

# Board Meeting - Public (Reduced Agenda)

25 April 2023

09:30 GMT+1 Europe/London

Virtual -TEAMS

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# 2304 - A Meeting Business

Speaker: Suzy Brain England OBE, Chair

References:

- 00 Public Board Agenda - 25 April 2023 v3.pdf

**Board of Directors Meeting Held in Public  
To be held on Tuesday 25 April 2023 at 09:30  
Via MS Teams**

Enc		Purpose	Time
<b>A</b>	<b>MEETING BUSINESS</b>		<b>09:30</b>
<b>A1</b>	<p>Welcome, apologies for absence and declarations of interest  <i>Suzy Brain England OBE, Chair</i>  <i>Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known</i></p> <p><i>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting</i></p>		5
<b>A2</b>	<p>Actions from previous meeting (<b>no active actions</b>)  <i>Suzy Brain England OBE, Chair</i></p>	<i>Review</i>	
<b>B</b>	<b>True North SA1 - QUALITY AND EFFECTIVENESS</b>		<b>09:35</b>
<b>B1</b>	<p>Chair's Assurance Log – Quality &amp; Effectiveness Committee  <i>Jo Gander, Non-executive Director</i></p>	<i>Assurance</i>	5
<b>B2</b>	<p>Maternity &amp; Neonatal Update  <i>Lois Mellor, Director of Midwifery</i></p>	<i>Assurance</i>	15
<b>C</b>	<b>True North SA4 – FINANCE &amp; PERFORMANCE</b>		<b>09:55</b>
<b>C1</b>	<p>Chair's Assurance Log – Finance &amp; Performance Committee  <i>Mark Day, Non-executive Director</i></p>	<i>Assurance</i>	5
<b>C2</b>	<p>Operational Performance Update to include Ambulance Handovers  <i>Denise Smith, Chief Operating Officer</i></p>	<i>Assurance</i>	10
<b>D</b>	<b>STRATEGY</b>		<b>10:10</b>
<b>D1</b>	<p>True North, Breakthrough and Corporate Objectives 2022/23 and 2023/24  <i>Richard Parker OBE, Chief Executive</i></p>	<i>Approve</i>	15

<b>E</b>	<b>GOVERNANCE &amp; ASSURANCE</b>	<b>10:25</b>
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<b>E1</b>	Chair’s Assurance Log – Audit & Risk Committee <i>Kath Smart, Non-executive Director</i>	<i>Assurance</i>	5
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<b>F</b>	<b>INFORMATION ITEMS (To be taken as read)</b>	<b>10:30</b>
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<b>F1</b>	Nottingham & Nottinghamshire Provider Collaborative Update <i>Hazel Brand, Non-executive Director</i>	<i>Information</i>	
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<b>G</b>	<b>OTHER ITEMS</b>	<b>10:30</b>
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<b>G1</b>	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	5
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<b>G2</b>	Governor questions regarding the business of the meeting (10 minutes)* <i>Suzy Brain England OBE, Chair</i>	<i>Discussion</i>	10
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<b>G3</b>	Minutes of the meeting held on 28 March 2023 <i>Suzy Brain England OBE, Chair</i>	<i>Approval</i>	5
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<b>G4</b>	<b>Date and time of next meeting:</b> <b>Date:</b> Tuesday 23 May 2023 <b>Time:</b> 09:30 <b>Venue:</b> MS Teams	<i>Information</i>	
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<b>G5</b>	<b>Withdrawal of Press and Public</b> Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. <i>Suzy Brain England OBE, Chair</i>		
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<b>MEETING CLOSE</b>	<b>10:50</b>
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**\*Governor Questions**

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

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time. Due to the anticipated number of governors attending the virtual meeting, Andrew Middleton, Deputy Lead Governor will be able to make a point or ask a question on governors’ behalf. If any governor wants Andrew to raise a matter at the Board meeting relating to the papers being presented on the day, they should contact Andrew by 5pm the day before the meeting to express this. All other queries from governors arising from the papers or other matters should be emailed to Fiona Dunn for a written response.

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

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to Andrew Middleton, Deputy Lead Governor.
- Questions will be asked by Andrew Middleton, Deputy 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

# **2304 - A1 Welcome, apologies for absence and declarations of interest**

Speaker: Suzy Brain England OBE, Chair      Time: 09:30

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

Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting



## **2304 - A2 Actions from previous meeting (no active actions)**

Decision Item    Speaker: Suzy Brain England OBE, Chair

5 minutes

NOTE: There were no active actions for review

# 2304 - B True North SA1 - QUALITY AND EFFECTIVENESS

# 2304 - B1 Chair's Assurance Log - Quality & Effectiveness Committee

Discussion Item    Speaker: Jo Gander, Non-Executive Director    Time: 09:35

5 minutes

References:

- B1 - Chair's Assurance Log - Quality & Effectiveness Committee.pdf

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

<b>Subject:</b>	Quality & Effectiveness Committee Meeting	<b>Board Date: April 2023</b>
<b>Prepared By:</b>	Jo Gander, Non-executive Director & Committee Chair	
<b>Approved By:</b>	Quality & Effectiveness Committee	
<b>Presented By:</b>	Jo Gander, Non-executive Director & Committee Chair	
<b>Purpose</b>	The paper summaries the key highlights from the Quality & Effectiveness Committee meeting held on 4 April 2023	

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>Whilst no formal items were identified for escalation, QEC was asked to note risks identified and be assured that appropriate mitigations are in place, all of which will be discussed and monitored through specialty and divisional clinical governance meetings with high and extreme risks being discussed and managed at the Risk Management Board. Although the process is still embedding operationally.</li> </ul>	<ul style="list-style-type: none"> <li>BAF update continues to evolve with further additions expected to be included following feedback from the Board in March 2023.</li> <li>Virtual Ward work Medical Director to confirm ICS strategy to Virtual wards to support alignment of DBTH initiatives.</li> <li>The completion and findings of required validation of waiting lists by NHS England to be provided by MD.</li> </ul>
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>Board Assurance Framework continues to evolve.</li> <li>Progress update on PSIRF delivery provided by Chief Nurse along with confirmation that all on track for delivery within national contract requirements.</li> <li>An update provided on Quality Framework development provided with expectation that the Quality Strategy will be ready for presentation to QEC in June 2023.</li> <li>Assurance provided by Director of Midwifery on the project to deliver CNST year 5 and the Ockenden / East Kent requirements.</li> <li>DBTH receive NHS Pastoral Care Quality Award</li> <li>Follow up of Risks tracked at Risk Management Committee being followed up at the Trust Executive Group (TEG).</li> </ul>	<ul style="list-style-type: none"> <li>Divisional Presentation part of the agenda to be reviewed to ensure content fit for purpose and provides assurance of the quality and effectiveness of the service being provided. <b>(Clinical Specialties are scheduled to present to QEC in June.)</b></li> <li>Confirmation of agreement at board that future updates on Health Inequalities strategy will be presented at Finance &amp; Performance Committee moving forward.</li> </ul>

# 2304 - B2 Maternity & Neonatal Update

Discussion Item    Speaker: Lois Mellor, Director of Midwifery    Time: 09:40

15 mins

References:

- B2 - Maternity & Neonatal Update.pdf
- B2i - Board Surveillance March 2023.pdf
- B2ii - Glossary of Terms.pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	25 April 2023	<b>Agenda Reference:</b>	B2		
<b>Report Title:</b>	Maternity & Neonatal Update				
<b>Sponsor:</b>	Karen Jessop, Chief Nurse				
<b>Author:</b>	Lois Mellor, Director of Midwifery Laura Churm, Divisional Nurse (paediatrics)				
<b>Appendices:</b>	Perinatal Surveillance Dashboard				
Report Summary					
<b>Purpose of report:</b>	To update the Board of Directors on performance, key issues, and developments in Maternity and Neonatal Services.				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>No neonatal deaths this month</li> <li>No current HSIB cases</li> <li>Training compliance improving</li> <li>CNST compliance improved</li> <li>Midwifery vacancies continue</li> <li>One to one care in labour levels good</li> <li>Details in relation to neonatal services are included</li> <li>High level Medical workforce information has been provided</li> </ul>				
<b>Recommendation:</b>	Trust Board of Directors is asked to consider the assurance provided in this report.				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	Risk to strategic aim - that we fail to provide outstanding care and that patient experience does not meet expectations - SA1				
<b>Corporate risk register:</b>	ID 16 - Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs				
<b>Regulation:</b>	CQC - Regulation 12				
<b>Legal:</b>	N/A				
<b>Resources:</b>					
Assurance Route					
<b>Previously considered by:</b>	Governance Meetings Children's & Families Board (verbal updates)				
<b>Date:</b>	16.1.23	<b>Decision:</b>	To continue to monitor		

<b>Next Steps:</b>	Support to continue improvements in maternity & neonatal service, and achieve year 5 CNST standards
<b>Previously circulated reports to supplement this paper:</b>	

## **Monthly Board Report**

**March 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 were two stillbirths reported in March, these occurred during the ante-natal period and will be reviewed using the perinatal review tool by a multidisciplinary team.

#### **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. The intention of which is to improve consistency of care received within 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 but with an improving picture since last month there are 94% of establishment recruited to with 82% of the nursing team at work. The Qualified in Speciality ratio remains at 70% of total register nurse within neonatal services. During March we had 81% of shifts resourced within British Association of Perinatal Medicine (BAPM) standards, of the 19% that didn't meet the standard the majority was due to a gap in the supervisory coordinator role, the remaining 1 shift was 0.3 of a nurse short so there was no clinical compromise and the shift was not escalated as a concern by the nurse in charge.

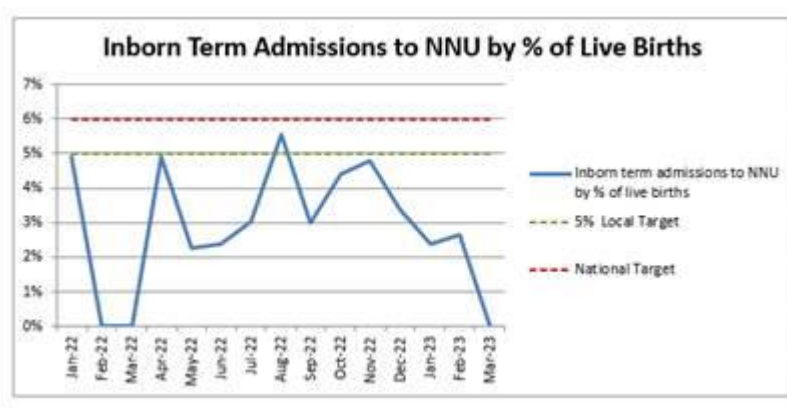
No new serious incident or Health Services Investigation Bureau (HSIB) eligible cases.

The Getting It Right First Time (GIRFT) action plan for Neonatal service remains open while we establish transitional care, a joint Quality Improvement (QI) programme will commence in April to develop a Transitional care plan for both sites. Work to review neonatal consultant cover including planned absences is ongoing in relation to a historic Serious Incident (SI).



## 2.1 Avoiding Term Admissions into Neonatal Units (ATAIN)

We are consistently meeting the national target (6%) for term admission and generally within the target for the local ambition (5%), in February we were 2.9%. A plan to undertake a deep dive into avoidable admissions is currently being developed by the team as we are an outlier within the region, Doncaster was 84% in Q3, Bassetlaw was 55% against 21.1% at Rotherham and 4.5% in Barnsley. The two areas we are focusing on are Respiratory Distress Syndrome which accounts for 39% of avoidable admissions in the last 12 months and sepsis which accounts for 10%.



n.b. Neonatal Unit (NNU)

## 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 has been one serious incident reported in March 2023, concerning a potential delay in performing a caesarean section.

There is one serious incident investigation in progress, the draft report has been completed and is currently with the family for review. The date for completion has been extended at the families' request, so they can spend some time considering the report.

#### 5. Training Compliance

The service continues to aim for >90% compliance with the training. This is being proactively managed by the training team, ward managers and Matrons. The service is aiming to achieve 90% by 31<sup>st</sup> May 2023.

##### K2 E learning package and Cardiotocograph (CTG) Study Day

The most recent training position is:

Staff Group	Number	Number Compliant	K2 CTG Compliance	Number of staff undertaken Fetal Monitoring Study Day	Study Day Compliance
90% of Obstetric Consultants	14	14	100%	13	92.9% ↑
90% of All other Obstetric Doctors including trainees	18	17	94.4% ↑	15	83.3% ↑
90% of GP trainees who have any obstetric commitment to intrapartum care. (bespoke competency approved by guideline group)	19	11	57.9% ↑	11	57.9% ↑
90% of Midwives	196	173	88.3% ↑	159	82% ↑
90% of NHSP Midwives	23	20	87% ↑	7	30.4%

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

Staff Group	Number	Number Compliant	Prompt Compliance
90% of Obstetric Consultants	14	13	92.9% ↑
90% of All other Obstetric Doctors including trainees	34	21	61.7% ↓
90% of Midwives	204	187	91.7% ↑
90% of NHSP Midwives	27	16	59.3% ↑
90% of Maternity Support Workers	67	54	80.5% ↑
90% of Obstetric Anaesthetic Consultants	18	15	83.3% ↑

90% of All other Obstetric Anaesthetic Doctors( staff grades & trainees contributing to the obstetric rota	22	18	<b>81.8% ↑</b>
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### **Newborn Life Support Training**

<b>Staff Group</b>	<b>Number</b>	<b>Number Compliant</b>	<b>NLS Compliance</b>
90% of Midwives	146	111	<b>76%</b>
90% of NHSP Midwives	27	27	<b>100%</b>

The service has also now run a baby abduction drill on both sites (DRI - Feb and BDGH - March), and this identified a communication issue in switchboard (language used) by the administration team, which was addressed immediately.

### **6. Service User Feedback**

The maternity voices partnership will be changing their name to the maternity and neonatal partnership voices (MNVP) in line with the national drive for maternity and neonatal services to work together.

The MNVP have visited the new central delivery suite (CDS) with the chief nurse, director of midwifery and estates to give their final feedback on progress prior to the opening. They are pleased that there are two birth pools on CDS. They are pleased that the room names they chosen have been adopted (flower names), and that the area is welcoming light and bright. They would like further artwork on the corridors which will be assessed when the ward has moved.

The new midwife led unit was particularly well received by the MNVP giving another option to women and their families.

Representatives will be attending the CDS launch on 21<sup>st</sup> April 2023.

The work plan for the year has been assessed by the local maternity and neonatal system (LMNS) and is nearly completed.

### **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)**

The service continues to work on year 4 CNST requirements, the outstanding safety actions 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), and this now monitored at the Ockenden and CNST oversight committee. An overview of the workplan for this committee was provided to the Trust's Quality and Effectiveness Committee in April 2023.

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.

Karen Jessop (Chief Nurse) visited the maternity service on the Bassetlaw site, and spoke to a number of the staff working. She was updated on the improvements in the maternity theatre on the labour ward, and visited the ante-natal and post-natal ward (A2).

Issues raised were:

- Obstetric theatre cover provided for main theatres, as this requires an elective list to be paused
- The community hub carpet is heavily soiled, and there has been a delay > 1 year waiting for a replacement
- Triage service on the Bassetlaw site is still under review for women with gestations < 32 weeks due to the level 1 neonatal unit. Currently individual risk assessments are undertaken about the most appropriate site for admission and this can be Doncaster which is further to travel.

Concerns addressed since the last meeting:

- The Band 7 Coordinator forum has recommenced
- The Head of Midwifery is working with agencies to provide midwives to cover vacancies.

## **11. Perinatal Surveillance dashboard**

For this month we have seen improvement in:

- Smoking at the time of delivery
- Third and fourth degree tears
- Preterm birth at Bassetlaw.

There has been an increase in preterm birth at Doncaster, the care these families received will be reviewed using the perinatal mortality review tool, and the incident review panel to identify any learning.

## 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 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 - 97.8% ↑

Bassetlaw - 100 % ↑

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

Red Flag	Number of times
Delayed or cancelled critical time activity	
<b>Management Actions taken</b>	
Redeploy staff internally	10
Staff unable to take allocated breaks	1
Specialist midwife working clinically	1
Utilise on call midwife	1
Unit on divert	3
Escalate to Manager on call	3

### Bassetlaw

Red Flag	Number of times
None	
<b>Management Actions taken</b>	
Redeploy staff internally	3
Staff unable to take allocated breaks	1
Unit of divert	5
Escalate to Manager on call	5

## 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%
h Marc	1:26.7	10.9%	99%

Maternity unit **DBTH – Doncaster**

KPI (see slide 4)	Measurement / Target		Doncaster Rate		
			Jan	Feb	March
Caesarean Section rate	Elective	<13.2 %	14.6%	18.9%	16.5%
	Emergency	<15.2 %	22.9%	25.8%	23.8%
Preterm birth rate	≤26+6 weeks	0	0	1	3
	≤36+6 weeks	<6%	10.2%	9.6%	9.9%
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	2%	1.8%	3.46%
Term admissions to NICU		<6%	0.7%	0.8%	3.89%
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassist'd)	<2.8%	1.5%	0%	0%
	Instrumental (assisted)	<6.05 %	15%	16.7%	6.3%
Right place of birth		95%	100%	99.5%	98.7%
Smoking at time of delivery		<11%	14.4%	11.3%	11.5%
Percentage of women placed on CoC pathway		35%	0%	0%	0%
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%	0%
	Area of deprivation		0%	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
	Mar	0		0	1	0	0	2	0	0	0	0

## Maternity Red Flags (NICE 2015)

		Jan	Feb	March
1	Delay in commencing/continuing IOL process	31	2	0
2	Delay in elective work	0	0	0
3	Unable to give 1-1 care in labour	1	0	0
4	Missed/delayed care for > 60 minutes	0	0	0
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	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	March	
Caesarean Section rate	Elective	10.6%	8.6%	11.3%	
	Emergency	29.5%	33.1%	34.7%	
Preterm birth rate	≤26+6 weeks	0	0	0	
	≤36+6 weeks	<6%	6.06%	7.91%	4.8%
Massive Obstetric Haemorrhage	≥1.5I	<2.9%	3%	2.16%	0.81%
Term admissions to NICU		<6%	3.25%	0.77%	2.4%
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	4.5%	5.3%	0%
	Instrumental (assisted)	<6.06%	8.3%	0%	0%
Right place of birth		95%	100%	100%	100%
Smoking at time of delivery		<11%	6.1%	7.3%	5.7%
Percentage of women placed on CoC pathway		35%	0	0	0
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0	0	0
	Area of deprivation		0	0	0

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

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



## Assessed compliance with 10 Steps-to-Safety

		Jan	Feb	March
1	Perinatal review tool			
2	MSDS			
3	ATAIN			
4	Medical Workforce			
5	Midwifery Workforce			
6	SBLCB V2			
7	Patient Feedback			
8	Multi-professional training			
9	Safety Champions			
10	Early notification scheme (HSIB)			

### 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	March
1	Reducing smoking			
2	Fetal Growth Restriction			
3	Reduced Fetal Movements			
4	Fetal monitoring during labour			
5	Reducing pre-term birth			

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

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

## KPIs: Targets & Thresholds

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



## 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)

**2304 - C True North SA4 - FINANCE AND PERFORMANCE**

# 2304 - C1 Chair's Assurance Log - Finance & Performance Committee

Discussion Item    Speaker: Mark Day, Non-executive Director    Time: 09:55

5 minutes VERBAL - report to follow

# 2304 - C2 Operational Performance Update to include Ambulance Handovers

Discussion Item    Speaker: Denise Smith, Chief Operating Officer    Time: 10:00

10 minutes

## References:

- C2 - Operational Performance Update to include Ambulance Handovers.pdf
- C2i - Operational Performance Update.pdf

