






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


# BOARD MEETING - PUBLIC

## BOARD MEETING - PUBLIC

 23 May 2023

 09:30 GMT+1 Europe/London

 Virtual -TEAMS

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## 2305 - A MEETING BUSINESS

● Standing item

👤 Kath Smart, Deputy Chair of the Board

🕒 09:30

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### REFERENCES

Only PDFs are attached

 00 - Board of Directors Public Agenda 23.5.2023 v3.pdf

**Board of Directors Meeting Held in Public  
To be held on Tuesday 23 May 2023 at 09:30  
Via MS Teams**

Enc		Purpose	Page	Time
<b>A</b>	<b>MEETING BUSINESS</b>			<b>09:30</b>
<b>A1</b>	<p>Welcome, apologies for absence and declarations of interest <i>Kath Smart, Deputy Chair</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</p> <p>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting</p>			5
<b>A2</b>	<p>Actions from previous meeting (<b>no active actions</b>) <i>Kath Smart, Deputy Chair</i></p>	Review		
<b>B</b>	<b>True North SA1 - QUALITY AND EFFECTIVENESS</b>			<b>09:35</b>
<b>B1</b>	<p>Executive Medical Director Update - to include Q3 2022/23 Learning from Deaths <i>Dr Tim Noble, Executive Medical Director</i></p>	Assurance		10
<b>B2</b>	<p>Chief Nurse Update <i>Karen Jessop, Chief Nurse</i></p>	Assurance		10
<b>B3</b>	<p>Maternity &amp; Neonatal Update <i>Lois Mellor, Director of Midwifery</i></p>	Assurance		10
<b>C</b>	<b>True North SA2 &amp; 3- PEOPLE AND ORGANISATIONAL DEVELOPMENT</b>			<b>10:05</b>
<b>C1</b>	<p>Chair's Assurance Log – People Committee <i>Mark Bailey, Non-executive Director</i></p>	Assurance		5
<b>C2</b>	<p>People Update - to include the DBTH Way <i>Zoe Lintin, Chief People Officer</i></p>	Assurance		10
<b>D</b>	<b>True North SA4 - FINANCE AND PERFORMANCE</b>			<b>10:20</b>
<b>D1</b>	<p>Chair's Assurance Log – Finance &amp; Performance Committee <i>Mark Day, Non-executive Director</i></p>	Assurance		5

<b>D2</b>	Finance Update <i>Jon Sargeant, Chief Financial Officer</i>	Note		20
<b>D3</b>	Going Concern <i>Jon Sargeant, Chief Financial Officer</i>	Note		5
<b>BREAK 10:50 - 11:00</b>				
<b>D4</b>	Operational Performance Update <i>Denise Smith, Chief Operating Officer</i>	Assurance		15
<b>D5</b>	Directorate of Recovery, Innovation & Transformation Update <i>Jon Sargeant, Director of Recovery, Innovation &amp; Transformation</i>	Assurance		10
<b>D6</b>	Annual Digital Maturity Assessment <i>Jon Sargeant, Director of Recovery, Innovation &amp; Transformation</i>	Note		5
<b>E</b>	<b>STRATEGY</b>			<b>11:30</b>
<b>E1</b>	South Yorkshire Acute Federation Clinical Strategy <i>Richard Parker OBE, Chief Executive</i> <i>Cathy Hassell, Managing Director, South Yorkshire Acute Federation</i>	Note		10
<b>F</b>	<b>GOVERNANCE &amp; ASSURANCE</b>			<b>11:40</b>
<b>F1</b>	Board Assurance Framework – Review 2023/2024 <i>Fiona Dunn, Director Corporate Affairs / Company Secretary</i>	Discussion		10
<b>F2</b>	Corporate Risk Register <i>Fiona Dunn, Director Corporate Affairs / Company Secretary</i>	Review		5
<b>F3</b>	Terms of Reference – Finance & Performance Committee <i>Fiona Dunn, Director Corporate Affairs / Company Secretary</i>	Approve		5
<b>F4</b>	Terms of Reference – Audit & Risk Committee <i>Fiona Dunn, Director Corporate Affairs / Company Secretary</i>	Approve		5
<b>G</b>	<b>INFORMATION ITEMS (To be taken as read)</b>			<b>12:05</b>
<b>G1</b>	Chair and NEDs Report <i>Kath Smart, Deputy Chair</i>	Information		
<b>G2</b>	Chief Executives Report <i>Richard Parker OBE, Chief Executive</i>	Information		
<b>G3</b>	South Yorkshire & Bassetlaw Acute Federation Mutual Aid <i>Richard Parker OBE, Chief Executive</i>	Information		
<b>G4</b>	Integrated Quality & Performance Report <i>Jon Sargeant, Interim Director of Recovery, Innovation &amp; Transformation</i>	Information		
<b>G5</b>	Minutes of the Finance and Performance Committee –27 February & 23 March 2023 <i>Mark Day, Non-executive Director</i>	Information		



