to update unsupported software in the organisation, with further investment requested in 22/23 to continue the work needed. Investment has also been requested in the top</p>	Extreme Risk (15)	Moderate Risk (4)	Sep-22	Stand alone		↔	

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
1412	F&P12	28/04/2023	Estates and Facilities	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the RRFSO	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance.</p> <p>Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register.</p> <p>leading to</p> <p>(i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services</p> <p>(ii) Claims brought against the Trust</p> <p>(iii) Inability to provide safe services</p> <p>(iv) Negative impact on reputation</p>	Howard Timms	<p>[13/01/2023 Further fire improvement works programmed for FY23/24 as part of the Capital programme.</p> <p>[09/10/2022 13:01:22 Howard Timms] Works in Progress as part of 22/23 Fire Capital Plan. Works also form part of Ward / Department upgrades.</p> <p>[29/03/2022 16:30:14 Howard Timms] Acting Deputy Director of E and F added as CO-Owner EWB and W&C Block Fire Enforcement Notices Rescinded and replaced with Fire Action Plans</p> <p>Fire Improvements W&C investment 21/22 £4.1 million</p> <p>Further Fire Improvement Works scheduled investment 22/23 £3.0 million</p>	Extreme Risk (15)	High Risk	Jan-23	Overarching		↔	147, 1077, 1214, 1216, 1225, 2941
1517	Q&E9	30/03/2023	Clinical Specialist Services	Risk of patient harm as a result of unavailability and Supplies of Medicines	<p>There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring</p> <p>Supply chain issues due to:</p> <p>Demand peak in certain areas</p> <p>Brexit</p> <p>Covid</p>	Wilson, Rachel	<p>6/1/23 There is evidence that current demand peaks have outstripped supply - Strep A . Mutual aid, via NHSE across country. Alternative medicines and preparations sourced</p> <p>Dec/21 -Covid 19 pandemic related supply issues have now eased but national allocation arrangements remain in place for some key medicines.</p> <p>EU exit impact has been minimal to date but medicines shortages continue due to a combination of other issues. (A Barker). Trust has been explicitly instructed by NHS E & DoH not to take no local action.</p> <p>There is a national mechanism for managing medicines shortages which has been used during the COVID-19 pandemic and will be used if required to manage any issues as a result of EUexit.</p>	Extreme Risk (15)	Moderate Risk	Jan-23	Stand alone	Yes	↔	

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
1807	F&P20/Q &E12	29/05/2023	Estates and Facilities	Risk of Critical Lift Failure in a Number of Passenger Lifts Trust Wide	Risk of critical lift failure leading to (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area	Howard Timms	21/02/2023 work commenced on South block and Women's and children's hospital lifts DRI. MMH pain management lift included within the MEOC project FY23/24. [07/12/2022 09:29:14 Sean Alistair Tyler] Work on Lift 7 complete. Work commencing Jan 23 on Women's theatre lift and South Block Theatre lift. [07/12/2022 09:28:36 Sean Alistair Tyler] Work on Lift 7 complete. Work commencing Jan 23 on Women's theatre lift and South Block Theatre lift. [09/10/2022 12:53:59 Howard Timms] Lift Refurbishment Project for EWB Lift 3 and 7 commenced March 22. Further Lift Refurbishment Planned 22/23 including South Block Lifts 3 and 4, W and C Lifts 1 and 2 and Mexborough Pain Management. [29/03/2022 16:48:29 Howard Timms] Acting Deputy Director of Estates and Facilities added as CO-Owner Lift Refurbishment Programme delayed due to COVID. Lift Refurbishment Project for EWB Lift 3 and 7 commenced March 22. Further Lift Refurbishment Planned 22/23 including South Block Lifts 3 and 4, W and C Lifts 1 and 2 and Mexborough Pain Management. [06/07/2021 16:15:15 Sean Alistair Tyler] No change to existing current controls [08/04/2021 16:36:34 Sean Alistair Tyler] - Site wide Lift survey undertaken by independent lift consultant, lifts 3 and 7 in the EWB identified for upgrade and included within the FY21/22 Capital Plan. [16/11/2020 16:52:47 Sean Alistair Tyler] lift work	Extreme Risk (20)	High Risk (8)	Feb-23	Overarching		↔	1224, 1239, 2681, 885, 1240, 2608, 2682, 2798, 3154
2472	COVID1	16/06/2023	Chief Nursing Office	COVID 19 Pandemic - World-wide pandemic of Coronavirus, which will infect the population of Doncaster and Bassetlaw (incCOVID-19)	World-wide pandemic of Coronavirus, which will infect the population of Doncaster and Bassetlaw (including staff) resulting in reduced staffing, increased workload due to COVID-19 and shortage of beds, ventilators.	Brown, Simon	16/12/2022 IPC baf submitted to QEC. Mitigating actions in place for covid outbreaks. Covid numbers managed in line with current process. ITU equipment in place. Staffing meetings and daily ops meeting in place to support with outbreaks. [30/08/2022 20:38:20 Abigail Trainer] Ongoing management of any outbreaks that occur as per IPC protocols and oute cause analysis undertaken [30/08/2022 20:35:31 Abigail Trainer] risk reduced due to bed occupancy coming down, staff absence improving and 'return to living with covid' in place. Visiting reopened and vaccination campaign to commence September 2022. [18/07/2022 12:42:23 Fiona Dunn] risk increased as current infection rates increased for last 2 weeks due to "return to living with COVID" guidance. Elective work slowly recovering. Bed occupancy with COVID increased along with staff absence (AT)	High Risk (9)	Moderate Risk (6)	Dec-22	Overarching	Yes	↔	

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
2664	PEO3	03/07/2023	Clinical Specialist Services	Inability to recruit and retain adequate numbers - causing staff shortage for Consultant Intensive Care	Significant shortage of consultants in intensive care medicine, caused by inability to recruit adequate numbers and burnout of existing colleagues leading to prolonged sick leave and loss to specialty. Ongoing high risk of burnout of remaining consultant staff with likelihood of subsequent sick leave and possible further resignations / unduly early retirement. Negative impact on quality of patient care, team work on DCC and training of other staff, especially doctors.	Timothy Noble	[11/01/2023 09:45:57 Jochen Seidel] Secondment of suitable colleagues from anaesthesia to critical care [13/09/2022 13:16:50 George Briggs] staffing reviewed Consultant recruitment commenced approval at CIG re psychology support and coordinators [30/11/2021 12:43:44 Fiona Dunn] Risk grading decreased from 20 to 16 with new controls in place. [30/11/2021 12:42:29 Fiona Dunn] Full action plan in place. Substantive consultant appointed and commenced in post(dec2021). Locum post appointed for 12 months and starting early 2022. Mutual aid secured from STH from January 2022. Second offer of mutual aid being explored. Full set of wider actions focusing on short-term workforce, environment, and longer term training and workforce model.	Extreme Risk (16)	High Risk (9)	Jan-23	Dependent		↔	16
3104	PEO4	07/04/2023	Directorate of People and Organisational Development	Impact on our workforce of the economic context/cost of living including risk of potential industrial action	Impact on our workforce of the economic context/cost of living including risk of potential industrial action: - wellbeing of our colleagues - sickness absence - workforce availability	Lintin, Zoe	[03/01/2023] System co-ordination on impact of industrial action [13/09/2022] Wellbeing offer and financial management support being refreshed and recommunicated, e.g. Vivup, Wagestream Initial discussions at ICB and Place level Wellbeing support including financial management wellbeing Mileage rates reviewed and increased	High Risk (12)	High Risk (9)	Jan-23	Stand alone	Yes	↔	
3112	QEC-PSIRF	26/06/2023	Chief Nursing Office, Medical Director's Office	Patient Safety Incident Response Framework-compliance with meeting deadline for completing implementation of PSIRF	The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services. Organisations are expected to transition to PSIRF within 12 months, completing by Autumn 2023. The lack of a PSIRF Implementation team risk non-compliance with the NHS contract therefore a financial penalty and reputational risk.	Timothy Noble	20/3/23 Risk rating decreased from 12 to 6 (3Cx2L). Rationale for decrease: PSIRF implementation group continues to meet, progressing in line with national framework. Removed from CRR.[30/11/2022] business case in train for PSIRF implementation team. Continue to attend webinars from NHSE to ensure keeping up to date with current learning and updates. Some staff started HSIB PSIRF modules with further staff due to attend. Exec Lead for PSIRF now identified. Regular updates give at CGC, and QEC. Project monitored via MONDAY.COM and the Quality Steering gp Chaired by Deputy Chief Nurse Paper created to execs PSIRF guidance / project steps now on Monday.com	Moderate Risk (6)	Low Risk	Mar-23	Stand alone		↓	16

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs
3103	ARC02	28/04/2023	Chief Operating Officer	DBTH ability to comply with National COVID-19 Inquiry	DBTH ability to comply with the national enquiry . There is a national review of the Covid 19 pandemic management DBTH will be expected to take part in the enquiry. The Trust will be required to collate and present evidence this will require non disposal of evidence notes minutes etc. There will be a requirement to archive and collate data	Denise Smith	[13/09/2022s] Agreement of Trust lead officer Guidance from national team available national seminar to be attended in October 22 review of proposed data by EPRR team introductory update to inform bard Sept 22 All data to be retained by DBTH Non disposable of notes and logs electronic and manual	High Risk (10)	Moderate Risk (6)	Sep-22	Stand alone		↔	

Risks 15+ vs Dependency.
(March Board 2023)

**Current risks rated 15+ - showing if standalone risk or overarching risk.
(If overarching risk, then linked(dependent risk ID is shown in RED text)**

Risk ID & Description	Current Risk Rating	Dependent Risk Id(s)
Chief Operating Officer		
7		
Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards	16	2349
Children and Families Services		
3069		
Risk of missing Sepsis leading to increases morbidity / mortality	16	Standalone Risk
3070		
Risk of harm to children due to inadequate process on Children's Observaiton unit	16	Standalone Risk
Clinical Specialist Services		
1517		
Risk of patient harm as a result of unavailability and Supplies of Medicines	15	Standalone Risk
3144		
"Controlled Area - X-rays" signs remain illuminated when the X-ray equipment is off causing confusion with staff	15	Standalone Risk
Digital Transformation		
1410		
Failure to protect against cyber attack	15	Standalone Risk
2135		
Windows 7 is end-of-life (extended support) on 13/01/2020	20	Standalone Risk
2685		
Existing 'Multitone' bleep system goes out of support in December 2020	15	Standalone Risk
2717		
Internally developed systems present patient identifiable information to any domain authenticated users (incl generic account)	16	Standalone Risk
3209		
Lack of Tracking Software Trustwide	20	3051, 3094
Digital Transformation, Estates and Facilities		
3184		
Risks identified with data cabinets serving the Trust's Local Area Network (LAN)	16	Standalone Risk
Directorate of Finance, Information and Procurement		
11		

Risks 15+ vs Dependency.
(March Board 2023)

Risk ID & Description	Current Risk Rating	Dependent Risk Id(s)
Failure to achieve compliance with financial performance and achieve financial plan	16	17, 1413, 1806, 3017, 3168, 3170, 3174, 3175, 3179
Directorate of People and Organisational Development		
16		
Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs	16	26, 2427, 2465, 2768, 2781, 2865, 2948, 3006, 3010, 3043, 3120, 3127, 3159, 3197, 3200, 3211, 3212, 3213, 3219
Education and Research Directorate		
2779		
Inability to access sufficient RC (UK) NLS Course places to meet regulatory compliance	16	Standalone Risk
Estates and Facilities		
12		
Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	20	2335, 2868, 1078, 1082, 1083, 1095, 1097, 1208, 1209, 1246, 1264, 1274, 1277, 1781, 1782, 2335, 2863, 2867, 2868, 2878, 3190
1412		
Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the RRFSO	15	147, 1077, 1214, 1216, 1225, 2941
1807		
Risk of Critical Lift Failure in a Number of Passenger Lifts Trust Wide	20	1224, 1239, 2681, 885, 1240, 2608, 2682, 2798, 3154
2816		
Medical Director's Office		

Risks 15+ vs Dependency.
(March Board 2023)

Risk ID & Description	Current Risk Rating	Dependent Risk Id(s)
3161 Chest Drain supply issues	15	Standalone Risk
Medical Services		
2562 Accumulation of unfiled clinic letters external letters and report	15	Standalone Risk
2837 Risk to 16-25 year old patients with Diabetes due to lack of Community Diabetes Specialist Nurse Support	16	Standalone Risk
2839 Risk to patients with Diabetes due to lack of Community Diabetes Specialist Nurse support	15	Standalone Risk
Surgical and Cancer Services		
3122 cystoscope stacker and cystoscopes not fit for purpose BDGH and resulting in suboptimal care of patients & potential misdiagnosi	20	Standalone Risk
3157 One Stop BDGH Prostate Clinic unable to run and patients therefore attend DRI and not seen on the correct pathway	20	Standalone Risk
Medical Services, Surgical and Cancer Services		
3202 Lack of EBUS scopes within endoscopy resulting in patients needing to be cancelled	16	Standalone Risk

Summary: March 2023:

79 approved risks 15+

17 Standalone risks 15+

7 Overarching risks 15+ (with 55 dependent/linked risks)

People Committee - Chair's Highlight Report to Trust Board		
Subject:	People Committee Meeting	Board Date: March 2023
Prepared By:	Mark Bailey, Non-executive Director & Chair of the People Committee	
Approved By:	People Committee Members	
Presented By:	Mark Bailey, Non-executive Director	
Purpose	The paper summarises the key highlights from the People Committee meeting held on Tuesday 7 March 2023	
Matters of Concern / Key Risks to Escalate		Major Actions Commissioned / Work Underway
<p><u>Job Planning - Limited assurance:</u></p> <p>The objective of 100% complete job planning for medical staff is not being met. In line with the 2021/2 KPMG audit significant actions have been taken to improve the level of planning however there remains a significant proportion of plans (15-20%) which are not formally signed-off and where the remedial actions are proving to be very difficult to conclude.</p>		<ul style="list-style-type: none"> • Board approval has been received for the 2023-27 People Strategy. An underpinning delivery plan with outcome success measures is being developed. • Local team engagement sessions across the Trust to share National Staff Survey results, discuss positive themes and improvement actions. • Workforce supply and demand analysis is underway for all skill groups. Preliminary information on Consultant workforce presented and received positively. Clear intention to produce actionable insights into workforce risk areas including difficult to fill positions, training and potential service / role transformation. • Core Skills Training Framework development and alignment of training with workforce planning. • Leadership Behaviours Framework and Just Culture.
Positive Assurances to Provide		Decisions Made
<p><u>Engagement & Leadership:</u> High response rate (65%) in 2022 National Staff Survey. Maintained or improved position against People Promise themes; 'compassionate and inclusive' and 'we are always learning' themes improved.</p> <p><u>Safer Staffing:</u> Clear report giving evidence of processes and outcomes / actions taken to ensure safe staffing. Acknowledgment of the use of temporary workforce particular against surge need and high levels of illness.</p> <p><u>Equality Diversity & Inclusion:</u> Clear objectives, action plan and evidence of progress through monitoring.</p> <p><u>Education:</u> Statutory requirements overview and completion levels by area understood with overall compliance at 86%. Positive feedback from annual quality assurance review from the University of Sheffield Medical School.</p>		<p>Escalation to Executive Group and Board for awareness of the limited assurance arising from less than 100% completion of the required medical staff job planning. A written report on the areas of concern and recovery options is to be presented by the Executive Medical Director Office as a written paper as today's update was verbal. Paper to be provided for information on how gaps being addressed at the next confidential Board of Directors.</p>

Charitable Funds Committee - Chair's Highlight Report to Trust Board

Subject:	Charitable Funds Committee	Board Date: March 2023
Prepared By:	Hazel Brand, Non-executive Director & Chair of the Charitable Funds Committee	
Approved By:	Charitable Funds Committee Members	
Presented By:	Hazel Brand, Non-executive Director	
Purpose:	The paper summarises the key highlights from the Charitable Funds Committee meeting held on 9 March 2023	
Matters of Concern or Key Risks to Escalate		Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> • Governance of fund-raising activities, particularly when done in isolation from, or at arm's length to, Fund-raising Manager • Consideration of ethical dimension of investments – review of portfolio to be carried out • Investigate relationship with Fundraising Regulator 		<ul style="list-style-type: none"> • Update Fundraising Strategy, aligning with DBTH's corporate and clinical strategies, building on More Partnership's report with additional input based on her experience by Lucy Nickson, NED • Include Grant-making Strategy • Include consideration of structure of charity team • Provide operational plan covering 1st year in detail • Suite of finance documents may also need updating once the strategy and plan are agreed • Provide update on developments at Montagu Hospital with timescales to provide Fred & Ann Green representatives comfort that progress is being made •
Positive Assurances to Provide		Decisions Made
<ul style="list-style-type: none"> • Finance well-managed and Committee advised that audit reports in the last few years have been good • More Partnership review felt to be good - and good foundation to build on with a new strategy/operational plan • Expenditure in line with policy 		<ul style="list-style-type: none"> • Charitable Funds Policy approved but changes to Terms of Reference to include all (voting) executives recommended • Support NHS75 event for staff with long service, whether at DBTH or wider NHS • Support summer Team DBTH event at Yorkshire Wildlife Park

Finance and Performance Committee - Chair's Highlight Report to Trust Board		
Subject:	Finance and Performance Committee Meeting	Board Date: March 2023
Prepared By:	Mark Day, Non-executive Director & Chair of the Finance & Performance Committee	
Approved By:		
Presented By:	Mark Day, Non-executive Director	
Purpose	The paper summaries the key highlights from the Finance and Performance Committee meeting held on 23 March 2023	
Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway	
<p><u>2023/24 Business Plan</u> – Committee assured that the plans submitted are based on a realistic assessment of the underlying position (finance and activity) and provide good insight into the actions required to deliver the outcomes proposed. The Board should note that:</p> <ul style="list-style-type: none"> • the realistic assessment means that at this moment in time it may not meet all national expectations; • the Committee has recommended that external validation of the position/plan is considered; • plans are ambitious and delivery requires a degree of grip/control and service transformation that has not been possible in recent times; • reporting needs to be improved (in hand) to ensure that delivery can be carefully monitored, and actions quickly modified in the light of impact evidence; and • as part of its work the Committee will scrutinise the input of system partners where outcomes are dependent on collaboration. <p><u>Urgent and Emergency Improvement Plan</u> – delays in agreeing the plan may negatively impact delivery if not resolved quickly.</p>	<p><u>2023/24 Business Plan</u> – further iterations in response to regional and national feedback will be considered at future meetings.</p> <p><u>Urgent and Emergency Improvement Plan</u> – plan to be reviewed at April 2023 meeting.</p> <p><u>Granger Report (Emergency Preparedness)</u> – seeking assurance on the progress of major incident planning – seeking further assurance delays in agreeing the plan may negatively impact delivery if not resolved quickly.</p> <p><u>Cost Improvement Programme</u> – lessons learned review (May 2023 meeting)</p> <p><u>Winter Plan</u> – lessons learned review (June 2023 meeting)</p>	
Positive Assurances to Provide	Decisions Made	
<p><u>2022/23 Financial Outturn</u> – satisfied with actions in place to minimise and mitigate risks with a reasonable degree of assurance that the target will be achieved: final outturn awaited. The non-recurrent nature of a number of mitigations results in challenges for the 2023/24 financial plan.</p> <p><u>2023/24 Cash Position</u> – Although cash support may be required in year the understanding of the position and associated forward planning provide assurance that the implications of the Business Plan are understood and being managed.</p> <p><u>2022/23 Cost Improvement Plan</u> - delivered, with good learning to shape 2023/24 plans.</p> <p><u>Capital Infrastructure</u> – assured that the 2022/23 capital plan will be delivered and that the ongoing major developments at Bassetlaw and Mexborough are funded and appropriately resourced.</p> <p><u>Access Standards</u> – some improvement in performance being reported in a number of areas. Reporting being strengthened to improve decision making and prioritisation.</p> <p><u>Board Assurance Framework</u> – SA4 reviewed and viewed as relevant, sufficiently detailed, and will be updated post meeting to reflect discussion on the 2023/24 Plan.</p> <p><u>Going Concern Review</u> – satisfied that accounts should be prepared on a going concern basis.</p>	<p>Not applicable for this meeting.</p>	

Quality & Effectiveness Committee - Chair's Highlight Report to Trust Board

Subject:	Quality & Effectiveness Committee Meeting	Board Date: March 2023
Prepared By:	Jo Gander, Non-executive Director & Chair of the People Committee	
Approved By:	Quality & Effectiveness Committee Members	
Presented By:	Jo Gander, Non-executive Director	
Purpose	The paper summaries the key highlights from the Quality & Effectiveness Committee meeting held on 7 February 2023	

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p><u>Matters of concern</u></p> <ul style="list-style-type: none"> National Ortho-geriatrician shortage and impact on best practice tariff for DBTH Non-Compliance with Duty of Candour and 'Hospital acquired' acute wounds being recorded as patient harm by surgical team. Compliance with National standards oversight as part of Clinical Governance due to workforce pressures Cancer – Access to Oncologist, SI linked to lack of administrative support. National Chest Drain supply issues currently but working with National team to resolve. Issues raised following upgrade to Datix system which led to a number of dashboard issues and minor functionality issues which are being worked through by the informatics DATIX support team. <p><u>Additional key risks to escalate.</u> QEC are assured that all Matters of Concern are being handled appropriately by the Executive Team and therefore do not require escalation at this stage</p>	<ul style="list-style-type: none"> BAF update continues following Chief Nurse commencing in post. PSIRF mobilisation and review of complaints process lead by Chief Nurse, progress report to be shared at next QEC. Virtual Ward work Medical Director to confirm ICS strategy to Virtual wards to support alignment of DBTH initiatives. Validation of waiting lists as required by NHS England before the end of March. Confirmation of Medication incidents impact on patients – i.e., averted rather than cases of actual harm, recording to be revisited Update on Health Inequalities strategy development provided along with assurance of inclusion in 23/24 Business Planning process as well as links to ICB overarching strategy.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Reinstated 'Sharing how we care' initiative to support demonstrating of lessons learned within DBTH. Skin Integrity Team shortlisted for Journal of Wound Care awards. Board Assurance Framework – SA1 Quality & Effectiveness reviewed and discussed.SA1 under further review following the appointment of the Chief Nurse and in preparation for 23/24 priorities. 	<ul style="list-style-type: none"> Quality Framework update to be shared with QEC in April '23, with the Quality Strategy being presented in June '23. IPC KPIs being reported to Infection Control Committee with only exceptions being reported via QEC moving forward. IPC will be included as part of SA1

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	28 March 2023	Agenda Reference:	F1		
Report Title:	Chair & NEDs Report to Board				
Sponsor:	Suzy Brain England OBE, Chair of the Board				
Author:	Suzy Brain England OBE, Chair of the Board				
Appendices:	None				
Executive Summary					
Purpose of report:	To update the Board of Directors on the Chair and NED activities since January 2023's board meeting.				
Summary of key issues:	This report is for information only.				
Recommendation:	The Board is asked to note the contents of this report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance Route					
Previously considered by:	N/A				
Date:		Decision:			
Next Steps:	N/A				
Previously circulated reports to supplement this paper:					

Chair's Report

NHS Providers

Since my last report I have attended two board meetings, the trustees received the regular executive team update, the findings of the 2022/23 membership survey, management accounts up to 31 December 2022 and the 2023/25 budget and financial plan. I have facilitated the Executive Director Induction Programme which is available to newly appointed executive directors, deputies and aspiring directors to develop a deeper understanding of the role of an executive director on a unitary board in the context of the current NHS landscape.



Governors

The Council of Governors met on 1 February 2023, governors heard from the Chair, Chief Executive, Non-executive Directors and Lead Governor to provide an update on activities since the last meeting in November 2022.

I also facilitated the Nottingham & Nottinghamshire Integrated Care System Governor event, which took place between 5 and 7pm on 16 February; presenters included Kathy McLean and Amanda Sullivan, Chair and Chief Executive of the Nottingham & Nottinghamshire Integrated Care Board. The Director of Communications & Engagement, Alex Ball, provided an insight into engagement opportunities and Lead Governors facilitated and supported feedback from breakout sessions ahead of a Q&A opportunity. The Trust was well represented and plans for future events have been discussed as part of a post event evaluation.

A follow up meeting to consider next steps from the South Yorkshire Governor event in October 2022 has taken place to ensure effective governor engagement at a system level.

Recruitment

As previously reported, non-executive director interviews took place on 23 January. In view of the strong field identified at shortlisting, the Nominations & Remunerations Committee had agreed that should two candidates be identified as part of the interview process two appointments could be made. Following a robust interview process which included a main interview panel, which I chaired, supported by Lynne Schuller, Lead Governor and Doncaster Public Governor, Dennis Atkin and an advisory panel chaired by the Chief People Officer, Non-executive Directors, Kath Smart and Mark Bailey and Staff Governor, Kay Brown, Dr Emyr Jones and Lucy Nickson were identified as the successful candidates. Emyr and Lucy bring with them extensive executive and non-executive experience and I am delighted to welcome them to the Board.

1:1s & Introductory Meetings

In addition to my regular meetings with the Chief Executive, I have taken part in one-to-one discussions with the Non-executive Directors, Lead, Deputy Lead Governor and Company Secretary. I have welcomed the latest cohorts of international nurses, with the Trust's clinical non-executive and met with Dr Emyr Jones and Lucy Nickson following their appointment. As a group of non-executives, we also meet monthly and have met with the Interim Director of Recovery, Innovation & Transformation to understand progress against his corporate objectives

Ahead of the formal launch of the Board Development Delegate Programme I joined the Chief People Officer, Company Secretary and Head of Organisational Development, EDI & Wellbeing for an introductory meeting with delegates, Dr Shirley Spoons and Dr Rum Thomas.

Other meetings and events

Since my last report I have chaired February's Board meeting and observed the Finance & Performance and People Committees. I have attended the South Yorkshire Integrated Care System Chairs meeting and along with fellow Place Chairs and elected members I have met with the Doncaster Place Director, Anthony Fitzgerald to understand the working arrangements and input of non-executive colleagues. I have also met with the Chair and Chief Executive of Doncaster Deaf Trust to discuss partnership working.

I continue to be actively involved in the South Yorkshire Acute Federation Board meetings and myself and Richard Parker, Chief Executive have hosted a site visit for the Chairs of Rotherham and Barnsley Hospital NHS Foundation Trusts. As planning for 2023/24 progresses I have been involved in Chair and Chief Executive discussions with the South Yorkshire Integrated Care Board.

As a Board, we have attended workshops on Just Culture, Health Inequalities, and Interview under Caution, delivered by the Trust's solicitors DAC Beachcroft. A workshop attended by members of the Charitable Funds Committee also considered the More Partnership report which was commissioned by the Trust to review the work of its Charity and future development opportunities.

Along with fellow non-executives I met with Dr Laura Evans, South Yorkshire Integrated Care Board's Lead Allied Health Professional and Helen McAlliney, Allied Health Professional Workforce & Faculty Lead to hear about the impact of their work and strategic plans.

In order to maintain and share information arising for the full range of Nottingham & Nottinghamshire Integrated Care System meetings I meet with the Chief Executive, Deputy Chief Executive and Hazel Brand, Non-executive Director.

To support the development of the internal audit plan for 2023/24 and post discussion by the Executive Team, myself, non-executive colleagues, Jon Sargeant (Senior Responsible Officer) and Fiona Dunn, Company Secretary met with our internal auditors, 360 Assurance.

Finally, as part of the programme of ward visits, I did a tour of Maternity Services and Antenatal Care. It was great to be able to meet colleagues, hear of their experiences and signpost to support functions.

NED Reports

Mark Bailey

Since the last Board report, Mark has chaired the Board Committee for People and the Teaching Hospital Board and participated in the Finance & Performance and Charitable Funds Committee meetings. Board strategy and development participation in the period included Just Culture, Health Inequalities and Health & Safety Legislation.

Mark has now assumed the Chair role of Doncaster & Bassetlaw HealthCare Services Limited, the Wholly Owned Subsidiary and chaired his first board meeting in March.

As part of the programme of in-person Board visits, Mark was pleased to meet and listen to the experiences of our teams in Fracture and Orthopaedics, Frailty and Discharge and Urology and Endoscopy.

Work plan, assurance and 'buddy' meetings have been held with the Chair, Executive and Non-executive Director colleagues. Individual 'buddy' calls with Governors continue.

Kath Smart

Kath has attended her regular committee meetings including Board, Finance & Performance, February's Quality & Effectiveness Committee and March's Charitable Funds Committee. Alongside other NED colleagues Kath presented an update to the February Council of Governors.

January was the Audit & Risk Committee meeting which Kath chairs, and this involved preparation with 360 Assurance (Internal Auditors) and associated agenda setting. As Chair of the Audit & Risk Committee Kath has also met with the new incoming partner for the Trusts external audit provider, Ernst & Young. She has also attended an informal planning session for NEDs to input their views into the Internal Audit Plan for 2023/24.

Kath has had 1:1 meetings with the Chair of the Board and both new NED colleagues and joined meetings to hear from the South Yorkshire Allied Health Professionals Council, and the new Trust Risk Manager. She also joined a Doncaster PLACE meeting to discuss NED/ Lay member/ Member oversight and involvement in PLACE work and attended the recent Careers Fair at Doncaster Racecourse designed at sharing information with Year 10/11 who may be interested in careers in healthcare.

As part of the Board to Ward programme, Kath visited Critical Care Unit & ESAC with Jon Sargeant; and Wards 18,19,20 & 21 with Richard Parker and heard about patient care, discharge challenges, pathways and staffing.

Along with other Board colleagues she attended the Charitable Funds workshop and the Board "Just Culture" and Health Inequalities workshops.

Mark Day

Since the January Board meeting Mark has attended and contributed to the February Board Meeting, People Committee, Charitable Funds Committee and Council of Governors.

Mark has chaired two Finance & Performance Committee pre-meetings as well as the February meeting of the Committee itself with a focus on seeking assurance on the year-end financial position, and the business and financial plans for the new financial year.

Mark chaired his second Consultant interview panel, this time for emergency medicine resulting in two posts being offered.

Training, development and networking included an NHS Providers Chairs Meeting focusing on Cyber Security, a Board briefing on Just Culture, Board training on being Interviewed Under Caution, and a Charity Development Workshop.

Finally, he undertook a visit to the Medical Imaging Department at Doncaster Royal Infirmary with the Chief Nurse, enjoying meeting staff members and learning about the improvements being made to the patient environment.