Report Cover Page			
<b>Meeting Title:</b>	<b>Board of Directors</b>		
<b>Meeting Date:</b>	25 April 2023	<b>Agenda Reference:</b>	<b>C2</b>
<b>Report Title:</b>	<b>Operational Performance Update to include Ambulance Handovers</b>		
<b>Sponsor:</b>	Denise Smith, Chief Operating Officer		
<b>Author:</b>	Laura Fawcett-Hall, Head of Performance		
<b>Appendices:</b>			
<b>Purpose of report:</b>	<p>The report aims to:</p> <ul style="list-style-type: none"> <li>• Deliver an executive summary – summarising the operational context, performance headlines and the forward plan.</li> <li>• Share the full performance metrics through the IQPR at a glance charts.</li> <li>• Provide the full performance exception report for the headline metrics.</li> </ul>		
<b>Summary of key issues:</b>	<p><b>Operational Context – Headlines of data trend analysis</b></p> <ul style="list-style-type: none"> <li>• ED attendance levels remain higher than previous 4 years with the majority of the increase in the minors and paediatric pathways</li> <li>• In common with all Trusts, emergency demand and staffing pressures have impacted on elective delivery, however, the Trust maintained a programme of elective work through March 2023.</li> <li>• The Trust was impacted by the Junior Doctor strike (13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> March 2023) and some elective activity was cancelled during this time.</li> </ul> <p><b>Urgent and Emergency Care</b></p> <ul style="list-style-type: none"> <li>• <b>4 Hour access</b> – in March 2023 the Trust delivered 65.5% performance against national standard of 95%; a deterioration from the February 2023 position of 69.1%.</li> <li>• <b>12 Hour waits</b> – in March 2023 4.7% of patients waited in the Emergency Department &gt; 12 hour waits from time of arrival</li> <li>• <b>Ambulance handover</b> – In March 2023 51.3% of ambulance handovers took place within 15 minutes, 78% took place within 30 minutes and 92% took place within 60 minutes.</li> </ul> <p><b>Elective Care</b></p> <ul style="list-style-type: none"> <li>• <b>Activity</b> - overall, the Trust did not delivery the activity plan for March 2023 and had lower activity levels compared to 19/20. In March 2023 the Trust delivered 99% of day case activity against plan (up 5.9% points from previous month), elective delivered 89.5% of plan (2.4% points decrease from previous month), first outpatients delivered 97.7% of plan and follow ups were at 79.8% of plan.</li> <li>• <b>52 Week Breaches</b> – in March 2023 the Trust reported 996 breaches, a</li> </ul>		



	<p>notable reduction from 1,049 in February 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.</p> <ul style="list-style-type: none"> <li>• <b>104 week waits</b> – At the end of March 2023, there were 0 patients waiting over 104 weeks.</li> <li>• <b>Referral To Treatment (RTT)</b> - in March 2023 the Trust delivered 65.4% performance within 18 weeks, below the 92% standard. This position is an improvement from February 2023 (64.9%).</li> <li>• <b>The total waiting list</b> increased during March 2023 to 50,052. The previous position in February was 49,709 and January was 49,408.</li> </ul> <p><b>Diagnostics</b> - in March 2023 the Trust achieved 70.29% against a target of 99%. This is a significant improvement in performance from 65.2% in February 2023. The Trust remains an outlier in Diagnostic waiting times.</p> <p><b>Cancer waiting times</b></p> <ul style="list-style-type: none"> <li>• <b>Faster Diagnosis Standard</b> – In February 2023 the Trust achieved the FDS standard with performance of 83.1%</li> <li>• <b>31 Day Standard</b> – in February 2023 3 out of 3 nationally reported measures were achieved.</li> <li>• <b>62 Day Standard</b> – in February 2023 0 out of 2 nationally reported measures were achieved.</li> </ul>				
<b>Action Required:</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	<i>Changes made to SA1 to reflect risk and related to winter planning and also planning mitigation</i>				
<b>Corporate risk register:</b>	<i>Report regards Risks ID 6 and 2349 on the Risk Register - F&amp;P 6 and F&amp;P 8.</i> <ul style="list-style-type: none"> <li>• <i>Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</i></li> <li>• <i>Failure to specifically achieve RTT 92% standard</i></li> </ul> <i>Report outlines actions plan to make progress, no change to risks on CRR</i>				
<b>Regulation:</b>	<i>Report links to national quality and access standards. Performance against the standards contributes to the CQC regulatory framework.</i>				
<b>Legal:</b>	<i>Report outlines performance against standards, published annually by NHS England, some of which are outlined in the NHS Constitution.</i>				

<b>Resources:</b>	<i>Impact on resources of delivering activity taken account of in Trust plans</i>		
<b>Assurance Route</b>			
<b>Previously considered by:</b>			
<b>Date</b> :		<b>Decision:</b>	
<b>Next Steps:</b>			
<b>Previously circulated reports to supplement this paper:</b>			

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



# 1. Urgent and Emergency Care: 4 hour access

## Summary:

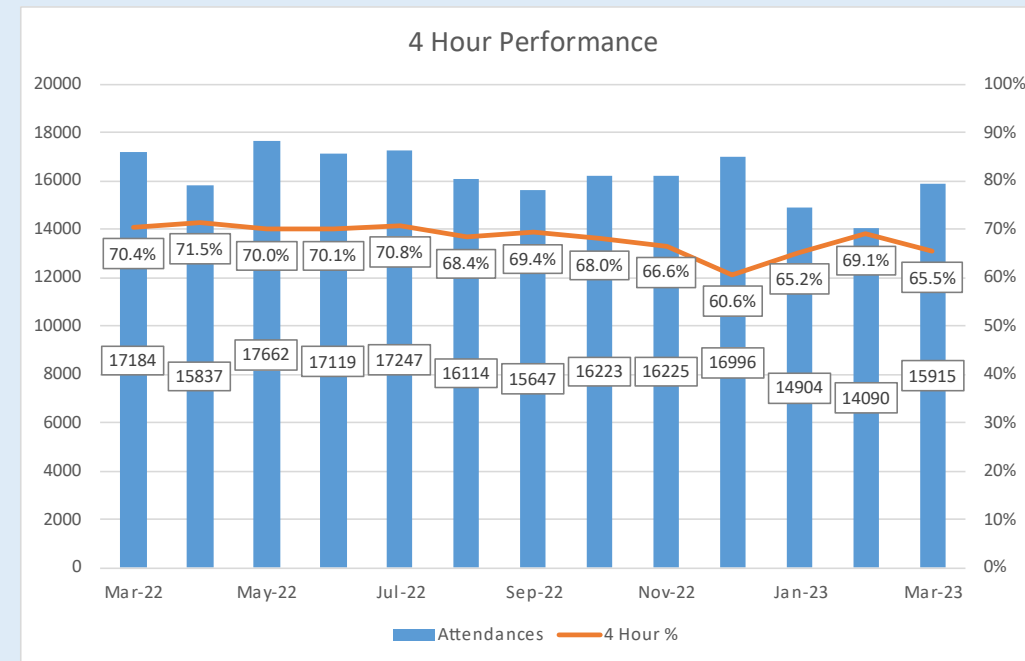
- Trust wide 4 hour performance was 65.5% in March 2023, a deterioration in performance from February 2023. The Trust's performance was second highest in the region and is in the second quartile nationally, with national performance of 68.9% for the month.

## Key issues:

- Waiting for assessment in ED continues to be the reason patients wait longer than 4 hours (35%, of breaches) with the second highest cause being the delay in patient review by A&E Doctor (26% of breaches)
- Waiting for assessment: Multiple factors are causing these delays, including a change in skill mix of the medical workforce in March 2023. The new, substantive, medical staff are at the start of their CESR programme and were supernumerary until March 2023.
- Delay in ED doctor review: these delays relate to patients on the minor injury pathway, due to space and demand on the major pathway.

## Key actions:

- The department has undertaken a full rota review to balance the skill mix across each shift, the transition will take place over the coming months and will be fully in place by August 2023.
- Mitigation is in place to reduce the delays, where possible, through 2 hourly board rounds led by the Emergency Consultant in charge. This allow the teams to be reallocated across the department according to demand.
- The modular minor injuries build opens on 2<sup>nd</sup> May this will be supported by an Emergency Nurse Practitioner and an additional Middle grade doctor. This will increase capacity and have a dedicated middle grade doctor.



	4 Hour performance	Attendances	Breaches
<b>Bassetlaw</b>	76.40%	4,991	1,178
<b>Doncaster</b>	54.38%	9,448	4,310
<b>Montagu</b>	100%	1,476	0
<b>Trust</b>	65.52%	15,915	5,488



## 2. Urgent and Emergency Care: 12-hour waits

### Summary:

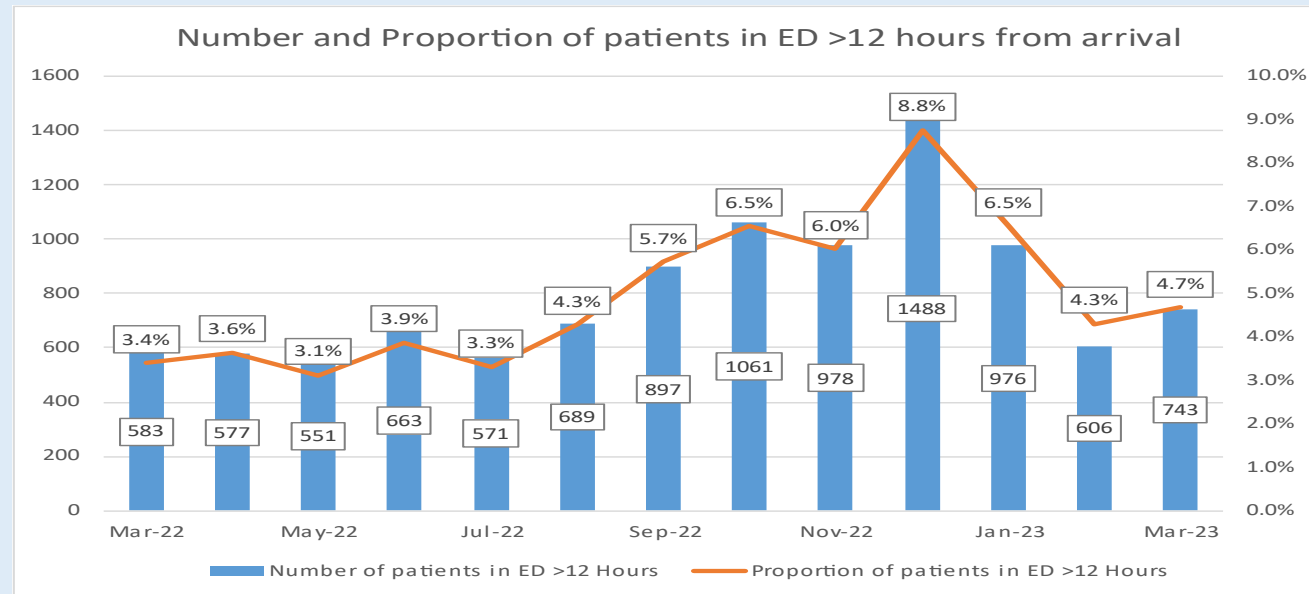
- In March 2023, 4.7% of patients were in the Emergency Department > 12 hours from arrival, a deterioration in performance compared to February 2023.

### Key issues:

- 31% of patients waiting over 12 hours in ED were waiting for a medical bed.
- Time to see an ED doctor and time taken for a review by ED doctor are the next two contributing factors on performance.

### Key actions:

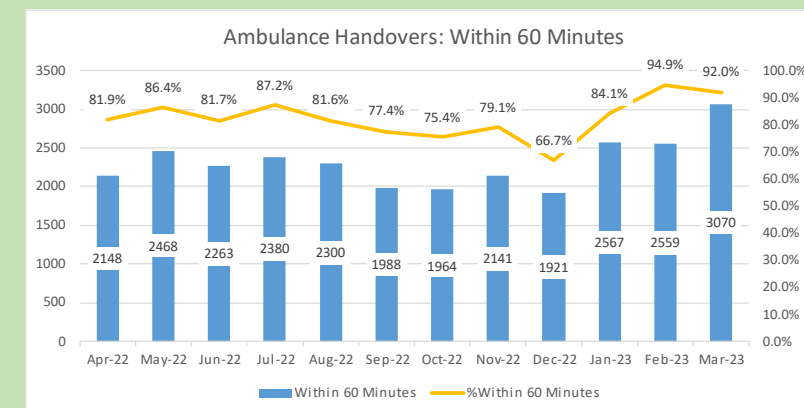
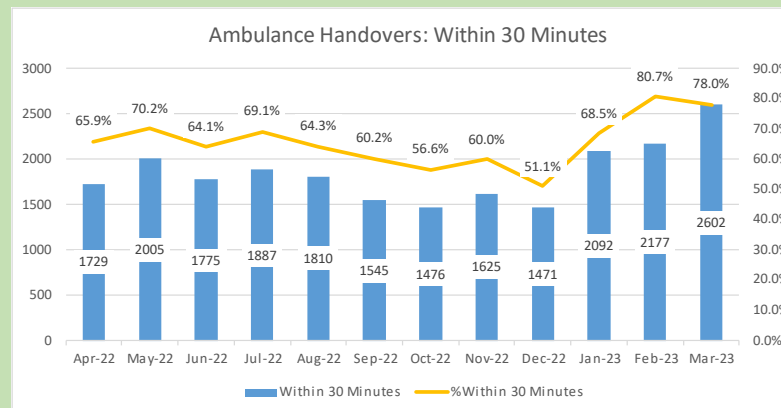
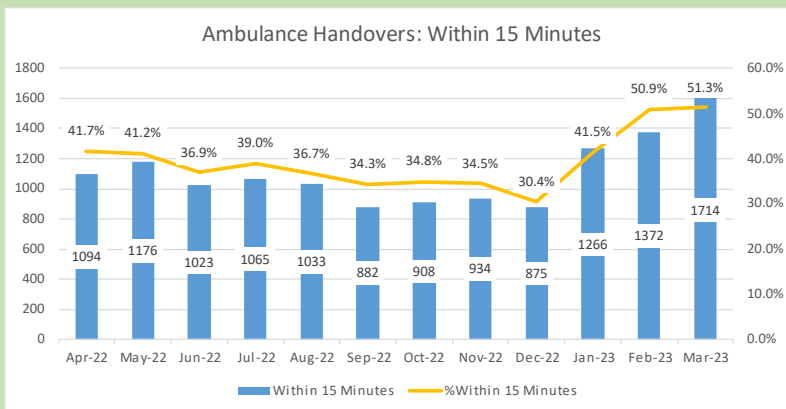
- Increase in patient flow team in ED, to support timely requests and reviews of tests, support discharges from the department and to link with assessment areas.
- A review of roles and responsibilities between Emergency Department and Acute Medical Unit has taken place in month.
- Introduced escalation process for patients waiting in department over 8 hrs to the Chief Operating Officer, this started in April 2023 and continues to be embedded.
- Increased focus, allocation and follow up of clear actions in site meetings.



	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>Bassetlaw</b>	1.70%	2.30%	2.00%	2.80%	2.30%	2.70%	3.00%	2.80%	3.80%	4.20%	3.70%	2.30%	2.20%
<b>Doncaster</b>	4.80%	4.90%	4.20%	5.10%	4.40%	5.90%	8.10%	9.40%	8.00%	12.30%	9.10%	6.00%	6.70%
<b>Montagu</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Trust</b>	3.40%	3.60%	3.10%	3.90%	3.30%	4.30%	5.70%	6.50%	6.00%	8.80%	6.50%	4.30%	4.70%



# 3. Urgent and Emergency Care: Ambulance Handover



## Summary:

- Ambulance handover within 15 minutes improved from 50.9% in February 2023 to 51.3% in March 2023.
- Ambulance handover within 30 minutes and 60 minutes deteriorated in March 2023 compared to February 2023.
- Bassetlaw’s 15 minutes performance remains low however the average handover time is 24 minutes.

## Key issues:

- The performance analysis shows the impact on ambulance delays are at times when the department is over capacity.
- Bassetlaw’s lack of capacity to off load ambulances is the limiting factor in turnaround times

## Key actions:

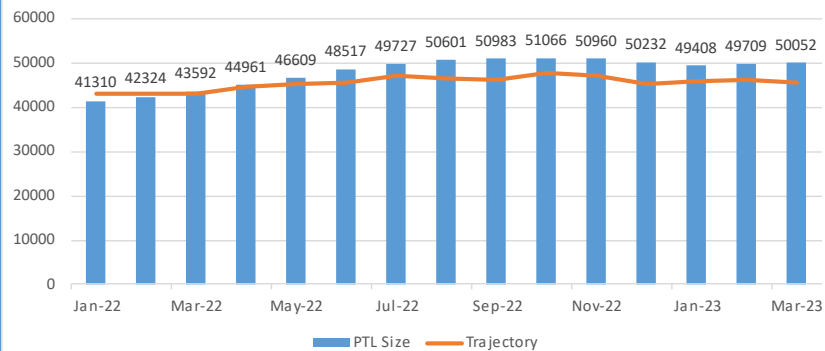
- The Early Senior Assessment model is embedded at Doncaster which allows the patients waiting to be triaged and prioritised at time of delay.
- Collaborative working with YAS and the Trust continues, an Ambulance Resilience Co-ordinator is now in post and is based at DRI in hours 7 days a week.
- Work is underway to introduce the Early Senior Assessment model at Bassetlaw to increase handover capacity in the department.

	Total Arrivals	%<15 mins	%<30 mins	%<60 mins	Longest wait
<b>Bassetlaw</b>	795	22.39%	76.35%	96.86%	02:55
<b>Doncaster</b>	2543	60.40%	78.45%	90.44%	04:18
<b>Trust</b>	3338	51.35%	77.95%	91.97%	04:18

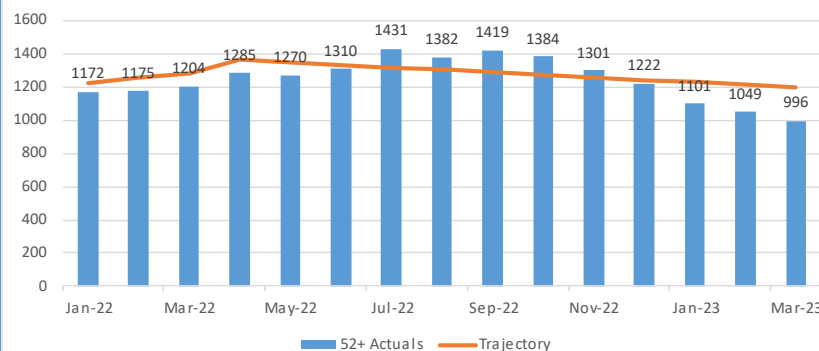


# 5. Elective: Waiting list and long waiting patients

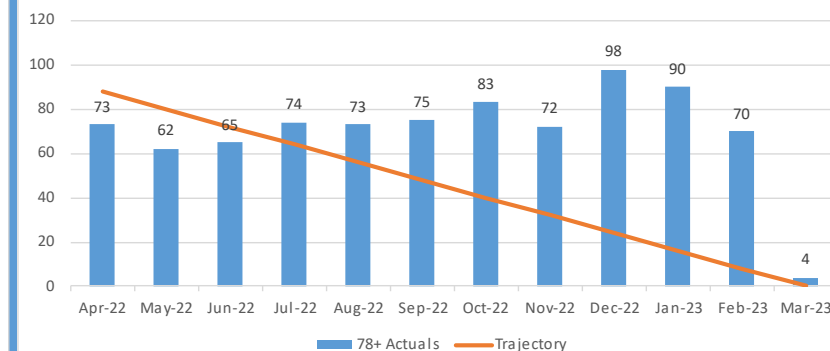
Patients on RTT PTL



Trust 52 Week Breaches



Trust 78 Week Breaches



## Summary:

- At the end of March the PTL size was 50,052, an increase of 0.7% from February 2023
- There were zero 104 week breaches in March.
- The Trust Level month end 18 week performance for March 2023 was 65.4%, which is 0.5% higher than in February 2023
- 5.1% reduction in patients waiting > 52 weeks at the end of March and there were 4 patients waiting over 78 weeks, all of which complex pathways.

## Key issues:

- Capacity issues in T&O, ENT, Gynaecology, Urology and Ophthalmology.
- Increase in cancer demand in ENT is causing capacity constraints for complex nose work due to the limited number of Consultants for this sub-speciality.