<b>G6</b>	Minutes of the People Committee – 7 March 2023 <i>Mark Bailey, Non-executive Director</i>	<i>Information</i>		
<b>G7</b>	Minutes of the Quality & Effectiveness Committee – 7 February 2023 <i>Jo Gander, Non-executive Director</i>	<i>Information</i>		
<b>G8</b>	Minutes of the Audit & Risk Committee – 27 January 2023 <i>Kath Smart, Non-executive Director</i>	<i>Information</i>		
<b>G9</b>	Minutes of the Trust Executive Group – 9 January, 22 March & 3 April 2023 <i>Richard Parker OBE, Chief Executive</i>	<i>Information</i>		
<b>H</b>	<b>OTHER ITEMS</b>			<b>12:05</b>
<b>H1</b>	Minutes of the meeting held on 25 April 2023 <i>Kath Smart, Deputy Chair</i>	<i>Approval</i>		5
<b>H2</b>	Any other business (to be agreed with the Chair prior to the meeting) <i>Kath Smart, Deputy Chair</i>	<i>Discussion</i>		
<b>H3</b>	Governor questions regarding the business of the meeting (10 minutes) * <i>Kath Smart, Deputy Chair</i>	<i>Discussion</i>		10
<b>H4</b>	<b>Date and time of next meeting:</b> <b>Date:</b> Tuesday 27 June 2023 <b>Time:</b> 9:30 <b>Venue:</b> MS Teams	<i>Information</i>		
<b>I</b>	<b>MEETING CLOSE</b>			<b>12:20</b>

## \*Governor Questions

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

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

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

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



**Kath Smart**  
**Deputy Chair**

## 2305 - A1 WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

● Standing item

👤 Kath Smart, Deputy Chair of the Board

🕒 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

2305 - A2 ACTIONS FROM PREVIOUS MEETING (NO ACTIVE ACTIONS)

● Standing item

👤 Kath Smart, Deputy Chair of the Board

No active actions



## 2301 - B1 EXECUTIVE MEDICAL DIRECTOR UPDATE

● Discussion Item

👤 Dr Tim Noble, Executive Medical Director

🕒 09:35

- to include Q3 2022/23 Learning from Deaths Report  
10 minutes

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### REFERENCES

Only PDFs are attached



B1 - Executive Medical Director Update.pdf



B1i - Learning from Deaths Report Q3 22-23.pdf



B1i - Appendix Learning from Deaths Report Q3 22-23.pdf

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	23 May 2023	Agenda Reference:	B1		
Report Title:	Executive Medical Director Update				
Sponsor:	Dr Tim Noble, Executive Medical Director				
Author:	Julie Butler, Senior Manager				
Appendices:					
Report Summary					
Purpose of report:	To provide a clinical update on the areas within the EMD portfolio of work				
Summary of key issues/positive highlights:	The clinical update provides an overview as well as some specific examples within each of the team's work-strands, presenting a largely positive overview of the work being undertaken and future plans.				
Recommendation:	The Committee is asked to note the content of the report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	<i>No changes made</i>				
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:					
Date:		Decision:			
Next Steps:					
Previously circulated reports to supplement this paper:	Job Planning Update March 2023 – considered by People Committee, Audit and Risk Committee and Board of Directors Medical Appraisal update April 2023 – considered by People Committee				

## 1. INTRODUCTION

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

## 2. MEDICAL DIRECTOR FOR WORKFORCE AND SPECIALTY DEVELOPMENT

### 2.1 Junior Doctors Strike

A hot debrief was held on the 25<sup>th</sup> April to reflect on the impact of the junior doctors' industrial action that took place immediately following the Easter bank holiday period 11-15 April. All areas agreed that the detailed pre-planning helped to ensure essential and emergency services were well managed and patient safety maintained. No major issues had been escalated during this period.

There was a significant amount of cancelled and reduced elective activity across outpatients, day case and inpatients in order to release senior medical staff to maintain patient safety and ensure adequate medical cover for the 4-day strike period. Additional support was provided from Advanced Clinical Practitioners, Pharmacy teams and other non-medical support services including nursing, site teams and digital transformation teams.

The emergency planning was led from the Chief Operating Officer's team, Emergency Planning Officer and Divisions, supported by the Medical Directors and other corporate areas.

### 2.2 Job Planning

The medical director has commenced detailed action planning for recovery in 2023/24, along with identifying project areas to achieve the job planning improvement programme, supported by the Project Management Office (PMO).

Plans are in place to recover the outlying specialties identified in the job planning update presented in March 2023, which collectively make up almost half of the job plans to be finalised and signed off.

As at 28 April 2023, there were **175 job plans** signed off on the Allocate system, this fluctuates as job plans on the system become due an annual review.

Process	Complete 31/10/22	Complete 08/12/22	Complete 04/01/23	Complete 01/02/23	Complete 01/03/23	Complete 31/3/23	Complete 28/04/23
signed off	101	117	123	131	135	156	175
awaiting clinician 1 <sup>st</sup> /2 <sup>nd</sup> sign off	62	57	52	60	71	62	68
in discussion	175	169	168	166	158	152	124

The percentage of Consultant and SAS doctors with job plans either signed off or about to be signed off is 66% with around a further 10% of job plans previously agreed now in the 'in discussion' phase as they have reach their 12-month timescale for review.