Hazel Brand

Since January's Board, I had the first of newly-established quarterly briefings with Zoe Lintin, Chief People Officer and Paula Hill, Speaking Up (SU) Guardian. The purpose is to keep up to date with what's happening with SU within DBTH and to bring an independent, external view, too. To help with this approach, I attended an online conference run by the National FTSU Guardian, Dr Jane Chidgey-Clark. Among the key points she made were:

- the silence of missing voices costs careers, relationships, and lives
- the 2022 Staff Survey indicates that staff feel less able to speak up
- leaders should make a conscious effort to listen and pay attention to the organisation's culture
- Speaking Up (SU) should be 'business as usual': the fear of speaking up (loss of job, lack of promotion or demotion, etc) and sense of futility (what's the point?) are underpinned by a lack of trust
- there's no quick fix to make SU business as usual – it is a sustained effort and no guardian can change the culture by themselves – there must be ambassadors of cultural change and guardians need the support of leaders, who are the ones to set the culture and tone
- the CQC is including FTSU in its Well-led domain
- silence is not part of brave leadership – all workers' voices are valued.

A fuller report was sent to Non-executive colleagues shortly after the conference in early March.

Following the Nottingham & Nottinghamshire ICS (N&N ICS) 'visioning' day in late January, N&N Provider Collaborative is drawing up a draft strategy. Two programmes were agreed as priorities:

- workforce, including developing workforce 'passporting', a shared bank, and a leadership programme
- urgent and emergency care with a focus on expanding the use of virtual wards.

Other meetings attended to represent DBTH have been the ICS Reference Group, event for governors, and Bassetlaw Place. To underpin my contribution to these meetings, a series of briefings with the Chair, Chief Executive, and Chief Finance Officer, who also attends many of the N&N ICS meetings, has been set up.

Before the Charitable Funds Committee met on 9 March, my first in the chair, there was a meeting with More Partnership who had been engaged to review DBTH's charity and activities. This was a valuable session and the Communications & Engagement Team will be developing fund-raising and grant-making strategies. The Charitable Funds Committee agreed to support an event for long-serving staff and another at the Yorkshire Wildlife Park for all staff.

I have attended briefing sessions, including health inequalities, risk management, internal audit programme for 2023/24, Allied Health Professions Council and Faculty, Qi, Just Culture, and corporate manslaughter/gross negligence manslaughter.

Emyr Jones

Since Emyr's appointment in late February Emyr has attended a variety of meetings including Board, Charitable Funds Committee and the workshop to review the More Partnership report and agree next steps.

Introductory meetings have taken place with the Chair of the Board, the Executive Medical Director and non-executive colleagues with further executive introductory meetings in the diary. Attendance at the Trust's corporate induction is scheduled for April.

Lucy Nickson

Lucy was appointed with effect from 1 March 2023, she has attended the Board, Charitable Funds Committee and the Charitable Funds Committee workshop to consider the More Partnership report and agree plans to improve the work of the Hospital's Charity.

Lucy will attend the Trust's corporate induction in April, an introductory meeting with the Chair of the Board has taken place and further introductory meetings with executive and non-executive colleagues have been planned.

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

Throughout January, February, and March our COVID-19 related activity has remained relatively stable but at higher levels than expected.

Since April 2020, all visitors to Bassetlaw Hospital, Doncaster Royal Infirmary and Montagu Hospital have been asked to wear a suitable face covering when attending clinical services such as inpatient wards. However, and as a result of national guidance and learning to live with covid masking requirements at all the Trust's hospitals were eased as of Monday 20 March 2023 and mask wearing will no longer be mandated.

Clinicians attending to patients with symptoms, or a confirmed diagnosis of coronavirus will be asked to wear a mask, and PPE. Routine testing will still take place to try to reduce the risks of nosocomial (cross) infection.

We will also respect the choice of individuals if they continue to wear a mask if it is their preference.

The Trust diagnosed its first patient with COVID-19 on 21 March 2020, and since that time has cared for 8,663 individuals with the illness.

It has been an incredibly challenging three years, and I want to thank colleagues for their hard work and perseverance during this time.

I would also like to ask local people not visit family or friends if they are feeling unwell or become symptomatic of COVID-19. The illness still presents a danger to our most vulnerable patients, so please be mindful of this.

Further investment coming to Montagu Hospital to increase testing capacity

The Trust has received confirmation of additional funding to create an imaging suite at Montagu Hospital, as part of the site's wider Community Diagnostic Centre (CDC) plans.

In 2021, Montagu Hospital, was selected to host one of a pair of 'Community Diagnostic Centres' (CDCs) within South Yorkshire.

Phase one of the project began in January 2022 when a mobile MRI was placed at Montagu Hospital and this was joined in early February by a CT scanner. In the first three months of operation around 2,600 patients were seen, and many more since – work that has helped to reduce the backlog of activity which has accumulated as a result of COVID-19-related restrictions throughout the past two years.

Following this successful initial development, the Trust received funding of just over £9 million to take the project to its second phase in July 2022. This meant the development of a fully functional endoscopy suite, with training facilities and multifunctional clinic rooms including ultrasound

facilities in addition to the continuation of the work undertaken during phase one, with CT and MRI scanning continuing using mobile units.

A further case was submitted and approved for these developments to be joined by the creation of an imaging suite which will contain Static CT, MRI and ultrasound scanning facilities, significantly increasing the site's capacity to undertake diagnostic tests for illnesses such as cancer.

As per current plans, construction on the new endoscopy suite began in March 2023, and will be placed within the existing Pain Clinic which has been re-sited within the previously vacant physiotherapy area, while the imaging suite will be a new build to the rear of site in accordance with the site Development Control Plan adjacent to the new Montagu Elective Orthopaedic Centre, works for which will also get underway shortly.

Since 2022, the Trust has received funding of more than £25 million to invest in services at Montagu Hospital and bring services closer to our communities. The huge benefit of utilising our Mexborough site is that it is defined as a 'cold site' and does not provide emergency services. This means that, despite peaks in activity within the wider acute hospitals, our CDC facilities will be ringfenced and protected against the usual cancellations and postponements which can, unfortunately, be common as staff are moved elsewhere to help manage emergency pressures, particularly in winter.

At present, colleagues undertake 23 hours of CT scanning work at Montagu Hospital, seeing around 70 patients a week. Once the static scanners are in place within the new imaging suite, it is anticipated this will increase to 57.5 hours, or around 172 patients – more than doubling the current capacity. Finally, after the completion of phase two, the CDC will have the capacity to see 241 patients per week. A similar increase will also be seen with MRI diagnostics.

Finally, the team will be able to offer cardiac imaging and echo cardiography. At present, cardiac Imaging is not a service DBTH offers, with patients having to be referred to Sheffield's Northern General Hospital. By using MRI and CT technology, it is possible to diagnose a wide range of heart conditions including coronary heart disease, valve disease, and cardiac tumours.

The Trust is hoping to offer this locally within the Mexborough site in an effort to reduce health inequalities across the region, enhance the care provided for cardiovascular disease, and reduce unnecessary delays to diagnosis.

£14.9 million theatre facility to be created within Mexborough's Montagu Hospital

Working in partnership with Barnsley Hospital NHS Foundation Trust (BH) and The Rotherham Hospital Foundation Trust (TRFT), colleagues at DBTH will lead the programme to implement a new, dedicated orthopaedic hub for the people of South Yorkshire, with health professionals undertaking hip and knee replacement inpatient procedures alongside foot and ankle, hand and wrist, and shoulder day case surgery.

In the first year of operation the centre is expected to undertake some 2,200 orthopaedic procedures on behalf of the three partner trusts, equating to about 40% of the current orthopaedic waiting list locally.

Known as the Montagu Elective Orthopaedic Centre (MEOC), the facility will feature two state-of-the-art theatre units, two anaesthetic rooms and a recovery suite, in addition to 12 inpatient beds in a dedicated orthopaedic facility. The development will also benefit from its placement within

Montagu Hospital, co-located with rehabilitation services and with access to the planned Community Diagnostic Centre and a hydrotherapy pool.

Further planning is currently underway, with offsite construction of the theatres set to begin in May 2023 and expected to take around seven months to complete with the new centre opening in November 2023.

Analysis provided by South Yorkshire Integrated Care System (ICS) outlines that the region's waiting list is around 43% greater than it was in March 2020. At present, 2,500 patients have waited over 52 weeks for their operation, of which two thirds are waiting for an orthopaedic procedure.

It is anticipated that, with shared staffing and additional capacity, the centre will operate on patients from across the region.

The development of the Montagu Elective Orthopaedic Centre has been supported by the South Yorkshire Integrated Care System as well as NHS England and helps to fulfil ambitions of the latter's Elective Recovery Plan which seeks to eliminate waits of longer than a year by March 2025.

New Pain Management Unit opens its doors at Montagu Hospital

As part of larger Community Diagnostic Centre (CDC) developments at the Trust and based at Montagu Hospital, a purpose-built Pain Management Unit (PMU) has been created and is now located on the ground floor next to the outpatient department.

For some patients, there is no cure for long-term painful conditions, and these can often persist for the duration of that person's life. Once referred, patients will be asked to attend for an assessment appointment with a health professional who specialises in chronic pain management to determine the most appropriate intervention for them.

The PMU currently receives around 50 referrals per week from GPs and support around 2,500 patients per year. The service is staffed by consultants, nurses, therapists and other health professionals, and offers interventions such as:

- Sacroiliac joint injections
- Medical branch block
- Radiofrequency ablation
- Nerve blocks
- Epidural injections
- Trigger Point Injections
- Acupuncture for tension headaches
- Analgesia medication review clinics
- Cognitive Behaviour Therapy
- Physiotherapy
- Medication Reviews

The PMU officially moved to the new area on Friday 10 March, and following final checks and arrangements, opened its doors to patients on Monday 13 March.

A further update on works to our Central Delivery Suite

The Central Delivery Suite and Triage at Doncaster Royal Infirmary (DRI) is nearing the end of its £2.5 million refurbishment as the area is updated and modernised.

The works, which began in May 2022 include a full refurbishment of the suite's birthing rooms, as well as the creation of a new welcoming reception and waiting area, and the opening of our first Midwifery Led Birth Centre. The delivery suite will include a fully equipped Obstetric Observation Area to support women who need additional observations and a large well equipped Triage department to support all our women and families.

Whilst Midwifery-led Maternity services have been around for a little while, this will mark the first time this has been possible at Doncaster Royal Infirmary.

If mums-to-be are fit and healthy and are expected to deliver without complication, the new area provides a more comfortable and home-like environment, with the option of a birthing pool. If mum and baby encounter any issues, they can be swiftly transferred to the Obstetric service, which is in a neighbouring area.

The area is expected to be complete in the next few weeks. In the meantime, the temporary Central Delivery Suite is currently situated on level three of the Women's and Children's Hospital at Doncaster Royal Infirmary.

In addition to the new facilities, the team has taken the opportunity to upgrade the area's general infrastructure, including the placement of new windows, ceilings, flooring, ventilation, heating, fire precautions and much more.

Improvements in Staff Survey results

This month the Trust has received significantly improved results in the latest NHS Staff Survey, which highlights our commitment to providing high-quality patient care and a positive work environment for all its people.

The survey, which was conducted in late 2022, was responded to by over 4,200 employees at DBTH – over 65% of our total workforce. Comparatively, the national average for hospital trusts was just 44%.

The survey is designed to assess the experiences of NHS employees to give an indication of how they feel about working at their organisations and how they would feel if someone they knew were to need treatment there.

Our results reveal that the Trust has achieved significant improvements in many of the NHS People Promise themes, including staff engagement, health and wellbeing, inclusivity and patient safety. So much so, that when compared with last year's findings, 81% of the questions were more positively responded to in this survey. Overall, DBTH scored better than the national average for hospital trusts in 60% of the questions.

According to the survey, 90% of colleagues felt that they were trusted to carry out their jobs. Furthermore, the survey results also revealed that 67% of colleagues felt their line manager took a positive interest in their health and wellbeing. This is a testament to the Trust's commitment to providing a positive work environment, investing in an extensive Health and Wellbeing offer for its employees. DBTH offers multiple levels of support for physical and mental wellbeing to ensure that employees are equipped to look after themselves as well as their patients.

The NHS Staff Survey is an important tool for assessing the quality of care and the work environment within NHS trusts. It provides valuable feedback to help NHS organisations identify areas in which improvements could be made.

Hospital team take bronze at international awards

The Skin Integrity Team and Procurement Clinical Lead at the Trust scooped bronze at the Journal of Wound Care annual awards for innovations and efficiencies in wound management.

Nominated and shortlisted in two separate categories, 'Advances in Infection and Biofilm', as well as 'Cost-Effective Wound Management', colleagues at the Trust picked up third prize in both categories amongst a highly competitive field.

The Skin Integrity Team at DBTH specialises in the prevention and treatment of wounds – aiding in the healing process as well as preventing deterioration such as infection. The 10-strong team, work with colleagues throughout Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital, as well as supporting Doncaster community, providing invaluable insight, expertise and education in providing the very best care for people at risk of and living with wounds.

The first commendation came because of work which stretches back to 2017 when the service introduced a 'Wound Cleansing Policy'. This meant moving from a traditional method of using saline to clean and treat wounds, to instead using polyhexamethylene biguanide (known as PHMB – a type of disinfectant and antiseptic) and a betaine solution.

Six months following the introduction of this new way of working across clinics and inpatient wards, the Skin Integrity Team undertook an audit to determine the policy's effectiveness and each year after. Within four years, this new method of treatment was shown to reduce wound infection by around 84.3%, a staggering achievement for the team.

Colleagues also routinely amend and update the policy, to include new learning and methods for treating patients, according to the best data and research.

The second award relates to a piece of work which was commenced regarding the treatment of 'Category Two' Pressure Ulcers and Moisture Related Skin Damage (MASD).

Pressure ulcers develop when an individual is laying or sitting in the same position for a prolonged period. When a pressure ulcer develops, they are categorised according to the depth, with category two describing a wound with a shallow opening or blistered.

Following investigation, the Skin Integrity Team and the Trust's Procurement Clinical Lead found that, whilst ulcers were being treated, resources such as cleansers and dressings could often be overused, which not only had an adverse effect to the patient being treated but was also costing the Trust money that could be better spent elsewhere.

As such, the team developed a programme of training which was delivered both in-person and virtually, to outline when products should be used, and how they should be appropriately applied. With time and the support of clinicians of the Trust, the service was able to reduce category two pressure ulcers by 18%, as well as make cost-savings of more £86,000 by not using materials unnecessarily.

Lions Clubs Support Serenity Suite Appeal

The Lions Clubs of Tickhill & District and Thorne Rural have made a very generous donation to our Serenity Suite Appeal to help local families affected by baby loss.

The Serenity appeal was launched by the hospital Trust's charity to make improvements to maternity facilities and offer a more comforting experience to families going through such a tragedy.

Currently, women who suffer baby loss at Doncaster Royal Infirmary give birth to their sleeping babies on a busy labour ward, where they can hear other families celebrating and the cries of infants being born, making an already difficult experience, even harder.

The launch of this appeal will help Doncaster Royal Infirmary to fund a specialist bereavement suite named the 'Serenity Suite'. It will be a purpose-built suite, away from the hustle and bustle of the main labour ward, where families can spend time together in a safe, secure, and serene space. A place, where they can grieve the loss of their baby with all of their loved ones, with the support of dedicated Bereavement Midwives.

The Lions Clubs of Tickhill & District and Thorne Rural are pleased to be able to financially support the Serenity Suite Appeal to make difficult times that bit easier for local families. Together with a matching grant secured from Lions Clubs International Foundation, a total of £33,475.58 will be made available for the purpose-built suite.

Lions' member Ron Lindsay says, "this is a significant amount of money that both Lions clubs and that of Lions Clubs International Foundation have pledged. Tickhill & District, and Thorne Rural Lions Clubs will continue to fundraise for such a worthy cause, in support of families affected by the loss of their babies."

This donation is the biggest single donation to the appeal so far and puts the Charity just £20k away from their £150k target which will cover the creation of the Serenity Suite and some additional equipment for Bassetlaw Hospital.

If you wish to support the Serenity Appeal yourself, you can find more information about what the funds will provide and how you can help to fundraise on the charity website at dbthcharity.co.uk.

Colleague nominated to meet King Charles and Camilla, Queen Consort

Airish Joy Saluta, International Nurse Educator, was selected as one of only two representatives within the region to attend, in recognition of the fantastic work she has undertaken since joining the team, both as a Registered Nurse and in her capacity supporting the Trust's overseas recruitment programmes.

Airish came to Doncaster as part of a pilot scheme to bring Registered Nurses to the organisation from abroad. Alongside a number of others from the Philippines, Airish initially worked at Doncaster Royal Infirmary as a Healthcare Assistant and following the completion of Objective Structured Clinical Examination (OSCE), worked as a Staff Nurse within the site's Respiratory Unit.

Following the initial pilot, in 2019 the Trust recruited a further two cohorts of 10 nurses from the Philippines. In addition to working full-time on the Respiratory Unit, Airish took it upon herself to meet and make friends with her fellow country men and women who were new to the Trust, aiding them in studying so that they too could pass their OSCE exams, and register with the Nursing and Midwifery Council.

This involved sitting with the new recruits late into the night practicing tasks such as changing dressings, giving injections and writing care plans, amongst much else – and all in her own time.

Given her experiences both as an overseas recruit and helping those who were settling into life at Doncaster, the Education Team recognised Airish's talents and she was offered the job of International Nurse Educator in 2020.

As soon as she started in post, Airish redesigned the programme delivered to international nurses based upon her own experiences and how she believed it could be improved. One example of this the dedication of one day of the induction programme to deliver education on how the NHS works and how wards function.

Unfortunately, around the same time that Airish was appointed to her new role, the pandemic struck and, as a result, training was stopped and all those studying to become Registered Nurses were asked to help on the wards as COVID-19 swept across the country.

Once again and living on site at Doncaster Royal Infirmary, Airish took it upon herself to continue to nurture and support her colleagues, ensuring they remained on track despite the challenges posed by lockdown and other measures which meant examinations were postponed for some time.

As early restrictions eased, and normality began to return, education could continue as before, and since that time dozens of overseas recruits have gone on to gain their official accreditations and become Registered Nurses.

For her work helping to settle nurses into life in South Yorkshire and North Nottinghamshire, Airish was named as the recipient of the Royal College of Nursing Yorkshire and Humber's Black History Month Award in January.

Most recently, Airish was invited to a reception at Buckingham Palace to celebrate British East and South-East Asian communities on 1 February 2023. During the exclusive event, she was able to meet both the King and Queen Consort.

In the past few months Airish has been able to fly her husband and daughter over to the UK to settle and live. Although they are not too fond of the weather yet, she is trying to convince them that the best Yorkshire delicacy is fish and chips.

Senior Appointments;

- **Dr Emyr Wyn Jones** has been appointed Non-Executive Director.
- **Lucy Nickson** has been appointed Non-Executive Director.
- **Simon Brown** has been appointed as Deputy Chief Nurse.
- **Danielle Bhanvra** has been appointed Head of Midwifery
- **Deanne Driscoll** has been appointed Chief Nursing Information Officer



Integrated Quality & Performance Report

Reporting Period - February 2023

Report Purpose

To understand the Trust's current position with respect to the services they deliver.

Data Source(s)

Mega Cube
Data Warehouse
MS Forms

Report Created

10/03/2023

Report Layout Modified

17/03/2023

Report Owner

Executive Director of
Restoration, Innovation and
Transformation

Contact Details

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Training

Regular training sessions are held, please email for more information.

Data refresh M All KPIs on this page are refreshed on monthly basis.



DBTH Health

12 %

(Last Month 15%)

(32 + 15 / 400 = 12 %)



Finance

NOT AVAILABLE



Unvalidated

People

0 %

0 out of 6 KPI's

Health Inequalities

0 %

0 out of 1 KPI's



Patients

32 %

8 out of 25 KPI's



Performance

15 %

9 out of 61 KPI's

Coming Soon

SET Training	81.33 %
Completed Appraisals	80.88 %
Employee Turnover	1.50 %
Sickness Absence	6.40 %
Workforce Vacancies	11.00 %
Consultants with Signed Off Job Plans in EJP	45.58 %
Time to Fill Vacancies	71 Days

Health Inequalities 0/1

IPC	3/6
Patient Safety	1/4
Patient Experience	0/3
HSMR	1/3
Falls	0/3
Friends and Family Test	0/2
Medical Examiner	1/1
Audit & Effectiveness	0/2
Skin Integrity	2/2
VTE	0/1

Urgent and Emergency Care	0/11
Waiting List	0/6
Cancer	3/8
Activity Against Plan	1/9
Elective Recovery Fund	0/6
Stroke	4/6
Elective Outpatients	0/9
Elective Theatres	1/7

Finance

Coming Soon

People

People

People Forms Data

People Forms Data 2

Health Inequalities

Ethnicity Recorded

Patients

IPC

HSMR

Patient Safety

Skin Integrity

Falls

Patient Experience

Claims

Friends and Family Test

Audit and Effectiveness

VTE

Reducing Length Stay

Medical Examiner

Performance

Urgent & Emergency Care

Urgent & Emergency Care Trends

Waiting List

Waiting List Trends

Cancer

Cancer Trends

Activity Against Plan

Activity Against Plan Outpatients Trends

Activity Against Plan Inpatients Trends

Elective Recovery Fund

Elective Recovery Fund Trends

Stroke

Stroke Trends

Elective Outpatients

Elective Outpatients Trends

Elective Theatres

Elective Theatres Trends

All Performance KPIS Trends



Data refresh

D All KPIs on this page are refreshed on daily basis.

Ambulance Handovers



Ambulance Handovers
Within 15 Mins

49.39 %!
Goal: 65.00 %



Ambulance Handovers
Within 30 Mins

80.24 %!
Goal: 95.00 %



Ambulance Handovers More
Than 60 Mins

5.27 %!
Goal: 0.00 %



EM Wait Times



A&E: Max wait 4 hours from
arrival/admission/transfer/dis
charge

69.08 %!
Goal: 95.00 %



% Patients with Total Length of
Stay in Emergency Department
More Than 12 hours

4.34 %!
Goal: 2.00 %



Self Arrivals - Initial
Assessment Within 15 Mins

60.92 %!
Goal: 95.00 %



Critical Time Standards



STEMI Heart Attack - to be
seen within 1 hour

Not Available



Early Stroke Intervention - to
be seen within 1 hour

Not Available



Acute Physiological (RAPID)
Asthma - to be seen within 1
hour

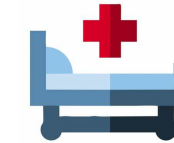
Not Available



Admission Wait Times

TOTAL - % patients leaving A&E
from clinically ready to proceed to
admission within 60 Mins

5.43 %!
Goal: 95.00 %



Specialty Item Category	A&E Attendance s Count	Patients leaving A&E from clinically ready to proceed to admission within 60 Mins
PAEDIATRICS	109	40.00 %
GYNAECOLOGY	92	28.57 %
OTHER	361	14.11 %
TRAUMA AND ORTHO SURGERY	141	0.83 %
GENERAL MEDICINE	1056	0.74 %
GENERAL SURGERY	244	0.50 %
Total	2003	5.43 %

Non Admission Wait Times

(For Monitoring Only)

TOTAL - % patients leaving A&E from clinically ready to proceed to Departure within 60 Mins

48.75 %!
Goal: 95.00 %

Attendance Disposal Item	A&E Attendances Count	Patients leaving A&E from clinically ready to proceed to departure within 60Mins
ANP Discharge	12	75.00 %
Dead on Arrival	1	
Died in department	21	6.25 %
Discharged	9071	49.67 %
Discharged home with COVID-19 advice to self-isolate	7	50.00 %
ESA - Direct to Orthopaedics	26	87.50 %
ESA - Direct to Urology	1	100.00 %
ESA - Referred to Ambulatory Care	148	70.00 %
ESA - Referred to	24	100.00 %
Total	12086	48.75 %

Hospital

Doncaster Royal Infirmary

Bassetlaw District General Hos... Mont...

[Click here for EM Trends](#)



Urgent & Emergency Care



Data refresh

D All KPIs on this page are refreshed on daily basis.

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
A&E: Max wait four hours from arrival/admission/transfer/discharge	69.08 %	95.00 %	❗	
Ambulance Handovers Within 15 Minutes	49.39 %	65.00 %	❗	
Ambulance Handovers Within 30 Minutes	80.24 %	95.00 %	❗	
Ambulance Handovers More Than 60 Minutes	5.27 %	0%	▲	
% Patients with Total Length of Stay in Emergency Department > 12 hours	4.34 %	2.00 %	❗	
TOTAL -% patients leaving ED from clinically ready to proceed to admission within 60 mins	5.43 %	95.00 %	❗	
Self Arrivals - Initial Assessment Within 15 Mins	60.92 %	95.00 %	❗	



Data refresh

(M) All KPIs on this page are refreshed on monthly basis.

RTT Waiters

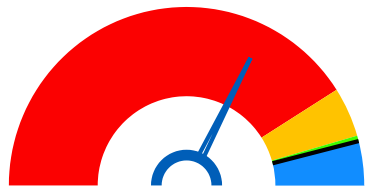


RTT Number of 52
Weeks Waiters

1049

% of patients waiting less than 18
weeks from referral to treatment

64.86 % !
Goal: 92.00 %



RTT Number of 78
Weeks Waiters

70

Target 0

RTT Number of 104
Weeks Waiters

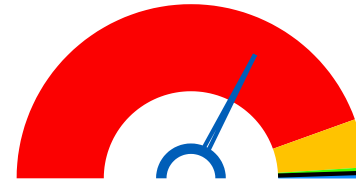
2

Target 0

Waiters - Diagnostic Activity

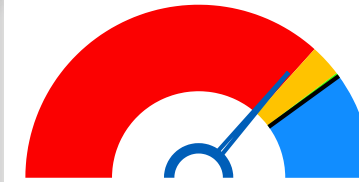
% of patients waiting
less than 6 weeks from
referral for a diagnosti...

65.20 % !
Goal: 99.00 %



Trust - % DM01
Diagnostic Activity vs
19/20 levels

108.70 % !
Goal: 120.00 %



RTT Clock Stop Activity

Clock Stop Activity (%
against 19/20)

95.63 % !
Goal: 110.00 %



Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Fa...

Clinical Specialt...

[Click here for RTT Waiters Trends](#)



Waiting List



Data refresh

M All KPIs on this page are refreshed on monthly basis.

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
% of patients waiting less than 18 weeks from referral to treatment	64.86 %	92.00 %	⚠	
RTT Number of 52 Weeks Waiters	1049			
RTT Number of 78 Weeks Waiters	70	0		
RTT Number of 104 Weeks Waiters	2	0	▲	
% of patients waiting less than 6 weeks from referral for a diagnostics test (DM01)	65.20 %	99.00 %		
Clock Stop Activity (% against 19/20)	95.63 %	110.00 %	⚠	



Data refresh (M) All KPIs on this page are refreshed on monthly basis.

Day 28 Faster Diagnosis Standard
(patients received diagnosis or
exclusion of cancer within 28 da...

77.30 % ✓
Goal: 75.00 %



Maximum 31 day wait from
decision to treat to first definitive
treatment for all cancers

95.70 % !
Goal: 96.00 %



Maximum 62 day wait for patients
on 2ww pathway to first definitive
treatment

63.60 % !
Goal: 85.00 %



Maximum 62 wait from referral
from NHS cancer screening
service to first definitive treatm...

81.80 % !
Goal: 90.00 %



Maximum 31 day wait for
subsequent treatment - Surgery

100.00 % ✓
Goal: 94.00 %



Maximum 31 day wait for
subsequent treatment - Drugs

100.00 % ✓
Goal: 98.00 %



Cancer Waiting Times Open
Suspected Cancer Pathways 63 -
104 Days

72.00 !
Goal: 22.00



Cancer Waiting Times Open
Suspected Cancer Pathways 104
Days +

8.00 !
Goal: 0.00



[Click here for Cancer Trends](#)





Data refresh M All KPIs on this page are refreshed on monthly basis.

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Maximum 31 day wait for subsequent treatment - Drugs	100.00 %	98.00 %	✓	
Day 28 Faster Diagnosis Standard (patients received diagnosis or exclusion of cancer within 28 days)	77.30 %	75.00 %	✓	
Maximum 31 day wait from decision to treat to first definitive treatment for all cancers	95.70 %	96.00 %	▲	
Maximum 31 day wait for subsequent treatment - Surgery	100.00 %	94.00 %	✓	
Maximum 62 wait from referral from NHS cancer screening service to first definitive treatment	81.80 %	90.00 %	▲	
Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	63.60 %	85.00 %	!	
Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days	72.00	22.00	!	
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	8.00	0.00	▲	



Data refresh

Daily Refresh



Monthly Refresh



Inpatients



TOTAL Activity against plan

49047 !

Plan: 51899 (-2852)



Non Elective Activity - Discharges (for monitoring)

4360



Endoscopy Activity against plan

1254 !

Plan: 1397 (-143)



Day Case Theatre Activity against plan

886 !

Plan: 1,020 (-134)



Non-Theatre Elective Activity - excluding Endoscopy against plan

266 ✓

Plan: 180 (+86)



In Patient Elective Theatre Activity against plan

401 !

Plan: 444 (-43)



Outpatients



Outpatient Procedures (For Monitoring Only)

7,401



Outpatient New Activity - face to face Including Procedures against plan

11,632 !

Plan: 11,948 (-316)



Outpatient Follow Up Activity - face to face Including Procedures against plan

20,705 !

Plan: 25,116 (-4,411)



Outpatient New Activity - Virtual against plan

1,749 !

Plan: 2,258 (-509)



Outpatient Follow Up Activity - Virtual against plan

3,738 !