## Key actions:

- Improved operational oversight through weekly PTL meetings
- Exploring options for mutual aid for ENT and Trauma & Orthopaedics
- Development of implementation plans for the validation team and digital patient pathway tracker

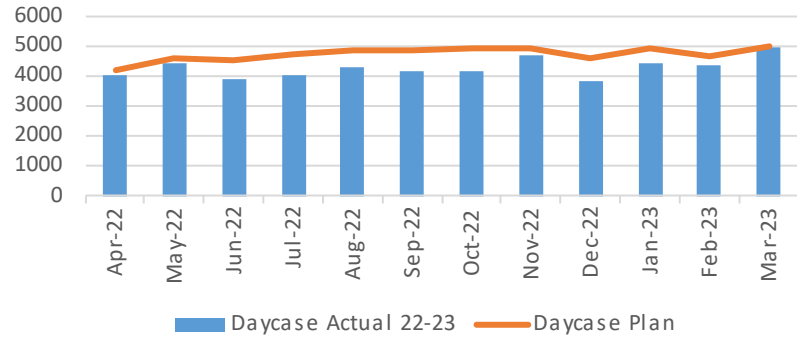
CCG	Values	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Bassetlaw CCG	Total Waiters	9334	9601	9922	10234	10507	10597	10757	10726	10732	10635	10328	10301	10370
	% Under 18 Weeks	67.0%	67.3%	69.8%	68.1%	66.0%	65.5%	64.4%	65.5%	65.5%	64.0%	64.3%	65.8%	66.9%
NHS Doncaster CCG	Total Waiters	27380	28196	29327	30620	31420	32060	32350	32295	32166	31533	31087	31460	31659
	% Under 18 Weeks	68.3%	67.7%	70.7%	69.4%	67.2%	66.9%	65.5%	65.3%	65.4%	63.1%	64.1%	65.4%	65.9%
Trust	Total Waiters	43592	44961	46609	48517	49727	50601	50983	51066	50960	50232	49408	49709	50052
	% Under 18 Weeks	68.3%	68.1%	70.7%	69.1%	66.7%	66.2%	64.7%	65.1%	64.9%	62.7%	63.7%	64.9%	65.4%

## 52+ Weeks: Top 5 Specialties

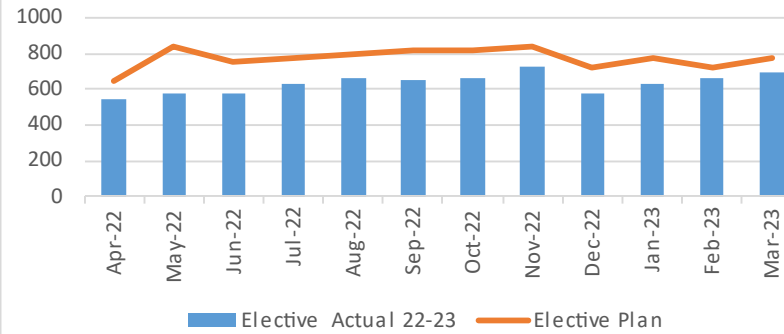
Specialty	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
TRAUMA & ORTHOPAEDICS	532	616	670	740	794	809	850	847	819	783	691	640	590
ENT	96	91	103	112	114	127	128	133	132	130	142	126	125
GYNAECOLOGY	77	103	127	139	153	167	161	161	128	115	94	90	69
UROLOGY	103	88	76	88	125	95	111	85	86	75	62	71	69
OPHTHALMOLOGY	321	317	224	150	154	110	85	70	62	44	34	38	50

# 6. Elective : Day case and Inpatient activity vs plan

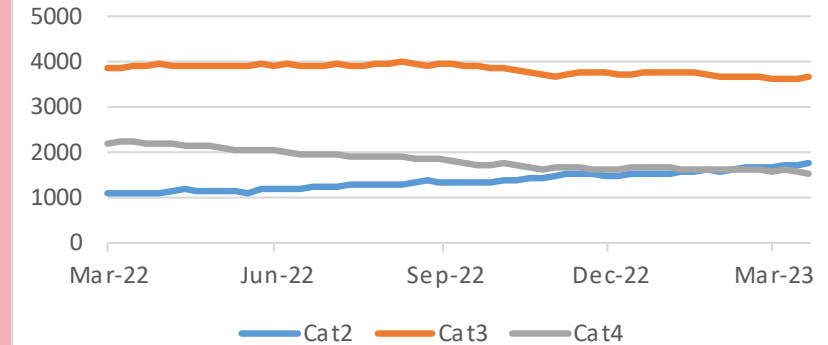
Daycase 22-23 vs Plan



Elective 22-23 vs Plan



RTT PTL: Inpatient WL Categorisations



**Summary:**

- Day case delivered 99% of plan, this is an improvement of 5.9% from previous month
- Elective delivered 89.5% of plan, this is a decrease of 2.4% from previous month

**Key issues:**

- Delays in the theatre improvement programme, for example theatre utilisation of 85%
- Increasing waiting times for 3 challenged specialities (T&O, Ophthalmology, ENT)
- Lost activity during the period of industrial action during March 2023

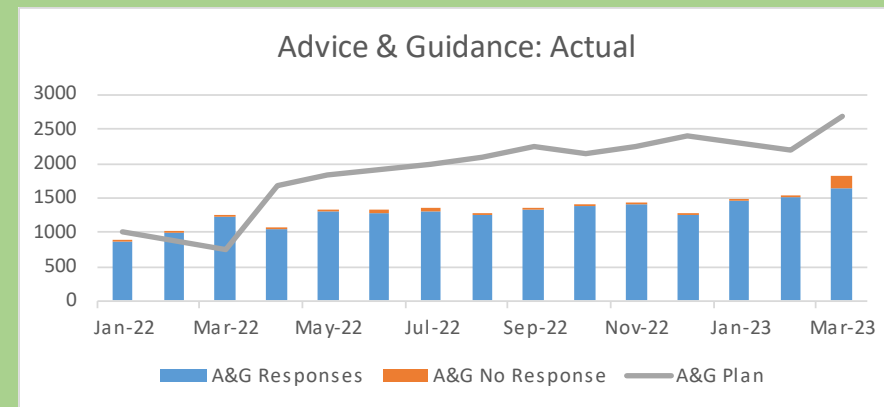
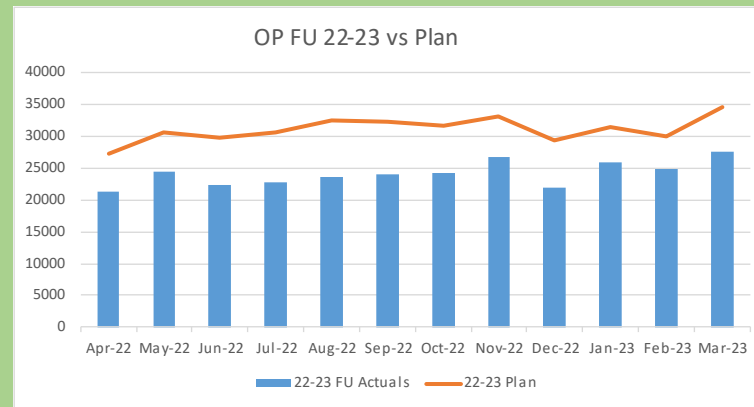
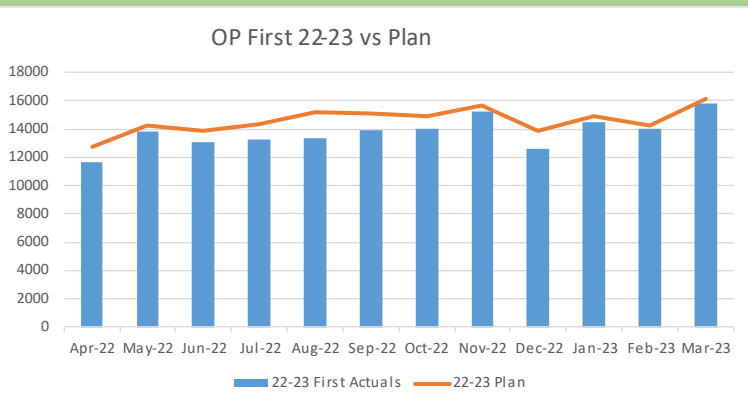
**Key actions:**

- Continue to list all patients based on clinical prioritisation focusing on maximising day case activity.
- Invited National GIRFT team into work with the Trust on 2 specialities (T&O and Ophthalmology)
- Review and refresh the Theatre improvement programme to deliver improvements in theatre productivity and efficiency
- Further analysis of capacity v demand in the 3 challenged specialities to further understand the capacity deficit





# 7. Elective: Outpatients



**Summary:**

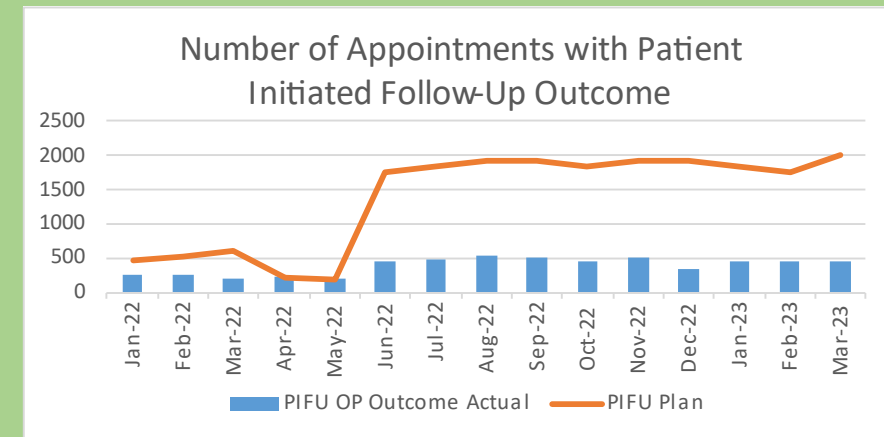
- Outpatient first appointments delivered 97.7% of plan
- Outpatient follow up delivered 79.8% of plan
- Non-achievement of Patient Initiated Follow Up target of 5% at Trust level
- 

**Key issues:**

- Lost activity during the period of industrial action during March 2023

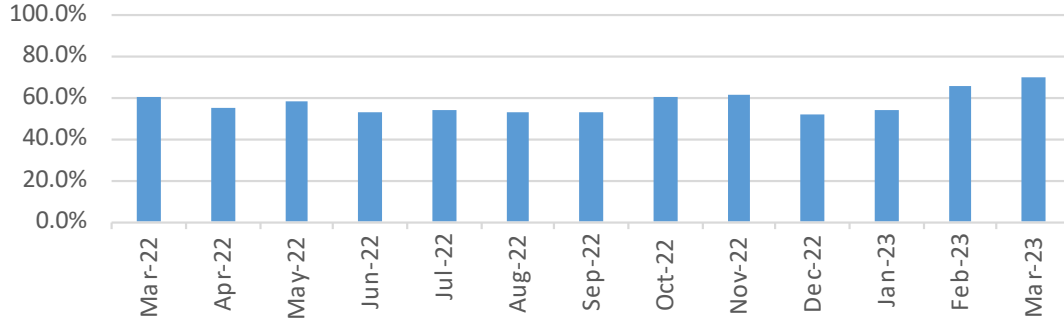
**Key actions:**

- The Outpatient Improvement programme will focus on the delivery of productivity and efficiency opportunities in 2023/24
- Additional outpatient clinics will be undertaken, if required, where staffing and funding is available
- Explore the opportunities to implement digital PIFU



# 8. Diagnostic waiting times

Diagnostic Performance (99% Target)



**Summary:**

- Performance of 70.29% for March 2023, a 5.09% improvement from previous month
- Performance is below the national standard in 11 of the diagnostic tests

**Key issues:**

- Lack of capacity in imaging to meet the 6 week waiting time standard. The additional capacity currently in place is due to cease at the end of April 2023.
- Lack of capacity in audiology to meet the 6 week waiting time standard.

**Key Actions:**

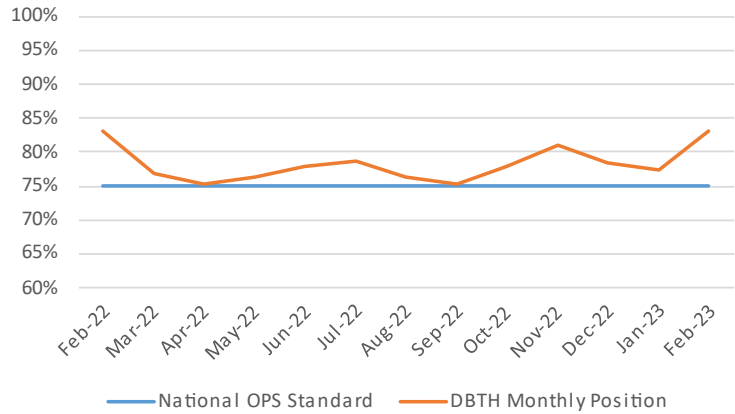
- Complete the diagnostic deep dive to understand the root cause of under performance at diagnostic test level, this will be presented to Finance & Performance Committee in May 2023.
- Develop a recovery plan for each diagnostic test, to include opportunities to improve productivity and efficiency and identify where there is an underlying capacity gap to meet demand.

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1973	950	2923	67.50%	28
CT	1300	16	1316	98.78%	31
Non-Obstetric Ultrasound	2739	354	3093	88.55%	49
Barium Enema	0	0	0		-
DEXA	424	557	981	43.22%	29
Audiology	378	1428	1806	20.93%	58
Echo	343	35	378	90.74%	8
Nerve Conduction	151	13	164	92.07%	16
Sleep Study	25	0	25	100.00%	5
Urodynamic	38	13	51	74.51%	11
Colonoscopy	302	100	402	75.12%	20
Flexible Sigmoidoscopy	105	54	159	66.04%	15
Cystoscopy	385	1	386	99.74%	6
Gastroscopy	469	128	597	78.56%	14
<b>Total</b>	<b>8632</b>	<b>3649</b>	<b>12281</b>	<b>70.29%</b>	<b>58</b>

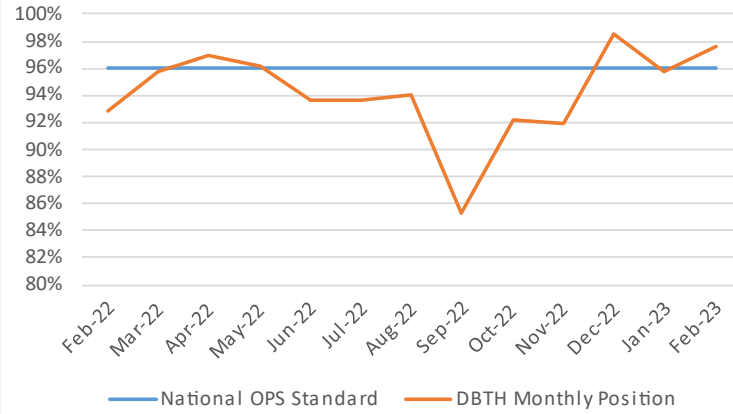


# 9. Cancer waiting times

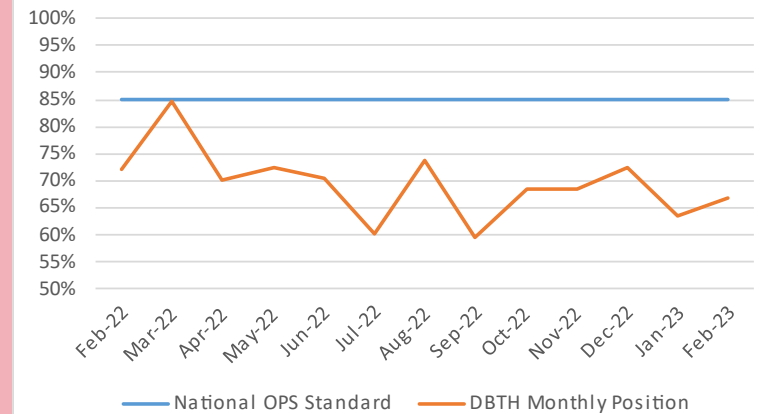
### Day 28 - Referral to Diagnosis



### 31 Day - Decision to Treat to Treatment



### 62 day - Referral to Treatment



#### Summary:

- Faster diagnostic standard achieved (83.1%)
- 31 day: 3 out of 3 nationally reported measures were achieved
- 62 day: 0 out of 2 nationally reported measures were achieved

#### Key issues:

- Increase in referrals to Urology, Gynaecology and ENT
- Capacity pressures in Histopathology can lead to an increase in waiting times across all tumour sites
- Capacity pressures in non-surgical oncology across South Yorkshire

#### Key actions:

- Maintain weekly oversight through the Cancer Patient Tracking meetings
- Continue to flex outpatient capacity to meet 2 week wait referral demand as required
- Continue to work in partnership across the Cancer Alliance to improve waiting times and manage capacity pressures

# 2304 - D STRATEGY

# 2304 - D1 True North, Breakthrough and Corporate Objectives 2022/23 and 2023/24

Decision Item    Speaker: Richard Parker OBE, Chief Executive    Time: 10:10

15 minutes

## References:

- D1 - True North, Breakthrough & Corporate Objectives 2022-23 & 2023-24.pdf
- D1i - Appendix 1 Executive Director Objectives 2022-23.pdf
- D1ii - Appendix 2 - 2023-24 True North & Breakthrough Objectives.pdf
- D1iii - Appendix 3 Corporate Objectives 2023-24.pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	25 April 2023	<b>Agenda Reference:</b>	D1		
<b>Report Title:</b>	True North, Breakthrough and Corporate Objectives 2022/2023 and 2023/2024				
<b>Sponsor:</b>	Richard Parker, Chief Executive Officer				
<b>Author:</b>	Richard Parker, Chief Executive Officer				
<b>Appendices:</b>	Appendix 1 - Executive Director Update 2022/23 Appendix 2 - Breakthrough Objectives 2023/24 Appendix 3 - Draft Objectives 2023/24				
Report Summary					
<b>Purpose of report:</b>	This report updates the Board of Directors on the outcome of work to complete the delivery of the Breakthrough and Corporate Objectives for 2022/ 2023 through work undertaken by Executive Directors, minor amendments to the True North and Breakthrough Objectives, and the proposed Objectives for 2023/2024.				
<b>Summary of key issues/positive highlights</b>	<p>The updates identify that although there were significant challenges with accelerating the pace of recovery from the pandemic, and ongoing operational pressures that work towards the delivery of the Trusts Strategic Objectives and True North was maintained.</p> <p>The Breakthrough and Corporate Objectives for 2023/2024 reflect the need to enhance the Trusts recovery and to return quality and outcome measures to pre pandemic levels as part of an improvement in the Trusts overall operational and financial performance.</p>				
<b>Recommendation:</b>	The Board of Directors is asked to note the contents of the updates and advise on any changes and amendments to the suggested objectives to ensure that actions through 2023/2024 continue to mitigate risks to the delivery of the Trusts Strategic Vision.				
<b>Action Required:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	To provide outstanding care for our patients	Everybody knows their role in achieving the vision	Feedback from staff and learners is in the top 10% in the UK	The Trust is in recurrent surplus to invest in improving patient care	
Implications					
<b>Board assurance framework:</b>	The Corporate objectives reflect the work needed to deliver the Board of Directors strategic direction and mitigate known and reasonably foreseeable risks.				
<b>Corporate risk register:</b>	Delivery of the Corporate Objectives for 2023/2024 will support the reduction in known and reasonably foreseeable risks.				