### 2.3 Workforce Planning

Work continues with divisions and the Chief People Officer's team on medical workforce challenges.



Alongside job planning, there is a focus on supporting the assessment of medical workforce supply as part of the wider multi-disciplinary team, ensuring job plans are manageable, with less reliance on additional time, locum and agency cover. Strategically scaling specialties to enable the Trust to deliver its objectives.

## **2.4 Workforce Development and Engagement**

The development sessions for Clinical Directors and new Consultants to the Trust have been scheduled for 2023/24. Updates will be provided based on the feedback from these sessions.

## **2.5 Medical Advisory Committee (MAC)**

The April meeting for MAC was stood down due to junior doctor industrial action. The agenda for May included the following:

- New Non-Executive Director welcome and introduction - Dr Emyr Jones
- Reflecting on the Junior Doctors Industrial Action 11-15 April
- Staff Survey Results
- iRefer System
- GP shadowing to improve primary/secondary care interface

A series of invitations will be extended to Non-Executive Directors throughout this financial year for attendance and contribution to this forum.

## **3. MEDICAL DIRECTOR FOR OPERATIONAL STABILITY AND OPTIMISATION**

### **3.1 Getting It Right First Time (GIRFT)**

The format of the 2023/24 GIRFT Programme was presented to the Transformation Board on the 4<sup>th</sup> April.

The Project Management Office (PMO) team are supporting the establishment of a GIRFT Steering Group which will be held monthly and Chaired by the Medical Director with divisional representation core to the membership. Requests for divisional GIRFT leads have gone out.

This forum will pick up the actions from the Regional GIRFT events in January, prioritised at divisional level along with other areas of work such as high volume low complexity (HVLC) to reduce unwarranted variation and improve quality. The Model Health system will be used to benchmark data at Trust, regional and national level. There will be elements of this work that are picked up in other programmes such as outpatients, theatres, workforce etc. and some that will be GIRFT specific.

### **3.2 Key Areas of Focus**

The Medical Director continues his involvement in the DBTH strategic developments including:

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

## **4. ASSOCIATE MEDICAL DIRECTOR REVALIDATION AND APPRAISAL**

#### **4.1 Appraisal Performance**

The People Committee received a paper on Medical Appraisal performance at its meeting on the 2<sup>nd</sup> May.

Medical Appraisal performance at the end of 2023/24 was reported as 89.09% against the NHS England target of 85%. The team have since received further evidence of completed appraisals to the end of March 2023, taking the final year-end position to 90.34%.

#### **4.1 Electronic Appraisal Platform**

As previously reported, the current medical appraisal IT system is on the Trust's risk register as it is no longer fit for purpose.

The Trust currently uses a semi-programmed PDF called the Medical Appraisal Guide (MAG) 4.2 form, which sits within an IT system developed in-house, underpinned by a Windows Server. Due to the age of the system and the server it can no longer be supported, and there is a risk of catastrophic system failure if it is moved to a new server. Due to a number of factors including cybersecurity, the process currently requires a significant amount of manual processing, and therefore is heavily reliant on the administrative support and expertise of the Professional Standards Team. The Professional Standards team have been evaluating the various web-based systems available to the NHS.

In June 2022 NHS England released guidance on the format of the new Appraisal 2020, stating that the MAG form should be retired in favour of an online appraisal platform. Further notification from NHS England was released in April 2023, setting out the expectation that doctors and designated bodies should discontinue use of the MAG form and shift to an alternative vehicle.

The system replacement is within the Digital Transformation capital plan for 2023/24 and the procurement process will commence following approval of the business case in the first quarter of this financial year.

### **5. ASSOCIATE MEDICAL DIRECTOR CLINICAL GOVERNANCE/PATIENT SAFETY**

#### **5.1 Clinical Governance (CG)**

Dr Youssef Sorour commenced in post on the 1<sup>st</sup> May 2023, and will be working on the following objectives from the previous post-holder, Dr Juan Ballesteros who has recently retired:

- Maintaining and improving governance frameworks to ensure effective learning is used to support the delivery of safer care
- Supporting divisions in championing clinical lead roles in governance, clinical audit and mortality
- Developing a clinical forum for patient care and safety
- Supporting PSIRF implementation