Plan: 4,850 (-1,112)



[Click here for Activity Against Plan Trends](#)



Division (Drill Down Currently Not Available for Inpatients Section)

Surgery and Cancer

Medicine

Children and Families

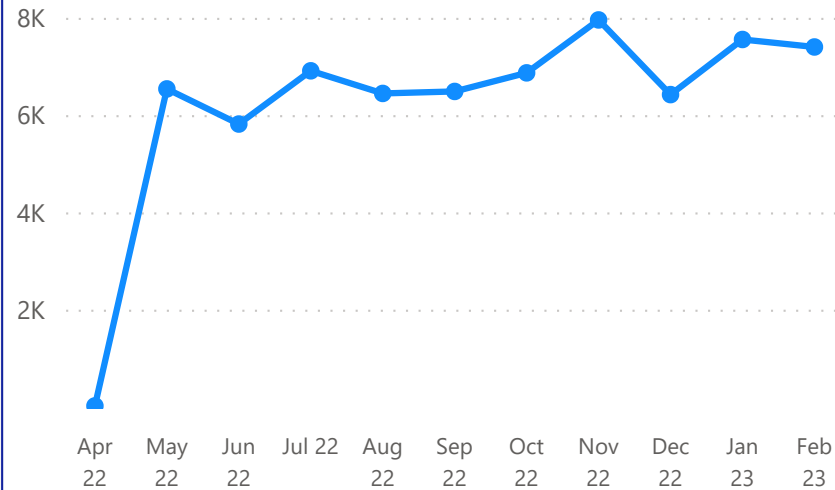
Activity Against Plan Trends - Outpatients



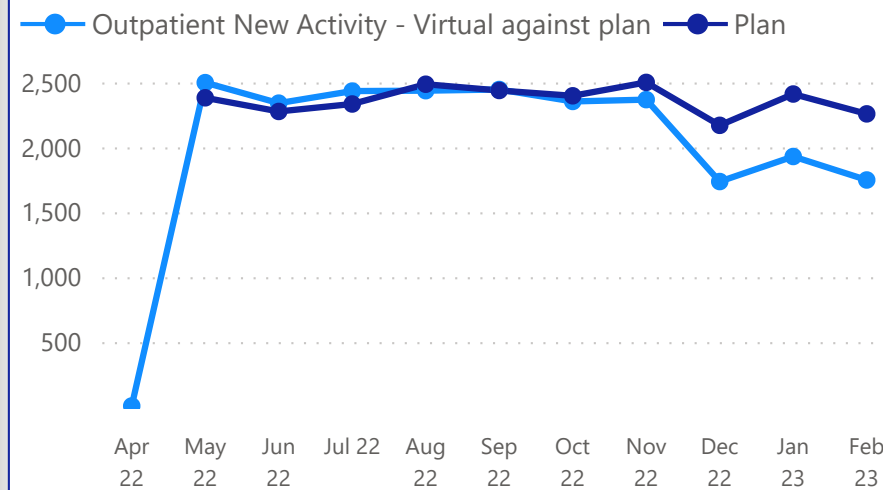
Data refresh

(D) All KPIs on this page are refreshed on daily basis.

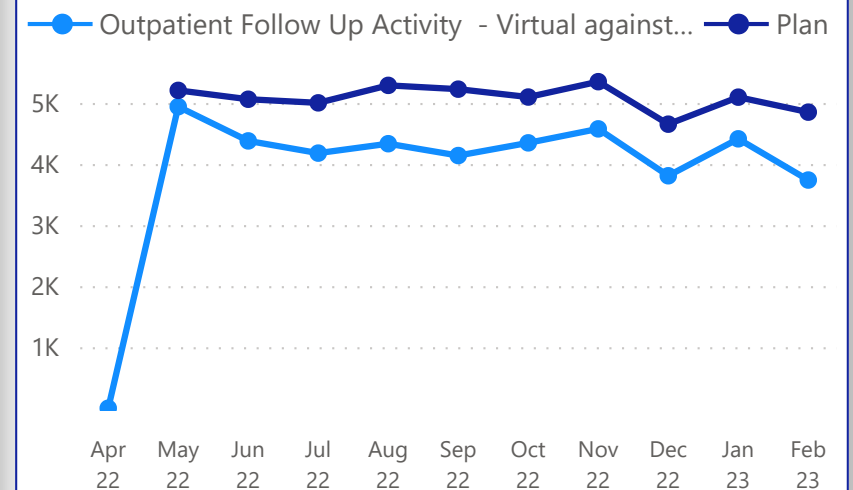
Outpatient Procedures (For Monitoring Only)



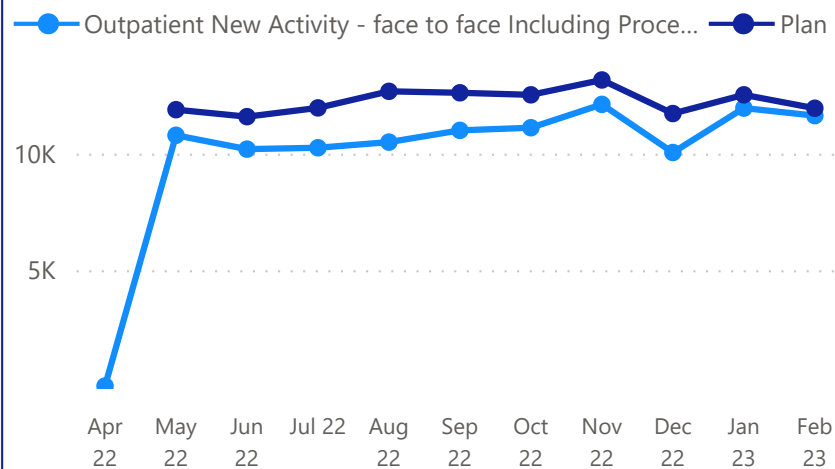
Outpatient New Activity - Virtual against plan



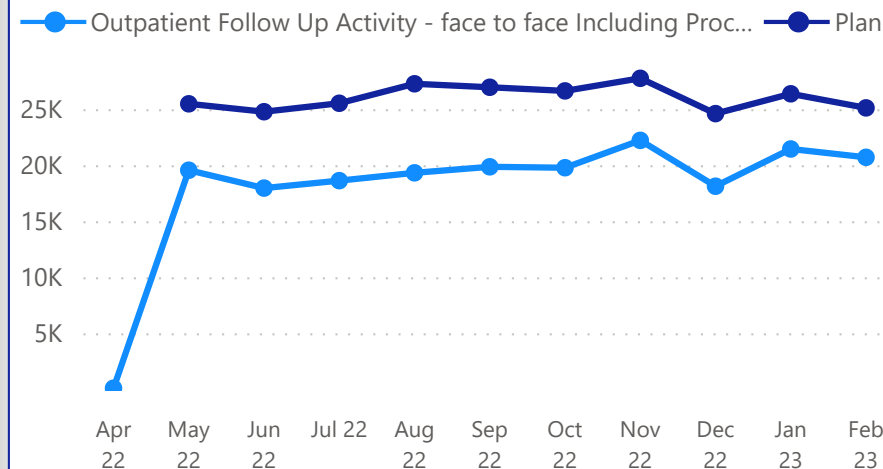
Outpatient Follow Up Activity - Virtual against plan



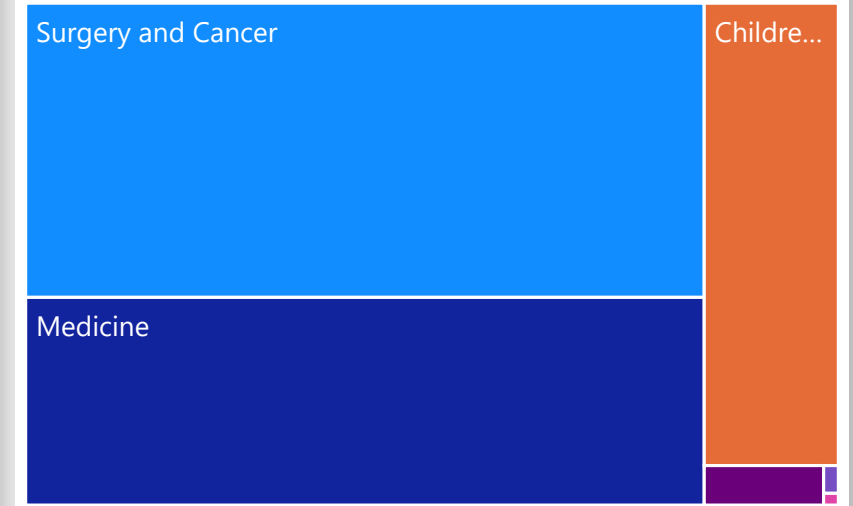
Outpatient New Activity - face to face Including Procedures against plan



Outpatient Follow Up Activity - face to face Including Procedures against plan



Division (Drill Down For Speciality)



30/04/2022 28/02/2023



[Click here for Inpatients Trends](#)



Activity Against Plan Trends - Inpatients

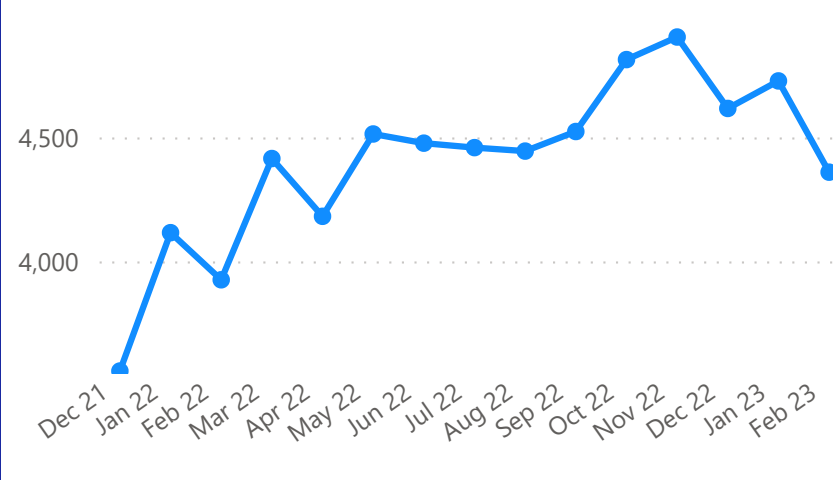


Data refresh All KPIs on this page are refreshed on daily basis.

TOTAL Activity against plan

Not Available

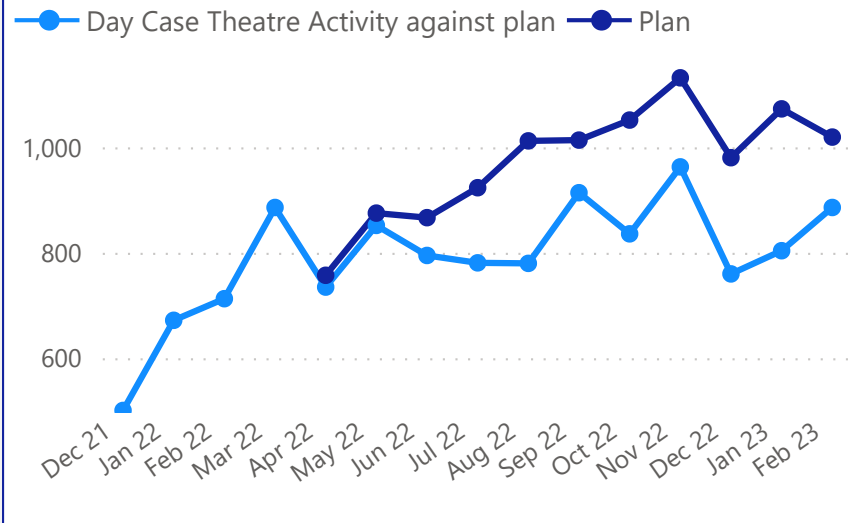
Non Elective Activity - Discharges (for monitoring)



Endoscopy Activity against plan

Not Available

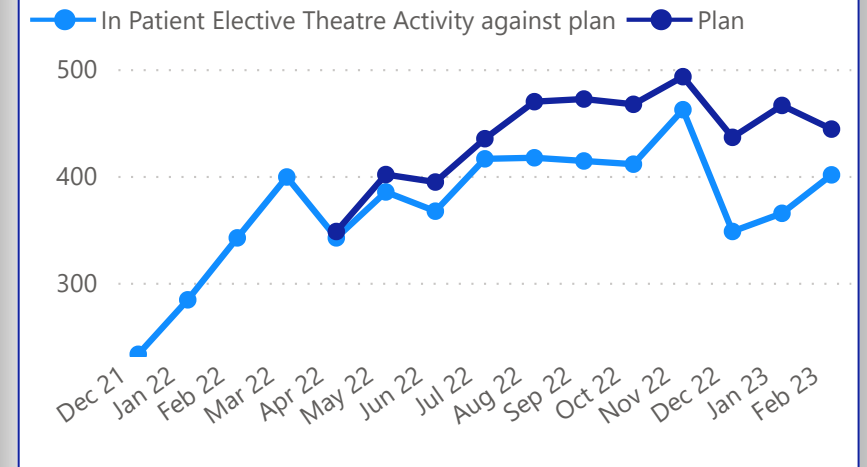
Day Case Theatre Activity against plan



Non-Theatre Elective Activity - excluding Endoscopy against plan

Not Available

In Patient Elective Theatre Activity against plan



07/12/2021 28/02/2023



Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Fam...



Data refresh M All KPIs on this page are refreshed on monthly basis.

Core Activity

TOTAL Core Activity Value
(% against 19/20)

89.19 %!

Goal: 104.00 %



Outpatient New Core Activity Value
(% against 19/20)

93.38 %!

Goal: 104.00 %



Day Case Core Activity Value
(% against 19/20)

98.89 %!

Goal: 104.00 %



Outpatient Follow Up Core Activity Value
(% against 19/20)

84.98 %!

Goal: 75.00 %



Outpatient Procedures Core Value
(% against 19/20)

88.62 %!

Goal: 104.00 %



In Patient Elective Core Activity Value
(% against 19/20)

78.40 %!

Goal: 104.00 %



TOTAL Activity Value
(% against 19/20)

Not Available



TOTAL Independent Sector Activity Value
(Sum of Price Actual)

£560,755.73

TOTAL Independent Sector Activity Value
(Sum of Total Income)

£547,405.37

Attendances Outside Clinic (AOC) (Sum of Price Actual)

£220,723.18

Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Families

Clinical...

Un...

[Click here for Elective Recovery Fund Trends](#) →

Elective Recovery Fund Trends



Data refresh M All KPIs on this page are refreshed on monthly basis.

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Day Case Core Activity Value (% against 19/20)	98.89 %	104.00 %	▲	
In Patient Elective Core Activity Value (% against 19/20)	78.40 %	104.00 %	!	
Outpatient Follow Up Core Activity Value (% against 19/20)	84.98 %	75.00 %	!	
Outpatient New Core Activity Value (% against 19/20)	93.38 %	104.00 %	▲	
Outpatient Procedures Core Value (% against 19/20)	88.62 %	104.00 %	!	
TOTAL Activity Core Value (% against 19/20)	89.19 %	104.00 %	!	



Data refresh

M All KPIs on this page are refreshed on monthly basis.

Percentage treated by a stroke skilled Early Supported Discharge team

69.64 %✓

Goal: 24.00 %



Overall SSNAP Rating

B

Goal: B



Proportion directly admitted to a stroke unit within 4 hours of clock start

33.93 %!

Goal: 75.00 %



Proportion of patients scanned within 1 hour of clock start (Trust)

48.21 %✓

Goal: 48.00 %



Percentage discharged given a named person to contact after discharge

62.50 %!

Goal: 80.00 %



Percentage of eligible patients given thrombolysis

100.00 %✓

Goal: 90.00 %



[Click here for Stroke Discharges Trends](#)



Stroke Trends



Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Proportion directly admitted to a stroke unit within 4 hours of clock start	33.93 %	75.00 %	❗	
Percentage treated by a stroke skilled Early Supported Discharge team	69.64 %	24.00 %	✅	
Percentage of eligible patients given thrombolysis	100.00 %	90.00 %	✅	
Proportion of patients scanned within 1 hour of clock start (Trust)	48.21 %	48.00 %	✅	
Percentage discharged given a named person to contact after discharge	62.50 %	80.00 %	❗	



Data refresh

Daily Refresh

(D)

Monthly Refresh

(M)

Utilisation



Central - Out Patient Booking %
Appointments Booked 2 weeks Prior

74.34 %!

Goal: 95.00 %

(D)

Invalidated

Divisional - Out Patient Booking %
Appointments Booked 2 weeks Prior

69.65 %!

Goal: 95.00 %

(D)

Invalidated

Utilisation - % Booked Out Patient Clinic
Slots Attended

12.86 %!

Goal: 90.00 %

(D)

Invalidated

Number of Registered Referrals not
Appointed

30,448

(M)

Attended Appointments



New to Follow Up Ratio
19/20 Comparison

-0.12!

Goal: -25.00 %

(D)

TRUST - % of OP
appointments delivered
virtually (video or telephone)

14.51 %!

Goal: 25.00 %

(D)



% of First Out Patient
Appointment via ERS Advice &
Guidance Activity

5.32 %!

Goal: 16.00 %

(M)

Invalidated

Not Attended Appointments



Out Patients: % Provider
Cancellation Rate (less
than 6 weeks notice)

66.63 %!

Goal: 5.00 %

(D)

Out Patients DNA Rate
19/20 Comparison

0.19 %!

(D)

Out Patients: DNA Rate
(First Appointment)

10.70 %

(for monitoring only)

(D)

Out Patients: DNA Rate
(Follow Up Appointment)

9.76 %

(for monitoring only)

(D)

Typing Turnaround

Typing Turnaround Time
(dictation to letter sent) (Trust
Contract) within 2 WD

In Development

Patient Initiated Follow Up Pathway

TRUST - % patients discharged
onto Patient Initiated Follow Up
Pathway in Month

1.22 %!

Goal: 5.00 %

(D)



Data Quality

Number of Unreconciled
Appointments 14 days +

1427!

Goal: 0

(D)

Invalidated

Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Families

[Click here for Elective
Outpatients Trends](#)



Elective Outpatients Trends



Data refresh

Daily Refresh



Monthly Refresh



Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Out Patients: % Provider Cancellation Rate (less than 6 weeks notice) (D)	66.63 %	5.00 %	!	
Central - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	74.34 %	95.00 %	!	
Divisional - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	69.65 %	95.00 %	!	
TRUST - % of OP appointments delivered virtually (video or telephone) (D)	14.51 %	25.00 %	▲	
% of First Out Patient Appointment via ERS Advice & Guidance Activity (M)	5.32 %	16.00 %	▲	
Number of Registered Referrals not Appointed (M)	30,448	0		
Typing Turnaround Time (dictation to letter sent) (Trust Contract) within 2 WD (D)	In Development			
Number of Unreconciled Appointments 14 days + (D)	1427	0	!	
TRUST - % patients discharged onto Patient Initiated Follow Up Pathway in Month (D)	1.22 %	5.00 %	▲	
Utilisation - % Booked Out Patient Clinic Slots Attended (D)	12.86 %	90.00 %	!	



Data refresh

Daily Refresh



Monthly Refresh



Trust: Operating Theatre Booking
- % of available time booked 1 week prior

90.69 %!
Goal: 95.00 %

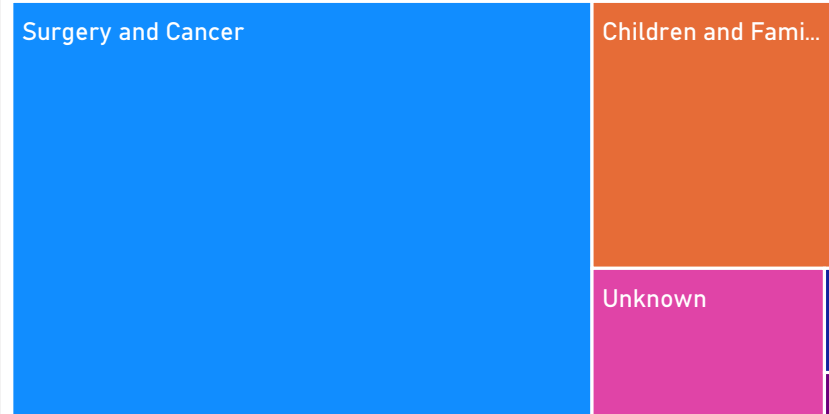
Trust: Operating Theatre Booking
- % of available time booked 2 weeks prior

79.24 %✓
Goal: 75.00 %

Trust: Operating Theatre Booking
- % of available time booked 4 weeks prior

47.94 %!
Goal: 50.00 %

Division (Drill Down For Speciality)



% Cancelled Operations on the day (non-clinical reasons)



Trust View

1.20 %!
Goal: 1.00 %

Surgery & Cancer

1.50 %!
Goal: 1.00 %

Children & Families

2.90 %!
Goal: 1.00 %

Medicine

0.60 %✓
Goal: 1.00 %

Cancelled Operations Not Rebooked within 28 Days



Trust View

4!
Goal: 0

Surgery & Cancer

4!
Goal: 0

Children & Families

0✓
Goal: 0

Medicine

0✓
Goal: 0

Number of Priority 2 Patients waiting 28 days + for surgery from date of listing or P2 Categorisation



Trust View

808!
Goal: 0

Surgery & Cancer

791!
Goal: 0

Children & Families

17!
Goal: 0

Medicine

0✓
Goal: 0

% of available Operating Theatre Time Utilised

80.50 %!
Goal: 85.00 %

Click here for Elective Theatres Trends

➔

Elective Theatres Trends



Data refresh

D All KPIs on this page are refreshed on daily basis.

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Operating Theatre Booking - % of available time booked 1 week prior	90.69 %	95.00 %	▲	
Operating Theatre Booking - % of available time booked 2 weeks prior	79.24 %	75.00 %	✔	
Operating Theatre Booking - % of available time booked 4 weeks prior	47.94 %	50.00 %	▲	
% of available Operating Theatre Time Utilised	80.50 %	85.00 %	▲	



Data refresh

M All KPIs on this page are refreshed on monthly basis.

Hospital Acquired MRSA (Colonisation) Cases Reported in Month

Trust View

1!
Goal: 0



Medicine Division

0✓
Goal: 0



Surgery & Cancer
Division

1!
Goal: 0



Children & Families
Division

0✓
Goal: 0



Clinical Specialities
Division

0✓
Goal: 0



Hospital Acquired MRSA (Bacteraemia) Cases Reported in month

Trust View

0✓
Goal: 0



Medicine Division

0✓
Goal: 0



Surgery & Cancer
Division

0✓
Goal: 0



Children & Families
Division

0✓
Goal: 0



Clinical Specialities
Division

0✓
Goal: 0





Data refresh

M All KPIs on this page are refreshed on monthly basis.

Number of Hospital Onset Healthcare associated (HOHA) C.Diff cases in month and YTD

Trust View

In Month	YTD
4! Goal: 2	31! Goal: 22

Medicine Division

In Month	YTD
4! Goal: 2	22✓ Goal: 22

Surgery & Cancer Division

In Month	YTD
0✓ Goal: 2	7✓ Goal: 22

Children & Families Division

In Month	YTD
0✓ Goal: 2	0✓ Goal: 22

Clinical Specialities Division

In Month	YTD
0✓ Goal: 2	2✓ Goal: 22

Number of Community Onset Healthcare associated (COHA) C.Diff cases in month and YTD

Trust View

In Month	YTD
4! Goal: 2	10✓ Goal: 22

Medicine Division

In Month	YTD
0✓ Goal: 2	5✓ Goal: 22

Surgery & Cancer Division

In Month	YTD
2✓ Goal: 2	5✓ Goal: 22

Children & Families Division

In Month	YTD
0✓ Goal: 2	0✓ Goal: 22

Clinical Specialities Division

In Month	YTD
0✓ Goal: 2	0✓ Goal: 22



Data refresh

M

All KPIs on this page are refreshed on monthly basis.

Hospital Services Mortality Rate
(HSMR): (rolling 12 Months -
Combined Jan 22 - Dec 22)

112.70!
Goal: 100.00

Hospital Services Mortality Rate
(HSMR): Elective (rolling 12 Months-
Jan 22 - Dec 22)

55.84✓
Goal: 100.00

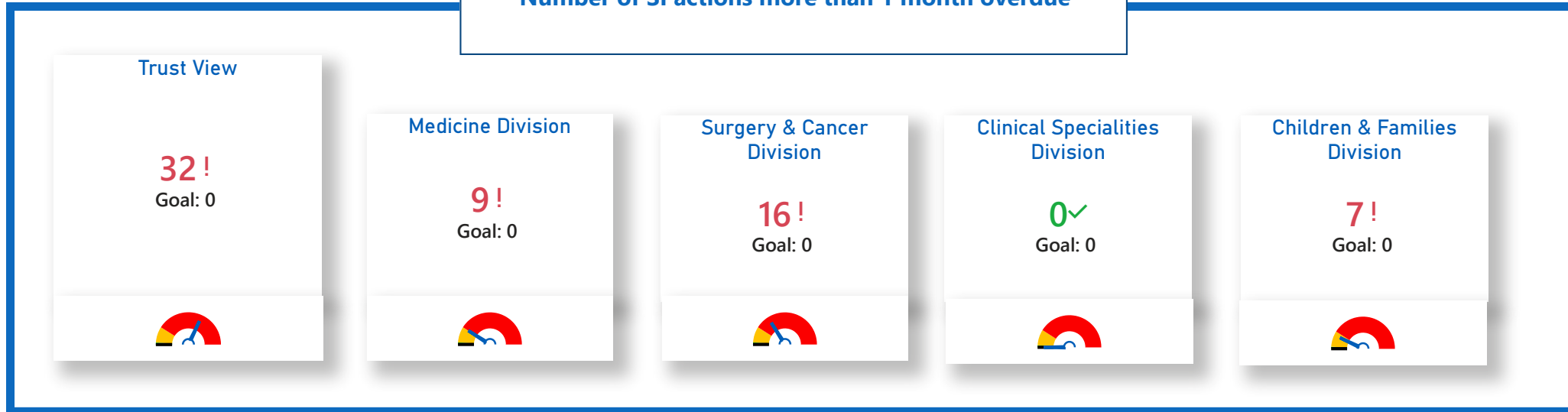
Hospital Services Mortality Rate
(HSMR): Non-Elective (rolling 12
Months - Jan 22 - Dec 22)

113.02!
Goal: 100.00

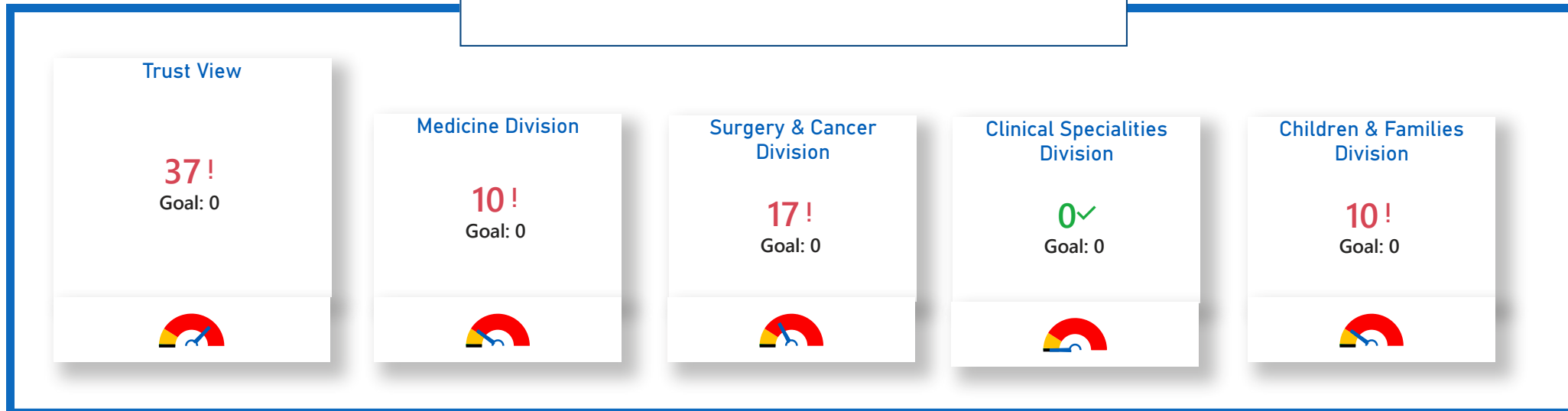


Data refresh M All KPIs on this page are refreshed on monthly basis.

Number of SI actions more than 1 month overdue



Number of SI actions overdue





Data refresh M All KPIs on this page are refreshed on monthly basis.

Serious Incidents Reported in Month (For Monitoring Only)

Trust View

3

Medicine Division

0

Surgery & Cancer
Division

3

Clinical Specialities
Division

0

Children & Families
Division

0

Number of open overdue incidents greater than 3 months in Datrix (Excluding patient experience, SI, Inquests and HSIB)

Trust View

1,119!
Goal: 0



Medicine Division

896!
Goal: 0



Surgery & Cancer
Division

30!
Goal: 0



Clinical Specialities
Division

46!
Goal: 0



Children & Families
Division

147!
Goal: 0





Data refresh

M

All KPIs on this page are refreshed on monthly basis.

Never Events - Reported in month

Trust View

0✓
Goal: 0



Medicine Division

0✓
Goal: 0



Surgery & Cancer
Division

0✓
Goal: 0



Clinical Specialities
Division

0✓
Goal: 0



Children & Families
Division

0✓
Goal: 0





Data refresh

M

All KPIs on this page are refreshed on monthly basis.

YTD Hospital Acquired Pressure Ulcers (HAPU) Category 2 and above - 20% reduction on 20/21 by March 2023

Trust View

In Month

47✓

Goal: 56

YTD

478✓

Goal: 616

Medicine Division

In Month

32✓

Goal: 56

YTD

286✓

Goal: 616

Clinical Specialities Division

In Month

5✓

Goal: 56

YTD

42✓

Goal: 616

Surgery & Cancer Division

In Month

6✓

Goal: 56

YTD

100✓

Goal: 616

Children & Families Division

In Month

0✓

Goal: 56

YTD

4✓

Goal: 616

Non Inpatient Areas

In Month

4✓

Goal: 56

YTD

46✓

Goal: 616



Data refresh M All KPIs on this page are refreshed on monthly basis.

Inpatient Falls resulting in low Moderate or Severe Harm reported in month

Trust

0.00 %!
Goal: -10.00 %

Current Year	Last Year
29	29

Medicine

0.00 %!

Current Year	Last Year
25	25

Surgery & Cancer

0.00 %!