<b>Regulation:</b>	The Corporate Objectives for 2023/2024 identify actions which will be taken to maintain, and ideally improve the Trust compliance with NHSE/I System Oversight Framework, and the Care Quality Commissions (CQC) standards.		
<b>Legal:</b>	The Corporate Objectives for 2023/2024 aim to maintain the Trusts progress and compliance with legal and statutory responsibilities.		
<b>Resources:</b>	The resources required to deliver the Corporate Objectives for 2023/2024 have been identified as part of the planning process and will be assessed and amended through 2023/2024 if required.		
<b>Assurance Route</b>			
<b>Previously considered by:</b>		Executive Team	
<b>Date</b> :		<b>Decision:</b>	To be presented to the Board of Directors on 25 April 2023
<b>Next Steps:</b>		<p>Specific Objectives will be reviewed at Board Sub Committees with overall progress reported to the Board of Directors in:</p> <ul style="list-style-type: none"> <li>• July 2023</li> <li>• October 2023</li> <li>• January 2024</li> <li>• April 2024</li> </ul>	
<b>Previously circulated reports to supplement this paper:</b>		2022/2023 Corporate Objectives, True North and Breakthrough Objectives, Board of Directors Papers and Performance and outcome Reports.	

## **1. INTRODUCTION**

This paper updates the Board of Directors (BoD) on the progress which has been made by the Executive Team towards the delivery of the Corporate Objectives in 2022/ 23. Significant changes within the Executive Team and the level of covid and influenza being at much higher levels than expected did result in a progress being slower than originally anticipated.

Measures and actions to mitigate the risks and restore the Trust progress towards the 'True North' were taken with the creation of the Directorate of Recovery, Innovation and Transformation and the completion of recruitment to Executive Director posts . In the post winter period, the Trust has begun to demonstrate improvement in a number of key areas, and it is expected that progress will continue to be made in the recovery of pre pandemic performance, efficiency, and effectiveness.

The paper also identifies minor amendments to the Trusts True North and Breakthrough Objectives and the proposed objectives for 2023/ 24.

## **2. BACKGROUND**

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

During 2021/ 2022 progress on the revitalisation of previous programmes of work and delivery continued to be affected by the sustained pressures within the South Yorkshire and Bassetlaw system related to the ongoing Covid pandemic. In 2022/ 2023 the full impact of the pandemic on planned care was visible creating significant challenges in recovery, with extended waits for diagnostic and elective services.

Therefore, the focus of the 2022/ 2023 objectives was related to the ongoing management of pandemic pressures, the recovery of waiting list and waiting time performance, and the delivery of safe, sustainable, effective, and efficient care. However, workforce challenges in some key areas, the higher than expected levels of Covid infection, and hospitalisation, and a challenging influenza season created significant pressures, and did delay the restoration of pre pandemic outcomes and performance. However, progress did continue through the year which is reflected in the Executive Director updates at appendix 1.

Following completion of the recruitment of the Chief People Officer in June 2022 and the Chief Operating Officer and Chief Nurse in January 2023 the Executive Team are in a strong position to support the Trusts Operational Teams to recover previous outcome and performance levels.

## **3. CORPORATE OBJECTIVES**

All Executive Directors work as a unitary team to contribute to and support the delivery of the Trusts Strategic Objectives and Statutory and Regulatory responsibilities. The contribution of with the



contribution each Director has made towards the delivery of the agreed objectives at the end of 2022/ 2023 is identified in appendix 1.

The proposed amendments to the True North and Breakthrough Objectives are identified in appendix 2 with the suggested objectives for 2023/ 2024 identified appendix 3.

In line with Trust processes the final objectives will be confirmed by the Board of Directors with Board sub-committees undertaking assurance on the delivery of the specific elements to assure the delivery of the Trusts performance.

The Chair will set the Chief Executives Objectives to reflect the delivery of the Trusts Strategic Direction and the Trusts work with partners.

#### **4. RECOMMENDATIONS**

The BOD is asked to discuss the contents of this paper and advise upon any necessary amendments to improve the Trust delivery of the True North.

Deputy CEO / Director of RIT

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Take a lead role in working with Partners in Bassetlaw Place and the Nottingham Integrated Care System to achieve the Place and Systems Objectives and Outcomes objectives for 2022/ 23.	Jon Sargeant	RIT01	BOD	DBTH to be an active partner in Nottinghamshire Care System and for any elements of the Nottinghamshire ICS system plan to be delivered as necessary. Monitored through Board report updates and via regular report into Finance and Performance Committee (F&P).	2022-10-17	Attending meetings with the provider alliance, last report to board being the nominations paper re the Notts ICB. Taking part, with other Executive Directors, in a KPMG review on behalf of Notts Provider Alliance regarding direction of travel.	Working on it	Attending a number of N&N ICS Executive level meetings as well as Bassetlaw Place Partnership meetings or ensuring cover at these where needed. Regular contact with locality Director and planned Place visits in October and November. Partnership working linked in with RDaSH working and presented to September Board and October F&P	Working on it	Embedded in meetings, Sitrep report to be completed work in progress. Verbal updates to F&P to date	Working on it	Worked with partners in both the wider Notts and Nott'm community to work on AF strategy and work plan. Fully embedded within the Notts CEO meetings with ICB and AF plus the Bassetlaw Place meetings	Done	
Engage at Place and ICS to identify transformation and development opportunities which enhance the services for our communities and staff	Jon Sargeant	RIT02	BOD	Plans will be in place for services which reduce inequalities and improve outcomes.	2022-10-17	Work ongoing	Working on it	work ongoing. scheduled meeting with RDaSH to explore transformation joint working cancelled at short notice due to ill health. looking to reschedule.	Working on it	MEOC is an example, work on One Doncaster Plan and Bassetlaw Cabinet	Working on it	MEOC, CDC and RDC projects have approval and moving into delivery stage. Building works commissioned and change programmes now being implemented/ designed	Done	
Establish a Trust Wide plan to drive Recovery, Transformation and Improvement opportunities across the Trust to improve quality and safety, reduce inequality and improve efficiency and effectiveness.	Jon Sargeant	RIT03	F&P / A&R / PC / QEC	Plan for recovery of elective and emergency performance has been developed, and amended to reflect higher than expected Covid 19 and emergency activity. Wider plan to be produced by October 2022.	2022-10-17	Work ongoing	Working on it	A Trust transformation board has been established to drive progress across a number of key workstreams. Workstreams have also been set up with programmes of work focussing on the key Trust priorities across quality, elective recovery and workforce amongst others. These are all being managed through monday.com	Working on it	Infrastructure to do so in place, Business Case for additional resource at CIG, Ann Plan set this up for 2022/23. No clear plan for quality improvement with MD and CNO portfolio. Some operational improvement. Will produce an outline plan for 23/24	Working on it	Plan designed for 23/24 and is a key objective in that year. Business case not supported at CIG so the team are looking at alternate ways to deliver. significant change delivered in the Team, with clearer responsibilities. Focus of existing team moved to more significant projects with greater alignment to Trust objectives	Working on it	
Complete the Service Line reporting work utilising the results to drive the Trusts Strategic Direction	Jon Sargeant	RIT04	F&P	Plan to be presented to TEG, F&P, Quality and Effectiveness Committee (QEC) and onto Board in October 2022	2022-10-17	Specialty reports largely completed, additional workshops held with Trust Executive Group(TEG) and Executive Team. Regular report made to F+P	Working on it	Clinical specialty strategies complete for all divisions except for children's and families, additional follow workshops being held with C&F specialties with final specialty clinical strategy document to be completed in November.	Working on it	Service Line work complete Site views on BDGH and DRI underway, board seminar postponed will rearrange	Done	Draft for Doncaster site produced, final work on the Bassetlaw work underway with senior clinicians. Board seminar to present June 2023	Working on it	
Support the delivery of a robust learning and development programme to maximise the capacity and capability for improvement	Jon Sargeant	RIT05	PC	Plan to be presented to TEG, F&P, QEC and onto Board in October 2022	2022-10-17	Work ongoing	Working on it	Work ongoing	Working on it	Infrastructure to do so in place, Business Case for additional resource at CIG (not approved)	Working on it	Infrastructure to do so in place, Business Case for additional resource at CIG (not approved)	Stuck	
Support the Board of Directors to champion Quality Improvement as the vehicle for transformation	Jon Sargeant	RIT06	BOD	Plan to be presented to TEG, F&P, QEC and onto Board in October 2022	2022-10-17	Work ongoing	Working on it	Communication plan being worked on with Communications to highlight the engagement & successes of Qi. Bi-monthly report out sessions being set up (17th November 10-11 next one – for 3 Level 2 Graduations) – to invite NEDs and Executive team representative. Key Performance indicators for Qi being developed and trialled – ongoing. Annual update to QEC – completed October 2022. All improvement projects now being managed via Monday.com and reported into the transformation board – completed. Improvement regular updates into TEG –	Working on it	Infrastructure to do so in place, Business Case for additional resource at CIG (not approved)	Working on it	Infrastructure to do so in place, Business Case for additional resource at CIG (not approved)	Stuck	
Lead the development of the New Hospital Business Case and once funding has been approved ensure the deliver of the Trust major capital programmes; Bassetlaw Emergency Care Village, Mexborough Surgical Care Hub, Mexborough Community Diagnostic Centre	Jon Sargeant	RIT07	BOD / F&P	Monitored through project plans, and agreed budgets into F&P and onwards to the BOD as required.	2022-10-17	BEV case to be presented to F&P and Trust Board in July, CDC case completed and submitted, work on going on other schemes	Working on it	There is an ICB/DMBC/DBTH meeting on 10/1 to discuss way forward for new build. BEV OBC - RFIs have been received and responded to. Awaiting further feedback. RAAC - project commenced, due to complete March 23. MECC - short form BC being developed for Dec. Approval Feb 23. Open - Autumn/Winter 23.	Working on it	BEV case FBC at FP TB in Jan, MECC Case with national team next week, CDC case with national team this week	Working on it	Cases all presented and approved at Board, majority agreed, waiting on approval from NHSE for the New Doncaster Hospital	Done	
Ensure the delivery of the Trust Information and Technology Strategy maximising the benefits of Information Technology to safety, efficiency and effectiveness	Jon Sargeant	RIT08	F&P / QEC / ARC	Monitored through project plans, and agreed budgets into F&P and onwards to the BOD as required.	2022-10-17	EPR case presented to the FP and Trust board and submitted to NHSE	Working on it	Currently awaiting central sign off of the OBC in advance of going out to procurement. We continue to deploy Nerve Centre modules e.g. Clinical Photography, and case notes.	Working on it	EPR approved to FBC and being finalised, Nerve Centre	Working on it	EPR OBC approved centrally, the FBC is currently being produced for approval in 2023. With the expectation that implementation of the new EPR starts in the new financial year	Done	
Maximise the benefits and opportunities of the Wholly Owned Subsidiary (WOS)	Jon Sargeant	RIT09	F&P / A&R	The WOS is making an increasing contribution to the Trusts plans	2022-10-17	Good progress made with Quality Medical Education and Training (QMET), and the WOS is looking at feasibility of putting a small pharmacy on BDGH site	Working on it	Work ongoing with WOS opportunities	Working on it	Good progress made with QMET, and the WoS is looking at feasibility putting a small pharmacy on BDGH site	Working on it	WOS has developed the QMET and Smart ER, whilst remaining in surplus for the current financial year	Done	
Ensure that the Board of Directors, Board Sub Committees and Trust Operational Management Groups have quality assured information by which to assess and assure that delivery of the Trusts Strategic and Operations Objectives.	Jon Sargeant	RIT10	ALL	Monitored against project plan for data improvement, and the introduction of data quality kitemarks. Reporting into F&P and other BOD sub-committees as required.	2022-10-17	Derrick Scorecard system now live and Project Management processes via Monday.com software being implemented	Working on it	Project management processes and reporting embedded and feeding into transformation board and programme steering groups	Working on it	Monday.com live planning for 2022/23. Derrick to be live fully in 2023/24. POSM meetings and governance update	Working on it	Derrick in use, with further work to be done on the finance and quality quadrants. Data Quality kite marking is now being rolled out and mainstreamed this programme will continue to run as BAU.	Done	

Medical Director

Name	Medical Director	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Fully implement the job planning process. Ensuring that job plans support the delivery of safe, sustainable, efficient and effective services Ensure that the internal audit recommendations are completed	Tim Noble	MD01	F&P / QEC	100% of senior medical staff job plans reviewed, agreed and signed off on the Allocate system Ensure the job planning review process is established to have an annual job plan cycle Job Plan Audit Recommendations Action Progress Meeting established to progress and monitor actions against internal audit recommendations through to completion	2022-10-17	Job Plan Action Progress Meeting established. 14 out of 20 actions and sub-actions now complete and closed by internal auditors The first of a series of job planning workshops for clinical directors held 05/07/2022	Working on it	One remaining action open, update submitted to October's Audit and Risk Committee.	Working on it	One remaining action to complete and progress continues to be made to improve job planning activity: Continue to ensure all medical workforce information is accurate and kept up to date Group Job planning meetings Further discussion/support with individual specialties Awaiting the allocation of the new licences	Working on it	Progress against internal audit recommendations completed with the exception of job planning activity. Action plan presented to March 2023 Trust Board to recover the position during 2023/24.	Working on it	
Support specialties and Divisions to optimise recruitment and retention processes with a specific focus on smaller services and difficult to recruit to areas.	Tim Noble	MD02	QEC	Targeted workforce meetings with specialties/divisions to be established to optimise recruitment and retention processes, with Medical Director, Medical HR, Divisional Director, Divisional Director of Operations, Clinical Directors, Education Department Share good practice and learning across specialties	2022-10-17	MD with responsibility for workforce, working with Medical HR, Education Department and Divisional/Specialty leads to identify specialties with difficulty in recruitment	Working on it	Medical Director for workforce working with target specialties	Working on it	Medical Director for Workforce continues to work with target specialties, reviewing and supporting capacity needs and workforce plans as part of Divisional Annual Business Planning for 2023/34	Working on it	The Medical Director for Workforce and Deputy Director for P&OD presented a Workforce Supply and Demand analysis paper for medical staff to People Committee in March 2023. Positively received and will form part of the Trust's workforce strategy.	Working on it	
Following the completion of the reviews of Corporate, Divisional and Directorate Governance arrangements embed the clinical governance and risk management process changes	Tim Noble	MD03	QEC	In line with the recommendations from the external review, ensure governance arrangements and risk management processes are revised and a change management plan developed Communication and engagement with divisional and corporate areas to embed recommended changes through the robust governance framework	2022-10-17	External review complete and report awaited.	Working on it	External peer review report now received. This has been analysed and in concert with PSIRF will help re-shape our governance review. There is a recommendation for an "implementation team" for PSIRF which will assist in producing the changes.	Working on it	The revised clinical governance framework, which has already been approved and ratified by the Board of Directors and its sub-committees, will be formalised and implemented alongside the wider Patient Safety Incident Response Framework and recommendations from the Mason-Higgins external peer review. PSIRF implementation business case discussed 23/01/23	Working on it	Ongoing engagement and participation in PSIRF implementation phases and PSIRF Implementation Programme Board. Governance arrangements will be embedded as part of this process. Risk Management Board established and Risk Systems Manager in place, internal audit review commenced January 2023, report expected imminently.	Working on it	

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
In conjunction with the Chief Nurse ensure that the Trust is able to demonstrate evidence of compliance with the standards required to achieve a CQC Good rating in the Safe Domain and an Outstanding rating in the Caring Domain.	Tim Noble	MD04	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards.	2022-10-17	Working with Chief Nurse to complete the development and implementation of the Trust's Quality Strategy	Working on it	There are effective Clinical Governance processes in the Trust. Further work will continue with the Chief Nurse.	Working on it	Working in conjunction with the Chief Nurse who commenced in post January 2023, to ensure delivery of PSIRF and governance changes to optimise patient safety and learning	Working on it	CQC approach changing, engagement meetings re established with Executive Medical Director and Chief Nurse in attendance.. No formal feedback received from the CQC in relation to the Enhanced Engagement event held in February 2023. Objective under review by Chief Nurse. Internal review visits of Maternity services have been held over the course of February as Maternity CQC reviews are still anticipated.	superseded	
Jointly lead the maternity improvement plan in line with national recommendation from the Ockenden report, clinical Negligence Scheme for Trusts (CNST) year 3 and any further related reports	Tim Noble	MD05	BOD / QEC	Work closely with Chief Nurse and Director of Midwifery to deliver the action plans developed in line with national recommendation from the Ockenden report. Review of safety culture within maternity, work closely with Chief Nurse and Director of Midwifery to review findings, agree recommendations and develop action plans. The 2022/ 2023 Assurance Framework will ensure the Trusts plans are being delivered. Milestone outcomes to be jointly agreed with Chief Nurse and Director of Midwifery.	2022-10-17	Working closely with Chief Nurse and Director of Midwifery to jointly agree action plans in line with national recommendation from the Ockenden report.	Working on it	Having regular meetings with the Maternity team.	Working on it	Board level patient safety champion for maternity with conducting safety walk rounds at Basselaw and Doncaster. This role has now formally transferred to the Chief Nurse. Involved with Children and Families Board.	Working on it	Executive lead, supporting Chief Nurse and Director of Midwifery with implementation of the maternity services improvement plan. Continued involvement with Children and Families Board	Working on it	
Ensure that learning from incidents, complaints, claims and the Learning from Death Reviews are used to improve the quality and sustainability of services; maintaining and improving outcomes and a reduction in HSMR & SHMI	Tim Noble	MD06	BOD / QEC	Medical Examiner Learning from Death Reviews and lessons learnt will be used to maintain and improve outcomes and reduce HSMR and SHMI Learning from incidents, complaints, claims demonstrated in the integrated quality and performance report, with targeted interventions as needed	2022-10-17	Medical Examiner Team scrutinising non-coronial deaths in acute Trust Board reports produced to provide assurance of recommendations and implemented actions. Trust Mortality Group reviewing HSMR performance and trends.	Working on it	The Medical Examiner service continues to assess all adult hospital deaths, the learning from deaths nurse is assisting in the delivery of change and has presented to the Senior medical staff at MAC. Mortality data is under regular review.	Working on it	Mortality analysis is reported to the Trust's Board of Directors meetings. Nationally, regionally and locally mortality is increasing and it is not clear why this is the case. Therefore, the Mortality Investigation Group has been established to: investigate increasing HSMR and SHMI numbers benchmark DBTH position against its peers examine local factors to understand their effect on DBTH mortality rates, such as clinical coding, pathway changes quality assure the scrutiny of deaths via the Medical Examiner process seek any learning or changes that would make a difference The first meeting of the Group was held on Friday 20 January, and a plan of action agreed.	Working on it	Mortality analysis monitored and reported to the Trust's Board of Directors. Ongoing investigatory process, 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. Medical Examiner team continue to scrutinise 100% of non-coronial hospital adult deaths and are in a position to implement this process across community deaths once legislation in place.	Working on it	
Work with the Chief People Officer to maximise the benefit of the Senior Doctor Leadership Development Programme to develop senior leaders across the Trust.	Tim Noble	MD07	PC	Senior doctor leadership development programme in place Proactively encourage senior medical workforce to engage with the programme Encourage the use of study leave to allow protected time for leadership development	2022-10-17	Senior doctor leadership development programme planned for 2022/23	Working on it	The Medical Directors Directorate have collaborated with the leadership team and delivered workshops for senior medical leaders in the organisation.	Working on it	Working with the Chief People Officer, a series of leadership development sessions are planned for senior medical staff throughout 2023	Working on it	Leadership development programme established for Clinical Directors. New Consultant quarterly forum established.	Done	
Fully embed the Medical Advisory Committee (MAC) as the vehicle for engagement and communication with the wider senior medical workforce.	Tim Noble	MD08	PC	Establish bi-monthly Medical Advisory Committee meetings with agreed Terms of Reference Establish bi-monthly MAC planning meetings to cover a range of subject matter as requested by the senior medical workforce Invite Executive Directors and Non-Executive Directors to attend each meeting as a means of engaging and having two-way communication between the senior medical workforce and Trust Board members	2022-10-17	Medical Advisory Committee meetings established monthly Senior medical staff surveyed for input into topics and themes for discussion Process in place to forward plan agenda	Working on it	MAC is fully embedded and continues to have a wide mix of presentations and topics. Surveys have helped with topic selection with both internal and external speakers. Feedback is very good.	Done	MAC continues monthly and a schedule of topics, presentations and speakers has been planned to the end of March 2023	Done	MAC fully embedded, meets monthly, ongoing scheduling of a variety of topical themes and presenters to ensure meetings are informative, productive and encourage two-way communication	Done	
Support the delivery of the Trust Strategic Direction through the delivery of safe, resilient, efficient clinical pathways which are compliant with NICE guidance and evidence based practice and aligned to the Place, ICS and Acute Fed clinical networks	Tim Noble	MD09	ALL	Engage with divisions and specialties through Service Strategy Reviews, incorporating GIRFT recommendations, in line with Trust Strategy Oversight of priorities in terms of short, medium and longer term strategic plans Support pathway redesign to ensure services are delivering efficient clinical pathways that are evidence based and aligned to wider clinical networks	2022-10-17	GIRFT review in specialties to produce up-to-date position re: GIRFT recommendations.	Working on it	The Medical Director for Operational Stability and Optimisation has progressed this work, using GIRFT and Model hospital tools.	Working on it	The Medical Director for Operational Stability and Optimisation continues to progress this work. Full day GIRFT events are running during January 2023, with a series of speciality presentations. The regional GIRFT leads are in attendance and scrutinise plans and progress. They are also offering support and guidance, sharing benchmarking information and peer support	Working on it	Feedback from regional GIRFT team following the recent events has supported 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". Newly appointed Public Health Consultant for Health Inequalities ensuring health inequalities focus in planning processes. Participation in Place based, ICB and clinical networks. Involved in Trust pathway redesign programmes of work to ensure medical director support, such as trauma pathway review, MEOC, CDC, BEV, Medical Imaging etc. During 2023/ 2024 the EMD's support and focus on	Working on it	