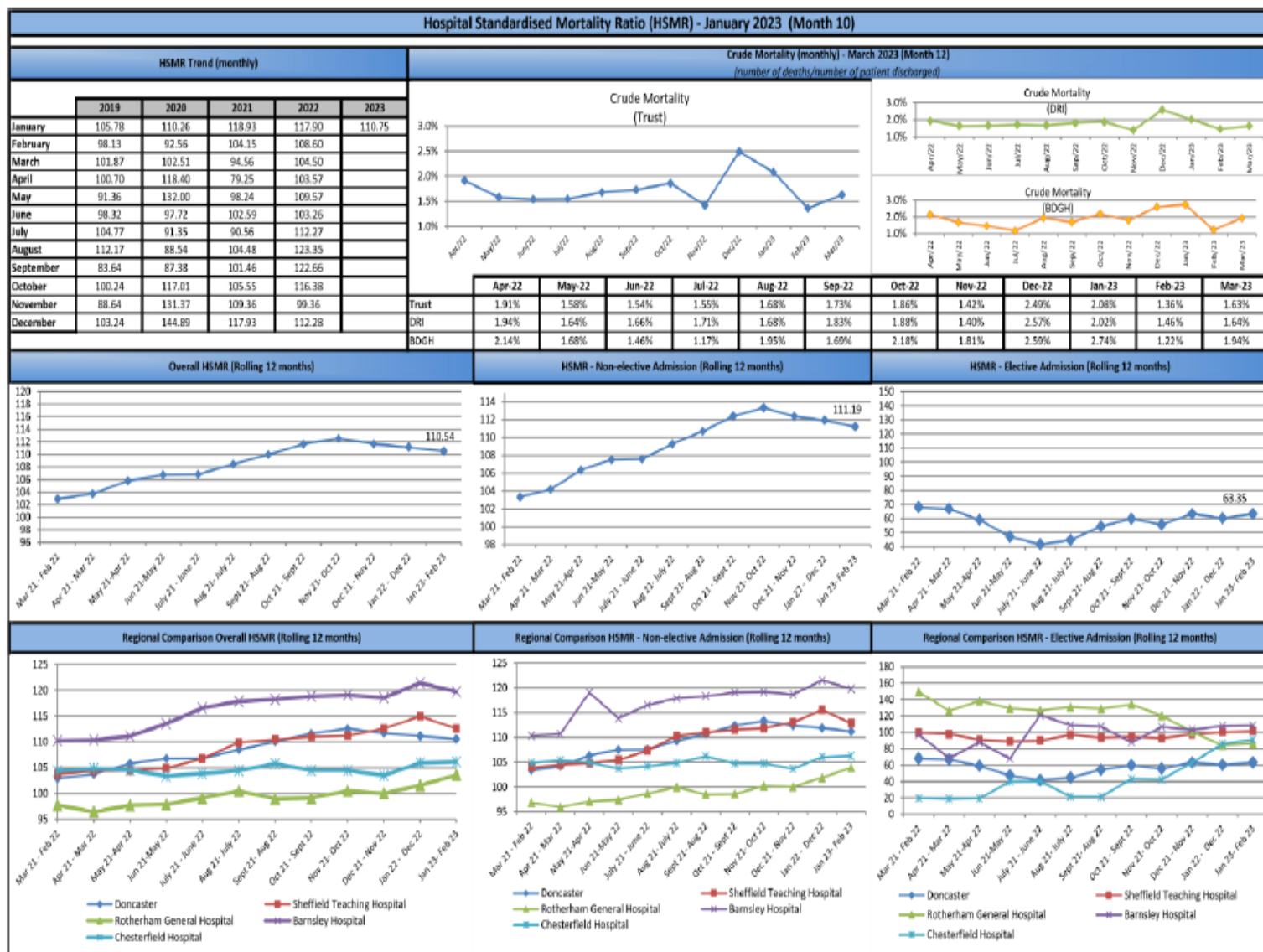
With the retirement on the 8<sup>th</sup> April of Richard Stott in Pathology, the Divisional Clinical Governance Lead for Clinical Specialties is vacant. This is being advertised internally, expressions of interested invited by the closing date for of the 26<sup>th</sup> May.

Focused support from the Clinical Governance Coordinator is provided at specialty level as needed.

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

Following an increase in the Trust's mortality rate the Executive Medical Director instigated a Trust wide investigation process which commenced January 2023. The last meeting of the investigatory group, held on the 28<sup>th</sup> April, discussed a number of findings and where improvements could be made. This will be organised into a comprehensive report for sign off by the group prior to wider circulation through the Trust's governance process.

The following HMSR report for January 2023, was presented to the Clinical Governance Committee on the 21<sup>st</sup> April, which shows DBTH performance within the regional median. In contrast to other local Trusts the overall HSMR and non-elective HSMR has fallen in each of the last 3 months at DBTH.



## 6. MEDICAL EXAMINER UPDATE

### 6.1 Medical Examiner Update

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

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

The Medical Examiner team have commenced scrutiny of non-coronial adult deaths in the community with a small number of GP practices. Full implementation has been delayed nationally and will commence once the new legislation comes into force.

## **7. EXECUTIVE MEDICAL DIRECTOR'S CLOSING SUMMARY**

This report summarises the extensive work on going to help support and shape the direction of the Trust.