Current Year	Last Year
4	4

Children Families

NaN✓

Current Year	Last Year
0	0

Clinical Specialities

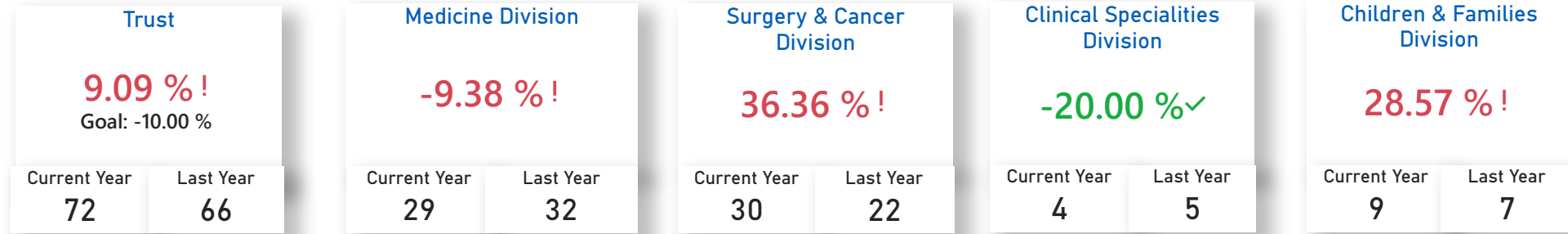
NaN✓

Current Year	Last Year
0	0

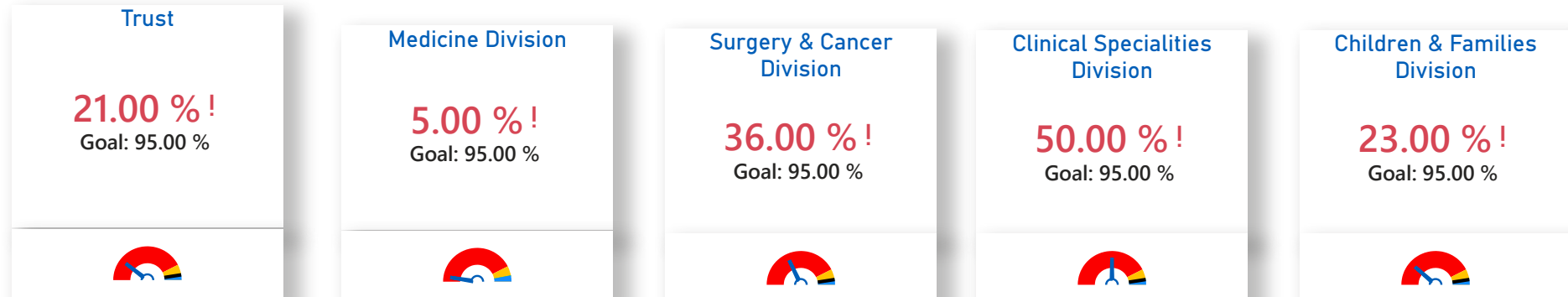


Data refresh M All KPIs on this page are refreshed on monthly basis.

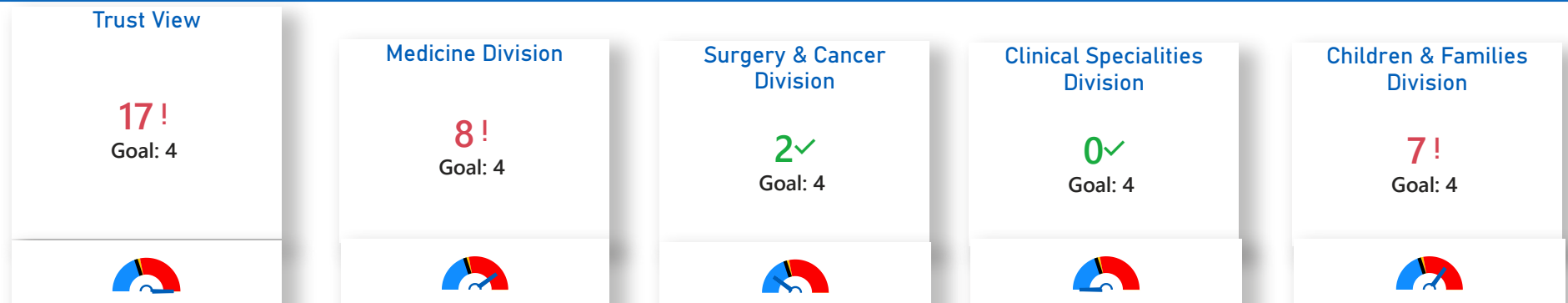
Complaints - New in month



Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)



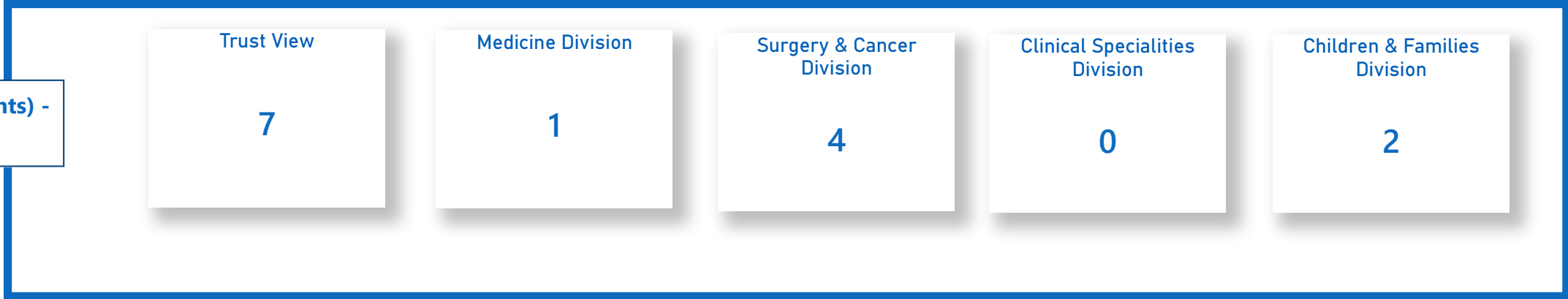
Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman



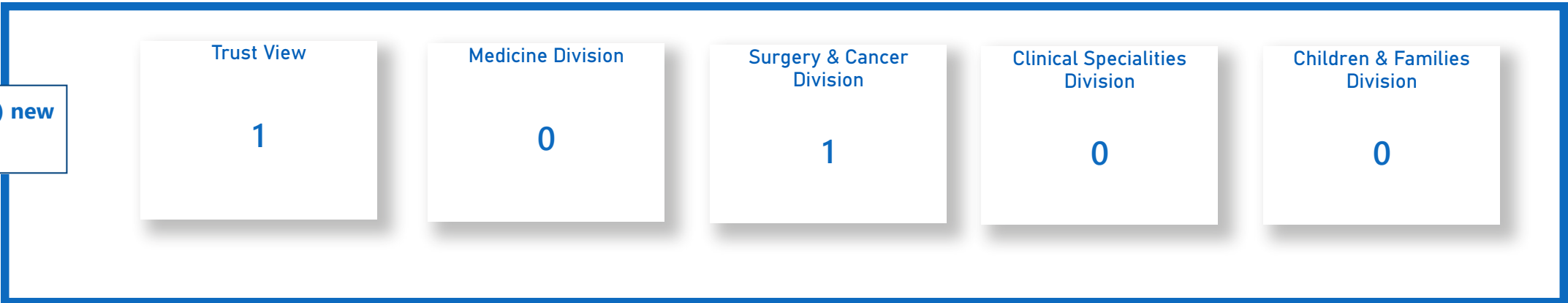


Data refresh **M** All KPIs on this page are refreshed on monthly basis.

Claims CNST (patients) - new in month



Claims LTPS - (staff) new in month





Data refresh

M

All KPIs on this page are refreshed on monthly basis.

Friends & Family Response Rates (ED)
Increase response by year end

0.25 %!
Goal: 10.00 %

Friends & Family Response Rates
(Inpatients) Increase response by year end

8.00 %!
Goal: 15.00 %



Data refresh

M

All KPIs on this page are refreshed on monthly basis.

**Mixed Sex
Accommodation -
reported breaches in
month**

Trust View

1!
Goal: 0



Medicine Division

0✓
Goal: 0



Surgery & Cancer
Division

0✓
Goal: 0



Clinical Specialities
Division

1!
Goal: 0



Children & Families
Division

0✓
Goal: 0



**NICE Guidance Response
Rate Compliance**

Trust View

93.90 %!
Goal: 100.00 %



Medicine Division

93.90 %!
Goal: 100.00 %



Surgery & Cancer
Division

96.20 %!
Goal: 100.00 %



Clinical Specialities
Division

92.10 %!
Goal: 100.00 %



Children & Families
Division

86.70 %!
Goal: 100.00 %



**NICE Guidance % Non &
Partial Compliance (For
Monitoring Only)**

Trust View

13.30 %

Medicine Division

3.98 %

Surgery & Cancer
Division

6.32 %

Clinical Specialities
Division

13.30 %

Children & Families
Division

44.10 %



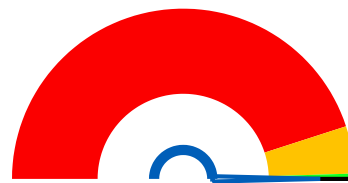
Data refresh

M

All KPIs on this page are refreshed on monthly basis.

% Over 18 in-hospital deaths scrutinised by
Medical Examiner Team

100.00 %✓
Goal: 100.00 %





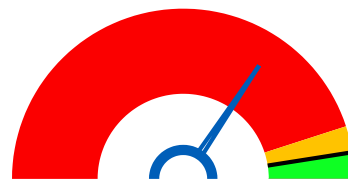
Data refresh



All KPIs on this page are refreshed on monthly basis.

VTE - % of patients having a VTE Risk Assessment

68.71 %!
Goal: 95.00 %





Data refresh D All KPIs on this page are refreshed on daily basis.

Days - Reducing length of stay for patients in hospital for 21 days +

-18.22 % ✓

Discharges - Reducing length of stay for patients in hospital for 21 days +

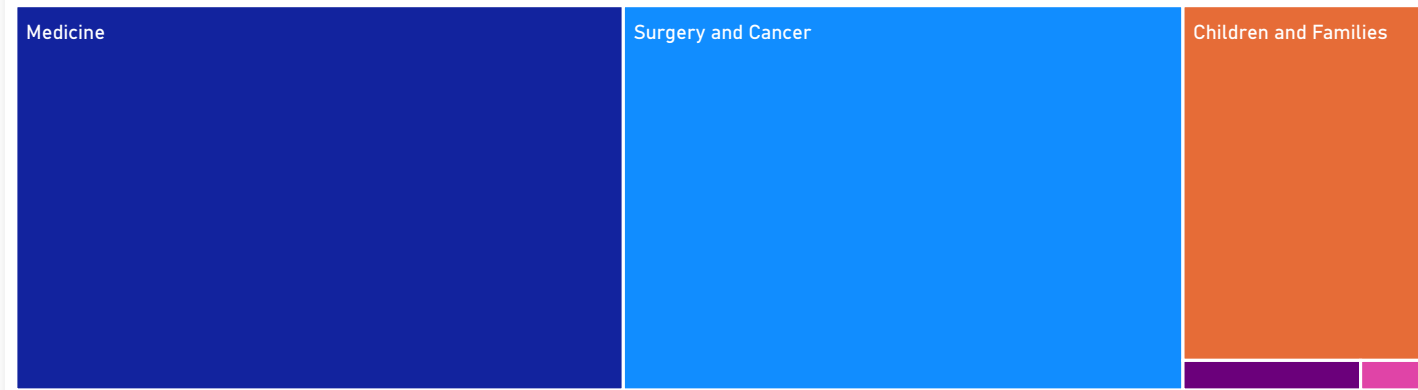
-9.72 % ✓

Division (Drill Down For Speciality)

Medicine

Surgery and Cancer

Children and Families





Data refresh M All KPIs on this page are refreshed on monthly basis.

Unvalidated

Employee Turnover

1.50 %!
Goal: 0.83 %

Completed SET Training

81.33 %!
Goal: 90.00 %

Completed Appraisals

80.88 %!
Goal: 90.00 %

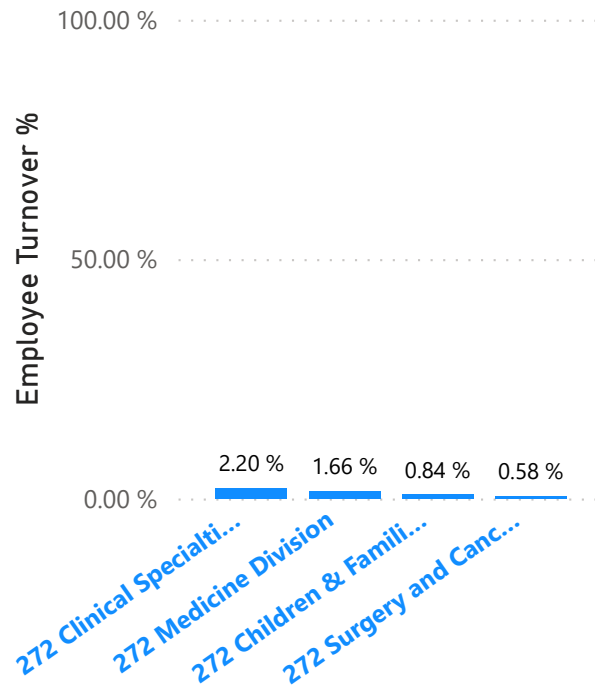
Open Cases

321

Cases Closed in Month

57

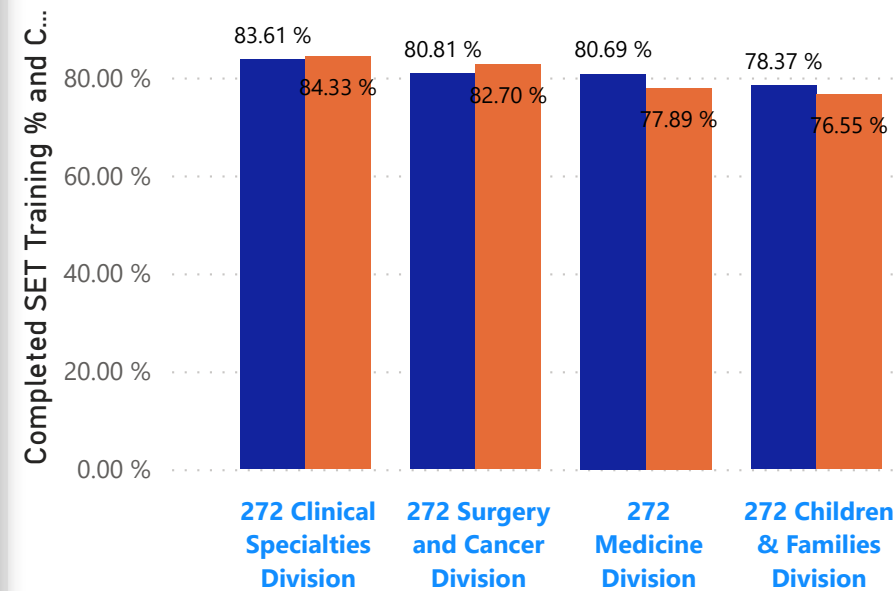
Division - Employee Turnover



click on a division to filter the ...

Division - Completed SET Training and Completed Appraisals

● Completed SET Training % ● Completed Appraisals %



click on a division to filter the other visuals

Type Of Case	Open Cases	Cases Closed In The Month
Capability No UHR	138	25
Capability UHR	101	27
Disciplinary	50	4
Flexible Working	13	0
Grievance	11	0
Harassment	4	1
Further Stages Appeal	2	0
Further Stages Tribunal	2	0
Total	321	57



Data refresh **M** All KPIs on this page are refreshed on monthly basis.

Overall Staff Sickness Absence

6.40 %!
Goal: 3.50 %

Overall Staff Vacancies

11.00 %!
Goal: 5.00 %

Consultants with Signed Off Job Plans in EJP

45.58 %!
Goal: 90.00 %

Medicine Division Sickness Absence

7.35 %!
Goal: 3.50 %

Children & Families Sickness Absence

6.92 %!
Goal: 3.50 %

Medicine Division Workforce Vacancies

14.00 %!
Goal: 5.00 %

Children & Families Workforce Vacancies

6.00 %!
Goal: 5.00 %

Medicine Division Consultants with Signed Off Job Plans in EJP

57.14 %!
Goal: 90.00 %

Children & Families Consultants with Signed Off Job Plans in EJP

42.85 %!
Goal: 90.00 %

Surgery & Cancer Sickness Absence

6.01 %!
Goal: 3.50 %

Clinical Specialties Sickness Absence

6.04 %!
Goal: 3.50 %

Surgery & Cancer Workforce Vacancies

9.00 %!
Goal: 5.00 %

Clinical Specialties Workforce Vacancies

11.00 %!
Goal: 5.00 %

Surgery & Cancer Consultants with Signed Off Job Plans in EJP

16.88 %!
Goal: 90.00 %

Clinical Specialties Consultants with Signed Off Job Plans in EJP

53.22 %!
Goal: 90.00 %



Data refresh

M

All KPIs on this page are refreshed on monthly basis.

**Time to Fill Vacancies (from TRAC
authorisation - unconditional offer)
A4C posts only**

71!
Goal: 47 Days

**Medicine Division - Time to Fill
Vacancies (Days)**

83!
Goal: 47 Days

**Children & Families - Time to Fill
Vacancies (Days)**

50!
Goal: 47 Days

**Surgery & Cancer - Time to Fill
Vacancies (Days)**

58!
Goal: 47 Days

**Clinical Specialties - Time to Fill
Vacancies (Days)**

58!
Goal: 47 Days



Data refresh D All KPIs on this page are refreshed on daily basis.

% Patients on CAMIS with Ethnicity Recorded

94.35 %!
Goal: 100.00 %

Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Families



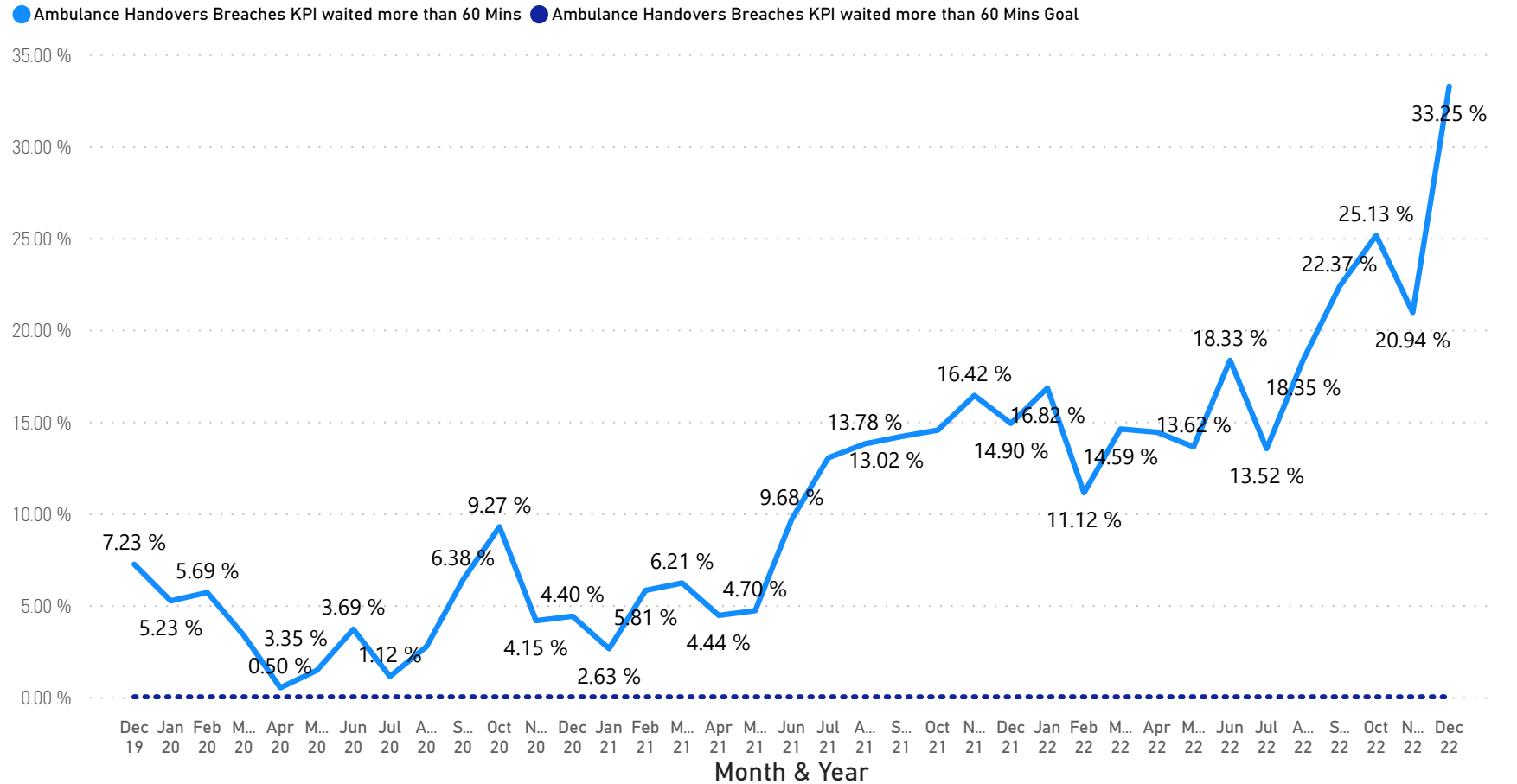
- Self Arrivals - Initial Assessment Within 15 Mins (Unvalidated)
- Ambulance Handovers within 15 Minutes
- Ambulance Handovers within 30 Minutes
- Ambulance Handovers More Than 60 Minutes
- TOTAL -% patients leaving Emergency Department from clinically ready to proceed to admission within 60 mins
- A&E: Max wait four hours from arrival/admission/transfer/discharge
- % Patients with Total Length of Stay in Emergency Department >12 hours

- Urgent & Emergency Care
- Waiting List
- Cancer
- Elective Outpatients - Not Available
- Elective Recovery Fund
- Activity Against Plan - Outpatients
- Activity Against Plan - Inpatients
- Elective Theatres
-
-
-

EM Hospital

Doncaster Royal Infirmary	Bassetlaw District Ge...
	Montagu Hospital

Ambulance Handovers More Than 60 Minutes





FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
held on Thursday 24 November 2022 at 09:00 via Microsoft Teams**

Present:	Mark Bailey, Non-executive Director George Briggs, Interim Chief Operating Officer Alex Crickmar, Acting Director of Finance Mark Day, Non-executive Director (Chair) Jon Sargeant, Interim Director of Recovery, Innovation and Transformation Kath Smart, Non-executive Director
In attendance:	Clare Ainsley, Strategic Programmes Manager (agenda item C2) Fiona Dunn, Director Corporate Affairs /Company Secretary Lisa Holleworth, Deputy Head of Procurement (agenda item D4) Joseph John, Medical Director for Operational Stability and Optimisation Angela O'Mara, Deputy Company Secretary Suzanne Stubbs, Interim Deputy Chief Operating Officer - Non-elective
To Observe:	Andrew Middleton, Bassetlaw Governor Lynne Schuller, Bassetlaw Governor
Apologies	None
	<u>ACTI ON</u>
FP22/11/A1	<u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u>
	The Chair welcomed members and those in attendance to the meeting. No apologies for absence or declarations of interest were received.
FP22/11/A2	<u>Requests for any other business (Verbal)</u>
	No items of other business were declared.
FP22/11/A3	<u>Action Notes from Previous Meeting (Enclosure A3)</u> <u>Action 1 – FP22/07/C1 - Trust-wide Themes from the Performance, Overview & Support Meeting</u> Attendance at the POSMs to be arranged via the Trust Board Office to ensure appropriate oversight/presence of NEDs. Action to be closed. <u>Action 2 – FP22/09/C1 - Nottinghamshire and South Yorkshire ICB</u> The Interim Director of Recovery, innovation & Transformation to include commentary on the trust's engagement across both integrated care systems within his Directorate update at the January 2023 meeting.

	<p><u>Action 3 – FP22/10/B2 – Elective Recovery</u> Reported as part of elective performance on the agenda. Action to be closed</p> <p><u>Action 4 – Partnership Plan</u> Assurance from the Interim Chief Operating Officer of the Trust’s engagement with partners to work collaboratively to overcome the issues. Action to be closed.</p> <p><u>Action 5 – FP22/10/C2 - Health Inequalities</u> Company Secretary to liaise with the Interim Director of Recovery, Innovation & Transformation to ensure appropriate reporting of health inequality matters. Board of Directors’ requirements to be established and appropriate governance route determined. To be evidenced in the relevant Committee Terms of Reference.</p> <p><u>Action 6 – FP22/10/E1 – Board Assurance Framework SA4</u> Update had been reflected in the Board Assurance Framework. Action to be closed</p> <p><u>Action 7 – FP22/10/E2 – Corporate Risk Register</u> Update had been reflected in the Board Assurance Framework. Action to be closed</p> <p><u>Action 8 – FP22/10/E2 – Estates Infrastructure</u> Update had been reflected in the Board Assurance Framework. Action to be closed</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the above updates</i></p>	
FP22/11/B1	<p><u>Emergency Department Performance</u></p>	
	<p>The Interim Chief Operating Officer confirmed that the performance data would be reviewed prior to the next Committee meeting to ensure future information was presented in a streamlined manner.</p> <p>An overview of the Emergency Department’s performance was provided. The Interim Chief Operating Officer advised performance against the 4hr standard was expected to continue, the Trust was currently reporting performance at c.65%.</p> <p>NHSE’s Emergency Care Improvement Support Team (ECIST) would commence a programme of work with the Trust in 2023, which was expected to last between eight and twelve months. The review would focus on performance within the emergency department, including flow out of the organisation and partnership working, from which an improvement plan would be developed.</p> <p>Ambulance handover performance had continued to improve week on week over the last 6 weeks, the introduction of the Emergency Assessment Unit had positively impacted upon this.</p> <p>The Integrated Discharge Hub had opened in Bassetlaw and Doncaster, supporting work across the Trust and with partners. The nerve centre system, accessible by partners, provided a single source of data of patients who were medically fit for discharge.</p> <p>Kath Smart welcomed the intervention by ECIST and recognised the importance of assurance provided by external reviews.</p>	

	<p>In response to a question from Mark Bailey, the Interim Chief Operating Officer confirmed that ECIST would identify work that did not support delivery as part of their initial review; identified improvements would subsequently be delivered by the operational team with the support of the Project Management Office, ensuring actions were linked to the emergency care recovery programme.</p> <p>The contribution of Emergency Department colleagues was recognised and opportunities to explore improved efficiencies identified by the Medical Director for Operational Stability and Optimisation. The benefits of a twice weekly discharge walkabout were shared and the Interim Chief Operating Officer confirmed attempts were being made to increase the on-site presence of social services.</p> <p>Kath Smart reinforced the importance of Committee papers including appropriate data and supporting commentary to provide assurance of delivery or evidence of improvement plans. It was noted that the improved ambulance handover position was difficult to verify from the data but clarity around the quality improvement work was provided by the Interim Chief Operating Officer and the next report would provide a clearer view of the improved position. The Interim Director of Recovery, Innovation & Transformation confirmed that scorecards had been developed in Monday.com for the urgent and emergency care programmes, with supporting trajectories and risk logs. Links were to be established between this evidence and performance data to ensure the Committee were appropriately informed and assured.</p> <p>Mark Bailey asked if the Trust was considering funding its own discharge facility for patients and following discussion it was agreed that the Chair would feed the question into the next Board meeting.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>The Interim Director of Recovery, Innovation & Transformation, and Interim Chief Operating Officer to ensure content of performance reporting, including data from Monday.com, offers appropriate assurance to the Committee. To be progressed in advance of and in preparation for January's meeting.</i> 	JS/ GB
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Mark Day to establish the Trust's plans to consider alternative care provision at the November Board of Directors' meeting.</i> 	MD
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took partial assurance from Emergency Department Performance Update</i> 	
FP22/11/B2	<u>Elective Performance Update</u>	
	<p>The Interim Chief Operating Officer confirmed that a marked increase in the use of the independent sector had been seen to support the elective recovery programme. In addition, the Trust continued to offer additional sessions across a range of specialities, although the impact was limited due to current vacancy and sickness absence levels. A range of insourcing and outsourcing options were being explored and the situation monitored closely by the Elective Recovery Board.</p> <p>Recent discussions in respect of the British Medical Association (BMA) rate card would further challenge recovery, with some colleagues giving notice that as of January 2023 they would no longer fulfil additional sessions, unless the BMA rate card was paid. This was a national issue and not unique to the Trust, however, as delivery of core capacity relied upon use of additional</p>	

	<p>sessions, the impact was recognised to be wider than recovery of the elective waiting lists. Discussions to explore alternative rates continued through the Medical Director's office.</p> <p>Improvements to cancer 62-day waits and diagnostic performance was required.</p> <p>In response to a question from Kath Smart, the Medical Director for Operational Stability and Optimisation confirmed that discussions with regards to the rate card continued. The card was not supported nationally by NHS Employers and the Trust did not accept the rates proposed. Those consultants who had indicated they would not fulfil additional sessions represented approximately 10% of the consultant body and were mostly contained within a department. Whilst the Local Negotiating Committee appeared to support the rate card, no formal confirmation of its position had been received.</p> <p>In response to a question from Kath Smart with regards to the impact on performance of reduced capacity, the Interim Chief Operating Officer confirmed this would impact on the ability to close the gap on the 52-week breaches and referral to treatment performance.</p> <p>The Interim Chief Operating Officer confirmed that the Trauma and Orthopaedic waiting lists continued to be the largest in the Trust and with the support of the Medical Director's office he was working closely with colleagues, including taking advice from the national Getting It Right First Time team, to overcome some concerns with regards to the use of the vanguard theatres during the reinforced autoclaved aerated concrete (RACC) work was in progress at Bassetlaw.</p> <p>Considering the impact of the consultant's response to the BMA rate card the Chair confirmed that the consultants' rates of pay would be discussed at the confidential Board of Directors meeting in November 2022.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>To escalate the impact of ongoing consultant, pay discussions (with regards to the rate card) on the Trust's activity at the confidential Board of Directors (29.11.2022).</i> 	MD
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Elective Performance Update</i> 	
FP22/11/B3	<u>Winter Plan</u>	
	<p>In response to a question from the Chair with regards to the status of the winter plan and if approval was required at a Trust/ICS level, the Interim Chief Operating Officer confirmed all elements of the plan, except for the Same Day Emergency Care (SDEC) element, were finalised. SDEC plans had originally been scheduled for the end of December 2022, but following discussions with the Interim Director of Recovery, Innovation & Transformation would be expedited.</p> <p>Work in respect of community-based wards and funding to commission 20 additional beds continued. In view of the limited progress at Place, this was a cause for concern. The remainder of the plan was on track and with the support of the finance team was monitored to address any areas of slippage in order that plans could be reassessed and efforts redirected.</p> <p>The Interim Director of Recovery, Innovation & Transformation confirmed that the Winter Plan would usually be received by the Finance and Performance Committee and subsequently presented to the Board. The Chair agreed that the complete plan would either be circulated ahead of the next meeting or included within January's meeting papers for completeness. The Interim</p>	