Director of Finance

Name	Director of Finance	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Work with the Corporate and Divisional Directors to ensure the delivery of the Trust revenue plan	Alex Crickmar	DOF01	F&P / A&R	Improved support to Divisions to support delivery of the Trust's financial plan. This will be reported monthly to F&P, with the year end accounts presented to ARC.	2022-10-17	Year end accounts signed off at the end of June with unqualified audit opinion for 21/22. Currently off track against financial plan by £1.1m. Financial assurance framework in place for 22/23 with escalation and support offer through POSM meetings with Divisions to improve financial position.	Working on it	The Trust is currently behind financial plan at the end of Q2 as reported to Trust Board. Budgets have been set and agreed with budget holders and financial framework put in place with Divisions with controls in place to support delivery of plan.	Working on it	Achievements Year end accounts signed off at the end of June with unqualified audit opinion for 21/22. 22/23 Budgets and Financial Plan set – improved triangulation of workforce, activity and finance plans, pressure on ICB to review allocations Rigour, grip and control reintroduced post COVID - Financial assurance framework in place for 22/23 with escalation and support offer through POSM meetings working with Divisions to improve financial position. Improvement in Procurement controls – tighter grip on number of STWs and Direct Awards, improved number of tenders. Challenges Finance often seen as less of a priority Temp staffing challenge linked to workforce and operational challenges Inflation and cost of living pressures Financial position/plan very challenging – currently off plan, forecast position challenging Staffing challenges – Finance and Procurement (workload to support increased tendering activity).	Working on it	Improvement in Procurement controls – tighter grip on number of STWs and Direct Awards, improved number of tenders. Challenges Finance often seen as less of a priority Temp staffing challenge linked to workforce and operational challenges Inflation and cost of living pressures Financial position/plan very challenging – currently off plan, forecast position challenging Staffing challenges – Finance and Procurement (workload to support increased tendering activity)	Done	
Work with the Corporate and Divisional Directors to ensure the delivery of the Trusts Capital Plan	Alex Crickmar	DOF02	F&P / A&R	Improved support to Divisions to support delivery of the Trust's financial plan. This will be reported monthly to F&P, with the year end accounts presented to ARC.	2022-10-17	Corporate Investment Group (CIG) re-introduced from beginning of financial year, with significant number of capital cases now approved, especially in Estates. Capital plan currently on track to be delivered by year end.	Working on it	Whilst the Trust is behind plan on capital, this is a phasing issue with the expectation that plans will be delivered by year end. The finance team has been fully involved in supporting the operational capital plan along with a number of significant capital developments including EPPR, BEV etc.	Working on it	Achievements Re-establishment of Corporate Investment Group (CIG) from beginning of financial year with increased rigour applied to the review of business cases. Team working more effectively with Divisions to deliver improved cases Development and update of LTFM to support modelling of large business cases/service developments The finance team has been fully involved in supporting the significant capital developments including expr, BEV, CDC, MEOC etc. A number of the business cases has received Board and F&P approval, with CDC receiving national approval. Capital plan currently on track to deliver. Challenges Steep learning curve for team (some new members) and took significant capacity to support large cases. Quality of business cases has not always been to required standard causing rework and extra support.	Working on it		Done	

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Support the work on the large scale business cases; the New Hospital Strategic Outline Business Case, Bassetlaw Emergency Care Village, Community Diagnostic Centre and the Elective Surgical Hub.	Alex Crickmar	DOF03	F&P / A&R	Approval of business cases. The development of cases will be monitored through business cases to F&P and onwards to the BOD as required.	2022-10-17	Finance team continued to support all significant business cases. EPRR approved at Board in Q1. CDC Phase 2 now approved by national team. Currently working on BECV ahead of presentation to Board in July.	Working on it	The finance team has been fully involved in supporting the significant capital developments including expr, BEV etc. with an updated LTFM being used to support financial modelling. A number of the business cases has received Board and F&P approval, with CDC receiving national approval.	Working on it	Achievements Re-establishment of Corporate Investment Group (CIG) from beginning of financial year with increased rigour applied to the review of business cases. Team working more effectively with Divisions to deliver improved cases Development and update of LTFM to support modelling of large business cases/service developments The finance team has been fully involved in supporting the significant capital developments including expr, BEV, CDC, MEOC etc. A number of the business cases has received Board and F&P approval, with CDC receiving national approval. Capital plan currently on track to deliver. Challenges Steep learning curve for team (some new members) and took significant capacity to support large cases. Quality of business cases has not always been to required standard causing rework and extra support	Working on it		Done	
Ensure the delivery of the Estates Strategy and Plans	Alex Crickmar	DOF04	F&P / A&R	Annual objectives for Estates will be delivered in line with plan (e.g. Granger Report). This will be monitored through project plans and reported through to F&P and ARC.	2022-10-17	Estates plans and objectives are all currently on plan to be delivered including good progress on the Granger report actions which was reported on at the July F&P Committee.	Working on it	The Estates team are currently delivering against its annual plan, with some good progress made in a number of areas including actions relating to the Granger report as reported to F&P.	Working on it	Achievements Team working effectively with Divisions. E and F Appraisal rate 95% and Staff Survey rate result of 64% highest ever. Increased staff engagement and use of Trust Team Engagement and Development TED approach and TED surveys. Launch of first E & F Day providing recognition of the role E & F play in supporting patient care. Well received by wider organisation. Commencement of comprehensive maintenance review in accordance with the requirements of BS 8210 Facilities Maintenance Management (7 Point Plan) part of Granger Report recommendations. Due to risk presented by the condition of the Estate working with NHSE/ and local EPRR colleagues to develop contingency and business continuity plans to enhance emergency response for critical infrastructure failures. Completion of Space Utilisation Surveys and Space Audit move to staff working offsite and partnering with DMBC in the Doncaster CIVIC Quarter. Good progress with QI H & S project working with a number of divisions and corporate teams and successful procurement of H&S Cultural Climate Tool. Provision of Board H&S Responsible Person Training and development of a Decarbonisation Adaption Plan. Development of Trust Sustainable Travel and Transport Plan and review of transport fleet and options for the future of the Park and Ride and EV Charging. Safe Park Mark accreditation successfully achieved for Doncaster Racecourse Park and Ride car park. Launch of staff transport survey through social media, posters and QR codes. Achievements Work in progress to complete the BC for support to achieve the National Standards of Healthcare Cleanliness. Development of Action Plan to achieve the National Standards for Achievements The Finance and Procurement team have developed a suite of online training videos for use by Divisions. Development of systems - Online financial dashboards developed with Divisions are now live - linked to DERICK/Datawarehouse project A full review of tasks undertaken within management accounts with improvements made in processes. This includes the month end timetable is now 2-3 days reported earlier than it was pre-COVID. Review of structure and roles and responsibilities completed Recruitment to some of vacant positions (FBPs), team building (insights) with FBPs. Challenges Delivery of changes in roles and responsibilities/structure has been slower than hoped Recruitment	Working on it	Achievements Team working effectively with Divisions. E and F Appraisal rate 95% and Staff Survey rate result of 64% highest ever. Increased staff engagement and use of Trust Team Engagement and Development TED approach and TED surveys. Launch of first E & F Day providing recognition of the role E & F play in supporting patient care. Well received by wider organisation. Commencement of comprehensive maintenance review in accordance with the requirements of BS 8210 Facilities Maintenance Management (7 Point Plan) part of Granger Report recommendations. Due to risk presented by the condition of the Estate working with NHSE/ and local EPRR colleagues to develop contingency and business continuity plans to enhance emergency response for critical infrastructure failures. Completion of Space Utilisation Surveys and Space Audit move to staff working offsite and partnering with DMBC in the Doncaster CIVIC Quarter. Good progress with QI H & S project working with a number of divisions and corporate teams and successful procurement of H&S Cultural Climate Tool. Provision of Board H&S Responsible Person Training and development of Trust H&S Strategy. Implementation of the Trusts Green Plan including Climate Change Risk Assessments and development of a Decarbonisation Adaption Plan. Development of Trust Sustainable Travel and Transport Plan and review of transport fleet and options for the future of the Park and Ride and EV Charging. Safe Park Mark accreditation successfully achieved for Doncaster Racecourse Park and Ride car park. Launch of staff transport survey through	Working on it	
Deliver an improved management accounts function including systems and training	Alex Crickmar	DOF05	F&P / A&R	Roll out of training programme to Divisions, development of systems (including finance dashboard as part of data warehouse project), development programme for the team and review of structure including roles and responsibilities. This will be monitored through project plans.	2022-10-17	Training Programme videos are in the last stages of completion, ledger information now linked into Datawarehouse and finance dashboards are developed in draft and are in the process of being signed off over the next month. FBP development programme being reviewed, and roles and responsibilities work has now started.	Working on it	The Finance and Procurement team have developed a suite of online training videos for use by Divisions. The team have also developed online financial dashboards through the datawarehouse and this is now being tested with Divisions for sign off. A full review of tasks undertaken within management accounts has been undertaken with improvements made in processes. This includes the month end timetable is now 2-3 days reported earlier than it was pre-COVID. Further work on reviewing roles and responsibilities is needed.	Working on it		Working on it	Working on it	Working on it	

**Chief People Officer**

Name	Chief People Officer	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Develop and launch revised People Strategy aligned with national NHS People Plan, People Promise and priorities.	Zoe Lintin	CPO01	BOD / PC	Engagement with colleagues to author the revised People Strategy, which will demonstrate the DBTH interpretation and delivery against the national plan and priorities. Work to begin in Q2/Q3, to launch Q4.	2022-10-17	Planned for work to begin Q2	Working on it	Initial engagement started at committees, agreed to align with NHS People Plan with 4 pillars	Working on it	People Strategy 2023-27 drafted by CPO and shared with multiple stakeholders in January for feedback, including TEG, Board Committees and colleague networks. Intention to go through approval process at TEG and Board in February. Delivery plan to then be developed and People Committee to have oversight	Working on it	Working on it	People Strategy 2023-27 approved by Board in February 2023	Done
Design and implement a Trust wide approach to engagement in the national staff survey, including developing plans to improve participation, feedback on the results and corporate/ local action planning to improve results.	Zoe Lintin	CPO02	BOD / PC	Approach defined for the 2022 staff survey defined and communicated in Q2 prior to survey launch. Engagement sessions booked ready for lifting of embargo in Q4, with consistent approach to action planning at Trust-wide and local level. 63% response rate or better in the survey (Q3).	2022-10-17	Tender for provider for 2022 survey underway and approach to engagement in the survey results being communicated. Update at July PC.	Working on it	Approach designed to cover the whole survey life cycle, supported at TEG, People Committee, Board & Partnership Forum. Implemented and communicated for 2 survey. Expectations set for engagement in survey results	Done	Highest ever response rate for staff survey at DBTH achieved & amongst leading acute trusts nationally. Preparations underway for teams engagement phase following lifting of national embargo on the results (date tbc).	Done	Done	National embargo on 2022 results lifted 9 March. Team engagement sessions underway and more planned, in line with new approach	Done
Actively support and further develop the Trust Leadership and Organisational Development opportunities. Consolidate/strengthen links with Education and Research Team	Zoe Lintin	CPO03	PC	Leadership development prospectus in place and offer expanded throughout the year. Roll-out of the Team Engagement and Development (TED) tool to support teams, as part of the national pilot. Improvements in leadership questions in staff survey. Embed role as new Exec lead for Education and Research, maximising opportunities for working with the People and Organisational Development ( P&OD) team.	2022-10-17	Leadership prospectus launched. TED tool workshop held in June with c80 participants, first teams using the tool. Exec lead for Education and Research confirmed in June.	Working on it	Closer working with Education & Research team, now with same Exec lead across People & OD and E&R. New Head of Leadership, OD, EDI & Wellbeing started on secondment Sept 22. Overall offer to be reviewed again once leadership behaviours framework developed	Working on it	Established as Exec lead for Education & Research directorate enabling closer working with People & OD directorate. Increased use of TED tool during two year pilot Key cultural change workstreams launched on Flexible Working and Just Culture Leadership development offer to be fully reviewed following development of Framework	Working on it	Working on it	Established ways of working across People & OD and Education & Research directorates. 2023/24 Leadership Development prospectus launched. Key cultural workstreams continue as planned	Done
Build on the Health and wellbeing offer to ensure a sustainable and holistic offer for our people making best use of system opportunities.	Zoe Lintin	CPO04	BOD / PC	Comprehensive, proactive and holistic health and wellbeing (H&W) offer in place which is well understood and accessible by our people. Improvements in H&W questions in staff survey. Increase in number of H&W Champions. Increase in preventative aspects of the overall offer. Positive impact on sickness absence (recognising impact of other factors). Review of Occupational Health capacity undertaken and decisions made on resource requirements.	2022-10-17	Wellbeing offer continues to be expanded e.g. smear clinics. OH business case previously submitted. H&W update at July PC.	Working on it	Health & Wellbeing offer continues to be embedded. Work underway on a proposal for more sustainable funding model (Oct)	Working on it	Comprehensive and growing offer in place and areas of focus identified e.g. menopause. More sustainable approach to funding approved by Charitable Funds Committee. Strategic review of Occupational Health service being commissioned, with reference to national OH strategy.	Done	Done	Governance for new funding model in place. Occupational Health external strategic review recently completed, action plan to be developed	Done
Working with the Executive Team and other colleagues, develop and implement a leadership behaviours framework building upon the Develop, Belong, Thrive Here at DBTH.	Zoe Lintin	CPO05	PC	Engagement with colleagues to develop the framework, linked to existing DBTH ethos and national resources (Q3). Plan in place for launch, implementation and future embedding of the framework linked to all aspects of the employee life cycle. Staff survey impact in future years.	2022-10-17	Plan for engagement to begin in Q3 after the summer period.	Working on it	Initial discussions held with colleagues, planning for wider engagement in Q3	Working on it	Multiple engagement sessions held during Nov/Dec 22 with good attendance and positive feedback. Next stage in Q4 - development of Framework based on local feedback and strategies as well as national resources. Launch in Mar/Apr 23, with plan for embedding into life at DBTH	Working on it	Working on it	The DBTH Way behaviours framework drafted and shared for engagement, with committees, colleague groups/networks and patient groups. Agreed to extend timeline to enable wider engagement during March and April. Aim for approval during May	Working on it

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Review recruitment and retention processes to maximise efficiencies, improve timescales and enhance applicants experience. Developing and strengthening the recruitment and retention team, and the use of technology.	Zoe Lintin	CPO06	PC	Completion of Quality and Improvement (QI) project on end to end recruitment process, from vacancy approval to 'first day ready'. Improvement action plan developed and delivered with PMO support. Improvements seen in length of process and candidate experience. Recruitment team capacity explored and decisions made on resource requirements. Automation options explored.	2022-10-17	QI project scoped and workshop arranged for 19 July with stakeholders. Recruitment business case previously submitted. Update on recruitment KPIs and plans at July PC.	Working on it	QI improvement project underway with launch and follow-up workshops. Actions identified and progress being monitored on Monday.com. Several changes made quickly to streamline the recruitment process. KPIs being reviewed	Working on it	QI project completed and majority of actions completed (Monday.com). New KPIs introduced to be monitored by People Committee. Feedback surveys being completed as part of QI project. Automation recently introduced to issue contracts. Business case on recruitment model being presented in January	Working on it	Recruitment KPIs in place. Business case on recruitment model presented as planned in January and supported in principle. Final decision/next steps depends on outcome of planning and budget setting processes	Working on it	
Review the approach to casework including the implementation of technology to improve experiences.	Zoe Lintin	CPO07	PC	Casework database implemented. Improvement in length of time taken on individual casework. Further roll-out of 'just culture' approach to managing casework, working with Staff Side colleagues.	2022-10-17	Casework database implemented. Update at July PC.	Working on it	Allocate ER Tracker implemented, all cases from 01.04.22 on the system. KPIs on timescales being monitored. 99% positive feedback from managers to date. 'Just Culture' ethos being explored, starting with reviewing tone of all template letters	Working on it	Initial data on ER tracker shows improvement in timescales and experience of those managing cases. Tone and language in letters and policies being reviewed. Links to Just Culture workstream - launch with People & OD and Patient Safety teams in Jan 23	Working on it	ER Tracker embedded with positive feedback. Just Culture workstream launched in January, jointly between People & OD and Patient Safety teams	Done	

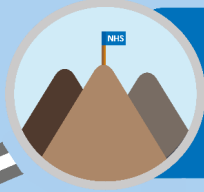
### Chief Operating Officer

Name	Chief Operating Officer	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Ensure that EPRR plans and assurances are in place to respond to all reasonably foreseeable incidents	Denise Smith	COO01	ARC	Plans being updated post Covid business continuity and emergency plans. Training offer has been updated and is being rolled out across on call teams.	2022-10-17	Training being booked. Monthly EPRR updates booked with COO	Working on it	The EPRR compliance plan was presented to BoD in September and the plan is going to Audit Committee on the 14th October	Done			Done	Annual review for 2022/23 and forward plan for 2023/24 to be submitted to Audit Committee in July 2023.	Working on it
Ensure the delivery of the National, ICS and Local standards for Urgent and Emergency Care, Elective Care and cancer care, and diagnostics ensuring that wherever possible reduce inequalities in access.	Denise Smith	COO02	F&P	Business as usual plans in place and emergency recovery board set up July 22 Elective recovery board set up August 22	2022-10-17	Monthly review and weekly updates agreed	Working on it	Daily operational review taking place performance has been stubbornly resistant to improvement the major changes to the AMDY ASU in October are on plan	Working on it	Performance against the diagnostic, cancer and elective recovery programmes is achieving slow progress and performance against Urgent and Emergency Care (UEC) standards in lower than planned with specific challenges remaining for ambulance handovers. The Trust remains focused on continued progress towards reducing the elective waiting times to less than 78 weeks and achieving the diagnostic and cancer standards as soon as possible. The Trusts new substantive COO joins the Trust in January 2023 and will refresh the recovery plans. The Emergency Care Intensive Support Team to visit the Trust in January to bring a fresh eyes approach to the UEC recovery plan.	Working on it	Monitoring arrangements in place to ensure operational oversight and monthly assurance reporting to Finance & Performance Committee	Working on it	
Ensure wherever possible that the delivery of the recovery and restoration plans reduce inequality	Denise Smith	COO03	QEC	Emergency recovery and Elective recovery boards setup with review monthly	2022-10-17	ICB monthly review	Working on it	Recovery plan for electives is in train with twice monthly updates	Done			Done	Done	
Ensure arrangement are in place to maintain and improve patient flow to maximise efficiency and effectiveness	Denise Smith	COO04	F&P	Performance which related to patient flow will be at 2019/ 2020 levels.	2022-10-17	Plan to be updated	Working on it	As ICS and local standards we are performing below the national average the complex improvement and winter plans are in place but reliant on ICB and place #! #! #!	Working on it	A number of actions have been undertaken to maintain and improve flow. The Emergency Care Improvement Support Team will visit the Trust in January to bring a fresh eyes approach to the Trust and PLACE response and plan.	Working on it	Daily operational oversight arrangements in place.	Working on it	
Ensure that services deliver the required levels of transformation to allow access to enhanced funding	Denise Smith	COO05	F&P	Services will be linked into QI program and transformation board. Transformation board will meet monthly with feed in from elective and emergency programs	2022-10-17	First boards to be held in Q2	Working on it	Transformation plans developed and reviewed during Q2	Working on it	In light of the challenges experienced in Q3 transformation plans will be reviewed with the new COO	Working on it	Transformation plans in place for 2022/23	Working on it	
Develop, agree and implement robust plans to manage winter pressures and enhanced IPC measures	Denise Smith	COO06	F&P / PC	Winter plans will be in place by Q3 to reflect divisional plans Winter plans linked to the Integrated Care System and PLACE plans.	2022-10-17	Initial plan shows bed reduction latest version to include ward 22 beds	Working on it	winter plan has been developed and costed the ICB and place are agreeing the overall plan and partial implementation has commenced without further community support we will not be able to maintain performance at safe levels and care for staff and patients will suffer	Stuck	The Trusts winter plans were in place but the Trust experienced significant pressures from increased rates Covid, Influenza and paediatric winter viruses. The Christmas and New period were particularly difficult with a significant increase in the presentations to the Emergency Departments and the acuity, dependency and length of stay of admissions. A full review of the 22/23 PLACE plan will be undertaken to ensure that lessons are learnt to enhance planning for	Working on it	Winter plan has been delivered	Done	