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	B1i		
<b>Report Title:</b>	Learning from Deaths Quarter 3 2022/2023				
<b>Sponsor:</b>	Dr Tim Noble, Executive Medical Director				
<b>Author:</b>	Julie Butler, Senior Manager				
<b>Appendices:</b>	Learning from Deaths Report Q3 2022-23				
Report Summary					
<b>Purpose of report:</b>	To provide a summary of the Learning from Deaths Report for the period October to December 2022.				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>• This quarter has seen a significant increase in numbers from 519 in Q2 to 640 in Q3, indicative of the winter pressures faced by the Trust.</li> <li>• There were 3 deaths of an adult patient with a learning disability this quarter, and 3 recorded in the previous quarter. No deaths have been recorded of any patient with a documented diagnosis of autism. All have been referred to the Learning Disabilities Mortality Review Programme (LeDeR).</li> <li>• The Medical Examiner (ME) Team have scrutinised 99.7% (638) of deaths this quarter.</li> <li>• The Chief Medical Examiner and Medical Examiner’s Office have been piloting the roll out of non-acute scrutiny during the non-statutory phase and this has been working well.</li> <li>• The Trust’s lead nurse for learning from deaths is taking forward the national learning from deaths agenda; and is providing an invaluable link between identifying concerns or compliments and changing practice to enable quality care for all. Findings from review of care episodes will be translated into meaningful learning and will be fed back through the appropriate processes.</li> </ul>				
<b>Recommendation:</b>	The Committee is asked to note the content of the report.				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	No changes made				

<b>Corporate risk register:</b>		
<b>Regulation:</b>		Learning from Deaths report, produced in line with the requirements of: "National Guidance on Learning from Deaths" (National Quality Board, March 2017)
<b>Legal:</b>		
<b>Resources:</b>		
<b>Assurance Route</b>		
<b>Previously considered by:</b>		Clinical Governance Committee (February 2023) Summary Report to QEC (April 2023)
<b>Date:</b>		<b>Decision:</b> For Assurance
<b>Next Steps:</b>		Summary Report to Board of Directors
<b>Previously circulated reports to supplement this paper:</b>		



# Summarised Quarter 3

## Learning from Deaths Report









### October to December 2022

**Addette Spenceley** - Learning from Deaths Nurse

Dr Timothy Noble- Executive Medical Director

*Learning from Deaths report, produced in line with the requirements of:*

*"National Guidance on Learning from Deaths" (National Quality Board, March 2017)*

	<p><b><u>Adult Deaths in Quarter 3</u></b>  Doncaster = 487  Bassetlaw = 153</p> <p style="text-align: right;"><b><u>Total A&amp;E deaths =127</u></b>  <b><u>TOTAL DEATHS = 640</u></b></p>
	<p><b><u>Adult Learning Disability Deaths</u></b>  3 recorded adult deaths with Learning Disability  0 recorded adult deaths with Autism</p>
	<p><b><u>Total deaths screened/scrutinised by the ME Team = 99.7%</u></b></p>
	<p><b><u>Structured Judgement Reviews (SJR)</u></b>  26 requested including 2 due to Learning Disability  3 returned</p>
	<p><b><u>Hospital Standardised Mortality Ratio (HSMR) 12 month rolling</u></b>  All this quarter's data is awaited from HED as of October 22 HSMR is 118.03</p>
	<p><b><u>Top 5 cause of death recorded on MCCD this quarter</u></b></p> <ol style="list-style-type: none"> <li>1.Pneumonia</li> <li>2.Cardiac related</li> <li>3.Metastatic cancer</li> <li>4.Sepsis</li> <li>5.Multi organ failure</li> </ol>
	<p><b><u>Top 5 "main condition treated" as coded from the notes:</u></b></p> <ol style="list-style-type: none"> <li>1. Lobar pneumonia</li> <li>2. Sepsis</li> <li>3. Pneumonitis</li> <li>4. Congestive cardiac failure</li> <li>5. Sepsis</li> </ol>
	<p><b><u>Percentage of MCCDs issued within 3 working days of death when no coronial involvement</u></b>  Bassetlaw 68%  Doncaster 73%</p>



## 1. Executive Summary

This is Quarter 3 Learning from Deaths report in accordance with the National Guidance on Learning from Deaths (March 2017). This quarter has seen an expected increase in numbers from **519** in Q2 to **640** in Q3 associated with winter.

The Medical Examiner (ME) Team have scrutinised **99.7% (638)** of deaths in quarter 3.

Effective working is continuing to prove extremely challenging due to the number of deaths and staffing challenges within the ME Team. The roll out of scrutiny of non-acute deaths is due to happen in April 2023 which will add further pressure on the team.

The Chief ME and Lead MEO have been piloting with 1 GP practice to roll out the non-acute scrutiny during the non-statutory phase and this has been working well. All MCCD's are sent directly to the Registrar from the Medical Examiner office.

The ME team continues to request structured judgement reviews from clinicians to provide learning and reflection for the trust. The ME team alert the risk management team of any potential avoidable deaths by reporting via DATIX, which ensures they are investigated using existing clinical governance systems and processes.

The Trust's lead nurse for learning from deaths is taking forward the national learning from deaths agenda; and is providing an invaluable link between identifying concerns or compliments and changing practice to enable quality care for all. Findings from review of care episodes will be translated into meaningful learning and will be fed back through the correct processes.

## 2. Introduction

A quarterly report on Learning from Deaths has been produced since April 2017 as dictated by the March 2017 National Guidance on Learning from Deaths. The report is received by the Quality and Effectiveness Committee.