	Director of Recovery, Innovation & Transformation assured the Committee that the plan and its associated trajectories was being monitored via Monday.com.	
	<p>Action:</p> <p>- To be presented in January 2023's Finance & Performance Committee. Routinely the winter plan should be received for approval by the Finance & Performance Committee and subsequently presented to the Board of Directors.</p>	GB
	<p><u>The Committee:</u></p> <p>- Noted and took assurance from the Winter Plan</p>	
FP22/11/C1	<u>Recovery, Innovation & Transformation Directorate Update</u>	
	<p>Following completion of the service line review the Interim Director of Recovery, Innovation and Transformation highlighted plans to develop the clinical strategy, maintaining the Trust as the second emergency hospital in South Yorkshire and maximising elective services.</p> <p>Work on the Montagu Elective Orthopaedic Centre (MEOC) business case continued with partner and clinician engagement and the case was expected to be presented in early 2023.</p> <p>An update on the new hospital programme was awaited, agreement of an overall budget at a national level was expected by the end of 2022.</p> <p>In response to a question from Kath Smart, the Interim Director of Recovery, Innovation & Transformation confirmed he and the Medical Director for Operational Stability and Optimisation had considered clinical engagement and it was recognised that improved clinical engagement and representation was required across the Trust.</p> <p>Mark Bailey recognised the impact of the significant programmes of transformational work, which provided assurance of the Trust's strategic journey and requested future reports include evidence of digital transformation. The Interim Director of Recovery, Innovation & Transformation confirmed the outline business case for the Electronic Patient Record (EPR) had received national approval, the Trust would now be able to go out to tender in order to develop the full business case.</p>	
	<p><u>The Committee:</u></p> <p>- Noted and took assurance from the Recovery, Innovation & Transformation Directorate Update</p>	
FP22/11/C2	<u>Community Diagnostic Centre (CDC) Business Case – Montagu</u>	
	<p>In July 2022 funding of c.£9m was received to support an endoscopy unit, training facilities and ultrasound services at Montagu. The case was approved on the condition that the provision of a static CT and MRI scanner was expedited from Year 3 into Year 2 and this business case for £14.6m capital supported this. Training facilities for radiographers at Retford was an integral part of the case, with subsequent use of the site as a spoke to the CDC hub; cardiac MRI software and an echo cardiogram provision were also included. The risks associated with cost, phasing of the monies and mobilisation were noted. The Interim Director of Recovery, Innovation &</p>	

	<p>Transformation highlighted the potential for change to the phasing of the capital but the content of the plan received for approval today would not change.</p> <p>Kath Smart was supportive of the case and enquired of any consultation required due to the change in services, the cardiac MRI pathway had not yet been developed but appropriate engagement would take place to support this in due course. In view of the value of the case Kath Smart enquired of the need to keep the funding within the £15m threshold, it was confirmed that as the limit required for a full business case had now increased to £25m, there was no cause for concern. Learning from other programmes of work had been incorporated into the case as the development of CDCs was in its infancy.</p> <p>In response to a question from Mark Bailey with regards to recruitment for the CDC, the Strategic Programmes Manager confirmed both degree level apprentices and international recruitment had taken place and the Trust would continue to develop further recruitment plans, working closely with Health Education England.</p>	
	<p><u>The Committee:</u></p> <p>- <i>Noted and approved the CDC Business Case</i></p>	
FP22/11/D1	<p><u>Financial Performance – Month 7</u></p>	
	<p>The Acting Director of Finance confirmed the month 7 deficit was £0.9m, which was a £19k favourable variance to plan. The Trust’s year to date financial position was a deficit £10.1m, adverse to plan by £1m.</p> <p>A revised year end forecast was being prepared, which would look at risks and mitigations and present a best, reasonable and worst-case scenario. This would be presented to the Integrated Care Board. The Chair agreed that an additional Committee meeting would be arranged for December to review this.</p> <p>The Acting Director of Finance highlighted the key risks which included Elective Recovery Fund income, the Clinical Negligence Schemes for Trusts (CNST) standards, reduction in temporary staffing spend and outstanding winter funding.</p> <p>The cash balance at the end of October was £26.5m, this was expected to reduce throughout the remainder of the year, as a result of the planned income and expenditure deficit and a back loaded capital plan. Due to the year end cash position the Committee were advised that the audit opinion may include an emphasis of matter section related to going concern.</p> <p>Kath Smart enquired about potential cost controls which could be introduced to manage the challenging financial position in order to support the best possible year end position. The Acting Director of Finance confirmed actions were being balanced carefully against the operational pressures, approximately £3m of cost pressures were reported to be outside of the Trust’s control, related largely to covid, inflation and the pay award.</p>	

	<p>Action:</p> <ul style="list-style-type: none"> - To convene an extraordinary meeting of the F&P Committee in early December to review the revised financial forecast. 	TB
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - Noted and took assurance from the Financial Performance Update 	
FP22/11/D2	<u>CIP Update</u>	
	The Interim Director of Recovery, Innovation and Transformation confirmed in month delivery was marginally under plan. There remained a £2.3m gap to target and plans for 2023 were now being considered, which would be embedded in the annual planning process.	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - Noted and took assurance from the CIP Update 	
FP22/11/D3	<u>Granger Report</u>	
	The paper was taken as read, work was progressing well and the team's contribution was recognised.	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - Noted the Granger Report 	
FP22/11/D4	<u>Hips and Knees Award</u>	
	<p>The Acting Director of Finance informed the Committee that the contract award for hip and knee prosthesis was a great example of system working, with procurement across the Integrated Care System resulting in a saving of £1m per year.</p> <p>The Committee confirmed its support, but due to the contract value the award would be presented to Board for approval later this month.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - Noted and supported the Hips and Knees Award 	
FP22/11/E1	<u>Board Assurance Framework SA4</u>	
	The Acting Director of Finance confirmed that the Board Assurance Framework had been updated including controls related to the Granger Report.	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - Noted and took assurance from the Board Assurance Framework SA4 	
FP22/11/E2	<u>Corporate Risk Register</u>	
	The Company Secretary confirmed no new risks rated 15+ had been added or escalated to the corporate risk register, the review of operational risk processes was being considered via the Risk Management Board. Updates to mitigations and controls had been included and highlighted for awareness.	

	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Corporate Risk Register</i> 	
FP22/11/E3	<p><u>Assurance Summary (Verbal)</u></p>	
	<p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. It was agreed that the impact of discussions with regards to consultant pay linked to the BMA rate card would be discussed at the next confidential meeting of the Board.</p> <ul style="list-style-type: none"> • Matters discussed at this meeting • Progress against committee associated Executive's objectives, • Are there any emerging new risks identified? 	
FP22/11/F1	<p><u>Governor Observations</u></p>	
	<p>Andrew Middleton welcomed the Chair's reflection of the management of the meeting, the action relating to governance of health inequalities and the review of the elective and emergency department's performance. In respect of the clinical strategy work, the Company Secretary confirmed initial discussions would not include governors, however, as the work developed the opportunity to deliver a briefing would be considered, noting the interest of governors and the need to consult with regards to changes in service provision.</p> <p>Lynne Schuller acknowledged the work on health inequalities and as plans developed expressed an interest in a future governor briefing on this and the integrated discharge hub. The use of Retford as a training facility and future spoke of the CDC was well received and provided positive local community provision and improved use of a currently underutilised facility.</p>	
FP22/11/G1	<p><u>Any Other Business</u></p>	
	<p>No items of other business were raised.</p>	
FP22/11/G2	<p><u>Finance and Performance Terms of Reference</u></p> <p>The Chair requested that the terms of reference be brought back to January 2023's meeting. Kath Smart asked if the Recovery, Innovation, and Transformation directorate be reflected in the terms of reference and supporting work plan.</p>	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> - <i>A refresh of the Committee's Terms of Reference to reflect current structure, including the Recovery, Innovation & Transformation Directorate, and health inequalities subject matter. Content of which would help inform the Committee's workplan.</i> 	TB
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted the Finance and Performance Terms of Reference</i> 	
FP22/11/G3	<p><u>Performance Report Appendixes</u></p>	
	<p>There were no performance report appendices to be noted.</p>	
FP22/11/G4	<p><u>Minutes of the Sub – Committee Meetings (Enclosure G3)</u></p> <ul style="list-style-type: none"> - Cash Committee – 22nd September 2022 - Capital Committee – 22nd September 2022 	

	<u>The Committee:</u> - Noted the Cash and Capital Committee minutes from 22 September 2022.	
FP22/11/G5	<u>Minutes of the meeting held on 27 October 2022</u>	
	The Committee approved the minutes of the meeting held on 27 October 2022	
FP22/11/G6	Date and time of next meeting (Verbal)	
	Date: Thursday 26 th January 2022 Time: 09:00 Venue: Microsoft Teams	
FP22/11/H	Meeting closed at: 11:56am	



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
held on Thursday 8 December 2022 at 09:00 via Microsoft Teams**

Present:	Mark Bailey, Non-executive Director Alex Crickmar, Acting Director of Finance Mark Day, Non-executive Director (Chair) Jon Sargeant, Interim Director of Recovery, Innovation and Transformation Kath Smart, Non-executive Director	
In attendance:	Claudia Gammon, Corporate Governance Officer (Minutes) Angela O'Mara, Deputy Company Secretary	
To Observe:	Andrew Middleton, Governor - Bassetlaw Lynne Schuller, Governor - Bassetlaw	
Apologies	Fiona Dunn, Director Corporate Affairs /Company Secretary	
		<u>ACTI ON</u>
FP22/12/A1	<u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u>	
	The Chair welcomed members and those in attendance to the meeting. The above apology for absence was noted and no declarations of interest received.	
FP22/12/A2	<u>Requests for any other business (Verbal)</u>	
	No items of other business were declared.	
FP22/12/B1	<u>Financial Forecast (Presentation)</u>	
	<p>The Acting Director of Finance recapped the month 7 position, identifying the key drivers which included non-controllable pressures, such as inflation, higher than expected covid costs and the pay award pressure, operational/patient safety cost pressures and operational/other underspends. The resultant year to date deficit was £10.1m, £1m adverse to plan.</p> <p>The year-to-date month 7 position was then extrapolated out and the impact of funding changes, operational delivery plans and non-recurrent measures considered. A best, reasonable and worst-case scenario was produced. The best case was £1.4m favourable to plan and worked on the assumption that the Notts Growth income was received. The worst case was £9.5m adverse to plan. The Acting Director of Finance summarised the risks to delivery across the scenarios which included delivery of the annual leave accrual reduction, delivery of the Clinical Negligence Scheme for Trusts (CNST) standards, clawback of the elective recovery funding and the impact of winter.</p>	

	<p>All scenarios had been reported to the Integrated Care Board; a meeting to review all organisation's forecast would take place on 9 December and feedback would be shared at future Committee meetings. The position would be closely monitored and reviewed at meetings of the Trust Executive Group</p> <p>In response to a question from the Chair, the Acting Director of Finance confirmed that non delivery of the cost improvement programme would impact on the bottom line.</p> <p>In response to a question from Kath Smart, the Acting Director of Finance confirmed that agency spend had been considered across months 1-7 but an assessment had taken place by type and division to establish any required adjustments. In respect of CNST standards, it was expected that the Trust would declare partial compliance, the financial impact of this was not yet known, although there may be an opportunity to bid for additional funding to support CNST work.</p> <p>The Acting Director of Finance confirmed that operational activity was not being compromised by the challenging financial position. Should further challenges be faced it was accepted that further consideration may be required. A forecast update would be shared at the confidential Board meeting. The Interim Director of Recovery, Innovation and Transformation shared his concern in respect of the ICB deficit position and risk that this may pose at an organisational level.</p> <p>In response to a question from Mark Bailey the Interim Director of Recovery, Innovation & Transformation confirmed the service line review should be incorporated into planning as would efficiencies from Getting It Right First Time and Model Hospital.</p> <p>The Chair thanked the Acting Director of Finance for the transparent presentation.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Financial Forecast</i></p>	
<p>FP22/12/B2</p>	<p><u>MEOC Business Case</u></p>	
	<p>The Interim Director of Recovery, Innovation and Transformation explained the key areas of the Montagu Elective Orthopaedics Centre (MEOC) business case which would be presented to the Board for approval. The business case was an example of collaborative working between the Trust, Barnsley Hospital and the Rotherham Foundation Trust. The programme would support the development of a centre of excellence to deliver orthopaedic elective work on a cold site where winter/emergency pressures would not impact delivery. The site would consist of 2 modular theatres, 12 beds and be operational 5 days a week over a 48-week period.</p> <p>The key risks to success were workforce and non delivery and the subsequent impact on income. International recruitment would be explored and workforce models including support across the three trusts and a dedicated unit model considered.</p> <p>The Chair recognised the urgency of the case and shared his appreciation of the work undertaken.</p> <p>In response to a question from Kath Smart, the Interim Director of Recovery, Innovation & Transformation confirmed good engagement across the partner organisations.</p>	

	<u>The Committee:</u> - <i>Noted the MEOC Business Case</i>	
FP22/12/C1	<u>Any Other Business</u> Andrew Middleton shared his appreciation of the update and the benefits of the MEOC were recognised.	
	No items of other business were raised.	
FP22/12/C2	Date and time of next meeting (Verbal)	
	Date: Thursday 26 th January 2022 Time: 09:00 Venue: Microsoft Teams	
FP22/12/D	Meeting closed at: 10:07am	



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
held on Thursday 26 January 2023 at 09:00 via Microsoft Teams**

Present:	Mark Bailey, Non-executive Director Alex Crickmar, Acting Director of Finance Jon Sargeant, Interim Director of Recovery, Innovation and Transformation Kath Smart, Non-executive Director (Chair for Mark Day) Denise Smith, Chief Operating Officer
In attendance:	Ken Anderson, Chief Information Officer (Item E3) Kirsty Edmondson-Jones, Director of Innovation, and Infrastructure Anna Fawcett, Archus (Item E2) Anoushka Huggins, Archus (Item E2) Joseph John, Medical Director for Operational Stability and Optimisation Paul Mapley, Efficiency Director (Items D2 & D3) Angela O'Mara, Deputy Company Secretary Jamie Stone, South Yorkshire, and Bassetlaw Pathology Suzanne Stubbs, Interim Deputy Chief Operating Officer - Non-elective Andrew Turner, South Yorkshire, and Bassetlaw Pathology
To Observe:	Andrew Middleton, Bassetlaw Governor Lynne Schuller, Bassetlaw Governor
Apologies	Mark Day, Non-executive Director (Chair) Fiona Dunn, Director Corporate Affairs /Company Secretary
	ACTI ON
FP23/01/A1	<u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u>
	The Chair welcomed members and those in attendance to the meeting. No apologies for absence or declarations of interest were received.
FP23/01/A2	<u>Requests for any other business (Verbal)</u>
	No items of other business were declared.
FP23/01/A3	<u>Action Notes from Previous Meeting (Enclosure A3)</u> <u>Action 1 – FP22/07/C1 - Trust-Wide Themes from the Performance, Overview & Support Meeting</u> NEDs had been contacted by the Trust Board regarding POSM meeting availability. Action could be closed. <u>Action 2 – FP22/09/C1 - Nottinghamshire and South Yorkshire ICB</u>

JS would verbally update on this within the directorate update on the agenda. **Action could be closed**

Action 3 – FP22/10/B2 - Elective Recovery

On the agenda. **Action could be closed**

Action 4 – FP22/10/B2 – Partnership Plan

Updates from the Chief Operating Officer and the Chief Executive. **Action could be closed**

Action 5 – FP22/10/B2 – Health Inequalities

Due to further discussions and the Chair being absent this action would be discussed further at the meeting in March 2023.

Action 6 – FP22/10/E1 – Board Assurance Framework SA4

This was included in the BAF as part of E4 however, further consideration would be taken to look at the target risk rating along with the refresh of the BAF and Business plan progression.

Action 7 – FP22/10/E2 – Corporate Risk Register

This was included on the Corporate Risk Register. **Action could be closed**

Action 8 – FP22/10/E2 – Estates Infrastructure

This was included in the BAF. **Action could be closed**

Action 9 – FP22/11/B1 – Performance Reporting

JS – updates at control meeting and work with Neil Rhodes for performance report. JS to speak to Chief Operating Officer, Laura Fawcett-Hall and Paul Mapley to look at using the report from April 2023. The draft would be ready to use in March 2023 – to be finalised. Report to be circulated to the NEDs with comments to be provided. An informal session outside of F&P maybe considered. Action would be changed to March 2023.

Action 10 – FP22/11/B1 – Alternative Care Provision for Patients with no Right to Reside

This would be discussed further at February's F&P once the Chair and the Chief Operating Officer were in attendance. Action would be changed to February 2023

Action 11 – FP22/11/B2 – Escalation to Board

JS – the offer was agreed at Board. No feedback had been received with additional sessions being picked up.

JJ all consultants had reacted in the same way and had recognised the BMA rate card. Out of hours rates were the largest difference. Continued talks were happening nationally. **Action could be closed.**

Action 12 – FP22/11/B3 – Winter Plan

DS – Future winter plans would be included in the Committee forward plan and submitted for approval in the Autumn. MD was to establish a lesson learnt for the Committee. Therefore, this action would stay open

Action 13 – FP22/11/D1 - Extraordinary Finance & Performance Committee Meeting

Meeting took place on the 8th of December 2022. **Action could be closed.**

Action 14 – FP22/11/G2 - Finance & Performance Committee Terms of Reference

	This action would be changed to February 2023	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the above updates 	
FP23/01/B1	<u>Urgent & Emergency Performance including Ambulance Handovers</u>	
	<p>The Chief Operating Officer highlighted the key points: 4 hr performance had declined since March 2021; this was mirrored nationally. The month to date in January forecast was at 65%. There was an increase in demand within the emergency department with the Trust ranked at 55 nationally out 111 Trusts.</p> <p>The two main delays in the emergency department related to patients that were waiting to be seen and patients awaiting a bed on a ward.</p> <p>An improvement plan was in place that focused on key areas, one of which was the importance of the emergency nurse role that assisted in providing an early view on delays that could then be escalated. The plan also focused on the discharge of patients earlier in the day to allow more capacity on the wards.</p> <p>The Trust had seen fewer long delays in ambulance handovers over the past few weeks. Despite December being a difficult month. There was further work with the ambulance crews to be made.</p> <p>Further work into the no right to reside and patients that were in hospital for over 7 days was being worked however this was a system issue.</p> <p>The Chair questioned the transfer of the care hub and if it worked better now that the Trust were working alongside partners and RDaSH. Was there an impact on the Trust from the national money for the care home beds and care packages.</p> <p>The Chair also asked when the committee would receive an update on the quality improvement work and the work with the emergency care improvement support team (ECIST). The Chief Operating Officer confirmed that this would either be February or March 2023.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - Quality Improvement and Emergency Care Improvement Support Team reviews to be presented back to F&P in either February or March 2023. 	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted and took partial assurance from Emergency Department Performance Update 	
FP23/01/B2	<u>Elective Performance</u>	
	<p>The Chief Operating Officer explained that December 2022 was challenging within urgent and emergency care with several elective surgeries stood down. There were no 104 week waits for December and the aim was to deliver all 78 week waits by the end of March 2023. The 2 main areas affected were ear, nose, and throat and orthopaedics with further work to be undertaken to ensure all patients had dates by the end of March 2023. Mutual aid was to be looked at to assist.</p>	

	<p>Although are of cancer was not delivering the 62-day target, they had benchmarked well at 57 out of 138 trusts. Cancer surgery was prioritised throughout the Winter months.</p> <p>Mark Bailey asked if the Trust carried out too many scans/tests. There were more CT scans within elective surgery and had been an issue with non-obstetric ultrasounds. The Trust performed double the amount of CT scans compared with others within the ICS with head and abdominal scans being the main areas.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Elective Performance Update</i> 	
FP22/11/B3	<u>Winter Plan Update</u>	
	The Chair confirmed with the Chief Operating Officer that a lesson learnt would be organised outside of the meeting to discuss the Winter Plan.	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> - <i><u>Lessons Learnt meeting to be held outside of the meeting to discuss the Winter Plan.</u></i> 	<u>DS</u>
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted the Winter Plan</i> 	
FP23/01/C1	<u>Recovery, Innovation & Transformation Directorate Update</u>	
	<p>The Interim Director of Recovery, Innovation and Transformation provided the key points: The Community Diagnostic Centre (CDC) had £4 million cost pressures this was due to mechanical issues including engineering issues. More work was involved in looking at the slippage which would then be viewed on the 26th January by the national team. If, however this didn't happen there would be £900,000 from the regional teams across each of the three years left of the CDC case. The regional team had an interest in the next phase of the CDC scheme, as this included where the scanners were placed as Mexborough was a cold site.</p> <p>Innovation work was continuing and further communications to follow.</p> <p>Montagu Elective Orthopaedic Centre (MEOC) had been signed off by Rotherham, with Barnsley reviewing there's on the 2nd of February. Meetings were being held with the regional teams and further recommendations would be provided in the future. The Trust had a fixed price for 80% of the building costs till the end of February.</p> <p>The new hospital work had received no recent updates both regionally and nationally. Currently the risk summit work hadn't created anything, with work being undertaken by NHSE.</p> <p>The Medical Director for Operational Stability and Optimisation added that the progress on MEOC wouldn't be delayed from a clinical perspective.</p> <p>Mark Bailey enquired about the decisions around MEOC would there be a one risk plan that included everything. The Interim Director of Recovery, Innovation and Transformation confirmed that the site development plan put everything together and included aligning anything that impacts on the site. Mark Bailey also asked if MEOC and the plans for the new hospital were linked. This was confirmed that everything in MEOC was regional, and as Mexborough was a cold site with no A&E it was separate to the new hospital plans. Further information would be issued by communications to explain this.</p>	

	<p>Kath Smart asked about the £4million cost pressures and if they were an issue. This was confirmed that there was no concern with this, and the approval was via the national team and was affordable via the ICS regionally.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Recovery, Innovation & Transformation Directorate Update</i> 	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and approved the CDC Business Case</i> 	
FP22/11/D1	<p><u>Financial Performance – Month</u></p>	
	<p>The Acting Director of Finance highlighted the key points from the finance paper: at month 9 the Trust was at £1.3million deficit with an overall deficit of £12.4million against the annual plan of £10.1million by the end of the year, this was £1m behind target.</p> <p>The opening of beds along with temporary staffing had contributed to the additional cost pressures of £3million. Further discussions were being had with Doncaster Place to investigate this. The Trust were using a significant amount of bank and agency staff, at around £7million more than pre-pandemic. The exit run rate was around £40million before additional cost pressures were added.</p> <p>Discussions were being had with Bassetlaw Place surrounding Winter pressures and growth; it was currently funded at 2019/2020 levels which increased pressure.</p> <p>The Trust received £12million Elective Recovery Fund money this financial year.</p> <p>The ICB had a £21.6million deficit that was at risk of not delivering the plan and breaking even. Mitigating options and a meeting with all directors of finance was in place to look at other options.</p> <p>The capital overspend was at £4million, this was £9.5million behind plan. All business cases been presented via Capital Investment Group and were on track to deliver by year end, with slippage plans in place where necessary.</p> <p>The cash balance at the end of December was £21million, this was the same as the previous month. Further detail around the cash flow forecast were included within the paper. There was an expectation that the cash balance would fall to £12million throughout the rest of the year. If the Trust position didn't improve, then the 2023/2024 position would deteriorate further.</p> <p>Mark Day previously asked what would happen if the trust required central support. It was confirmed that support would be received with an interest rate of 3.5% of daily cash flow. The cash position was being monitored via the cash committee.</p> <p>Mark Bailey asked if there was a plan if the Trust had to stop all improvements and investment activity, was this something that was being looked at. It was answered that there were cost improvement programmes surrounds this and the Trust pull back on some elective activity. If all business cases were signed off, it wouldn't impact on what was bided against. The Interim Director of Recovery, Innovation and Transformation confirmed that planning and budgeting were being</p>	

	<p>looked at along with Doncaster Place and the ICS. The underlying position looks like £37million which was an increase.</p> <p>The Chair asked about the detailed work that was going on at Bassetlaw with NHS Professionals and agency staff helping to staff the areas, was this a requirement to escalate to Bassetlaw Place. The Acting Director of Finance confirmed that discussions had been made and escalated via the ICB. The Interim Director of Recovery, Innovation and Transformation answered that Bassetlaw was a large contract and would need to be investigated with further update to come.</p> <p>The Chair enquired about the capital balance being behind on figures and was there a plan in place and if the Trust were confident, it could deliver and was there an optimum level. The Acting Director of Finance explained that the cash management technique was being investigated to ensure cash was managed as it needed to be £10million. NHS England wouldn't provide cash support until the Trust had £2million.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Financial Performance Update</i> 	
FP23/01/D2	<u>CIP Update</u>	
	<p>The Efficiency Director confirmed that there was £19million on developed schemes against a plan of £19.3million. The cost improvement programmes (CIP) were delivered at £1.5million under what was delivered earlier in the year with an increase of £1.8million to plan. The Trust had seen significant challenges due to the amount of agency staff used and were awaiting the full elective recovery fund money.</p> <p>Continued work around getting it right first-time scheme was in place along with active recovery Sickness targets where a main factor in the Trusts agency spends. The cost improvement programme and efficiency stream were separated from the cost pressure process. The levels were currently at 8 10% and would be investigated further.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the CIP Update</i> 	
FP23/01/D3	<u>Planning Guidance Presentation</u>	
	<p>The Efficiency Director confirmed that the guidance had been received on the 23rd December 2022 with further guidance to still be released. The three main tasks were:</p> <ul style="list-style-type: none"> • Recover care services and productivity, • Makes progress in developing the key ambitions in the long term plan • Continue transforming the NHS for the future. <p>Main areas of focus were urgent and emergency care, further work within ward 22, limiting long waiters over 64 weeks and delivering elective recovery. A clear target was made to reduce agency spends to no more that 3.7% of total pay.</p> <p>The Acting Director of Finance explained about the financial guidance and that the ICB funding including elective recovery funding increased by 3.2% in 2023/2024 and 2.2% in 2024/2025, pay award was included within. Pay award would be funded if it was higher than the 2%. The Trust</p>	

	<p>would receive anything between 2% on pay to 10% on non-pay which would cause significant pressures.</p> <p>The Covid-19 funding was reducing by 75% and was recognised as non-recurrent. Separate funding was provided for discharge fund, capacity funding, ambulance service and service development fund. Efficiency was a recurrent requirement and was 2.2%-3%.</p> <p>The planning timeline was up to date with the internal schedule with the draft plan being presented back to Finance and Performance Committee at the next meeting in February. It would include the bed plan, reports for 2019/2020 and a report around triangulation to ensure everything worked together.</p> <p>The first draft of the operation plan for 2023/2024 would be presented back to Finance and Performance Committee in the February 2023 meeting.</p>	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> - <u>Draft Operational Business plan 2023/2024 to be presented to F&P in Feb 2023</u> 	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <u>Noted and took assurance from the Planning Guidance Presentation</u> 	
<p>FP23/01/E1</p>	<p><u>SYB Pathology Laboratory Information Management System Business Case</u></p>	
	<p>The Chair welcomed Andy Turner and Jamie Stone from South Yorkshire and Bassetlaw Pathology to the meeting</p> <p>The Chief Executive expressed that he was slightly conflicted on the business case due to chairing the steering board but would assist with any questions if required.</p> <p>Andy Turner discussed the business case and that it was for procurement of a shared wide link and investment as the SYB Trust builds one service with Bassetlaw and Doncaster. At present separate laboratory management systems (LIMS) were being used. There was an assessment process which capital funds from NHS England were available until 2024/2025. It would take at least 12months for the capital funding to become available.</p> <p>The contract notice had been sent out for other trusts to join the procurement and had been signed off by the lawyers and was signed off by all 5 Trusts. Project planning was in place from April 2023 engaging with all Executives across the Trust and would then go for further review. The plan was expected to start from April 2023 with Sheffield expected to be completed by November 2024 with further roll out commencing, linking in with other LIMS and Trusts. The business case needed to be approved by all 5 Trusts.</p> <p>Jamie Stone confirmed that the business case had been submitted 4 weeks prior with capital included in the case and was at low risk. The contract negotiations were ongoing, Vat was included in the finance figures however, this was now reclaimable at £2.6million and had been mitigated therefore would bring the cost down.</p> <p>Following a question from Mark Bailey regarding if the Trusts sees different costs due to the system being different and if this was seen as a risk. It was answered that the electronic patient records (EPR) interface would still pull all the all the data required into a file format via the Trusts integration systems.</p>	

	<p>There would be an impact on the revenue for the next financial year, with the figure being at £175,000 prior to the cost pressure then increase to £260, 0000 then £500,0000 by year 5.</p> <p>Mark Bailey asked if the Trust were underrepresenting pathology at present and were they able to function with the growth over the next few years. Jamie Stone answered that as some enablers used technology there were some duplications in pathology at present. The aim was to remove some of this by looking at diagnostics and helping to achieve quicker responses.</p> <p>Further to a question from The Chair about how Sheffield teaching hospital were to be the first to trial the LIMS and how this was decided. Andy Turner explained that due to Sheffield having an activity rate of 50% in pathology and it was where the EPR was based it was a good idea to begin there. It was then decided dependent on which sites required a replacement LIMS.</p> <p>The rotation of staff across sites was being discussed, with a potential move to Sheffield teaching hospital if required.</p> <p>The approval status with the other partner Trusts was that Sheffield teaching hospital, Barnsley and Rotherham were all approved. With Sheffield Children’s and Doncaster’s Board on 31st January 2023. The business case could then progress once all approved.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Provided positive recommendation for the SYB Pathology Laboratory Information Management System Business Case to be presented to Board on the 31st of January 2023</i> 	
<p>FP23/01/E2</p>	<p><u>Bassetlaw Emergency Care Village Business Case</u></p>	
	<p>The Director of Innovation and Infrastructure introduced Anna Fawcett and Anoushka Huggins from Archus to the committee to present an update on the Bassetlaw emergency care village business case. The outline business case was previously presented to the Finance and Performance Committee and Board but now included the procurement side for the full business case.</p> <p>Anna Fawcett explained the reasoning behind the case and that there were current issues with the emergency department for paediatrics being a distance from the clinical assessment unit (CAU) and the same day emergency care away from the emergency department. Since the outline business case there had been an increase in capacity added for major and minor areas.</p> <p>Anoushka Huggins provided detail of the preferred option and that it was to refurbish and extend the mental health building to create the Bassetlaw emergency village. For the full business case the cost benefit analysis had been updated and the capital investment of £21.25million would deliver a benefit cost ratio of 4.35. The NHS England expectation benefit ratio was 4, this was good value for money.</p> <p>The commercial case consisted of professional services, design, equipment, construction, standards, and contracts that were all progressing including planning permission. The budget had increased by £4.065million since the outline business case. The mechanical, electrical, and plumbing (MEP) work had the largest affect and was required to be completed by the end of March 2023. Savings were to be made via commercial adjustments, MEP package savings, scope reductions and alternative funding solutions. There was also an increase in the ask from charitable funds for the work within the clinical assessment unit.</p>	