### Chief Nurse

Name	Chief Nurse	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Working with the Executive Medical Director to embed a 'Quality Framework' define the characteristics and evidence that will define and support the Trust to be 'Outstanding in all that we do	Karen Jessop	CN01	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	2022-10-17	Implementation now commenced, project team working question set on trial areas, this will feed into newly formed quality steering group then Transformation board. 'Perfect Ward' audit and accreditation tool across all in patient areas to ensure we have a robust mechanism to measure quality metrics including, patient falls, hospital acquired pressure ulcers, medication incidents.	Working on it	Work in progress. Accreditation audits now being transferred to the new Tendable Audit Solution. Just gone live, to be presented to Nov Board.	Working on it	The Board of Directors received a presentation on the development and implementation of Tendable in Q3 and work continues to maximise its effectiveness. The Trusts new Chief Nurse commences in post in January 2023 and further work will be undertaken with the Executive Medical Director to ensure that systems and processes are on place for 2023/ 2024.	Working on it	Nursing and Midwifery Quality Framework in Draft, approach reviewed by new Chief Nurse, objective will be refined and superseded for 23/24 Objectives. However engagement event held with Senior Nursing Team to agree next steps on 16th March, Stakeholder engagement ongoing next even planned for 24th April. Draft will be presented to QEC in May 23	superseded	
In conjunction with the Executive Medical Director ensure that the Trust is able to demonstrate evidence of compliance with the standards required to achieve a CQC Good rating in the Safe Domain and an Outstanding rating in the Caring Domain	Karen Jessop	CN02	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	2022-10-17	Working with The Executive Medical Director to complete the development and implementation of the Trust's Quality Strategy Work underway to ensure the Trust and Division can demonstrate compliance with the CQC standards.	Working on it	Awaiting new CQC quality assessment framework which will replace current KLOEs and will link in with Trust Quality framework. Walk around maternity in place against current KLOEs as risk of inspection due for maternity.	Working on it	Working in conjunction with the Executive Medical Director to ensure delivery of PSIRF and governance changes to optimise patient safety and learning	Working on it	CQC approach changing, engagement meetings re established with Executive Medical Director and Chief Nurse in attendance.. No formal feedback received from the CQC in relation to the Enhanced Engagement event held in February 2023. Objective under review by Chief Nurse. Internal review visits of Maternity services have been held over the course of February as Maternity CQC reviews are still anticipated.	superseded	
Jointly lead the maternity improvement plan in line with national recommendation from the Ockenden report, clinical Negligence Scheme for Trusts (CNST) year 3 and any further related reports	Karen Jessop	CN03	BOD / QEC	Work closely with Medical Director and Director of Midwifery to deliver the action plans developed in line with national recommendation from the Ockenden report. Review of safety culture within maternity, work closely with Medical Director and Director of Midwifery to review findings, agree recommendations and develop action plan. The 2022/ 2023 Assurance Framework will ensure the Trusts plans are being delivered.	2022-10-17	Ockenden action plan in place and reported to the BOD. Additional resources being put in place to proactively collect and catalogue CNST evidence Birth rate plus review completed. Report to be provided to QEC. Work underway to strengthen the midwifery management structure	Working on it	Ockenden and CNST action plans in place. Project manager recruited to support CNST & Ockenden workload - date to start to be agreed. 2 x 8b posts recruited to support DoM (operational and strategic) start dates Dec 2022 & Jan 2023. Regular progress reports given to QEC and BOD	Working on it	Previously reported actions are now in place. Internal audit have undertaken a review of the evidence to support the Trusts CNST self assessment which will be presented to Board in due course. An Organisational Development programme has been agreed to further support a learning and team culture. The service is actively engaged in LMNS and National programmes related to key Ockenden actions	Working on it	New Chief Nurse has commenced as Maternity Board level Safety Champion, meetings and formal walk rounds established. Division has established a Maternity CNST and Ockenden Oversight Group with an action plan in place and this has been presented at QEC in April 2023. National Single Delivery Plan for Maternity and Neonatal Services has now been published, this will form, the basis of the 2023/2024 objective and supersedes this.	Done	
Ensure the patient/carer voice is listened to by delivering increasing evidence of co-produced outcomes	Karen Jessop	CN04	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	2022-10-17	Work is underway to implement a revised patient experience service.	Working on it	Work continuing to develop strategy.	Working on it	The previously reported actions will be reviewed by the new CN when she commences in post in January 2023.	Working on it	Reviewed by new Chief Nurse, objective will be superseded by Quality Strategy to be presented at QEC in June 2023	superseded	
Ensure safe and benchmarked staffing levels through the Trust, Safer Nursing Care Tool (SNCT) undertaken in May 2022, full feedback will be presented at board in September 2022.	Karen Jessop	CN05	BOD / QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	2022-10-17	Safe staffing assessments and recommendation will be presented to BOD in September	Working on it	Sept Board - latest data collection May 22 identified the need to refresh training for some colleagues as well as new starters. This work will be delivered by the Shelford Group in Oct. Next data collection land Nov 22.	Working on it	The previously reported actions will be reviewed by the new CN when she commences in post in January 2023.	Working on it	All in patient establishments reviewed by Chief Nurse and completed in Q4. Gap analysis against Developing workforce Safeguards (NHSE 2018) has been completed. Regional Team from NHSE have visited DBTH to undertake a review and support benchmarking position, report awaited, however ongoing work is required to embed this as business as usual throughout the organisation and ensure that the biannual SNCT review is embedded into DBTH	superseded	

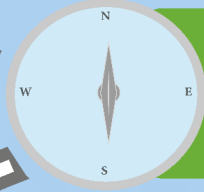
Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Implementation of the Patient Safety Incident Response Framework (PSIRF) and development of patient safety specialist roles across the organisation. Awaiting further national guidance on next steps, patients safety champions identified and in place		Karen Jessop	CN06	F&P / QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	2022-10-17	Work is underway and will be finalised once the external reviews of risk and governance are completed.	Working on it	External review of risk and governance completed. Report being reviewed to identify recommendations. Timeline for PSIRF implementation to be present to QEC in Oct, as guidance has now been received.	Working on it	Progress to implement the PSIRF actions has been slower than expected in Q3 and the Trust will need to accelerate implementation in Q4 to ensure delivery of the framework in 2023/ 2024	Working on it	Implementation of PSIRF has commenced, project team and stakeholder groups commenced in Q4. Implementation currently in line with National implementation timelines and this objective will be carried forward to completion in 2023/24	Done
Celebrate, share and promote good practice		Karen Jessop	CN07	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	2022-10-17	Individual opportunities to celebrate good practice and patient care are reported through established communication channels and celebration events are being planned. Listening events with senior nurses are underway.	Working on it	Individual opportunities to celebrate good practice and patient care are reported through established communication channels and celebration events are being planned. Listening events with senior nurses are underway	Working on it	Individual opportunities to celebrate good practice and patient care are reported through established communication channels and celebration events are being planned. Listening events with senior nurses are underway	Working on it	Sharing How we Care Newsletter relaunched with a Sepsis Focus and future plans for continuation are in place. Accreditation process with peer review will be part of the new Nursing and Midwifery Quality Framework and will form a key objective for 2023/24	Done



## Our vision

The ambition of the Trust

# To be the safest trust in England, outstanding in all that we do.



## True north

How we arrive at our vision



**Objective one:**  
To provide outstanding care and improve patient experience.



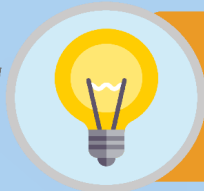
**Objective two:**  
Everybody knows their role in achieving the vision.



**Objective three:**  
Feedback from colleagues and learners in top 10% in UK.



**Objective four:**  
The Trust is in recurrent surplus to invest in improving patient care



## Breakthrough

How we will move to deliver our True North in **2023/24**.



**Objective one:**  
Maintain and improve CQC ratings by achieving improvements in quality and outcomes.



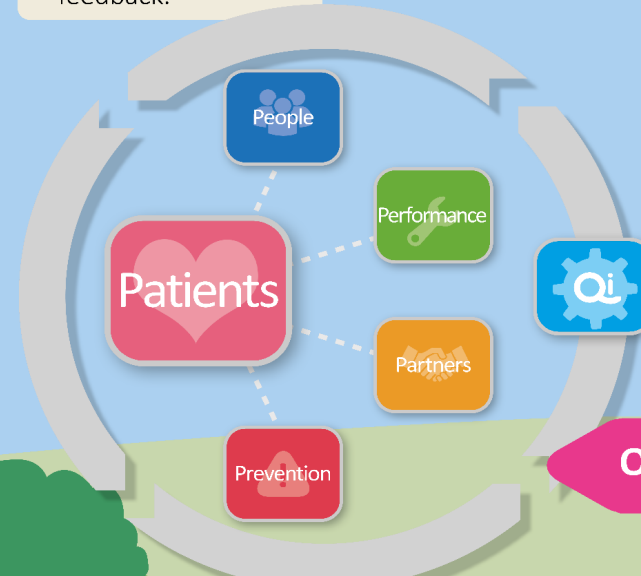
**Objective two:**  
Ensure Divisions and Directorates have the capacity, capability and support to deliver our 2023/24 objectives.



**Objective three:**  
Demonstrate Trust-wide cultivation of an inclusive, caring and kind culture to ultimately drive improvement in patient and colleague feedback.



**Objective four:**  
Demonstrate clear improvements in efficiency and effectiveness to achieve our financial control totals.



## Our Foundations

DRAFT EXECUTIVE OBJECTIVES 2023/2024		
<b>Deputy CEO</b>	<b>Oversight</b>	<b>Expected Outcomes</b>
Working with the CEO, take a lead role in working with Partners at Place, Collaborative to identify and achieve opportunities to ensure safe, sustainable services and Place and Systems Objectives and Outcomes for 2023/ 24.	BOD	DBTH to be an active partner at Place, Collaboratives and System to provide safe and sustainable care and the delivery of the agreed quality and performance standards. Monitored through Board report updates and via regular report into Board sub committees.
Engage at Place and ICS to identify transformation and development opportunities which enhance the services for our communities and staff	BOD	Plans will be in place for services which reduce inequalities and improve outcomes.
Ensure that the Trust Corporate and Clinical Governance systems and processes ensure that the Trust achieves its strategic objectives.	BOD/ BOD Committees	The Trust has a refreshed Corporate and Clinical Governance strategy which identifies the continued development of corporate and clinical governance strategies.
Working with the CEO ensure that internal and external audit recommendations are completed within the agreed timeframes.	A&R	Compliance with the closure of audit recommendations will be at, or above the peer group average or 75%.
<b>Executive Medical Director</b>	<b>Oversight</b>	<b>Expected Outcomes</b>
Move the job planning process to match the service to demands. Ensuring that specialities job plans are manageable, less reliant on additional time, locum and agency cover, support leadership development, recruitment and retention and clinical engagement in the Trusts achieving its strategic objectives to provide high quality, safe and sustainable care.	F&P / QEC	Divisions and Directorates will have the capacity, capability and support to ensure the delivery of the operational and strategic plans in an effective and efficient way.
Support specialties and Divisions to optimise recruitment and retention processes with a specific focus on smaller services and difficult to recruit to areas.	PC	Divisions and Directorates will have plans in place to ensure that recruitment and retention strategies proactively mitigate reasonably foreseeable workforce challenges in an effective and efficient way.
Maintain and improve governance frameworks to ensure that effective learning is used to support the delivery of safer care.	QEC	The Trust will maintain and improve our NHSE and CQC ratings by achieving improvements in quality and outcomes.
Ensure that medical appraisal and revalidation systems and processes maintain high professional standards and the delivery of safe and sustainable care.	QEC/PC	There will be Trust wide improvement in the culture, care and compassion to drive improvement in patient and colleague feedback.
Working with the Chief Nurse ensure the achievement of the three year delivery plan for maternity and neonatal services	BOD / QEC	Work closely with Chief Nurse, Divisional Director and Director of Midwifery to ensure the delivery of the 11 outcomes to ensure that services and safer, more personalised and more equitable.
Ensure that mortality indicators are quality assured, peer reviewed and benchmarked. Optimising learning to improve patient care and outcomes.	BOD / QEC	Benchmarked Hospital Standard Mortality Ratio (HSMR), Standardised Hospital Mortality Index (SHMI) will show improvement.
Support the delivery of the Trust Strategic Direction through the delivery of safe, resilient, efficient clinical pathways which are compliant with NICE guidance and evidence based practice and aligned to the Place, ICS and Acute Fed clinical networks	QEC/ F&P	Demonstrate clear improvements in efficiency and effectiveness to achieve and where possible exceed national, system and local benchmarking.
<b>Chief Finance Officer/ Director of Recovery, Innovation and Transformation</b>	<b>Oversight</b>	<b>Expected Outcomes</b>
Work with the Corporate and Divisional Directors to ensure the delivery of the Trust revenue plan	F&P / A&R	Ensure the delivery of the Trust's financial plan.
Ensure delivery of the large scale business cases for the Bassetlaw Emergency Care Village and the Montage Elective Orthopaedic Centre.	F&P / A&R	Approval of business cases.
Ensure the delivery of the Electronic Patient Record Business case.	F&P / A&R	Approval of business case.
Refresh the Trusts financial controls to ensure the delivery of the Trusts financial plan. Identifying opportunities to improve the Trusts financial position to support the delivery of safe, sustainable, efficient and effective care.	F&P / A&R / PC / QEC	Financail conrols will be in place to esnrue that the Trust resources are used to maximum effect
Support the delivery of capacity and capability for improvement to demonstrate compliance with NHS Impact.	PC/QEC F&P	The Trust will build upon the work already undertaken to demonstrate compliance with the actions and outcomes of NHS Impact.
Complete the Final Business Case for a New Hospital or an alternative strategy if funding from the New Hospital programme is unavailable.	BOD / F&P	The Trust will join the new hopsiatl programme or begin the dvelopment of an alternative startegy to provide improved facilities for patiets an dcolleagues.
<b>Chief People Officer</b>	<b>Oversight</b>	<b>Expected Outcomes</b>
Ensure the delivery of the year 1 priorities in the new People Strategy	PC	Achieve the success measures in the delivery plan.
Ensure the devilry of year 1 priorities sin the new research and innovations strategy	PC	Achieve the success measures in the delivery plan.
Ensure development of a Trust wider strategic workforce plan including ambitions on development of new roles, supported by annual business planning processes and education programmes.	PC	Completion of the strategic workforce plan with appropriate success measures.
Launch the new DBTH Way Framework. Embedding as 'Life at DBTH, including recruitment, appraisals, and the leadership development offer.	PC	Implementation of the framework
Ensure the of key operational development/ cultural change programmes including flexible working and just culture, speaking up strategy and equality, diversity and inclusion plan.	PC	Implementation of agreed change programmes
Embed a new approach to year-round colleague engagement to achieve continued improvement in staff survey and learner survey feedback results and high participation in surveys.	PC	Casework database implemented. Improvement in length of time taken on individual casework. Further roll-out of 'just culture' approach to managing casework, working with Staff Side colleagues.
<b>Chief Operating Officer</b>	<b>Oversight</b>	<b>Expected Outcomes</b>



<b>Deputy CEO</b>	<b>Oversight</b>	<b>Expected Outcomes</b>
<p>Ensure the Trust has robust emergency planning, resilience and response arrangements in place, including an annual work plan and assurance process</p> <p>Ensure the delivery of the urgent and emergency care improvement plan, in collaboration with system partners</p> <p>Ensure the delivery of access standard improvement trajectories, activity and improvement plans related to diagnostic services.</p> <p>Ensure the delivery of access standard improvement trajectories, activity and improvement plans related to elective care.</p> <p>Ensure the delivery of access standard improvement trajectories, activity and improvement plans related to cancer care.</p> <p>Develop, agree and implement robust plans to manage 2023/24 winter pressures</p>	<p>ARC/BOD</p> <p>F&amp;P/ QEC</p> <p>F&amp;P/ QEC</p> <p>F&amp;P/ QEC</p> <p>F&amp;P/ QEC</p> <p>F&amp;P/ QEC</p>	<p>Effective EPRR plans will be in place</p> <p>The Trust will deliver the national standards</p> <p>The Trust will deliver the national standards</p> <p>The Trust will deliver the national standards</p> <p>The Trust will deliver the national standards</p> <p>Winter plans will be in place by Q3 to reflect divisional plans Winter plans linked to the Integrated Care System and PLACE plans.</p>
<b>Chief Nurse</b>	<b>Oversight</b>	<b>Expected Outcomes</b>
<p>Working with the Executive Medical Director ensure the achievement of the three year delivery plan for maternity and neonatal services</p> <p>Develop and commence the implementation of a comprehensive Nursing, Midwifery and Allied Health Professional Quality Strategy that improves patient outcomes and experience.</p> <p>Develop and implement a ward to board assurance process, incorporating peer review,</p> <p>Achieve implementation of the Patient Safety Response Framework (PSIRF) in line with the National Implementation timescales.</p> <p>Embed safe staffing principles for nursing and midwifery, incorporating the use of relevant professional evidence based decision support tools to ensure safe, evidence based nursing and midwifery staffing levels across the Trust.</p> <p>Celebrate, share and promote good practice</p>	<p>BOD / QEC</p> <p>QEC</p> <p>BOD / QEC</p> <p>QEC</p> <p>BOD / PC</p> <p>QEC</p>	<p>Work closely with Executive Medical Director, Divisional Director and Director of Midwifery to ensure the delivery of the 11 outcomes to ensure that services are safer, more personalised and more equitable.</p> <p>Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards</p> <p>Work closely with Medical Director and Director of Midwifery to deliver the action plans developed in line with national recommendation from the Ockenden report. Review of safety culture within maternity, work closely with Medical Director and Director of Midwifery to review findings, agree recommendations and develop action plan. The 2022/ 2023 Assurance Framework will ensure the Trusts plans are being delivered.</p> <p>Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards</p> <p>Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards</p> <p>Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards</p>