## 3. Overview of Activity

In quarter 3 there have been a total of **640** Trust deaths compared with **519** deaths in quarter 2.

## 4. Medical Examiner Team

The service began in December 2019 and has continued to work extremely hard to maintain close to 100% scrutiny of all adult hospital deaths since February 2021 with 99.7 % (638) deaths scrutinised this quarter.

As previously reported, the medical examiner team has been recognised by the regional medical examiner's office as performing extremely well. The medical examiners team have had funding approved at trust level for purchase of SystemOne and EMISweb which should allow the ME team electronic access to all GP records. The team have set up a working group for the roll out of non-acute deaths. The team have agreed the child death Standard Operating Procedure with both HM Coroners at both Doncaster and Bassetlaw.

The Chief ME and Lead MEO have been continuing to pilot with 1 GP practice to roll out the non-acute scrutiny during the non-statutory phase and this is working very well. All M CCD's are sent directly to the Registrar from the Medical Examiner office.

The ME team staff regularly recognise areas of good practice as well as some areas of concern and learning. These messages are distributed via Trust governance processes to action. The ME team has no other role within this area other than to "identify and pass on".

The ME team continues to alert the risk management team of any potential avoidable deaths by reporting via DATIX, thus ensuring they are investigated using existing clinical governance systems and processes. The ME scrutiny form the (ME-1B) is not shared with the trust to ensure complete independence of the ME service.

## 5. Assessment of care provided to adult patients who died using the Structured Judgement Review (SJR) process.

A structured judgement review (SJR) blends traditional, clinical-judgement based review methods with a standardised format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments and to score each phase of care. The result is a relatively short but rich set of information about each case in a form that can also be aggregated to produce knowledge about clinical services and systems of care.

The National ME service suggested that SJR's should be requested in the following circumstances:

- Elective admissions
- Patients with a Learning Disability and significant mental health issues and autism
- When staff or bereaved family members have raised concerns
- ME/MEO identifies issues during their scrutiny. It has now become apparent that as the ME team are scrutinising all in hospital deaths of people over the age of 18 this is superseding the need for an SJR in some cases.

It is apparent that as the ME team are scrutinising all hospital deaths of people over the age of 18, this is superseding the need for an SJR in some cases. Some of the learning can be extracted from the scrutiny and highlighted to the relevant discipline. This quarter, **26** SJRs have been requested but not all have been returned. Work is ongoing to review and optimise the SJR processes.

The regional mortality team facilitate SJR training and dates have been released.

## 6. Elective Admissions

There were **4** elective admissions (2 in Oct, 2 in Nov, 0 in Dec) resulting in death this quarter. If death occurs when a patient is admitted electively, it is reviewed by the medical examiner team.

Over time it has become apparent that the vast majority of "elective" deaths are not what we class as a "true" elective admissions. Most are very ill patients with significant co morbidities who have a planned admission for urgent symptom management. The HSMR for elective admissions is very low.

## 7. Learning Disability Deaths



The Trust experienced **3** deaths of an adult patient with a learning disability this quarter, and **3** recorded in the previous quarter. No deaths have been recorded of any patient with a documented diagnosis of autism. All have been referred to the Learning Disabilities Mortality Review Programme (LeDeR).

A new policy for LeDeR was published in March 2021. This policy introduces the inclusion of autism into the programme for the first time. We have a robust system for identifying patients with a learning disability but this is not the case for autism, as patients often do not wish for it to be declared. This is currently under review to create an effective way forwards.

## 8. Completion of a Medical Certificate of Cause of death (MCCD)

The timely issuing of a MCCD is crucial to ensure that bereaved families and carers can register the death and progress other essential activities following the death of their loved one. Where there is no Coroner involvement the death should be registered within 5 days.

An internal **3 working day target** to have the MCCD completed and issued is in place. This quarter we have met that target **32%** of the time at DRI and **21%** at BDGH. The national 5 day target was breached with **61%** of the MCCDs being written after the **5 day target**. The issue was pre-empted and escalated to the Medical Director and to external registrar colleagues.

We have an agreed escalation process should an MCCD not be written within the timescale and should we still not have the certificate at day 6 then a Datix form is completed by the bereavement team. However some of the delays experienced have been due to the increase in numbers and the availability of staff to complete the process during the very busy winter period.

Plans are in place to attend doctors' handovers for each speciality.

The issue of delays regarding consultants' reports, requested by the coroner has been highlighted to the mortality governance lead, the medical director and the team in which the delay occurred.

## 9. Referral to His Majesty's Coroner (HMC)

This quarter there have been **128** referrals to the coroner. **102** at DRI and **26** at BDGH.

The senior Coroners at both Doncaster and Nottingham have recognised the contribution the ME team provide in ensuring quality referrals. As a result they have both changed the process for Coroner's referrals. The ME team now quality assure all Drs Coroners referral forms prior to submission to the Coroners Office.

Referral to the Coroner does not necessarily mean the case will go to Inquest. In many cases the Coroners will review the referral and the ME Scrutiny and proposed cause of death as documented on the MCCD. Following communication and agreement with the family, if the proposed cause of death is accepted.