	<p>The worst-case scenario would be the that the full business case capital was at £21,251million as the funding of £17.6million was agreed in 2017. There were a few areas of risk that had been identified and therefore increased the costs including backlog, hyperinflation, and external works.</p> <p>NHS England had a deadline on the £17.065million and that it needed to be spent by the end of the 2023/2024 financial year. Current programme would build the new elements and the refurbishment of the old spaces which would follow in 2024/2025.</p> <p>Although the outline business case was submitted in July 2022 it was still awaiting approval, the Trust were advised to continue with the full business case. The highest risks were due to hyperinflation and were added to a fully costed risk register.</p>	
	<p><u>The Committee:</u> - <i>Approved the Bassetlaw Emergency Care Village Business Case for it to be presented to Board on the 31st of January 2023</i></p>	
FP23/01/E3	<u>Patient Pathway Business Case</u>	
	<p>The Chief Information Officer explained that the work started in August 2022 with a current patient treatment list of 50,000. Currently validation was delivered externally on a rolling contract.</p> <p>There were 4 spending objectives, one was the additional resource of £530,000 that was current revenue. The analysis was undertaken previously by the Chief Operating Officer and that was required. Secondly it takes 6-12 months to train a validator with an average of 9 months.</p> <p>The recruitment plan was in place with the advert being sent out and open days with the training being on a rolling programme. The case required an additional £519,000 that was non- recurrent over a period of 12months. There was also a large amount of back log which created a high amount of risk, the costing for this was £847,000 non recurrent.</p> <p>There was an operational and clinical risk by not validating quickly, meaning that the situation could deteriorate. Pre Covid-19 the validation number were at £30,0000 and were now at £50,000.</p> <p>The Trust would look at a test environment by the end of March 2023. The patient pathway would also link into the electronic patient record system.</p> <p>Ways in which to make this as cost effective as possible were important as currently the costings were in the region of £225,000 per quarter.</p> <p>The Chair asked about the funding and benefits and if the management structure already existed within the organisation. The Chief Information Officer confirmed that the recruitment programme and training would be rolling. With an embedded model after the initial recruitment.</p>	
	<p><u>The Committee:</u> - <i>Recommended the Patient Pathway Business Case for Board on the 31st of January 2023.</i></p>	
FP23/01/E4	<u>Board Assurance Framework SA4</u>	
	<p>The Acting Director of Finance explained that the overall Board Assurance Framework score was 16 this reflected the Trusts financial position. Internal audit of the healthcare financial management</p>	

	<p>association had no significant issues and was to be presented to Audit and Risk Committee on the 27th of January 2023, the main issue was the financial risk being included within Datix.</p> <p>The Chair asked about the target risk rating of 9 and that it needed to be realistic and achievable by 31st March 2023. It was confirmed that this would be revisited and assessed further as it would be difficult to achieve.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Board Assurance Framework SA4</i> 	
FP23/01/E5	<u>Corporate Risk Register</u>	
	<p>The Chair suggested that the committee defer the Corporate Risk Register as it would be discussed within the Audit and Risk meeting on the 27th of January against the Head of Internal Audit plan from 360 Assurance.</p>	
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Agreed to defer this item to the Audit and Risk meeting on the 27th of January 2023</i> 	
FP23/01/E6	<u>Assurance Summary (Verbal)</u>	
	<p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters.</p> <ul style="list-style-type: none"> • Matters discussed at this meeting • Progress against committee associated Executive's objectives, • Are there any emerging new risks identified? 	
FP23/01/F1	<u>Governor Observations</u>	
	<p>Andrew Middleton welcomed the Chief Nurse and that the contributions had been well received. There was good news within the capital programmes and the interactions with the ICS.</p>	
FP23/01/G1	<u>Any Other Business</u>	
	<p>No items of other business were raised.</p>	
FP22/11/G2	<p><u>Finance and Performance Terms of Reference</u></p> <p>The Chair requested that the terms of reference be brought back to January 2023's meeting. Kath Smart asked if the Recovery, Innovation, and Transformation directorate be reflected in the terms of reference and supporting work plan.</p>	
	<p><u>Action:</u></p> <ul style="list-style-type: none"> - <i>A refresh of the Committee's Terms of Reference to reflect current structure, including the Recovery, Innovation & Transformation Directorate, and health inequalities subject matter. Content of which would help inform the Committee's workplan.</i> 	TB
	<p><u>The Committee:</u></p> <ul style="list-style-type: none"> - <i>Noted the Finance and Performance Terms of Reference</i> 	

FP23/01/G3	<u>Performance Report Appendixes</u>	
	There were no performance report appendixes to be noted.	
FP23/01/G4	<u>Minutes of the Sub – Committee Meetings (Enclosure G3)</u> - Cash Committee –	
	<u>The Committee:</u> - Noted the Cash and Capital Committee minutes	
FP23/01/G5	<u>Minutes of the meeting held on 27 October 2022</u>	
	The Committee approved the minutes of the meeting held on 24 November & 8 December 2022	
FP22/01/G6	Date and time of next meeting (Verbal)	
	Date: Thursday 27 February 2023 Time: 09:00 Venue: Microsoft Teams	
FP23/01/H	Meeting closed at: 12:30	

FINAL

PEOPLE COMMITTEE

Minutes of the meeting of the People Committee
held on Tuesday 17th January 2023 at 09:00am
via Microsoft Teams

Present:	Mark Bailey, Non-Executive Director (Chair) Mark Day, Non-Executive Director Zoe Lintin, Chief People Officer Karen Jessop, Chief Nurse Dr Tim Noble, Executive Medical Director Hazel Brand, Non-Executive Director Jo Gander, Non-Executive Director
In attendance:	Laura Brookshaw, 360 Assurance Fiona Dunn, Director Corporate Affairs/Company Secretary Claudia Gammon, Corporate Governance Officer (Minutes) Paula Hill, Freedom to Speak up Guardian (agenda item E1) Heather Jackson, Director of Allied Health Professionals Anthony Jones, Deputy Director of People and Organisational Development (agenda item D1) Nick Mallaband, Medical Director for Workforce and Speciality Development Angela O'Mara, Deputy Company Secretary Tully Monk, Senior Business Partner (agenda item D2) Gavin Portier, Head of Organisational Development, EDI, and Wellbeing Kelly Turkhud, Vocational Education Manager
To Observe:	Mark Bright, Public Governor - Doncaster
Apologies:	Kay Brown, Staff Governor Dr Sam Debbage, Director of Education and Research
	ACTION
PC23/01/A1	<u>Welcome, apologies for absence and declarations of interest (Verbal)</u>
	Mark Bailey welcomed members and those in attendance to his first meeting as Committee Chair and shared his appreciation with the outgoing Chair, Mark Day. The above apologies for absence were noted and no conflicts of interest were declared.
PC23/01/A2	<u>Requests for Any Other Business (Verbal)</u>
	No items of other business had been received.
PC23/01/A3	<u>Actions from previous meeting (Enclosure A3)</u>
	There were no active actions.

PC23/01/B1	<p><u>Board Assurance Framework (BAF) True North SA2 & 3</u></p> <p>The Chief People Officer confirmed she had met with the Risk Manager to review in detail the ratings, actions, and controls for the identified risks. Updates to the Board Assurance Framework were highlighted for ease of reference and overlaps recognised across the two BAFs, which would be addressed as part of a refresh for the next financial year, in line with internal audit recommendations.</p> <p>In response to a question from Hazel Brand with regards to risk ID 3104 “<i>impact on our workforce of the economic context/cost of living including industrial action</i>”, the Company Secretary confirmed this should be viewed as an overarching strategic risk and confirmed there was no requirement to split out the cost-of-living crisis and industrial action.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Board Assurance Framework – True North SA2 & 3</i> 	
PC23/01/B2	<p><u>Draft People Strategy 2023-27</u></p> <p>The Chief People Officer confirmed the strategy had been framed around the four pillars of the NHS People Plan:</p> <ul style="list-style-type: none"> - Looking after our people - Belonging in the NHS - Growing for the future - New ways of working and delivering care <p>The draft strategy had been subject to extensive consultation and was being shared with the Partnership Forum, Local Negotiating Committee, Trust Executive Group and Teaching Hospital Board staff networks and other colleagues, with a view to proceeding to approval by the Trust Executive Group and Trust Board in February 2023. The People Strategy would be underpinned by a delivery plan to provide the detail on how the Trust would achieve its ambitions, the actions/activities and measurements of success.</p> <p>In response to a question from the Chief Nurse, the Chief People Officer confirmed the final strategy would be shared across the organisation and a formal launch undertaken with the support of the Communications & Engagement Team.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and supported the Draft People Strategy</i> 	
PC23/01/C1	<p><u>Staff Engagement</u></p> <p>The Chief People Officer summarised the key highlights of the report which reported a 2022 Staff Survey response rate of 65%, the highest Trust response rate to date, and a leading rate nationally amongst the Trust’s supplier comparator organisations.</p> <p>Colleague engagement, including reward and recognition activities continued to be a key focus, with specific incentives offered over the festive period.</p>	

	<p>In response to a question from the Chair, the Chief People Officer confirmed the staff survey results would demonstrate colleagues' perception of staff engagement, allow a comparison to the previous year's finding, as well as providing an opportunity to review outcomes against comparator organisations.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Staff Engagement Report</i> 	
PC23/01/C2	<p><u>Education Report</u></p> <p>The Vocational Education Manager presented the report which provided a summary of the statutory and role specific essential training. Work at a local and system level was progressing to ensure alignment with the required national standards of the Skills for Health Core Skills Training Framework by the end of March 2023. A bespoke piece of work had been undertaken to increase compliance rates of medical and dental colleagues and a training hub had been created for use by international recruits. Opportunities were being explored to be a provider of neonatal and acute trauma life support training.</p> <p>Verbal feedback from the annual quality visit from Health Education England had been positive and a written report was expected within 60 days of the visit.</p> <p>The Medical Director for Workforce and Speciality Development shared his appreciation of the Trust's provision of high-quality medical education and the strong relationship with the deanery, which was vital in growing the consultant workforce.</p> <p>In response to a question from the Chair, with regards to how the Trust promoted its education provision, the Medical Director for Workforce and Speciality Development confirmed the Trust's reputation was recognised and shared by the junior doctors in respect of both the quality and commitment provided through educational experience and clinical supervision. The inclusion of learners and students was also recognised as an integral part of the People Strategy.</p> <p>In response to a question from the Chair, with regards to development of the training framework, the Vocational Education Manager confirmed each training activity was currently being assessed in terms of time required for completion. The next step in the process and perhaps the more challenging would be how this was supported considering workforce pressures.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Education Report</i> 	
PC23/01/C3	<p><u>Health & Wellbeing Update (Verbal)</u></p> <p>The Head of Organisational Development, EDI, and Wellbeing provided a verbal update on health and wellbeing matters. The Committee was briefed on recent activities which included tea trolleys, provision of alternative therapies and an extensive selection of Wellbeing Wednesday virtual sessions, examples included support in respect of the costs of living crisis and a well-received session on the menopause, delivered by Dr Dawn Harper.</p> <p>In respect of the recently approved medium term financial support for health and wellbeing from Charitable Funds, the Head of Organisational Development, EDI and Wellbeing confirmed he was</p>	

	<p>working closely with the Head of Financial Control to establish governance and reporting arrangements for the drawdown of funds and to ensure activity and impact was captured. This was expected to be finalised by the end of this financial year and included within reports for assurance purposes.</p> <p>The Chief People Officer shared her appreciation of the proactive actions and commitment of the team to address key areas of interest.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Health and Wellbeing Update</i> 	
PC23/01/C4	<p><u>Leadership Behaviours Framework (Verbal)</u></p> <p>The Chief People Officer confirmed engagement sessions had taken place over the last two months with a wide variety of colleagues and leadership groups and a briefing session for governors to raise awareness had also been facilitated recently. The sessions had been well attended and the level of engagement was encouraging, with positive feedback received about the sessions.</p> <p>Work to evaluate the feedback was underway and development of the framework would continue, to include reference to the Leadership Academy resources, NHS People Promise, the Trust's strategic objectives and People Strategy. It was anticipated that the framework would be launched in readiness for the next financial year and going forwards would be embedded into everyday practice, alongside the Trust's We Care values.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Leadership Behaviours Framework</i> 	
PC23/01/C5	<p><u>On Call Framework Update (Verbal)</u></p> <p>The Medical Director for Workforce and Speciality Development provided an update in respect of the on-call agreement with the Local Negotiating Committee (LNC) of November 2021 . In response to a request from the LNC, the framework had been updated as a draft and this would be shared with the LNC this week for their comments.</p> <p>It was agreed that an update would be provided at the next Committee meeting.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>On Call Framework would be presented back to the People Committee once finalised and an update provided at the next meeting</i> 	TN
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the On Call Framework</i> 	
PC23/01/D1	<p><u>Workforce Supply and Demand</u></p> <p>Further to the Workforce Supply and Demand paper presented at November's Committee the Deputy Director of People and Organisational Development confirmed this and future reports in the coming months would focus on a specific staff group. The paper focused on an 18-month</p>	

workforce plan for Allied Health Professionals (AHPs) and summarised the current plan, opportunities/proposals for future developments, the required support, and next steps.

The Director of Allied Health Professionals confirmed the Trust had received Health Education England funding of £62,000 to develop the plan, the initial submission had been due by June 2022, however, due to a change in senior leadership a delayed submission was supported. Across South Yorkshire each organisation had agreed to contribute £9,000 of the funding to the AHP Council for the development of an AHP faculty.

A summary of the Trust's AHP workforce was provided and the caveats included in the submission were referenced in the report. The opportunities and challenges of workforce supply were noted, the speed at which apprenticeship roles had been introduced was slower than other professions, international AHP recruitment was in its infancy and there was an over reliance on an annual intake of newly qualified students.

Work at Place to develop a workforce plan to support realistic recruitment and retention opportunities was in train and an AHP workforce summit would take place on 23 March 2023.

A lack of demand data for many AHP services had proved challenging, a review of patient pathways was ongoing and the Trust was actively engaged with networks to maximise the skillset of AHPs. The Director of AHPs worked closely with senior divisional and clinical teams to ensure AHPs were included in workforce planning activities. An outline of next steps was provided from the report.

Hazel Brand welcomed the report which provided clear visibility of AHP workforce challenges. The workforce summit had been organised at Doncaster Place and the Director of AHPs confirmed a Nottinghamshire event would be looked at in the future, as relationships were not yet as established as those in South Yorkshire.

The Head of Organisational Development, EDI, and Wellbeing enquired what the clinical leadership role of an AHP and the leadership offer looked like and offered his support to tailoring an AHP leadership and development offer. Support to facilitate discussions across the workforce in workshops or team meetings was offered. The Director of Allied Health Professionals confirmed there were currently limited clinical specialist roles above Band 6, with discussions at appraisals focused on the four pillars of practice (clinical practice, leadership and management, education and research). There was an opportunity to explore this further and a bespoke leadership offer would be welcomed.

The Chief Nurse recognised the workforce challenges and the need to strengthen the visibility of the AHP workforce, which was a key requirement of NHSE developing workforce safeguards. In view of the extensive health and wellbeing offer, the Chief Nurse suggested an approach to previous employees could be pursued, promoting the Trust as an employer of choice. The Chief People Officer confirmed her support of this.

Mark Day was keen to understand the issues surrounding delays in business case approvals, which the Director of AHPs recognised was impacted by the lack of supporting data evidence, a conversation had taken place with the Head of Performance to progress this. Mark Day suggested the need for agile decision making in view of the lack of supporting evidence as there was a demonstrable need and offered his support to champion this.

	<p>Recruitment and retention of AHPs was recognised to be challenging, however, the Director of AHP confirmed Health Education England were actively promoting career pathways and training opportunities.</p> <p>The Medical Director for Workforce and Speciality Development highlighted that there had been issues previously with the recruitment of AHPs and an annual programme to support phased recruitment at different times of the year agreed, the Director of AHPs confirmed the plan remained in place.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Workforce Supply and Demand Update</i> 	
PC23/01/D2	<p><u>Overview of Improvement Projects</u></p> <p>Tully Monk, Senior HR Business Partner provided an update in relation to the implementation of the Employee Relations Casework Tracker, introduced to facilitate improved recording and monitoring of casework. Following an initial period of development and testing, the system went live in April 2022. A suite of tools and templates had been developed to support consistency in approach and training had been delivered to managers, with a total of 300+ system users reported.</p> <p>A review of conduct casework data evidenced an improvement in timescales for closure, the average duration had reduced from 170 to 77 days.</p> <p>In terms of next steps, the post implementation review would be concluded to seek wider user feedback, a review and update of the templates in line with Just Culture would take place and the training package would continue to be developed. The casework data would be reviewed through the Just Culture lens, to support learning from outcomes and develop reporting capabilities. Alongside this, a review of employment policies would ensure a supportive and compassionate approach to minimise the impact on individuals.</p> <p>The Chief People Officer confirmed a joint relaunch of the Just Culture approach in respect of patient safety and employee relations would take place in January.</p> <p>The Chair welcomed the use of technology to support improved outcomes and increase efficiency.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Overview of Improvement Projects</i> 	
PC23/01/D3	<p><u>Business Planning and Workforce Planning Update</u></p> <p>The Chief People Officer confirmed the business planning cycle was in progress, increased rigour with strengthened links to workforce planning and inclusion of a learning needs analysis was noted. An initial draft from all divisions and directorates had been received in January and work continued with the final submission due in April 2023.</p> <p>Work to develop the strategic workforce planning tool continued with KPMG. The data discovery phase had been completed and engagement across the organisation to build scenarios to</p>	

	<p>populate the tool was now in progress. The tool would look to align the service/activity needs of the future with workforce requirements.</p> <p>In response to a question from the Chair, the Chief People Officer confirmed learning of the workforce planning tool had been sourced from other organisations, whilst this work was being progressed at a local, rather than system level, partners were sighted on the Trust’s approach. The development of a system workforce plan was iteratively evolving and the Trust was actively engaged with workforce planning leads.</p> <p>The Chief People Officer indicated that the work completed at a Trust and system level would be supportive in light of the future development of a national NHS workforce strategy.</p> <p>The Medical Director for Workforce & Specialty Development encouraged an agile approach to consider short notice workforce requests when funding became available in year. The Chief People Officer acknowledged the benefit of a multi-year overarching plan, with the potential for an in-year review to allow the Trust to adapt to opportunities but recognised the need for agility in other enabling functions to facilitate this.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Business Planning and Workforce Planning Update</i> 	
<p>PC23/01/D4</p>	<p><u>Widening Participation Q3 Report</u></p> <p>The Vocational Education Manager confirmed activity levels had returned to pre-pandemic levels, with the exception of work experience, which was being increased in a managed way.</p> <p>The Trust was the first organisation to accept T level students in health, with plans to commence T level AHP students in September 2023.</p> <p>The launch of DBTH health career ambassadors had commenced to support and extend the reach to young learners and plans for We Care into the Future events had begun with the Foundation Schools in Health.</p> <p>The widening participation framework had been developed and an update would be provided to the People Committee on a quarterly basis. An apprenticeship framework including work experience was under review and would be presented to the People Committee in due course.</p> <p>A significant increase in apprenticeship activity had been seen, including higher and degree level apprentices.</p> <p>In response to a question from the Chair, the Vocational Education Manager confirmed there had been an increase in engagement and activities with the Bassetlaw Foundation School in Health. A wealth of information had been shared and a webpage for parents and teachers was to be developed.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Widening Participation Q3 Report</i> 	

PC23/01/E1	<p><u>Speaking Up – Bi-annual Report</u></p> <p>The Freedom to Speak up Guardian provided a mid-year summary of Speaking up activity and the change in strategic direction.</p> <p>A reduction in the number of Speaking up cases, including anonymous reports was reported, including a change in those Speaking up by staff group.</p> <p>A positive partnership approach to Speaking up had been seen across the organisation, linked to patient safety and over the coming months there would be planned engagement sessions to inform a refresh of the strategy in line with national guidance. The refreshed strategy would be presented to the People Committee in July 2023, along with a gap analysis of the reflection and planning process which replaced the annual self-assessment.</p> <p>In response to a question from the Non-executive Speaking Up Champion, Hazel Brand, with regards to how evidence of speaking up to other bodies could be captured, the Freedom to Speak Up Guardian confirmed the sharing of intelligence via the Speaking Up Forum, which included HR and Union colleagues. Validating evidence to confirm the low level of Speaking up was recognised to be a challenge and would need to be incorporated within the strategic review.</p> <p>In response to a question from the Chair, the Freedom to Speak Up Guardian recognised the importance of empowering individuals to engage in open and honest conversations, to develop and build relationships, being mindful of the impact of behaviours. Sharing best practice and positive speaking up experiences was also seen as important.</p>	ZL/PH
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Speaking Up Bi-annual Report</i> 	
PC23/01/F1	<p><u>People Committee Terms of Reference</u></p> <p>The Company Secretary invited comments on the refreshed Committee Terms of Reference. A typographical error was noted in the second bullet point of the purpose of the Committee, which should read Equality, Diversity & Inclusion.</p> <p>In response to a question from the Chief People Officer, the Company Secretary confirmed her understanding that the Teaching Hospital Board reported to the People Committee. A discussion would take place outside of the meeting to clarify the background to this decision.</p>	FD/ZL
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the People Committee Terms of Reference once the above was changed.</i> 	
PC23/01/F2	<p><u>Corporate Risk Register</u></p> <p>The Company Secretary confirmed risk ID 2472, relating to the Covid-19 pandemic, had been reassessed and the current risk rating reduced to nine. The validation of risks rated 15+ was being progressed by the Risk Manager with operational leads.</p>	

	<ul style="list-style-type: none"> i. People Sub-Committees ii. Board Sub-committees iii. Board of Directors 	
PC23/01/I5	<u>Assurance Summary (Verbal)</u>	
	<p>The Committee was asked by the Chair if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive’s objectives, - Are there any emerging new risks identified? 	
	<p><i>The Committee were assured on behalf of the Board of Directors on:</i></p> <ul style="list-style-type: none"> - <i>Matters discussed at this meeting</i> - <i>Progress against committee associated Executive’s objectives,</i> - <i>Are there any emerging new risks identified?</i> 	
PC23/01/I6	<u>Date and time of next meeting (Verbal)</u>	
	<p>Date: Tuesday 7th March 2023 Time: 9.00am Venue: Microsoft Teams</p>	
	Meeting closed at: 11:48	

QUALITY AND EFFECTIVENESS COMMITTEE

**Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 6th December 2022 at 13.00 via Microsoft Teams Videoconferencing**

Members:	Hazel Brand, Non-Executive Director Jo Gander, Non-Executive Director (Chair) Zoe Lintin, Chief People Officer (Observing) Karen Jessop, Chief Operating Officer (Observing) (KJ) Lois Mellor, Director of Midwifery Dr Tim J Noble, Executive Medical Director (TN) Kath Smart, Non-Executive Director	
In attendance:	Anurag Agrawal, Divisional Director for Medicine (Item B1) Juan Ballesteros, Medical Director for Workforce and Speciality Development Laura Brookshaw, 360 Assurance Kate Carville, Divisional Director for Nursing and Medicine (Items B1 & D1) Simon Brown, Acting Deputy Chief Nurse Fiona Dunn, Director Corporate Affairs /Company Secretary (FD) Jane Fearnside, Head of Research (Item E2) Claudia Gammon, Corporate Governance Officer (Minutes) (CG) Marie Hardacre, Head of Nursing for Corporate Services Heather Jackson, Director of Allied Health Professionals Helen Meynell, Clinical Governance Lead for Medicine Jane Smith, Business Manager for Education and Research	
To Observe:	Peter Abell, Public Governor Bassetlaw Lynne Logan, Public Governor	
Apologies:	Kirsty Clarke, Acting Deputy Chief Nurse Sam Debbage, Deputy Director of Education and Research Angela O'Mara, Deputy Company Secretary Mark Bailey, Non-Executive Director	
		<u>ACTION</u>
QEC22/12/A1	Welcome, apologies for absence and declarations of interest	
	The Chair welcomed the members, attendees, and governor observers. There were no declarations of interest	
QEC22/12/A2	<u>Conflicts of Interest (Verbal)</u>	
	No conflicts of interest were declared.	

<p>QEC22/12/A 3</p>	<p><u>Actions from previous meeting (Enclosure A3)</u></p> <p><u>Action 1 – QEC21/12/C2 – Quality Framework</u> This item would be brought back to a future QEC meeting in February 2023 once the new Chief Nurse was in post.</p> <p><u>Action 2 – QEC21/12/C2 – Quality Strategy</u> This item would be brought back to a future QEC meeting in February 2023 once the new Chief Nurse was in post.</p> <p><u>Action 3 - QEC22/06/C6 – Mental Health Strategy</u> This action was on the agenda and could be closed</p> <p><u>Action 4 – QEC22/06/D1 – Patient Experience Report</u> This action was on the agenda and could be closed</p> <p><u>Action 5 - QEC22/06/D1 - Patient Experience KPMG Report</u> This action was on the agenda and could be closed</p> <p><u>Action 6 - QEC22/06/J1 - AOB: Violence & Aggression</u> This item was included within the People Committee agenda and could be closed from QEC</p> <p><u>Action 7 - QEC22/09/C1 - Patient Safety Incident Response Framework Update</u> This action was on the agenda and could be closed</p> <p><u>Action 8 - QEC22/09/C1 – PSIRF</u> This action was on the agenda and could be closed</p> <p><u>Action 9 - QEC22/09/C7 - Tendable Update</u> This action was on the agenda and could be closed</p> <p><u>Action 10 - QEC22/09/D3 – Health Inequalities</u> A Board development workshop meeting would be held mid-March to discuss this further. And would be brought back to QEC in 2023. This action could be closed</p> <p><u>Action 11 - QEC22/09/F2 - CQC Insight Reports</u> This action was on the agenda and could be closed</p> <p><u>Action 12 - QEC22/10/B1 - Quality Improvement</u> The Trust Board would arrange this therefore the action could be closed</p> <p><u>Action 13 - QEC22/10/C1 - Review of BAF target risk rating</u> Ongoing work with 360 Assurance regarding the recommendations surrounding the Board Assurance Framework and refining of the risks and scores. Further update would be provided at the next QEC in February 2023.</p>	
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	<p><u>Action 14 - QEC22/10/C3 - Review Confirmation if Sharing How we Care Initiative could be instated, or any alternative learning "system" introduced</u> This was a work in progress with TN and KJ to work together in finding alternative ways of providing updates. FD would review the reports and look at the content of the information. Further update would be provided at the next QEC in February 2023.</p> <p><u>Action 15 - QEC22/10/C4 – Learning from Deaths Report</u> TN would review the report and change accordingly within the medical team. From April 2023 this would also include community deaths. This action could be closed.</p> <p><u>Action 16 - QEC22/10/F2 – CQC Visit</u> This action was on the agenda and could be closed</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Claudia Gammon would update the Action Log.</i> 	CG
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the updates and agreed, as above, which actions would be closed.</i> 	
<p>QEC22/12/B 1</p>	<p><u>Clinical Governance Report</u> The Divisional Director for Medicine provided a presentation on the clinical governance report highlighting the issues; flow within the Trust was leading to ambulance waits as a result pathways along with making the Trust more streamlined was important.</p> <p>There were ongoing issues with staffing due to high levels of sickness.</p> <p>A significant amount of work was to be done to improve patient flow by reviewing both emergency and discharge pathways. Looking at patients on an individual basis from ambulance handover to when they were discharged, making this more streamlined was key.</p> <p>Providing exit interviews to the workforce was important alongside listening events to gather feedback for the divisions on a regular basis.</p> <p>The Divisional Director for Nursing and Medicine explained that there were 80 trained nurse vacancies which had decreased to 30. The amount of Healthcare Assistants recruited at the Trust had also improved.</p> <p>The Divisional Director for Medicine provided a brief outline of the incidents and the common themes. Throughout the past 7 months 6000 incidents were reported with over half relating to skin integrity. Other examples of themes were accident/incident that may result in personal injury, medication, treatment/procedure, clinical assessment, and safeguarding.</p> <p>The Clinical Governance Lead for Medicine added that although there were a lot of incidents reported a lot were closed by the patient safety team. However, if any serious incidents are reported they are picked up by the Clinical Governance Lead for Medicine. There had been 10 serious incidents between April 2022 and the end of September 2022 with no pattern as to what they were. Around 1% of the incidents reported were moderate harms.</p>	

	<p>The Divisional Director for Nursing and Medicine explained about patient experience and the themes surrounding this, complaints around no visitors had been the biggest issue and patients awaiting in emergency department.</p> <p>The National Parkinson pledges were being run within the division to assist those patients with Parkinsons disease that required time critical medication were provided with alarms to ensure patients receive medication when needed.</p> <p>A Trust Sepsis group had been set up to work with the new dashboard that had been recently shared with the divisions.</p> <p>The division was working with MIND and THRIVE mental health charities in the community. To ensure patients felt safe.</p> <p>Testing was taking place within the division to enable them to be CQC ready.</p> <p>The top risks within the division were patients waiting over 12/24hrs in the emergency department and assessment medical unit for a bed due to lack of flow. Another risk was the lack of workforce within wards and departments. The division had also seen risks around the prescribing of regular medication in the emergency department, therefore a task and finish group had been introduced to investigate this.</p> <p>The Trust had appointed their first haematology research nurse which had shown significant improvement in research in the division.</p> <p>Hazel Brand asked about the top 10 risks and that some had been updated since the presentation was created and could some assurance be provided on this. The Divisional Director for Nursing and Medicine confirmed that they were discussed at the divisional governance meetings, reviewed, and updated on Datix regularly.</p> <p>Following a question from Kath Smart regarding the incidents surrounding skin integrity and that as part of a quality improvement project these figures had decreased and was this like the medical division. It was answered that some patients had presented skin integrity damage on arrival at the Trust which was why the figure remained high.</p> <p>Kath Smart asked about patient experience and the impact that the bereavement suite had now it was completed. It had been well used and was a private area, positive feedback had been received.</p> <p>The Chair requested an update on when the issue with the reporting would be addressed and how to minimise the risk surrounding medication errors. When this occurred, the correct medications were then provided to the patient.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Division Presentation for Medicine</i> 	
<p>QEC22/12/C 1</p>	<p><u>Board Assurance Framework (BAF) SA1</u></p> <p>The Executive Medical Director confirmed that the corrective actions were up to date. The internal review of the clinical governance processes were now complete. It would align with the PSIRF, and the mitigations were in place.</p>	

	The Company Secretary added that the CQC regulations and framework would affect the BAF moving forward and would need to be updated by the team.	
	The Committee: - Noted and took assurance from the Board Assurance Framework.	
QEC22/12/C 2	<p>Clinical Governance Update and Outcomes Report</p> <p>The Executive Medical Director explained that the clinical governance meeting was held every month, looking at processes, analysing issues, and workforce challenges. There had been 25 serious incidents with one never event for 2021/2022. There were no specific identified issues via the annual patient experience report.</p> <p>An issue had occurred with the electronic system only allowing patients one pathway from referral to treatment. Ophthalmology department had piloted to follow two separate pathways.</p> <p>The number of cancer referral patients was at 6% compared to the national figure of 3%.</p> <p>The Chair questioned the serious incidents and was there a theme amongst them and what had the Trust learnt. The Executive Medical Director explained that there was an action plan for each of them.</p> <p>The Executive Medical Director explained the Quality Performance Impact Assessments (QPIA) report and that this was discussed at a monthly meeting. The terms of reference had also been rewritten.</p>	
	The Committee: - Noted the Clinical Governance and Outcomes Report	
QEC22/12/C 3	<p>Learning from Deaths Q2</p> <p>The Executive Medical Director explained that the report would be reduced in length but still have the same content within. The Medical Examiners discussed any concerns with the family of the deceased if anything could have happened differently. Seven patients were on end-of-life care but required surgery at the Trust and were therefore classed as elective deaths. The Trust operates a 3-day death certificate target however, the national target was 5 days.</p> <p>The top 5 causes of death were:</p> <ol style="list-style-type: none"> 1. Pneumonia 2. Metastatic cancer 3. Cardiac Related 4. Multi organ failure 5. Sepsis <p>Kath Smart queried the regional position and that the national position was rising and was that correct. It was correct with some extra structured judgement reviews being held. As every death was reviewed there were no concerns.</p> <p>Quality Improvement had set up a task and finish group to ensure a clear process was agreed. This would also assist and retain the Trust structured judgement review.</p>	

	The Chair asked about the structured judgement review and if there were any actions other than those already added. There weren't any that wouldn't be implemented into a future development policy.	
	The Committee: - Noted and took assurance from the Learning from Deaths Update	
QEC22/12/C 4	Phlebotomy Service at Doncaster Keepmoat 6-month update The drive through phlebotomy service at Doncaster Keepmoat stadium was first brought in during the early phase of the pandemic in 2021. In the last 6 months 18,000 patients had been seen. This service would remain until the end of March 2023 with further discussions being had over the funding.	
	The Committee: - Noted the Phlebotomy Service at Doncaster Keepmoat 6-month update	
QEC22/12/C 5	Safer Staffing The safer staffing report was taken as read and any queries were raised. The Business Manager for Education and Research explained that a paper would be presented to the Trust Executive Group in relation to the risks and benefits of international nurses. Kath Smart asked about students and not being able to complete their placement hours and training required. This was being investigated to ensure that all training and hours were completed. Kath Smart also referenced the unfunded beds. The Acting Deputy Chief Nurse explained that they were escalation beds and that the Trust had investigated further funding to open more beds. The logistics of this was being investigated by the Chief Operating Officer and the Acting Deputy Chief Nurse. To note: this item would be presented at People Committee moving forward with only quality issues being referred to at Quality and Effectiveness and would be followed up by People Committee.	
	Action – - Follow up with Kirsty Clarke regarding funding for additional beds	KC
	The Committee: - Noted and took assurance from the Safer Staffing Report	
QEC22/12/C 6	Patient Safety Incident Response Framework (PSIRF) <ul style="list-style-type: none"> • Patient Safety The Acting Deputy Chief Nurse referenced that the patient safety report was linked to the quality steering group. It outlined the recommendations from the Mason Higgins review to the PSIRF. A business case would then be written to show the progress made and the headline recommendations. <ul style="list-style-type: none"> • Project Plan The key phases of the plan were within Monday.com and would enable the Trust to track and monitor the progress via the quality steering group.	