<b>Finance and Performance Committee</b>	<b>F&amp;P</b>
<b>Quality and Effectiveness Committee</b>	<b>QEC</b>
<b>People Committee</b>	<b>PC</b>
<b>Audit and Risk Committee</b>	<b>A&amp;R</b>
<b>Board of Directors</b>	<b>BoD</b>

# 2304 - E GOVERNANCE & ASSURANCE

# 2304 - E1 Chair's Assurance Log ? Audit & Risk Committee

Discussion Item    Speaker: Kath Smart, Non-executive Director    Time: 10:25

5 minutes

References:

- E1 - Chair's Assurance Log - Audit & Risk Committee.pdf

## Audit and Risk Committee - Chair's Highlight Report to Trust Board

<b>Subject:</b>	Audit & Risk Committee Meeting	<b>Board Date:</b> April 2023
<b>Prepared By:</b>	Kath Smart, Non-executive Director & Committee Chair	
<b>Approved By:</b>	Audit & Risk Committee Members	
<b>Presented By:</b>	Kath Smart, Non-executive Director & Committee Chair	
<b>Purpose</b>	The paper summaries the key highlights from the Audit and Risk Committee meeting held on 18 April 2023	
Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway	
<p>a) Interim Head of Internal Audit Opinion (HOIA) – Only a “moderate” outcome due to 2 factors:-</p> <ol style="list-style-type: none"> <li>1. Audit Recommendations closure rate 69% (timeliness); 87% overall closure rate. Needs to be 75% or above to move to a higher outcome. Concern was expressed by ARC that as DBTH are an outlier, this needs to improve. Overdue recommendations information to TEG is to be reviewed by Director of RIT and Audit Recommendations now to be included in Executive Director objectives;</li> <li>2. Risk Management – 2 Recommendations made in relation to the DBTH Board Assurance Framework and Corporate Risk Register, actions agreed by the Company Secretary</li> </ol> <p>b) Divisional Risk Management Report - 7 Recommendation areas and the outcome is a split opinion: Significant Assurance - risk management activities operating at a divisional level &amp; Limited Assurance – design of the risk management Framework. All actions have been agreed by management, however, concerns were raised about the extended deadline for RMB reviewing 15+ risks and their mitigating actions (now Oct 2023) and delivering Risk Management Training (March 2024). See “work underway” – Resp owner: Medical Director</p> <p>c) <u>Key risks to escalate</u> None</p>	<p>a) Declaration of Interest, Gifts, &amp; Hospitality - new system (Civica) has been launched and has made a good start. Work underway to monitor compliance for 23/24 – led by the Company Secretary</p> <p>b) Risk Management – Work needs to be carried out to evidence trajectories and progress towards the extended deadlines for review and mitigation of those risks graded 15+, reporting to TEG and periodically to ARC – led by the Medical Director</p> <p>c) All the audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery</p> <p>d) BAF update continues to evolve – 23/24 BAF is expected to be developed further including recommendations from 360 Assurance</p>	
Positive Assurances to Provide	Decisions Made	
<p>a) Counter Fraud work progressing as planned</p> <p>b) Financial Sustainability Audit (national piece of work) shows good performance on the whole; action plan in place to be delivered through F&amp;P Committee</p> <p>c) Security Management Bi-annual report – demonstrated ongoing improvements and assurance of management of risk across key LSMS areas</p> <p>d) Single Tender Waivers/ Losses and compensation show compliance with SO/SFI's – although some queries being followed up on the use of NHS Supply Chain</p>	<p>a) Internal Audit Plan – The Internal Audit Plan 23/24 was approved by ARC</p> <p>b) Job Planning Audit – The majority of the Internal Audit action have been implemented, except for the ongoing work to ensure 85% of Job Plans are agreed and signed off.</p> <p>c) Terms of Reference &amp; Workplan – These were both approved</p> <p>d) Counter Fraud workplan for 2023/2024 was approved</p>	

## **2304 - F INFORMATION ITEMS (To be taken as read)**

# 2304 F1- Nottingham & Nottinghamshire Provider Collaborative Update

Information Item    Speaker: Hazel Brand, Non-executive Director    Time: 10:30

## References:

- F1 - Nottingham & Nottinghamshire Provider Collaborative Update.pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	25 April 2023	<b>Agenda Reference:</b>	F1		
<b>Report Title:</b>	Nottingham & Nottinghamshire Provider Collaborative Update				
<b>Sponsor:</b>	Suzy Brain England OBE, Chair				
<b>Author:</b>	Submitted on behalf of – Hazel Brand , Non-Executive Director				
<b>Appendices:</b>					
Report Summary					
<b>Purpose of report:</b>	To present to the Board the Appendix A (update on Nottingham and Nottinghamshire Provider Collaborative at Scale Common Paper for Trust Boards) from the Nottingham and Nottinghamshire Provider Collaborative Chairs & CEOS Meeting 23 March 2023				
<b>Summary of key issues/positive highlights:</b>	Paper attached				
<b>Recommendation:</b>	The Board are asked to: <ul style="list-style-type: none"> <li>note the next steps on our collaborative journey and</li> <li>consider what the Provider Collaborative could take responsibility for delivering in the ICB 5-year joint forward plan.</li> </ul>				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	N/A				
<b>Corporate risk register:</b>	N/A				
<b>Regulation:</b>	N/A				
<b>Legal:</b>	N/A				
<b>Resources:</b>	N/A				
Assurance Route					
<b>Previously considered by:</b>					
<b>Date:</b>		<b>Decision:</b>	To		
<b>Next Steps:</b>					
<b>Previously circulated reports to supplement this paper:</b>					

# Appendix A: Update on Nottingham and Nottinghamshire Provider Collaborative at Scale Common Paper for Trust Boards

## 1. Purpose of the paper

The purpose of this paper is to update Trust Boards on the current position of the Collaborative, its priorities for 2023/24 and next steps.

## 2. Executive Summary

While collaboration across NHS providers has existed for many years; in summer 2021, NHS England formalised the move to collaborative working and set out guidance for how providers should work together at scale in provider collaboratives.

The Nottingham and Nottinghamshire Provider Collaborative at Scale has been operating for just over a year. The focus has been on building relationships and agreeing a vision, objectives and principles of working. A conscious decision was made early last year that the Provider Collaborative's 'form will follow function' so decisions about our operating structure are still to be made.

Having done the preliminary work; in the second year of our Provider Collaborative (2023/24), the focus will be on delivering change at pace. We are planning to:

- deliver care improvements for our patients as they 'flow' through our urgent and emergency care services,
- consider options around workforce passporting, a shared bank, a leadership programme for our colleagues and strengthen talent management across organisations,
- decide our form and mobilise our governance arrangements with the aim of creating improvements in care, adding value plus instilling better control and legitimacy and,
- further engage with our colleagues and wider partners about what we are doing and what we might want to do in future years.

## 3. Main Report Details

### 3.1 Visioning Session

A visioning session for the Provider Collaborative took place on 30 January 2023, including executive directors and chairs of the five providers involved in the collaborative. The intention throughout the session was to build on existing work and take people through the work that had previously been undertaken.

Attendees voted on their level of appetite for collaboration against each previously identified priority and were also asked to rank the potential priorities to determine whether the focus was still on the right things. The priorities receiving the highest votes were:

- (i) Urgent and Emergency Care including Clinically Ready for Discharge
- (ii) Workforce including Leadership Development and Talent Management.

It was also agreed that a 'prospectus' would be developed for the collaborative, setting out what the collaborative is and is not, why we exist, what our priorities are, how we will operate, what governance forms we will consider and how we will work and communicate with our partners.

Throughout the visioning session there were some clear themes:



- **Ambition:** All organisations demonstrated a commitment and an appetite for collaboration and wanted an injection of pace or a ‘supercharge’ of this work. Members understood that this collaborative was collectively owned and wanted to be a part of it.
- **Understanding each other:** Consideration was given to whether we really know what each member organisation’s priorities are and how they align with ours. It was felt that there was more work to do to understand other member organisation’s positions on topics. We also identified that although it happens in part, leaders from across our organisations do not routinely connect with their counterparts to build relationships, share work programmes and identify strategic opportunities for collaboration.
- **Priorities:** We discussed how our priorities need to have a relevance for all member organisations. We agreed that we should be able to clearly articulate the answer to the ‘what is in this for me?’ question when we consider our work programmes.
- **Governance/Operating Model:** We discussed how form follows function but also highlighted the need to wrap some governance around members to bind us together around our priorities. How we govern the collaborative as a whole was discussed but also how the programmes of work will need clear governance arrangements. This discussion highlighted the need to ensure that the resource for the collaborative and our work programmes, was commensurate with the ambition.
- **Partnerships:** Although the collaborative is about how member organisations come together, the need to continue to remain close to our wider partners e.g., City Care, ICB, Local Authorities, Place Based Partnerships, Primary Care was also highlighted. We discussed how the collaborative should focus on its unique value - doing what only we can do - as a group of NHS providers. On this basis, some of our work will likely be feeding into wider system structures, and could even act on behalf of them, so that connection to and clear communication with wider partners will be vital.

### 3.1. Next Steps

#### 3.1.1. Mobilising our Priorities

A CEO has taken on the role of SRO for each of the priorities, supported by an Executive Director(s) and a project manager to help drive the detailed content of the programme.

- Anthony May (NUH) will lead on the overall development of the collaborative, which in the first instance, would include development of the prospectus and establishment of a suitable governance structure to enable delivery.
- Paul Robinson (SFH) will be the SRO for the Urgent and Emergency Care Programme.
- Ifti Majid (NHCT) will be the SRO for the Workforce Programme.

Work has started in these three areas and includes scoping the work programme, finalising the anticipated outcomes and added value, plus identifying risks.

The ICB is currently writing a 5-year joint forward plan to be published in June 2023 and discussions have started about the role of the Provider Collaborative during this timeframe. As a Collaborative, we will want to decide what we will take responsibility for delivering.

#### 3.1.2. Operating Model

Setting out how the Collaborative will operate will be a core component of our prospectus and will include governance arrangements and leadership / delivery arrangements.

At the visioning event, there was widespread support that we should consider a model of governance that binds member organisations into the collaborative. The Directors of Corporate Affairs from all partners will lead on the development of the options for governance which will subsequently be debated by Boards. The intent is to hold joint Board development sessions to work through the options being considered, e.g. joint committees / committees in common plus

update on progress, agree risks and mitigations plus agree a shared position on priorities for maturing our Collaborative.

### **3.1.3. Leadership / Delivery arrangements**

There was a commitment at the visioning session for a model of distributed leadership. The Provider Collaborative Executive Team is being expanded to engage a broader range of Executive Directors from across our partner organisations in order to reflect the progress of Collaborative. Other groups are also being explored such as a Medical Director or COO group. The objective is to add value through these groups, not add additional layers of structure.

### **3.1.4. Finances and Resourcing**

An interim financial plan has been agreed and is being mobilised that supports the programme management element of the two priorities and the development of the prospectus. It includes dedicated communication support. The intention of this interim plan is to get pace and deliver some 'quick wins' on the agreed priorities as the detailed design work for governance arrangements and the longer-term resourcing decisions take place.

The current funding methodology includes partners providing resources into the Collaborative either in terms of funding or 'in kind' staffing. There is also support that contributions will be proportional to scale of the organisation and the intend impact of the work being done.

### **3.1.5. Communication and Engagement**

A communications and engagement plan for the collaborative is in draft and sets out how we will engage with our colleagues and wider partners about what we are doing and what we might want to do in future years.

It was also agreed at the visioning session that the collaborative needs an identity and with that, it will need a new name and branding.

## **4. Recommendations**

The Board are asked to:

- note the next steps on our collaborative journey and
- consider what the Provider Collaborative could take responsibility for delivering in the ICB 5-year joint forward plan.

**2304 - G OTHER ITEMS**

## **2304 - G1 - Any other business (to be agreed with the Chair prior to the meeting)**

Speaker: Suzy Brain England OBE, Chair    Time: 10:30

5 minutes

## **2304 - G2 Governor Questions regarding the business of the meeting \***

Discussion Item    Speaker: Suzy Brain England OBE, Chair    Time: 10:35

10 minutes

# 2304 - G3 Minutes of the Meeting held on 28 March 2023

Decision Item    Speaker: Suzy Brain England OBE, Chair    Time: 10:45

5 minutes

References:

- G3 - Draft Public Board Minutes - 28 March 2023.pdf

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 28 March 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  
Dr Emyr Jones - Non-executive Director  
Zoe Lintin - Chief People Officer  
Lucy Nickson - Non-executive Director  
Dr Tim Noble - Executive Medical Director  
Richard Parker OBE - Chief Executive  
Jon Sargeant - Chief Financial Officer  
Kath Smart - Non-executive Director
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary  
Marie Hardacre - Head of Nursing for Corporate Services (agenda item C2)  
Lois Mellor - Director of Midwifery  
Angela O'Mara - Deputy Company Secretary (Minutes)  
Daniel Ratchford - Senior Director & General Manager, IQVIA (agenda item C3)  
Suzanne Stubbs - Interim Deputy Chief Operating Officer (Non-elective)  
Virginia Trott - IQVIA (agenda item C3)
- Public in attendance:** Peter Abell - Public Governor Bassetlaw  
Dennis Atkin - Public Governor Doncaster  
Laura Brookshaw - 360 Assurance  
George Kirk - Public Governor Doncaster  
Lynne Logan - Public Governor Doncaster  
Andrew Middleton - Public Governor Bassetlaw  
Dr Shirley Spoons - Observer  
Lynne Schuller - Public Governor Bassetlaw  
Dr Rum Thomas - Observer  
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Denise Smith - Chief Operating Officer  
Adam Tingle - Acting Director of Communications & Engagement

**P23/03/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 public in attendance. The above apologies for absence were noted and no declarations were made.

**P23/03/A2 Actions from Previous Meetings (Enclosure A2)**

No active actions.

**P23/03/B1 Board Assurance Framework – SA1 (Enclosure C1)**

The Board received a refreshed Board Assurance Framework (BAF) in respect of risks to the achievement of the Trust's strategic aim one – to provide outstanding care and improve patient experience. Changes were highlighted for ease of reference and colour coded to identify Executive Medical Director and Chief Nurse responsibility. The BAF would continue to be developed over time. The Executive Medical Director confirmed the substantive appointments of the Associate Medical Director of Clinical Safety and Associate Medical Director Professional Standards and Revalidation.

The Chief Nurse brought the Board's attention to the updated key risks to delivery of the strategic aim and controls. Risk ID 3112, which related to the implementation of the Patient Safety Incident Response Framework (PSIRF) had been reassessed and the risk rating reduced to six. Internal audit reports and the CQC 2022 Maternity Survey were captured as third-party assurance.

Jo Gander welcomed the progress made. In response to a question with regards to complaint response times, the Chief Nurse confirmed this would be a standalone piece of work and not included within the PSIRF.

In order to accurately reflect the enabling work to support the transition from the current to the target risk rating, Kath Smart recommended the corrective actions be expanded and suggested the Emergency Care Improvement Programme and Just Culture were worthy of inclusion. In respect of a control to support a safe and healthy workforce, the Chief Nurse agreed to consider this as part of the next iteration in view of the potential overlap with strategic aim two and three.

Emyr Jones enquired if the impact of training on the quality and standards of care should be reflected in the BAF, an element of crossover with strategic aim two and three was noted, with feedback from the quality assurance visits by the University of Sheffield and Health Education England reported to the People Committee.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***

**P23/03/B2 Executive Medical Director Update (Enclosure B2)**

The Executive Medical Director's report provided an overview of the current programmes of work within his portfolio, including job planning, Getting it Right First Time, appraisal/revalidation and risk management.

The Executive Medical Director acknowledged the extensive emergency planning preparation for the Junior Doctor industrial action earlier this month and confirmed plans for an extended period of industrial action in April. Discussions relating to the Junior Doctor's industrial action had taken place at the Medical Advisory Committee and there would be an opportunity to reflect on learning at the April meeting, along with 2022's Staff Survey results and 2023/24 capital plans.



The need to upgrade the Trust's medical appraisal platform was noted, a business case had been developed and the cost pressure included for 2023/24. The Associate Medical Director of Professional Standards & Revalidation and the Head of Digital Operations & Cyber Security were working with their teams to identify a short-term solution to support the existing platform in the interim.

The report provided an overview of actions arising from the Mortality Investigation Group. The rolling Hospital Standardised Mortality Ratio (HSMR) to December 2022 was provided, including a peer comparison with local trusts.

In response to a question from Hazel Brand, the Chief Executive confirmed that the pathology network continued to develop. As Senior Responsible Officer, the Chief Executive chaired the South Yorkshire Pathology Executive Steering Board. The Trust was represented by the Medical Director for Operational Stability & Optimisation to include clinical expertise.

In response to a question from Hazel Brand with regards to the introduction of community non-coronial adult deaths, the Executive Medical Director advised a cohort of General Practitioners had been recruited to the Medical Examiner's Team to support the nationally mandated process with effect from 1 April 2023.

In response to a question from Kath Smart with regards to risk mitigation, the Executive Medical Director confirmed the process for the review of risks and their ratings, the assessment of current mitigations and identification of new mitigating actions. In respect of awareness of mitigating actions at a Committee and Board level, the Company Secretary confirmed all actions were captured in Datix, a summary of risks linked to the Corporate Risk Register had been provided as an appendix to this month's report.

Kath Smart welcomed the comparator HSMR data and enquired if the mortality review had reached a conclusion with regards to the quality of the Trust's data, the Executive Medical Director confirmed work was ongoing, including an investigation into the data feed for short stay, non-elective activity.

In response to a question from Mark Bailey, the Chief Executive reinforced the importance of considering crude mortality and as part of the review, the need to establish if the Trust was an outlier and if so, the reasons for this. Comparison to peer organisations of a similar size and socio-economic population profile had been considered which differed to those comparator organisations within the Healthcare Evaluation Data. To bring a greater level of consistency agreement on comparator organisations should be reached by the Board's Quality & Effectiveness Committee.

***The Board:***

- ***Noted and took assurance from the Executive Medical Director Update***

**P23/03/B3 Impact of Junior Doctor Industrial Action (Enclosure B3)**

Following a majority vote in favour of industrial action, the Executive Medical Director confirmed a 72 hour walk out of junior doctors had taken place between 13 and 15 March 2023. Whilst the paper presented an overview of the number of junior doctors on strike, the Chief Executive indicated the numbers may be underrepresented due to rostering. Throughout this period patient safety was maintained with no reported harms, with cover provided by consultant and advanced nurse practitioner colleagues. The impact on planned activity was provided at an outpatient, elective day case and elective inpatient level.

A further period of industrial action was expected after Easter and cover was expected to be more challenging during this time due to annual leave. The Chair of the Board reinforced the need for patients to continue to attend their outpatient appointments unless advised otherwise. There would continue to be a focus on priority cases and the public would be encouraged to only attend the Accident & Emergency Department where necessary through a series of planned communications.

In response to a question from Mark Day, the Chief Financial Officer confirmed the costs associated with the industrial action were currently being evaluated. Looking ahead to the next period of industrial action there were no plans to cancel annual leave, unless a national incident was declared.

To avoid the Emergency Department becoming the default option during the industrial action, Emyr Jones enquired if meaningful conversations were taking place with primary care. The Chief Exec confirmed that discussions were ongoing with the Integrated Care Boards, however, as industrial action also impacted upon primary care provision there was a need for patient to proactively consider their care needs.

Lucy Nickson enquired of the impact on the wider workforce and of the necessary steps taken to mitigate this, the Chief Executive recognised that the loss of medical workforce fell largely to specialist nurse and Advanced Care Practitioners. The timing of the next industrial action would be challenging for cover from other staff groups due to the school and bank holiday period. The longer the period of industrial action, the more complex the challenges became and the impact on delivery of recovery plans was noted.

The paper was circulated to the Board members post meeting.

***The Board:***

- ***Noted the Impact of the Junior Doctors' Industrial Action***

**P23/03/B4 Chief Nurse Update (Enclosure C3)**

The Chief Nurse Update provided information, outcomes, and assurance on the key deliverables for patient safety and experience and safe staffing numbers.