At Bassetlaw, the ME office is piloting an online HMC reporting portal. All referrals are submitted via the portal rather than email. The Notts HMC office get the referral directly to their system to prevent duplication. Cases that have been referred by the trust can then see their progress. This is being used at Mansfield Hospital and is reported to be working well.

## 10. Cause of Death and Hospital Standardised Mortality Ratio (HSMR)

The top 5 causes of death recorded on the Medical Certificate of Cause of Death (MCCD):

### October 2022

	Cause	DRI	BDGH	Total
1	Metastatic cancer	13	9	22
2	Pneumonia	13	5	18
3	Cardiac related	12	2	14
4	Frailty of old age	8	5	13
5	Sepsis	8	5	12

### November 2022

	Cause	DRI	BDGH	Total
1	Pneumonia	31	16	47
2	Cardiac related	16	3	19
3	Sepsis	6	2	8
4	MOF	3	4	7
5 (Joint)	Metastatic cancer & Spontaneous intracerebral haemorrhage	4 4	1 1	5 5

### December 2022

	Cause	DRI	BDGH	Total
1	Pneumonia	54	8	62
2	Cardiac related	14	7	22
3	MOF	15	6	21
4	Metastatic cancer	12	5	17
5	Sepsis	6	2	8

The tables below indicates the breakdown in month order of the top coded causes of death.

Oct-22

Primary Diagnosis	Count
J181: Lobar pneumonia, unspecified	29
J690: Pneumonitis due to food and vomit	10
A419: Sepsis, unspecified	10
J189: Pneumonia, unspecified	8
U071: Emergency use of U07.1	5

Nov-22

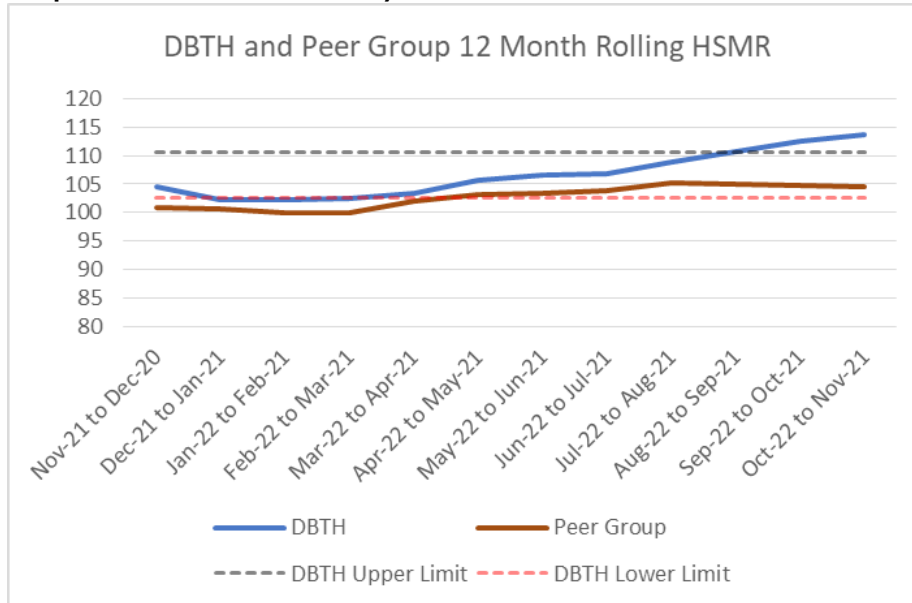
Primary Diagnosis	Count
J181: Lobar pneumonia, unspecified	28
A419: Sepsis, unspecified	10
I500: Congestive heart failure	9
J690: Pneumonitis due to food and vomit	7
I639: Cerebral infarction, unspecified	6

Dec-22

Primary Diagnosis	Count
J181: Lobar pneumonia, unspecified	25
I500: Congestive heart failure	15
A419: Sepsis, unspecified	12
J100: Influenza with pneumonia, seasonal influenza virus identified	12
J690: Pneumonitis due to food and vomit	10

It can be concluded from the causes on the MCCD and from the coded diagnosis, that pneumonia is the main cause of death this quarter. This information has been shared with the Medical Director and the mortality governance lead for further analysis. The Q3 report provides valuable data as demonstrated, which is shared at board level and Acute Care Quality Review Group.