	<p>The Trust would have an implementation manager to assist with PSIRF and link in the Mason Higgins recommendations. The restructuring of the team would align the resource and deliver the gaps that formed part of the business case.</p> <p>Improvements had been made around falls and skin integrity for patients at the Trust. The infection prevention and control principles were also aligned to this.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted and took assurance from the Patient Safety Incident Response Framework 	
QEC22/12/C 7	<p><u>Maternity Quality Overview</u></p> <p>The Director of Midwifery confirmed that the maternity metrics would be delivered at the next quality and effectiveness committee. Perinatal and mental health issues within maternity services were supported. Equality action plan for South Yorkshire and Bassetlaw was launched in September 2022.</p> <p>The Trust had received the Ockenden initial and final report providing the key actions within the paper, a lot of these were in progress.</p> <p>For CQC all staff had an oversight of maternity services and would continue to engage with whatever was required to improve maternity services.</p> <p>Kath Smart asked about the birth rate plus tool, when did it start from and do the Trust have enough staff. It was confirmed and that a paper would be presented to Board for 20 more midwives. Further support and training were required by staff. This was on the risk register.</p> <p>Following a question from Hazel Brand regarding a timescale for the Ockenden work. It was confirmed that there was no timescale as this wasn't easily fixed. There were a lot of actions that would nationally be consolidated into one document.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted and took assurance from the Maternity Quality Overview 	
QEC22/12/C 8	<p><u>Tendable Update, Quality Dashboard and Nursing Governance</u></p> <p>The Head of Nursing for Corporate Services referred to the slides in the pack that provided where the Trust were and the next steps for Tendable and the quality dashboard, this would then be added to the risk register. The data included on the quality dashboard was from Datix and live data from the nerve centre system.</p> <p>The Acting Deputy Chief Nurse added that the quality dashboard needed to be a priority to ensure patients were receiving quality service across all areas.</p> <p>Kath Smart mentioned about the operational and strategic level, and this being circulated via quality and effectiveness committee. Kath Smart added about the use of the ongoing clinical audits and how they feed into the quality dashboard. The Head of Nursing for Corporate Services answered that as the information was live within the nerve centre it could pull the data through into the dashboard.</p>	

	<p>The Chief People Officer added that in 2023 there would be a new people strategy and quality strategy with a view to triangulate some of the key people and patient metrics. The staff survey results would also assist with this to build areas and teams.</p>	
	<p>The Committee: - Noted the Tendable Update</p>	
QEC22/12/C 9	<p>Infection Prevention and Control Update – BAF</p> <p>The Acting Deputy Chief Nurse provided an update on the latest Board Assurance Framework that was issued in September from NHSE. The Trust had some areas of non-compliance. Gap analysis had begun around facilities surrounding the ventilation guidance and the air scrubbers.</p> <p>A fit test project was taking place as currently staff were fitted on 2 or 3 different masks, a different test was being used not to use a hood. Further resource was required for this and would have to be retested every 2 years. This now formed part of the Emergency Preparedness, Resilience and Response (EPRR) core standard. A business case would be created and discussed by the Executive Directors.</p> <p>The Chair added that this was a work in progress and that the Trust weren't fully compliant, the committee agreed with this.</p>	
	<p>The Committee: - Noted the Infection Prevention and Control Update – BAF</p>	
QEC22/12/D 1	<p>Annual Patient Experience Report</p> <p>The Acting Deputy Chief Nurse explained the key areas within the annual report, the response rate had improved on the friends and family tests, the therapy dogs were back on site to support both patients and staff and patient engagement events had been held. The Trust were carrying out some work with NHSE and Doncaster council around careers strategy.</p> <p>There had been a reduction in volunteers from 160 to 80. The Trust were investigating into promoting this via local schools and colleges.</p> <p>The flagging of patients with learning disabilities patients via the nerve centre was important to support those patients. Continued work with ICB colleagues to ensure the information was shared with GP's.</p> <p>A new head of patient experience starts in early 2023. The Trust were looking to engage with patients and families as part of a patient steering group.</p> <p>Work was being carried out around QR codes on the discharge letters to make it more accessible when patients go home from the Trust.</p> <ul style="list-style-type: none"> • Safeguarding Annual Report <p>The Acting Deputy Chief Nurse explained that the nursing team had been involved in the mental capacity act and the roll out of the 5 principles within the act. These were presumption of capacity, support to make a decision, ability to make unwise decisions, best interest and least restrictive.</p>	

	<p>The Trust had received funding from local police and the crime commissioner to provide support with staffing levels to assist those involved in domestic issues.</p> <p>Following a question from Kath Smart about Looking at learning and if there was anything that needs to be brought back to the trust surrounding serious case reviews. This was answered that it formed part of the meetings. Once the safeguarding lead was appointed further recruitment would take place. People Committee and the strategic safeguarding group would continue the work with this, which the new Chief Nurse would Chair.</p> <ul style="list-style-type: none"> • Mental Health Strategy Report <p>The Divisional Director for Nursing and Medicine explained the mental health strategy report and that Doncaster work alongside RDaSH who now have a fully staffed service within the crisis team.</p> <p>Work was being carried out with Nottinghamshire and Bassetlaw patients were being sectioned and ensuing all information was sent across correctly.</p> <p>There wasn't currently a date for when this was required to be finalised and signed off.</p> <p>The Acting Deputy Chief Nurse added that although there were very few patients on the Bassetlaw section register, this created a high risk. This was on the risk register and would be raised via risk management board and then presented via Trust Executive Group.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Issues surrounding the mental health act and the registering of patients to be included on the risk register. The action would be escalated to risk management Board, then TEG before update being presented back to QEC</i> 	SB
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Annual Patient Experience Report</i> 	
QEC22/12/E 1	<p><u>Research and Innovation Highlight Report</u></p> <p>The Business Manager for Education and Research points took the paper as read adding that there would be a research and innovation event on the 3rd February. The recruitment targets were ahead of the end of March 2023 deadline.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Research and Innovation Highlight Report</i> 	
QEC22/12/E 2	<p><u>Research and Innovation Strategy</u></p> <p>The Head of Research explained that the strategy had been developed over the last year following an external review. The research and innovation team had engaged externally and internally with stakeholders. Work would be carried out with health inequalities teams and the ICB to ensure the strategy was embedded.</p> <p>Kath Smart asked about the capability and capacity across all groups. The Director of Research and Education was working to ensure this was built into strategies. A new head of research would be in appointment from the 1st of February 2023 to support. The additional staff would assist with the cultural shift and further work and research.</p>	

	<p>The first nursing students had been appointed within research; this was a positive step forward.</p> <p>To note: this report would be presented at People Committee moving forward with only quality issues being referred to at Quality and Effectiveness Committee for follow up by the People Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Research and Innovation Highlight Report</i> 	
QEC22/12/E 3	<p><u>Knowledge, Library and Information Services Highlight Report</u></p> <p>The Business Manager for Education and Research highlighted that the library services contract had been taken over by research from the 1st of September 2022. The team would move forward and focus more on the service strategy.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Knowledge, Library, and Information Services Highlight Report</i> 	
QEC22/12/E 4	<p><u>Audit and Effectiveness Annual Report 21/22</u></p> <p>The Medical Director for Workforce and Speciality Development explained the report that covered between April 2021 and March 2022. The annual report detailed the new registration process. The remainder of the report was explained within the report included in the pack.</p> <p>The business case would be presented at a future meeting as it was not yet finalised and approved.</p> <p>The mitigating actions were to be escalated by the divisions and added to the risk register.</p> <p>There were 152 audit projects with 102 being completed. 59 of these were within paediatrics. Completing these would improve the delivery of care.</p> <p>The Chair questioned if the report was part of the quality improvement workplan. The Company Secretary confirmed that it was included within the workstream via the quality steering group framework.</p> <p>It was confirmed that this would feed into the Trust Governance committee once the business case was finalised.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Update on the Audit and Effectiveness business case, timeline ad progress report to be delivered back to QEC.</i> 	JB
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Audit and Effectiveness Annual Report 21/22</i> 	
QEC22/12/F 1	<p><u>Corporate Risk Register</u></p> <p>The Company Secretary explained that 99 risks measured at 15+ were on the risk register and would be monitored via Risk Management Board.</p>	

	The new risk regarding PSIRF was added to the corporate risk register for Board but wasn't rated higher than 12 and would be discussed and monitored via the Board Assurance Framework.	
	The Committee: - Noted the Corporate Risk Register	
QEC22/12/F 2	CQC and Regulatory Compliance Update The Company Secretary confirmed that the team were beginning to look at mock CQC inspections and further regulatory meetings and walk arounds in readiness for a CQC inspection particularly within Maternity. The Acting Deputy Chief Nurse added that feedback was provided regarding the performance overview and scrutiny meetings to the divisions.	
	The Committee: - Noted and took assurance from the CQC and Regulatory Compliance Update	
QEC22/12/H 1	Governor Observations Peter Abell praised the divisional directors report that provided an insight into the Trusts workforce. The meeting provided an overall view of what the trust was achieving. Further to a question from Peter Abell regarding the documenting of information involving a family and how this was captured. This was confirmed, further enquiries were made, concerns raised and the outcomes following an external investigation were documented. Lynne Logan praised the sharing how we care document and how useful it had been previously.	
QEC22/12/I1	Sub-Committee Meetings (Enclosure I1): - Clinical Governance Committee Minutes –September & October 2022 - PEEC Minutes – May & July 2022	
	The Committee: - Noted the Sub-Committee minutes	
QEC22/12/J1	Any Other Business The Chair explained to the committee that a piece of work was taking place around the Board papers to avoid duplications. The Company Secretary added that the concept was to look at the operational and governance reports guide and identify what was required. Concentrating on the learning and incidents and pulling them together. The Chair added that it was important that the committee simplify the agenda which would allow discussions around the mitigating actions and lessons learnt.	
QEC22/12/J2	Minutes of the meeting held on 4th October 2022	
	The Committee: - Noted and approved the minutes from the meeting held on 4th October 2022.	
QEC22/12/J3	Issues escalated from/to:	

	<ul style="list-style-type: none"> i) QEC Sub-Committees ii) Board Sub-Committees – Quality Dashboard process iii) Audit & Risk Committee 	
QEC22/12/J4	<p><u>Assurance Summary</u></p> <p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive’s objectives, - Are there any emerging new risks identified? 	
	<p><i><u>The Committee were assured on behalf of the Board of Directors on:</u></i></p> <ul style="list-style-type: none"> - <i>Matters discussed at this meeting.</i> - <i>Progress against committee associated Executive’s objectives,</i> - <i>No new emerging risks identified</i> 	
QEC22/12/J5	<u>Date and time of next meeting (Verbal)</u>	
	<p>Date: Tuesday 7th February 2023</p> <p>Time: 13:00</p> <p>Venue: Microsoft Teams</p>	
	<p>Meeting End time 17:00</p>	

CHARITABLE FUNDS COMMITTEE

Minutes of the meeting of the Charitable Funds Committee
Held on Thursday 8th December 2022 at 13.30 via Microsoft Teams Videoconferencing

Trustees:	Mark Bailey - Non-Executive Director (Chair) Suzy Brain England OBE - Chair of the Board Hazel Brand - Non-executive Director Mark Day - Non-executive Director Jo Gander - Non-executive Director Zoe Lintin - Chief People Officer Tim Noble - Executive Medical Director Neil Rhodes - Non-Executive Director Kath Smart - Non-executive Director	
In attendance:	Matthew Bancroft - Head of Financial Control Sarah Dunning - Corporate Fundraiser Adeel Shameem - Ernst & Young Dan Spiller - Ernst & Young Adam Tingle - Acting Head of Communications and Engagement	
To Observe:	Sheila Walsh - Public Governor (Bassetlaw)	
Apologies:	Alex Crickmar - Acting Director of Finance Peter & Norma Brindley - Executors and Representatives of the Fred & Ann Green Legacy Fiona Dunn - Director Corporate Affairs / Company Secretary Jon Sargeant - Interim Director of Recovery, Innovation & Transformation	
		ACTION
CFC22/12/A1	<u>Welcome and Apologies for Absence (Verbal)</u> The Chair welcomed the trustees and those in attendance to the meeting. This would be Mark Bailey's last meeting as Chair, with Hazel Brand taking on this responsibility going forwards.	
CFC22/12/A2	<u>Conflicts of Interest (Verbal)</u>	
	No conflicts of interest were declared.	
CFC22/12/A3	<u>Actions from previous meeting</u> <u>Action 1 - CFC22/06/B2 – Medical Equipment</u> – the Executive Medical Director confirmed that the Medical Equipment Group had considered all cases. Support from charitable funds and alternative funding streams, such as Doncaster Cancer Detection Trust, was being progressed. This would be part of MEG's routine business - action to be closed	

	<p><u>Action 2 - CFC22/06/C1 - Recommendations</u> - action closed</p> <p><u>Action 3 - CFC22/06/D1 - Committee Workplan</u> - action not yet due, to be considered at the meeting of 9 March 2023</p> <p><u>Action 4 - CFC/22/09/B1 - Review of Fund Balances</u> - included within the agenda at item B3 – Investment Update and Review – action closed</p> <p><u>Action 5 - I CFC22/09/B2 - International Nurses</u> - areas of additionality to be devolved to the Chief Nurse who will take up post early January 2023. Action to be closed and go into routine business</p> <p><u>Action 6 - CFC22/09/C1 - Fundraising</u> - included within the agenda at item D5 - Fundraising Strategy - action closed</p> <p><u>Action 7 - Annual Report</u> - action closed</p> <p><u>Action 8 - Updated Charitable Funds Development Committee Terms of Reference</u> - included within the agenda at item D3 - action closed</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the updates and agreed actions to be closed</i></p>	
CFC22/12/B1	<u>Review of Fund Balances</u>	
	<p>The Head of Financial Control provided the key highlights from the report, which included the income and expenditure financial statement as at 31 October 2022.</p> <p>When compared to the previous year’s performance income from donations was slightly ahead and income from investments broadly in line with 2021/22. Expenditure was lower than the previous year, however, approval on a number of cases would be sought at today’s meeting. Total available funds were just short of £8m, the vast majority of which was held in the Fred & Ann Green Fund.</p> <p>An in-year loss on investments was reported, to be deferred for discussion at agenda item B3.</p> <p>The Chief Executive noted the return on investment was consistent with that of a high interest savings account, and with the potential for interest rates to increase over the coming months assurance was sought as to whether the funds were appropriately invested. Accepting that the Trustees had a medium approach to risk was there the potential to secure a better return with no risk attached. The Head of Financial Control confirmed the investment manager advised the funds were protected against inflation due to the diverse investment portfolio, which had the potential over time to outperform savings accounts. Should a decision be made to liquidate the entire fund there would be a level of cost involved. The Chief Executive enquired if this was worthy of further consideration by the Head of Financial Control and the Acting Director of Finance in consultation with the investment team. The Chair suggested it may be helpful to reconsider this as part of the investment review later in the meeting.</p>	

	<p>Neil Rhodes highlighted that where a long-term view was taken on investments across a broad range of assets a return of 5%, with a moderate level of risk was considered prudent.</p> <p>In response to a question from Hazel Brand, the Head of Financial Control confirmed along with the Acting Director of Finance he met with the investment manager on a six-monthly basis. A report to summarise the investment advice was brought to the Committee for assurance on an annual basis. In previous years the investment manager had presented to the Committee and should the incoming Chair feel it necessary this approach could be reinstated.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the Review of Fund Balances.</i></p>	
CFC22/12/B2	<p><u>Approval of Expenditure</u></p> <p>a) Health and Wellbeing 3-year funding b) 4k Video Stack System – ENT Theatres c) Top Up Degree Nurse Programme d) Christmas Stars e) Dermatology Minor Operations Co-Ordinator</p>	
	<p>a) Health and Wellbeing 3-year funding</p> <p>The Chief People Officer confirmed the case had been discussed in detail by the Executive Team and People Committee. The ask was for funding of £0.5m to be drawn down over a period of three years, in order to move away from ad-hoc, short term funding requests and achieve a more sustainable forward-thinking approach. This would build on existing initiatives and provide additionality as the People Strategy developed.</p> <p>Kath Smart confirmed her support of the case and enquired where bids for the refurbishment of the staff environment, e.g., rest rooms/kitchen areas would be considered. It was agreed that a conversation between the Chief People Officer, Kath and/or the Chair would take place offline to share organisational memory.</p> <p>Due to a change in trustees the Chair of the Board took the opportunity to share the previous agreement that charitable funds spend would focus on wellbeing, innovation, estates and training. This had been driven by a need to tidy up the various funds and the Chair of the Board reinforced the need to simplify the process.</p> <p>The case was approved.</p> <p>b) 4k Video Stack System – ENT Theatres</p> <p>The Head of Financial Control confirmed the £75k case had progressed through the relevant committees, the kit was required to meet the current high levels of demand. The Executive Medical Director confirmed the case was to procure an additional video</p>	

stack system to provide increased capacity, the kit provided high quality images, improved the patient experience and supported increased theatre utilisation.

In response to a question from the Chair of the Board with regards to the opportunity for a match funded contribution from Doncaster Cancer Detection Trust (DCDT), the Chief Executive confirmed a recent discussion had signalled DCDT's donation had already been allocated, however, as the detail was not known it was suggested this be verified.

The Chief Executive offered his support of the case in view of the additionality and an oversubscribed capital equipment fund.

Feedback on the narrative of the case was provided by non-executive directors, Hazel Brand and Mark Day. The Chief Executive confirmed that business case training was being undertaken based upon NHSE/I standards and he recommended this be cascaded as part of the leadership and development programme.

The case was approved.

c) Top Up Degree Nurse Programme

The case sought approval of £180k of charitable funds for five colleagues to undertake the Nurse Degree Programme. The Chief Executive acknowledged the significant workforce challenges and confirmed this over and above support for recruitment and retention should be promoted to highlight the charity's contribution to education and training.

Mark Day confirmed his support and encouraged opportunities be explored to reach underrepresented groups.

The case was approved.

d) Christmas Stars

The Corporate Fundraiser sought the trustees support for a new approach to the annual appeal, which involved the Trust purchasing a total of 40 stars, which would limit future year costs to that required for installation only.

Hazel Brand shared her concern with regards to the cost to the organisation of electricity, the need for trust support for installation and the fact that the upfront purchase assumed use of the stars throughout their useful life.

The Acting Director of Communications & Engagement confirmed the Corporate Fundraiser had worked closely with the Procurement Team to consider energy efficiency and going forwards the cost of electricity would be factored into the return on investment. The ambition of the campaign was to grow year on year, with 40 stars being a starting point, hopefully increasing to more than 100; the impact on estates/other trust colleagues to support installation was reported to be minimal.

The Chair suggested there may be an opportunity to learn from other event organisers and referenced the recent publicity of the use of solar power for the Blackpool

	<p>illuminations. He also shared his personal view that the stars were welcomed in the spirit of Christmas by colleagues and the wider community.</p> <p>The Chair identified that the stars had been purchased and advised it would be appropriate in advance of charitable funds support for Christmas 2023 to return to the Committee at the mid-year point.</p> <p>In response to a suggestion from the Chair of the Board, the Acting Director of Communications & Engagement acknowledged the finite pool of local supporters and confirmed sponsorship requests were carefully managed to avoid excessive requests.</p> <p>The case was approved, with actions for future planning.</p> <p>e) Dermatology Minor Operations Co-Ordinator</p> <p>The Head of Financial Control introduced the case which sought £26K of charitable funds to provide a one-year band 3 post to support recovery of and streamline the administration of dermatology waiting lists. Should this pilot be successful a substantive post would not be supported by charitable funds.</p> <p>The Chief Executive highlighted the case related to a significant backlog of patients who had entered the system post pandemic, his view was that funding would only be appropriate for the test of change to prove the concept and would expect if successful for the post to be part of the business planning process for 2023/2024.</p> <p>Kath Smart shared her concern that matters of patient safety should be part of core funding, the Chief Executive acknowledged this and reinforced the use of charitable funds would only be considered as a proof of concept. The volume of dermatology work was challenging at Place, regional and national level and it was expected this would require a new model of delivery going forwards in view of limited resources.</p> <p>It was agreed that the case be approved, subject to confirmation from the division that this was for the proof of concept only any substantive post be included in business planning going forwards.</p> <p>Outside of the meeting the Chair confirmed the trustees had approved expenditure to issue a Christmas gift voucher as a thank to staff. The Acting Director of Communications and Engagement was working with Vivup on this and a timetable would be shared with the Head of Financial Control.</p>	AT
	<p><i>The Committee:</i></p> <p style="padding-left: 40px;"><i>- Approved the expenditure, as detailed above.</i></p>	
CFC22/12/B3	<u>Investment Update & Review</u>	
	<p>The paper outlined the review of the investment portfolio, which focused on financial performance (benchmarked against a notice savings account), ethical considerations, and the level of risk.</p>	

	<p>The Head of Financial Control confirmed the investment team actively managed the diverse and ethically sound portfolio, in line with parameters agreed by the trustees. Historically the portfolio had outperformed the rate of return on a savings account. In response to a question from Hazel Brand, the Head of Financial Control confirmed the portfolio was benchmarked against NHS Charities.</p> <p>The Chair of the Board sought clarity on plans, previously mooted, to spend a significant element of the fund balance, either to contribute towards the major capital works planned for the Montagu site, or towards a new hospital, should the Trust be included on the national new hospital programme. The Chair recognised a significant spend would require simplified management of the funds to ensure accessibility in a timely manner. The Head of Financial Control confirmed that whilst some of the funds were relatively liquid there would need to be a reconfiguration of the portfolio to support this, and he cautioned a value over £2m may take in excess of 12 months to facilitate.</p> <p>Neil Rhodes reflected on the trustees’ previous discussion to determine the appetite to spend and in view of high-cost activities acknowledged the relative ease in which the fund balance could be exhausted. The investment manager could enable improved accessibility and this was felt to be a sensible and proportionate way forward.</p> <p>The Chair highlighted a significant drawdown of funds was expected within the next six months, which the Chief Executive confirmed related to the Montagu Elective Orthopaedic Centre and the Community Diagnostic Centre. Both projects were dependent upon external funding, and the final revenue allocation was not yet known. Should the allocation not be sufficient to support the scale and scope of the schemes a proposal would be brought to the Charitable Funds Committee to seek investment. As both services were based at Montagu and offered enhanced services and supported regeneration of the community the call on the Fred and Ann Green Fund was appropriate.</p> <p>The Chair of the Board recognised the potential for this investment to spend the entire Fred & Ann Green Trust Fund, which was deemed to be an appropriate closure of the fund. There was a need to determine the level of investment required and the liquidity of the funds, which would be a significant finale and celebration of the Fred & Ann Green legacy. The Chair confirmed this conversation had taken place with the executors, who were supportive of the approach.</p> <p>The Head of Financial Control sought confirmation from the trustees that they remained satisfied with the ethical considerations of the portfolio. There had been no recommended changes from the investment manager, however, Kath Smart suggested it would be helpful to understand how the portfolio benchmarked to others and to consider proactive investment in those areas that support sustainable/green/net zero/carbon solutions. The Head of Financial Control agreed to raise this matter with the investment manager.</p>	<p>JS/MB /AC</p> <p>MB</p>
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update for the Investment Update and Review</i> 	

CFC22/12/B4	<u>Charitable Funds Development Committee (Above and Beyond Committee)</u>	
	<p>The Head of Financial Control provided the key highlights from the paper and drew the trustees attention to the table which indicated the number and value of bids received by the Charitable Fund Development Committee during the financial year to date.</p> <p>The Trustees were assured by the activity and that the funds were supporting the charity's objectives across all divisions and directorates. In view of the approval of expenditure for the three-year health and wellbeing offer and the £131k approval of health and wellbeing bids by the Charitable Funds Development Committee the Chair of the Board highlighted the double benefit potential should be eliminated.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Above and Beyond Committee Report.</i> 	
CFC22/12/C1	<p><u>Overview of Current and Planned Fundraising Activities</u></p> <p>i) Recommendations (action-log CF2/06/C1)</p> <p>The More Partnership report commissioned to develop and strengthen the work of Doncaster & Bassetlaw Teaching Hospitals Charity had been received by the trustees. The Chair suggested the detailed report be assimilated by the trustees outside of the meeting, the Chair Designate could then take forward either as a sub or full group to consider next steps.</p> <p>The Acting Director of Communications & Engagement welcomed the positive reflection of the progress of the charity's work and return on investment in the report, which had been driven by the Corporate Fundraiser and the substantive Director of Communications. Colleagues from More Partnership had been invited to present the findings and recommendations at the next committee meeting to allow next steps to be agreed.</p> <p>The Chief Executive welcomed the report and the recommendation to focus on a small number of major schemes going forwards. Should More Partnership not present until March Hazel Brand recognised the extended period of time over which the Trust would agree next steps.</p> <p>The Chair of the Board suggested it may be appropriate to review the report as part of a workshop with a view to establishing a new strategy and business plan in preparation for 2023/24. The Acting Director of Communications & Engagement agreed to link in with the Chair and Chair Designate outside of the meeting to agree the approach.</p>	AT/MC /HB
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Current and Planned Fundraising Activities Update.</i> 	
CFC22/12/D1	<u>Charitable Funds Annual Accounts 2021/2022</u>	
	The Head of Financial Control confirmed the accounts had been received at the meeting of 15 September 2022, since that time minor adjustments had been made as confirmed by the auditors. Permission was sought to add electronic signatures	

	<p>required for submission to the Charities Commission by the deadline of 31 January 2023.</p> <p>The Trustees approved the annual accounts 2021/22.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and approved the Annual Accounts 2021/2022</i></p>	
CFC22/12/D2	<u>ISA260 External Audit Report</u>	
	<p>The Chair welcomed Dan Spiller and Adeel Shameem to the meeting.</p> <p>A summary of the work undertaken as part of the audit of the Charitable Funds Accounts for the year ending 31 March 2022 was confirmed and Dan Spiller placed on record his appreciation of the detailed financial statements provided by the Head of Financial Control.</p> <p>Adeel Shaheem confirmed that the statutory audit work was substantially complete, with the exception of:</p> <ul style="list-style-type: none"> • A partner review of a small number of testing areas and conclusion steps • Amended financial statements, incorporating suggested changes identified during the audit • Signed letter of management representations • Approval of the financial statements by the Chair of the Charitable Funds Committee and the Acting Director of Finance, under delegated authority from the Board. <p>An unqualified opinion was expected to be issued within the next week. Audit recommendations have been shared with the Acting Director of Finance and included within the ISA 260. A small number of non-material changes were made, no misstatements and a recommendation for an internal control weakness relating to retention of donor correspondence.</p> <p>The positive outcome was recognised by the Chairs of the Charitable Funds and the Audit & Risk Committees and the letter of representations would be signed for submission outside of the meeting.</p> <p>Dan Spiller and Adeel Shaheem left the meeting.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the ISA260 External Audit Report</i></p>	
CFC22/12/D3	<u>Charitable Funds Development Committee Terms of Reference</u>	
	<p>The Head of Financial Control confirmed the draft terms of reference had been discussed at the meeting of 15 September 2022. An update to clearly reflect the fact that the Charitable Funds Development Committee can only recommend items for</p>	

	<p>approval and the ultimate approval for items under £25k rests with the Director of Finance had been incorporated.</p> <p>In respect of the annual budget of the Charitable Funds Development Committee, the Head of Financial Control confirmed this would be refreshed for 2023/24 and hoped to be able to update this at the next meeting.</p> <p>Hazel Brand enquired of the plans to consider a new name for the Charitable Funds Development Committee to avoid confusion with this Committee. Following a suggestion from the Acting Head of Communications and Engagement, the Chief Executive suggested it would be sensible to include the rebranding within the More Partnership review.</p>	MB
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the Charitable Funds Development Committee Terms of Reference</i> 	
CFC22/12/D4	<u>Committee Annual Report</u>	
	The Committee noted and approved the 2021/22 annual report of the Charitable Funds Committee.	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the Committee Annual Report</i> 	
CFC22/12/D5	<u>Fundraising Strategy</u>	
	<p>The Acting Director of Communications & Engagement summarised planned and delivered fundraising activity, in line with the fundraising objectives agreed in 2020. Key achievements included:</p> <p>Since March 2022 a total of £123k has been raised for the Serenity Appeal, close to the target of £150k. Work on the Serenity Suite was expected to commence in January 2023 and would last approximately 10 weeks, during this time a final push for fundraising activity and promotional communications would take place.</p> <p>The Hearts for Doncaster sculpture had been in situ since August 2022, approximately 600 hearts had been purchased, weekly purchases continued and were actively promoted during the Christmas period.</p> <p>Our Shining Stars will be switched on this week on both the Doncaster and Bassetlaw sites, a total of 23 sponsorships had been received, raising approximately £25k.</p> <p>The Annual Star Awards took place in October 2022, a total of £12.5k sponsorship was received, which was match funded by the Charity.</p> <p>Finally, the DBTH Christmas Crackers runs from 1 – 25 December with a daily prize draw by the Chief Executive.</p>	

	<p>The Acting Director of Communications & Engagement confirmed the Corporate Fundraiser goes on maternity leave next week and placed on record his appreciation of her hard work and efforts over the last 18 months. Libby Shaw would be appointed as Fundraising & Marketing Officer and would support activities in Sarah's absence.</p> <p>The Chief People Officer recognised the volume and breadth of colleague recognition in the Trust and shared her appreciation of the significant efforts of the Communications & Engagement Team. The need for extended support outside of the team was encouraged.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Fundraising Strategy</i> 	
CFC22/12/E1	<u>Governor Observations (Verbal)</u>	
	<p>Sheila Walsh, Bassetlaw Public Governor and observer noted the reference in the More Partnership report of a lack of public awareness of the work of the charity and the use of charitable donations and suggested it may be helpful to have promotional material on site raising awareness of what donations had been used for. The Acting Director of Communications & Engagement confirmed that this would be a priority for next year with both internal and external monthly communications planned.</p> <p>With regards to the executors' views of the planned use of funds, the Chair confirmed their support and active encouragement. Time had been spent considering next steps and the Charity remained committed to honouring the intent of the legacy.</p>	
CFC22/12/F1	<u>Minutes of the Sub-Committee Meeting</u>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the minutes of the Charitable Funds Development Committee of 5 September & 3 October 2022</i> 	
CFC22/12/F2	<u>Minutes of the Charitable Funds Committee Meeting held on 15 September 2022</u>	
	<p><i>The Committee</i></p> <ul style="list-style-type: none"> - <i>Approved the minutes from the Charitable Funds Committee of 15 September 2022</i> 	
CFC21/12/F3	<u>Any Other Business</u>	
	No items of other business were received.	