The implementation of the Patient Safety Incident Response Framework was continuing at pace, and in line with the national timeline, a good level of engagement was reported and progress was monitored via Monday.com.

The Trust remained on track to achieve the required Infection Prevention & Control targets for 2022/23 and whilst there were continuing challenges with C. Difficile no themes or lapses in care had been identified.

An increase in the number of complaints was noted, the themes of which were identified in the report. The newly appointed Head of Patient Experience and Engagement was undertaking a review of processes and training, and recovery plans to address the falling response times would be developed.

Good progress was noted with regards to recruitment, although some delays with international recruitment had been seen due to Objective Structured Clinical Examination availability, which delayed registration with the Nursing & Midwifery Council. Funding for a further 55 internationally educated nurses had been secured. In response to a question from the Chair of the Board, the Chief Nurse confirmed ethical guidelines were being followed in respect of international recruitment. The majority of the Trust's recruits were from Kerala, India and it was confirmed that the country trained to meet its own needs, and to support other countries international recruitment needs.

In response to a question from Jo Gander, the Chief Nurse confirmed that all lessons learnt from Serious Incident were considered by the Patient Safety Response Group and shared via the Sharing How We Care newsletter.

In respect of staffing levels, the Chief Nurse advised Jo Gander that 10% was the locally agreed variance of planned vs actual staffing hours worked. The care hours per patient day (CHPPD) were triangulated using professional judgement of acuity and dependency. The Chief Executive clarified that daily staffing meetings considered options to manage the risk, including a change to the bed base. Over winter a decision had been taken to include the use of high-cost agencies to support staffing shortfalls, which had impacted the financial position. Significant challenges had been seen in maternity services and work with partners at Place and across the system had taken place.

In response to a question from Mark Day, the Chief Nurse attributed the increase in the number of complaints to the increased waiting times, the impact of winter and increased occupancy levels.

In response to a question from Kath Smart, the Chief Nurse acknowledged that further work was required to support the timely closure of safety actions and to ensure learning was fully embedded into everyday practice.

The recruitment of Healthcare Assistants continued to be challenging and the opportunity to facilitate cohort recruitment would be pursued with the support of the Chief People Officer.

In addition to the reporting of C. difficile, E-Coli and MRSA bacteraemia, Hazel Brand was advised that Covid and other seasonal illnesses were reported to the Infection Control Committee and as part of trust wide Clinical Governance Groups.

Mark Bailey welcomed the quality improvement initiatives, including the introduction of Tendable and the work of the Skin Integrity Team to reduce Hospital Acquired Pressure Ulcers.

**The Board:**

- *Noted and took assurance from the Chief Nurse Update*

**P23/03/B5 Maternity Update (Enclosure C3)**

The Board received the Maternity Update, which provided the findings of perinatal deaths, Health Safety Investigation Branch (HSIB) referrals, training compliance, service user voice feedback and compliance in respect of the Clinical Negligence Scheme for Trusts (CNST) 10.

In respect of the maternity red flags reported on the perinatal surveillance dashboard, the Director of Midwifery confirmed that management actions were in place to mitigate the risks through internal redeployment of staff, facilitated by the manager on call. The Chair of the Board suggested the non-executive directors may benefit from receiving further education in respect of red flag events.

LM

The Chief Executive brought the Board's attention to a recent advisory notice issued by NHSE in respect of the potential safety risk associated with exposure to Entonox. This had been a corrective action for the Trust in its Care Quality Commission inspection of 2019 and the estates and facilities team have provided confirmation that the Trust is compliant with the actions required.

**The Board:**

- *Noted and took assurance from the Maternity Update*

**P23/03/B6 Birthrate Plus® Assessment (enclosure B6)**

Birthrate Plus® is a nationally recognised workforce planning tool used to determine midwifery establishments. The Board's attention was drawn to the Trust's latest assessment and recommendations, received in August 2022. Professional knowledge and understanding of the local context had been considered alongside the assessment. The Trust provides maternity services across two sites and supports a high-risk maternity population which impacts upon the skill mix recommendation.

The staffing model identified a deficit of 25 WTE midwives, against the current funded position. It should be noted this was based upon a traditional model and if Continuity of Carer was introduced a further change would be required. Whilst progress in recruitment of midwives had been made by the Trust, there continued to be a national shortage and the Trust's ability to recruit the additional numbers was limited. As this issue was not unique to the Trust, the Chief Executive, as Senior Responsible Officer of the Local Maternity & Neonatal Service (LMNS), suggested a regional approach be agreed which should consider the availability of recruits, the relative requirements of each unit and the funding so that midwives could be recruited as they are available.

The assessment was welcomed, delivery of a safe, quality service remained a key priority and performance would continue to be reported to the Board as part of the regional perinatal dashboard. Staffing levels, skill mix, key performance indicators were routinely monitored throughout the day, which included alerts to those red flags identified on the dashboard. Existing workforce gaps were being managed at a local and national level and work to support this with the current funded establishment would continue. Where a

safe service could not be delivered the Board were reminded of actions taken to suspend services with diversions put in place to mitigate the risk.

The Director of Midwifery confirmed NHSE's single maternity plan was expected this week which would provide a consistent plan of actions arising from the maternity safety reviews.

In response to a question from Kath Smart, the Director of Midwifery confirmed the regulator would likely be assured if appropriate plans were in place to manage the identified gap, including the need for suspension and diversion of services; the importance of keeping the public informed and of the potential for diversion was confirmed. The Equity & Equality Midwife worked closely with the Maternity Voices Partnership to ensure those at-risk groups, impacted by health inequalities, were identified and a targeted approach made. The Equity & Equality Midwife was currently working closely with the Black, Asian and minority ethnic (BAME) population.

The data analysis and evidence driven paper was welcomed.

**The Board:**

- ***Approved the approach to the Birthrate Plus® Assessment***

**P23/03/C1**

**Board Assurance Framework – SA2 & 3 (Enclosure C1)**

The Board received an updated Board Assurance Framework, which included risks to the achievement of the Trust's strategic aim two – everybody knows their role in achieving the vision and strategic aim three - feedback from staff and learning in top 10% in UK.

The updates were highlighted for ease of reference and there had been no change to the risk scores. Actions related to the Staff Survey and People Strategy were now completed and had been closed and a deep dive would be presented to the People Committee in May with regards to third party assurance received via external visits.

**The Board:**

- ***Noted and took assurance from the Board Assurance Frameworks***

**P23/03/C2**

**People Update (Enclosure C2)**

The paper provided an update on the work to support colleague engagement and experience, including progress of the Just Culture workstream. A Board Workshop had taken place last month and the Chief People Officer and Head of Nursing for Corporate Services encouraged all Board members to share their personal and collective pledges with the Chief People Officer as a demonstration of their commitment to develop and embed Just Culture across the organisation. A wider Trust engagement session to build awareness and consider themes and connectivity with other programmes of work, including the Patient Safety Incident Response Framework and Freedom to Speak Up would take place shortly.

**All**

Feedback would be sought on the draft Leadership Behaviours Framework, to be known as "The DBTH Way".

As Chair of the People Committee, Mark Bailey acknowledged the efforts of the Medical Director for Workforce & Specialty Development and the People & Organisational Development Directorate in presenting a joint piece of work related to medical workforce planning earlier this month.

To close, the Chair of the Board shared her appreciation of the high quality, fast paced work being progressed by the Directorate.

**The Board:**

- ***Noted and took assurance from the People Update***

**P23/03/C3**     **2022 Staff Survey (Enclosure D3)**

The initial findings of 2022's Staff Survey were presented to the confidential Board of Directors' meeting in January 2023. The full report, which included national benchmarking was now available and could be accessed via the link in the cover report.

A summary report showing the Trust's results against the People Promise themes was appended to the report and the Chief People Officer provided the key headlines, which noted the response rate of 65.2% to be the highest ever response rate for the Trust and a national leading response rate for acute Trusts. Of the nine key themes the Trust reported an improvement on eight, as compared to 2021's results and the remaining theme retained its position. A year-round cycle of work to support staff engagement would be embedded, with local engagement sessions taking place at a team level.

Daniel Ratchford of IQVIA recognised the response rate as a good indication of an engaged workforce, which compared favourably to IQVIA's sector average of 44%. A comprehensive update was provided to the Board and a copy of the slide deck would be shared post meeting.

A range of resources had been developed to support development of action plans and trust wide communication.

**The Board:**

- ***Noted and took assurance from the 2022 Staff Survey Results***

**P23/03/C4**     **Guardian of Safe Working Quarterly Report (Enclosure C3)**

The Guardian of Safe Working's quarterly report summarised exception reporting during the period 1 November 2022 to 28 February 2023. A decrease in reporting was noted as compared to the previous period, which was unusual given the winter months were included.

There had been no reports related to missed educational opportunities and the majority of the exception reports related to the working of additional hours. The specialties with the highest number of reports were General Medicine, Gastroenterology and General Surgery. Rota gaps had fluctuated over time with a peak in February 2023, however, there was no correlation with exception reporting.

The spend on locum and bank usage had continued to increase month on month, the main reason for usage related to the vacancy position, with the majority of other usage being split equally between additional cover and sickness absence.

The Board were asked to note the improved level of exception reporting, overnight and weekend cover remained a concern and divisions were sighted on this.

The Executive Medical Director and Emyr Jones thanked the Guardian of Safe Working for the comprehensive update. The Executive Medical Director confirmed work to support specialities and divisions with rota gaps was ongoing.

To close, the Chair of the Board recognised the challenges faced by the Junior Doctors and thanked them for their continuing support.

***The Board:***

- ***Noted and took assurance from the Guardian of Safe Working Quarterly Report***

**P23/03/D1 Board Assurance Framework – SA4 (Enclosure E1)**

The Board received an updated Board Assurance Framework (BAF) which identified risks to the achievement of the Trust's strategic aim four – in recurrent surplus to invest in improving patient care.

The BAF had been updated to reflect the year end position and the risk associated with high agency spend and the need for central cash position by the end of Quarter 1 2023/24. The Trust was engaged in detailed discussions with South Yorkshire Integrated Care Board and NHSE with regards to support, the details of which were still being worked through.

In respect of the corrective action to reduce temporary staffing spend, Kath Smart enquired if the previously discussed plan remained active, including the change to incentives. The Chief Financial Officer confirmed that the monitoring of agency spend through a revised approval process was in place, however, incentives continued to be paid and were not expected to stop until after Easter. The Chief Executive highlighted that 2022/23 plans had been prepared on low levels of Covid 19, which were not realised and as a result there had been a need to provide additionality to support the increased bed capacity and winter pressures.

In response to a question from Hazel Brand, the Chief Financial Officer confirmed that other organisations had faced a similar movement in 2022/23, however, the Trust's starting position had been significantly worse.

In response to a question from Lucy Nickson, the Chief Financial Officer confirmed the manner in which the cash support would be provided was not yet known, long term support may well be supported through Public Dividend Capital.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***





**P23/03/D2 Finance Update (Enclosure E2)**

The Chief Financial Officer confirmed the reported surplus for month 11 was £1.6m, a favourable variance to forecast of £2.4m. This was due to a month 12 adjustment being brought forward to month 11, under direction of the Integrated Care Board, there was no significant risk associated with this.

The Trust was expected to deliver its year end deficit plan of £10.1m, driven by an expected reduction in temporary staffing, non-recurrent income benefits and discretionary spend controls. A key risk to delivery of the position would be the impact of the Junior Doctors industrial action, which was not yet known.

The month end cash balance was £23.1m, the increase from the previous month end was due to the Trust receiving more in PDC dividend income than it had paid out in capital payments and additional income from Health Education England and the commissioners. This would be offset by loan and interest payments and invoice payments.

The Trust was on target to deliver its capital plans by the year end.

***The Board:***

- ***Noted the Finance Update***

**P23/03/D3 Board Assurance Framework – SA1 & 4 (Enclosure D3)**

The Interim Deputy Chief Operating Officer confirmed a concordat relating to the Urgent & Emergency Improvement Programme would be provided by 31 March 2023 for sign off by all partners. An improvement plan would be co-developed with partners and brought to the April meetings of the Finance & Performance Committee and Board of Directors, for approval.

Support would be provided by the Emergency Care Improvement Support Team on the lead up to the Easter bank holidays, when they would be working closely with the operational site teams.

An appointment to the Head of Patient Flow, with responsibility for the site and Integrated Discharge Team was confirmed and appropriate revisions would be made to the Escalation policy.

***The Board:***

- ***Noted and took assurance from the Board Assurance Framework***

**P23/03/D4 Operational Performance Update including Ambulance Handover Delays (Enclosure E4)**

The Interim Deputy Chief Operating Officer provided an insight into the current operational performance. In common with other trusts increased demand on emergency services and associated high staffing pressures continued to impact delivery of elective services, although a programme of elective work had been maintained in February 2023.

An improved performance of 69.1% was reported for February against the four-hour

access standard of 95%, work to drive improvements was ongoing.

Ambulance handovers within 15 minutes had improved week on week during February 2023, with 50.9% completed within 15 minutes and improved performance at 30 and 60 minutes noted.

A slight increase had been seen in Referral to Treatment performance in February, and a 22.2% reduction in 78-week breaches was reported, with the Trust expected to reach zero breaches by 31 March 2023.

Despite an improved position from January 2023, diagnostic wait times remained a concern. Additional computerised tomography (CT) and magnetic resonance imaging (MRI) capacity had increased the overall modalities performance to 65.2%, against a target of 99%. A deep dive on diagnostic wait times would be presented to a future Finance & Performance Committee.

In response to a question from Hazel Brand with regards to Virtual Wards, the Executive Medical Director confirmed that work to understand the capacity and actions to mitigate identified risks were being worked through across Place. The Trust leads were the Medical Director for Operational Stability and Interim Deputy Chief Operating Officer and learning at a system would be shared for mutual benefit. As this work progressed the Board would welcome a further update.

***The Board:***

- ***Noted and took assurance from the Operational Performance Update***

**P23/03/D5 Directorate of Recovery, Innovation & Transformation Update (Enclosure D5)**

The Chief Financial Officer provided an insight into the Directorate of Recovery, Innovation & Transformation's work, including the significant efforts in progressing the three business cases for the Community Diagnostic Centre, Bassetlaw Emergency Village, and the Montagu Elective Orthopaedic Centre.

To clarify the position on the Bassetlaw Emergency Village, the Chief Financial Officer confirmed that the Outline Business Case had been approved, the Trust had been advised not to pause work pending the review of the Full Business Case.

***The Board:***

- ***Noted and took assurance from the Directorate of Recovery, Innovation & Transformation Update***

**P23/03/E1 Corporate Risk Register (Enclosure E1)**

The Board received the Corporate Risk Register and supporting paper. No new corporate risks had been added to the register, a total of 93 risks were rated 15+ across the Trust, 14 of which were monitored via the Corporate Risk Register.

The risk rating of risk ID 3112, relating to the implementation of the Patient Safety Incident Response Framework had been reassessed and as the Trust was on track to

meet the national timeline the risk rating had been reduced to six and the risk removed from the Corporate Risk Register.

An additional report to identify those dependent risks linked to an overarching risk was appended to this month's Corporate Risk Register to provide context. The Chair of the Board welcomed the improved reporting.

In response to a question from the Executive Medical Director, Kath Smart welcomed the addition of the linked risks but was keen to see a full review of all risks rated 15+ and to have sight of the mitigating actions. The Company Secretary confirmed that Internal Audit may have a view on the level of information provided to ensure the conversation retains a strategic, rather than operational focus.

The Company Secretary advised that the Corporate Risk Register now included an additional column to indicate if the risk had been reviewed by the Risk Management Board/Risk Manager. Going forwards all risks on the Corporate Risk Register would have followed the appropriate governance route with Risk Management Board referring risks rated 15+ to the Trust Executive Group to consider the need for inclusion on the Corporate Risk Register.

In respect of risk ID 3122 relating to the cystoscope stacker and cystoscopes, the Executive Medical Director confirmed the scope was now operational, the stacker was listed for consideration by the Medical Equipment Group.

***The Board:***

- ***Noted the Corporate Risk Register***

**P23/03/E2** **Chair's Assurance Log (Enclosure E2i,ii,iii,iv)**

The Board received and noted the Chair's Assurance Logs relating to the People Committee, Charitable Funds Committee, Finance & Performance Committee and Quality & Effectiveness Committee.

The Chair welcomed the reintroduction of the Chair's Assurance Log.

**The Board:**

- ***Noted and took assurance from the Chair's Assurance Logs***

**P23/03/F** **Information Items (Enclosure F1 – F9)**

***The Board noted:***

- F1 Chair and NEDs Report
- F2 Chief Executives Report
- F3 Performance Update Appendices
- F4 Minutes of the Finance and Performance Committee 24 November, 8 December & 26 January 2023
- F5 Minutes of the People Committee 17 January 2023
- F6 Minutes of the Quality & Effectiveness Committee 6 December

2022

- F7 Minutes of the Charitable Funds Committee 8 December 2022
- F8 Minutes of the Audit & Risk Committee 14 October 2022

**P23/03/G1 Minutes of the meeting held on 28 February 2023 (Enclosure G1)**

***The Board:***

- ***Approved the minutes of the meeting held on 28 February 2023.***

**P23/03/G2 Any other business (to be agreed with the Chair prior to the meeting)**

**Bassetlaw Place Based Partnership Draft Place Plan**

Hazel Brand confirmed the draft Bassetlaw Place Based Partnership Place Plan 2023/24 had been shared for comment at the meeting of the Bassetlaw Place Partnership on 23 March. The Place Based Priorities were structured around starting well, living well, ageing well, and working well together with the intention of reducing health inequalities. Responses had been invited from the members by 31 March 2023.

**P23/03/G3 Governor Questions regarding the business of the meeting (10 minutes) \***

The Lead Governor acknowledged the scrutiny and assurance provided as part of today's meeting and would also welcome further information on the National Institute for Health and Care Excellence (NICE) red flags from the Director of Midwifery.

The following question was asked on behalf of the governors:

**Paper C2 has a helpful explanation of the many initiatives to achieve the "top 10% True North ambition" in respect of staff feedback, on which the Board is asked to confirm its commitments. What KPIs constitute the evidence base for judging our current position and what needs to be achieved in 23-24 to attain the True North ambition?**

The Chief Executive confirmed that the Breakthrough objectives were reviewed on an annual basis. The Board would shortly receive the outcomes of the 2022/23 director objectives and refreshed 2023/24 objectives. In terms of the People related ambitions the Chief People Officer confirmed these were articulated in the People Strategy, along with the associated success measures. The supporting delivery plan was yet to be agreed, the People Committee would have oversight of progress against the plan.

The Chair of the Board thanked the governors for their continued support and engagement with patients and the public.

***The Board:***

- ***Noted the governor questions.***

**P23/03/G4**     **Date and time of next meeting (Verbal)**

**Date:** Tuesday 25 April 2023

**Time:** 09:30am

**Venue:** MS Teams

**P23/03/G5**     **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.*

**P23/03/H**     **Close of meeting (Verbal)**

The meeting closed at 13.00

# 2304 - G4 Date and Time of Next Meeting

Information Item    Speaker: Suzy Brain England OBE, Chair    Time: 10:50

Date: Tuesday 23 May 2023  
Time: 09:30  
Venue: MS Teams

## **2304 - G5 Withdrawal of Press and Public**

Speaker: Suzy Brain England OBE, Chair

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.

# MEETING CLOSE

Time: 10:50

## \*Governor Questions

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

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time. Due to the anticipated number of governors attending the virtual meeting, Andrew Middleton, Deputy Lead Governor will be able to make a point or ask a question on governors' behalf. If any governor wants Andrew to raise a matter at the Board meeting relating to the papers being presented on the day, they should contact Andrew by 5pm the day before the meeting to express this. All other queries from governors arising from the papers or other matters should be emailed to Fiona Dunn for a written response.

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

- Questions at the meeting must relate to papers being presented on the day.
- Questions must be submitted in advance to Andrew Middleton, Deputy Lead Governor.
- Questions will be asked by Andrew Middleton, Deputy 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