CFC22/12/F4	<p><u>Assurance Summary</u></p> <p>The Committee is asked if it is assured, on behalf of the Board of Directors on the following matters. Any matters where assurance is not received, will be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive’s objectives, - Divisional compliance with the Trust’s risk management process 		
CFC22/12/F5	<p><u>Date and time of next meeting</u></p> <p>Thursday 9th March 2023 Via MS Teams Time 13:30</p>		
	Meeting closed:	15.18	



AUDIT AND RISK COMMITTEE

**Minutes of the meeting of the Audit and Risk Committee
Held on Friday 14th October 2022 at 09:00 via Microsoft Teams**

Present:	Kath Smart, Non-Executive Director (Chair) Mark Bailey, Non-Executive Director Mark Day, Non-Executive Director	
In attendance:	Matthew Bancroft, Head of Financial Control Laura Brookshaw, 360 Assurance Alex Crickmar, Acting Director of Finance Fiona Dunn, Director of Corporate Affairs/Company Secretary Claudia Gammon, Corporate Governance Officer (Minutes) Matthew Gleadall, Acting Deputy Director of Estates and Facilities (Items F1) Leanne Hawkes, 360 Assurance Anthony Jones, Deputy Director of People and Organisational Development (Item D2) Dr Noble, Executive Medical Director Jeannette Reay, Emergency Planning Officer (Item F2) Sean Tyler, Head of Compliance (Items F1)	
To Observe:		
Apologies:	Jo Gander, Non-Executive Director Dennis Atkin, Public Governor Mark Bishop, NHS Accredited Counter Fraud Specialist Ruth Vernon, Assistant Director, 360 Assurance	<u>ACTION</u>
AR22/10/A0	Welcome, apologies for absence and declarations of interest (Verbal)	
	The Chair welcomed the members and attendees. The apologies for absence were noted. Item G5 - Internal and external auditors would be required to step out of the meeting to meet declaration of interest requirements	
AR22/10/A1	Committee Effectiveness Review As part of the committee's effectiveness review 360 Assurance asked a series of questions around the Audit and Risk committee via a live Slido. Some of the questions were discussed further due to challenges made by the committee. 360 Assurance would collate all questions and answers in a summary report and circulate after the meeting.	

	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Committee Effectiveness Review</i> 	
AR22/10/A2	<u>Actions from previous meeting (Enclosure A2)</u>	
	<p>Updates were provided on the below actions:</p> <p><u>Action 1 – ARC22/04/D2 – Stage 3 Head of Internal Audit</u> On the agenda – this item could be closed</p> <p><u>Action 2 – ARC22/04/G3 – Review of Internal & External Audit Effectiveness</u> On the agenda – this item could be closed</p> <p><u>Action 3 – ARC22/05/C6 – External Audit ISA 260 Report</u> On the agenda – this item can be closed</p> <p><u>Action 4 – ARC22/07/D1 – Internal Audit Opinion</u> On the agenda – this item can be closed</p> <p><u>Action 5 – ARC22/07/F2 – Tuberculosis Staff Testing and Vaccinations</u> On the agenda – this item can be closed</p>	
AR22/10/A3	<u>Request for any other business (Verbal)</u>	
	There were no requests for any other business.	
AR22/10/B1	<p><u>External Audit Report Update – Including learning from 2021/2022</u></p> <p>The Acting Director of Finance confirmed that the only action from the year end report was the setting up of the Audit and Risk committee dates to reflect the joint work with the ADoF.</p> <p>The Chair requested that the audit report was co-produced with the external auditors and that the corporate team ensure that the annual review meeting date was moved from May to June 2023.</p>	
	<p>Action</p> <ul style="list-style-type: none"> - <i>The corporate team to rearrange the annual Audit and Risk meeting to June 2023</i> 	FD
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the External Audit Report Update – including learning from 2021/2022</i> 	
AR22/10/C1	<p><u>LCFS Progress Report</u></p> <p>The Acting Director of Finance summarised the key points as referred to within the detailed paper.</p> <p>Following a question from Mark Bailey regarding the cross checking of fraud activities across all areas. The Acting Director of Finance answered that the Trust acted proactively on this with checks and controls in place. The more that staff report fraud the more this would improve the process. If any national trends surrounding fraud were highlighted, they were then relayed across all Trusts.</p>	

	Any duplicate payments were reviewed, and the annual risk assessment was received. This included details of other trusts.	
	<p>Action</p> <ul style="list-style-type: none"> - Create a report showing the Trusts response rates against other Trusts 	MB/ AC
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the LCFS Progress Report 	
AR23/10/D1	<p><u>Internal Audit Progress Report & Recommendation Tracker</u></p> <p>The Patient Safety Incidents review work was in progress along with the 3 terms of reference. The Trusts first follow up rate for 2022/2023 was at 67% this was moderate assurance. Four high risk actions had extended deadlines.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted and took assurance from the Internal Audit Progress Report & Recommendation Tracker 	
AR22/10/D2	<p><u>Internal Audit Report</u></p> <ul style="list-style-type: none"> ○ <u>2022/23 Head of internal audit opinion stage 1 memo (includes an update on outstanding actions from 2021/22 head of internal audit opinion)</u> <p>Laura Brookshaw from 360 Assurance explained that the main area of focus for internal audit work was the Board Assurance Framework (BAF). This had identified 2 medium risks relating to: the articulation of strategic risks in the BAF, and use of the document and actions in the BAF. Three actions remained open from KPMG's 2020/21 review of the BAF and Risk Management. Internal audit had yet to assess how the Risk Management Board was working effectively to ensure further actions could be closed.</p> <p>Mark Bailey asked if it was possible to create an exemplar BAF for use in the Trust. The Company Secretary advised that there was continued work with the executive directors in assisting them with the BAF by providing them with prompts. However, an exemplar BAF could be developed, although working with the executive directors was more effective. The Acting Director of Finance added that progress had been made on the BAF with issues being identified and picked up at Board, plus refining and reducing the BAF risks to 'if' and 'when' would assist when working with the executive directors.</p> <ul style="list-style-type: none"> ● <u>Recruitment final report – Limited Assurance</u> <p>Laura Brookshaw, 360 Assurance explained that it was acknowledged there was a Qi project ongoing in recruitment, and the audit report aimed to complement that work. Two medium risks and limited assurance had been allocated to the audit.</p> <p>The recruitment team were already taking action with regard to prolonged recruitment timeframes due to both occupational health checks and contracts.</p> <p>The Deputy Director of People and Organisational Development agreed with the findings of 360 Assurance and that there were pressures within the recruitment process, issues with workload, capacity, and issues with Trac. A quality improvement piece of work was taking</p>	

	<p>place to look at the 80+ steps of the recruitment process and the gathering of data. There would be more of a focus around proactive recruitment and more engagement with the local community, this would take time.</p> <p>A business case would be created to look at the reduction of bank and agency spend by looking at reducing sickness absence.</p> <p>The Chair added that this would be referred into People Committee as it was limited assurance. Following a question from the Chair regarding an end date for the quality improvement project, this was answered that there was an action plan split into 30/60/90 days. The Trust would be entering the 60 days by February 2023.</p> <p>Mark Bailey asked if this was included within the Transformation Board agenda. This was confirmed and that it was managed and monitored via Monday.com.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - Escalate the recruitment issues within the Internal Audit Recruitment Report to People Committee 	AJ
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the Internal Audit Report 	
AR22/10/D3	<p>Job Planning Update</p> <p>The Executive Medical Director provided an update on the progress of the Job Planning with most of the actions now being complete. The Clinical Directors meeting had an attendance rate of 80% where the job planning was discussed. The outstanding actions and trajectories were set via each divisional meeting. Admin support was in place as recommended on the report. An evaluation would take place at the end of 6 months to show whether the administration post work met the requirements of the audit.</p> <p>Mark Bailey asked how sustainable this was and do the Trust require this to be secured sooner. Having a centralised resource helped when working with the team to gain assurance.</p> <p>The Chair commented about the clinical directors' workshops, the culture, and the attitude of staff and it was confirmed that if staff saw it as a positive thing, they would support it.</p> <p>Following a question from the Chair regarding the current plan and moving forward to March 2023, how this can be achieved. It was answered that the activities for specialties had been set up within areas and was part of the POS meetings. A new deadline had been set for January 2023.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - Update on Job Planning to be presented back to Audit and Risk Committee in April 2023 	TN
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted and took assurance from the Job Planning Update 	

AR22/10/D4	<p>Financial Sustainability Audit</p> <p>The audit terms of reference and self assessment results had been presented to Finance and Performance Committee. The final audit report will be reported back to Audit and Risk Committee in January 2023 in accordance with NHSE guidance.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Financial Sustainability Audit</i> 	
AR22/10/E1	<p><u>Governor Observations</u></p> <p>There were no governors in attendance of the meeting</p>	
AR22/10/F1	<p><u>Local Security Management Bi-Annual Report (Q1 & Q2)</u></p> <p>The Acting Deputy Director of Estates and Facilities explained that the report had changed to bi-annually with the external auditors reviewing the report.</p> <p>Site risk assessments had been undertaken by the police across all 3 sites and finally single point of contact at Bassetlaw had been confirmed by Nottinghamshire police, which the Committee supported.</p> <p>Lone working devices were being used to reduce violence and aggression. The violence and aggression standards would report into People Committee with Audit and Risk Committee also receiving progress.</p> <p>Following a question from the Chair regarding the lone worker devices and if it kept staff safer when used appropriately. Work was being carried out with the teams creating training and handbooks. There were some areas where devices weren't required.</p> <p>Mark Day commented on the data provided in the report that there were more using them within the Emergency Department and frailty wards. This was due to high incidents of patients with dementia. Training staff on this and providing the correct communication was in place in these areas.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Local Security Management Bi-Annual Report (Q1 & Q2)</i> 	
AR22/10/F2	<p><u>Emergency Planning Core Standards Return (EPRR)</u></p> <p>The Emergency Planning Officer summarised the key points as referred to within the detailed paper.</p> <p>It was confirmed that any risks were added to the Corporate Risk Register if required, they were then reported to the ICB and then NHSE/I require further resource.</p> <p>Following a question from Mark Bailey regarding the changes to the standards this year and had that affected the score this year compared to last. It was confirmed that the scores appeared to be balanced year on year. However, they weren't all at the same level of risk due to being not fully compliant and having a lack of resource. It was noted the challenge seemed to be around the standards relating to Business Continuity and the the EPO confirmed this was a focus for their work in the coming year.</p> <p>The Chair raised that an update the actions should be presented at a mid-year review.</p>	

	<p>Action:</p> <ul style="list-style-type: none"> - <i>A mid-year review to be arranged to present an update on any actions</i> 	JR
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and recommend to the Board the score and self-assessment</i> 	
AR22/10/G1	<p><u>BAF (Full)</u></p> <p>The Company Secretary explained that the Board Assurance Framework now consisted of the full report. Each sub-committee Chair would provide an update from the meetings.</p> <p>The Chair requested that a cover sheet be included with brief update on each committee.</p> <p>Quality and Effectiveness Committee - further work was taking place on the risk rating for the Patient Safety Incident Response Framework (PSIRF) and if it was achievable within the next 12months.</p> <p>People Committee - Mark Day confirmed the importance of ensuring the report was informative and getting the scoring correct.</p> <p>Finance and Performance Committee – Mark Bailey confirmed that any issues that were required to be discussed were and there was nothing to escalate to board or Audit and Risk Committee.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the BAF Update</i> 	
AR22/10/G2	<p><u>Corporate Risk Register</u></p> <p>Changes, new risks, covid and economic impact were all added to the Corporate Risk Register. The risks were aligned and seen within the BAF along with any mitigating actions being raised to board.</p> <p>The Chair requested that the sponsor of the Corporate Risk Register be confirmed as it referred to Jon Sargeant.</p>	
	<p>Action:</p> <ul style="list-style-type: none"> - <i>Sponsor of the Corporate Risk Register to be confirmed</i> 	FD
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Corporate Risk Register</i> 	
AR22/10/G3	<p><u>Register of Interest, Corporate Hospitality, and Sponsorship</u></p> <p>The Company Secretary provided the key points from the paper; the hospitality data wasn't currently pulling through, the policy was difficult to monitor, Civica declare would capture the declarations of interest, gifts, and any secondary employment.</p> <p>Communications would assist with the sending out of information to ensure everything appropriate was declared.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Register of Interest, Corporate Hospitality, and Sponsorship</i> 	

AR22/10/G4	<u>Standards of Business Conduct Declarations of Interest Policy (Verbal)</u> This item was discussed within item G3	
AR22/10/G5	<u>Review of Internal & External Audit Effectiveness</u> Internal Audit had provided the Trust with positive assurance at the end of the first year's contract. The response from the committee was positive and that the internal auditors engaged more with the Trust. External Audit had made good progress over the past year especially with the intense time pressures. They had provided better engagement but was still room for improvement as outlined earlier in the meeting The Acting Director of Finance was asked to contact the internal and external auditors to provide them with feedback and that there were no concerns with the deliveries of their contracts.	
	<i>The Committee:</i> - <i>Noted the Review of Internal & External Audit Effectiveness</i>	
AR22/10/H1	<u>Single Tender Waiver Report</u> The paper was taken as read, with no questions being asked by the committee.	
	<i>The Committee:</i> - <i>Noted the Single Tender Waiver Report</i>	
AR22/10/H2	<u>Losses and Compensation</u> The paper was taken as read, with no questions being asked by the committee.	
	<i>The Committee:</i> - <i>Noted the Losses and Compensation Report</i>	
AR22/10/I1	<u>Governor Observations</u> There were no governors in attendance of the meeting	
AR22/10/J1	<u>Health and Safety Committee Minutes June 2022 & Information Governance Committee Minutes July and August 2022</u> The Chair attended the Health and Safety Committee meeting in June and the Information Governance meeting in September.	
	<i>The Committee:</i> - <i>Noted and approved the Health and Safety Committee Minutes June 2022 & Information Governance Committee minutes July & August 2022</i>	
AR22/10/K1	<u>Any Other Business</u> There was no any other business raised	
AR22/10/K2	<u>Minutes of the meeting held on 17th June & 14th July 2022</u>	
	<i>The Committee:</i> - <i>Noted and approve the minutes held on 17th June – agreed</i> - <i>14th July 2022 – not approved as need amends from 360</i>	

AR22/10/K3	<p>Issues escalated from/to:</p> <ul style="list-style-type: none"> i) QEC/ F&P/ People Committees -- Recruitment Audit Report to People Committee ii) ARC Sub-Committees iii) Board of Directors <p>Kath Smart, Chair</p>		
AR22/10/K4	<p><u>Assurance Summary</u></p> <p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting –Yes except for the risk management paper - Progress against committee associated Executive’s objectives – not included - Any new Emerging risks that have been identified from the meeting? – Audit recommendations 		
AR22/10/K5	<p><u>Date and time of next meeting (Verbal)</u></p>		
	Date:	7th February 2023	
	Time:	09:30	
	Venue:	Microsoft Teams	
	Meeting Close:	12:21	



DRAFT

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 28 February 2023 at 09:30
via MS Teams**

- Present:** Mark Bailey - Non-executive Director
Suzy Brain England OBE - Chair of the Board (Chair)
Hazel Brand - Non-executive Director
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
Emyr Jones - Non-executive Director
Zoe Lintin - Chief People Officer
Dr Tim Noble - Executive Medical Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director
Denise Smith - Chief Operating Officer
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary
Angela O'Mara - Deputy Company Secretary (Minutes)
Lois Mellor - Director of Midwifery
Lucy Nickson - Non-executive Director Designate
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw
Dennis Atkin - Public Governor Doncaster
Henry Anderson - Member of the Public
Andria Birch - Partner Governor
Mark Bright - Public Governor Doncaster
George Kirk - Public Governor Doncaster
Lynne Logan - Public Governor Doncaster
Gina Holmes - Staff Side
Andrew Middleton - Public Governor Bassetlaw
Vivek Panikkar – Staff Governor
Lynne Schuller - Public Governor Bassetlaw

Apologies:**P23/02/A1 Welcome, apologies for absence and declaration of interest (Verbal)**

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and members of the public in attendance.

Dr Emyr Jones and Lucy Nickson were welcomed to their first Board meeting, no apologies for absence or declarations of interest were noted.

P23/02/A2 **Actions from Previous Meetings (Enclosure A2)**

There were no active actions.

P23/02/B1 **Maternity Update (Enclosure B1)**

The Board received the Maternity Update, which provided an overview 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.

The Board's attention was drawn to the development of guidance in respect of reduced foetal movement to ensure consistency of approach across the Local Maternity & Neonatal Service (LMNS). The Director of Midwifery confirmed that the NIL report for active HSIB cases was in line with the national trend.

The Chair of Doncaster & Bassetlaw Maternity Voices Partnership was working closely with the Equity & Equality Lead Midwife on a programme of work, which included a review of the triage service and reaching out to those seldom heard voices in the local community. A recent visit to see the refurbishment of the Central Delivery Suite had also taken place.

Kath Smart welcomed the positive assurance in respect of the HSIB cases. In respect of the number of cases at Doncaster Royal Infirmary where delays in commencing or continuing the induction of labour were reported, the Director of Midwifery confirmed this related to increased risk factors of the population, the Trust's performance had been benchmarked with maternity services across Yorkshire & the Humber and the Trust was reported to sit in the middle of the pack.

The Director of Midwifery clarified that the poor use of translation services identified as a theme from the Perinatal Mortality Review Tool was not limited to language barriers and had been impacted by the lack of availability of handheld devices, which had since been procured.

In response to a question from Hazel Brand, the Director of Midwifery confirmed that the Band 7 rotation across site had been paused temporarily due to staffing pressures. In respect of identified learning from maternity safety reviews, it was confirmed that an overarching action plan was being developed by NHS England which would ensure all maternity services were adopting a uniform approach.

The Chief Executive acknowledged the challenging environment in which maternity services had operated during the last two years and shared his appreciation of the flexibility of the team and looked forward to the opening of the Central Delivery Suite and the development of the Serenity Suite in the coming months.

In response to a question from the Chair of the Board with regards to preparedness for the anticipated Care Quality Commission (CQC) visit, the Director of Midwifery confirmed that the Acting Deputy Chief Nurse had experience as a CQC inspector and had conducted a mock unannounced inspection. A follow-up mock inspection to ensure identified learning had been acted upon was planned. In addition, the Head of Midwifery had recently been part of an inspection at her previous place of work and was sharing her experience and learning with the Ward Managers.

The Board

- ***Noted and took assurance from the Maternity Update***

P23/02/B2i **2022 Maternity Survey (Enclosure B1i)**

The Board received the high-level results of the 2022 CQC Maternity Survey, conducted by the Picker Institute.

The results were compared to the 2021 survey and split by site. A largely static position was noted, 48 responses remained unchanged, two responses had improved and none had deteriorated. It was felt that this was a positive outcome when compared to the national picture.

The executive summary highlighted the five top and bottom scores as compared to the Picker average and those responses which had shown the greatest improvement and the greatest deterioration.

Mark Bailey recognised the positive results, considering the ongoing pressures in maternity services.

In response to a question from Hazel Brand, the Director of Midwifery confirmed the response rate was similar to that in previous years. The survey was publicised in clinical areas and opportunities to promote via the Maternity Voices Partnership would be explored for future surveys.

The Board:

- ***Noted and took assurance from the 2022 Maternity Survey***

P23/02/C1 **Ambulance Handovers (Enclosure C1)**

The Chief Operating Officer reported an improving performance against the 15, 30 and 60-minute standards in January, with a further step change expected in February.

The key actions driving improvement were conveyance to primary care, Same Day Emergency Care and an increased capacity in early senior assessment. A 12 month Urgent & Emergency Care Improvement Programme would commence in April, delivery of the actions would be reported to the Board's Finance & Performance Committee.

The Chair of the Finance & Performance Committee welcomed the independent review by NHSE's Emergency Care Improvement Support Team, which had been embraced by the executive directors. The focused approach by the Chief Operating Officer was well received.

In response to a question from Hazel Brand, the Chief Operating Officer and Chief Executive confirmed that the Terms of Reference for the review considered the end-to-end journey, including pre-admission and discharge into the most appropriate care setting, working closely with the health and social care system partners. A business case had been developed to improve flow through the hospital through an improved clinical site management function.

In response to a question from the Chair of the Board, the Chief Operating Officer confirmed strong operational working relationships supported partnership discussions, including dialogue at the A&E Delivery Board.

The Board:

- ***Noted and took assurance from the Ambulance Handovers***

P23/02/C2 Financial Position & Forecast Update (Enclosure C2)

The Chief Financial Officer provided an update on the Trust's financial position as at 31 January 2023 (month 10).

The month 10 position was £0.7m adverse to plan and £1m adverse to forecast, a number of actions had been agreed by the Executive Team to close the gap, which included management of winter spend, temporary staffing costs, introduction of pay and discretionary spend controls and restricted training, limited to statutory and essential to role.

The Trust was expected to deliver its annual capital plan. Where funding had been received in relation to the Montagu Elective Orthopaedic Centre and Community Diagnostic Centre it was confirmed that in year spend had been supported.

The cash balance as at 31 January 2023 was £20.2m, a reduction of £0.6m from the previous month end. It was reported that if the Trust's underlying deficit position did not improve the 2023/24 cash position was expected to deteriorate further and, as previously, advised central cash support would be required.

The Chair of the Finance & Performance Committee confirmed significant scrutiny had taken place at last week's Committee meeting, and there was confidence in the collective and focused agreement to improve grip and control to close the gap.

The Chief Executive recognised the importance of delivering the year end position to ensure the best possible start to 2023/24, which was expected to be financially challenging. Significant workforce pressures had been experienced throughout this financial year and a high reliance on temporary staffing had driven up pay spend, along with the impact of inflationary pressures. Continued efforts to reduce medical and nursing agency spend and opportunities to improve productivity and efficiency would be required.

The draft financial plan for 2023/24 had been submitted to the Integrated Care Board, with a deficit of c£68.4m.

The Board:

- ***Noted the Financial Position & Forecast Update***

P23/02/D1 **People Strategy 2023-2027 (Enclosure D1)**

The Chief People Officer presented the People Strategy 2023-27 for approval. The strategy had been developed to support the delivery of the Trust's strategic ambitions, whilst taking into account the NHS People Plan, People Promise and the Future of Human Resources and Organisational Development in the NHS. An extensive engagement exercise had supported the development of the strategy at a local and system level and the strategy recognised the Trust's role as a partner in two integrated Care Systems and as an anchor organisation.

Once approved, the strategy would be underpinned by a delivery plan, to provide the detailed actions and activities to achieve the ambitions, including a means of measuring progress and success. The People Committee would have oversight of delivery and progress against the plan.

The strategy would be formally launched with the support of a communications and engagement plan.

Kath Smart welcomed the ongoing focus on staff health and wellbeing post pandemic. In respect of talent management and succession planning opportunities, the Chief People Officer confirmed plans to consider a consistency in approach by adopting or adapting existing models, with a focus on the importance of good quality discussions as part of the appraisal process.

In response to a question from Mark Bailey, the Chief People Officer confirmed a number of workstreams supported workforce/business planning, a Workforce Planning Committee was in existence and the future implementation of the strategic workforce tool would support capacity and demand work. Assurance would be provided through the relevant Board Committees.

Lucy Nickson welcomed the accessibility of the strategy. In response to her question with regards to system engagement, the Chief People Officer confirmed this was well established across the South Yorkshire Integrated Care System, due to the more recent inclusion in the Nottingham & Nottinghamshire Integrated Care System collaborative working was evolving. The key areas of the strategy were focused on national priorities, including education, training and health and wellbeing and there were ongoing discussions at the regional HR Directors Network to ensure continued development. It was recognised that a system approach to talent management would be well received.

Emyr Jones welcomed the strategy and enquired how delivery would be monitored and the Board appraised on progress. The Chief People Officer confirmed oversight would be via the Board's People Committee, a regular assurance report was presented to Board and progress and achievement of success measures could be incorporated into this. The Chief Executive confirmed that the True North objectives would be presented at April's Board meeting, a workforce objective would be aligned to delivery of the strategy and the Trust's vision. Progress against director objectives were received on a quarterly basis.

The Chair of the Board recognised the strong message within the strategy which identified development opportunities for colleagues, which supported a lifetime career

opportunity at the Trust. The Chair of the Board encouraged Board members to share that message across their networks and communities.

The Board approved the People Strategy 2023-27.

The Board:

- ***Approved the People Strategy 2023-2027***

P23/02/E1 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were raised.

P23/02/E2 Governor Questions regarding the business of the meeting (10 minutes) *

The Lead Governor posed the following questions on behalf of governors:

"The Finance Report (page 24 onwards) refers to "without some remedial actions .. the budget targets will not be met (for 22-23)"; and the Trust "is significantly off being able to deliver a break-even financial plan for 23-24". Productivity and efficiency actions are mentioned. At a recent board meeting the CEO confirmed that the Trust uses comparator data from such as Model Hospital/GIRFT. Is the Finance Committee (possibly in confidential session) provided with regular reports of the DBTH position on productivity and efficiency measures as compared with best sector practice and peers"?

The Chief Executive confirmed the sharing and analysis of comparator data took place routinely across the system. The suite of data would develop over time and was expected to include theatre efficiency and length of stay information; benchmarking against quality indicators was available at a system, regional and national level.

"The ultimate judgement on the success of the People Strategy (page 37) is the extent to which the Trust is able to supply and retain sufficient staff, with appropriate skills and experience, particularly in clinical settings, without recourse to significant use of expensive agency staff. Is there a target date for achieving such a position. with milestones en route to this goal"?

The Chief Executive advised there was not a finite end to recruitment and retention, the architecture of the NHS was ever changing, as were the associated workforce requirements. As such recruitment and retention was seen as a continual cycle of work. Governor observers were assigned to the Board's Committees, including the People Committee and the feedback made available to all governors via the Governor Portal. In addition, local and system governor briefing and development sessions were facilitated to encourage the sharing of information.

"Given the People Strategy commitment to SMARTER and new ways of working, what metrics will be included in the Delivery Plan in respect of staff productivity and efficiency"?

Following approval of the strategy, the plan to support delivery would be developed.

The Chair of the Board thanked governors for their continued commitment and engagement.

The Board:

- ***Noted the governor questions.***

P23/02/E3 Minutes of the meeting held on 31 January 2023 (Enclosure E3)

The following change to paragraph seven of minute **P23/01/B1** was noted. Kath Smart, Chair of the Audit & Effectiveness Committee should read Kath Smart, Chair of the Audit & Risk Committee.

The Board:

- ***Approved the minutes of the meeting held on 31 January 2023, subject to the above change***

P23/02/E4 Date and time of next meeting (Verbal)

Date: Tuesday 28 March 2023

Time: 09:30am

Venue: MS Teams

P23/02/E5 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P23/02/F Close of meeting (Verbal)

The meeting closed at 10.40