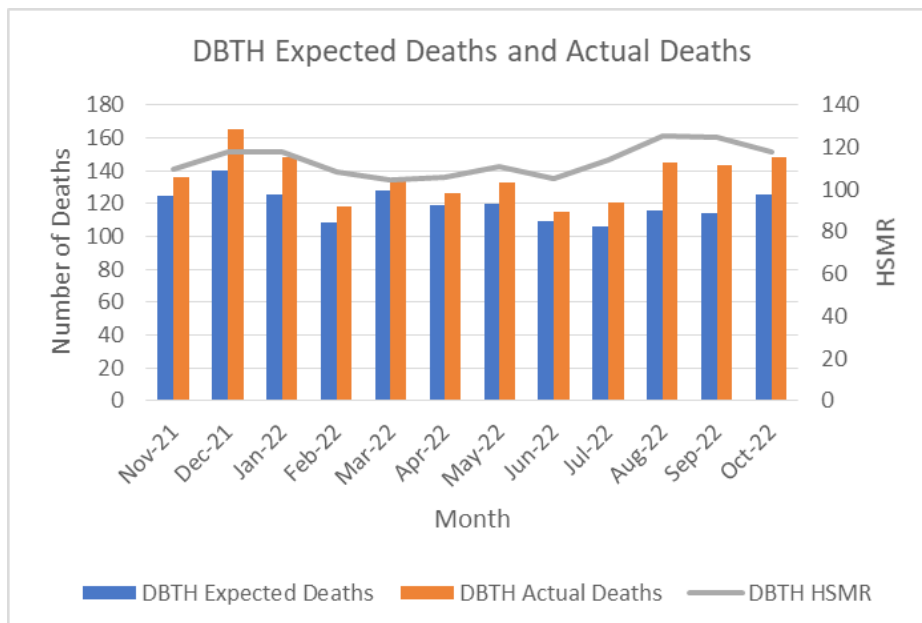
## Hospital Standardised Mortality Rate



At the time of writing this report, the data for HSMR is only available up to October 2022.

The Trust's HSMR is calculated from the information the clinical coding department extract from the clinical notes. It is important to understand national coding rules, which state that we code for morbidity and not mortality. Therefore, the primary diagnosis for the patient should be the main condition treated or investigated during the hospital spell, which may or may not be the actual cause of death. Secondary diagnoses will include those conditions or complications, which the patient has developed during their admission and any relevant comorbidity.

## 11. Expected deaths and actual deaths



The chart demonstrates the expected deaths and actual deaths at the Trust the data from the HED system as at quarter 3.

## 12. Learning

Effective clinical governance processes within specialties are paramount in ensuring learning from deaths. This may be at ward, department or Trust level. The learning from deaths nurse is the key component to ensuring effective communication of any learning identified.

Any compliments or concerns that families discuss with either Medical examiner's office or bereavement team are highlighted to the LFD nurse to be analysed and acted on accordingly.

### 12a. Learning themes that have been highlighted through the scrutiny of care episodes and compliments

Themes are to be discussed in the mortality section of governance meetings to ensure the correct divisions receive the information.

**A patient was discharged from the ward, then re-attended back in the emergency department. This patient then sadly died in the Emergency Department (ED).**

Although readmission cannot always be predicted or prevented there may have been more opportunities to plan future care before discharge. The use of the Respect process could have assisted with advanced care planning for care at home and not returning to the Emergency Department.

**A patient admitted via ED and was receiving End of Life care (EoL) in the community. This was not flagged on admission to the ward.**

There is a possibility that a more rapid discharge after treatment to the preferred location was possible given the ongoing EoL care package outside of the hospital.

**A very frail patient was discharged after a month long stay on a ward and was readmitted and died in the ED.**

Potential missed opportunities to discuss advanced care planning to prevent a further hospital admission.

**A Patient's pain control was not reviewed or controlled effectively, despite the patient remaining in pain.**

There is evidence in the notes that reviews of the patient were taking place, however, the patient pain scores did not seem to represent the patients subsequent level of pain and this may have related to individual factors.

**The patient was recognised as dying but investigations for the patient were still performed for a further week.**

There could have been more joined up management of the end of life care with a review of unnecessary tests in that context.

### Compliments

Compliments received from grieving relatives are relayed to staff the bereavement team.

- A family was very complimentary and commented on how well it appeared that their relative had been cared for in the mortuary. The family noted the dignity and respect that was exhibited by the mortuary staff.
- A patients daughter wished to thank everyone for the care that her mother received whilst on the ward. It was definitely the small things that made the big difference. The patients daughter was very sad that she was not present when her mother died, but was extremely grateful to one of the staff members for holding her mum's hand at the end.
- The bereavement officer spoke to the son of a patient who sadly died of a brain haemorrhage. He said he could not praise the care enough. He stated that the care on ward 16 was 'immense' and especially grateful to the stroke nurse specialist for her care. He also shared that on ward 17, the care was 'outstanding' and that the care from a particular Staff Nurse was really appreciated, especially dealing with his mums' secretions.

### 13. Bereavement Team

The Bereavement team continue to strive for all M CCD's to be completed within a 3 day internal target. This will enable bereaved relatives to register a death within 5 days. The LFD/bereavement manager has been attending the daily medical doctor's handover at 0830hrs to support the bereavement officer in expressing the importance of timely completion of death related paperwork.

### 14. Recommendations

Recommendations	Progress
To ensure 80% M CCD's are available to the registrar within 3 days.	Ongoing collaboration with the clinicians to aim to complete timely certification, LFD nurse attending Drs handover. Escalating any delays via Datix
To establish a smoother SJR process	Ongoing work though highlighting the issues through governance processes. Formation of the Mortality data group.
Introduce the scrutiny of non-acute deaths	Providers for IT systems have been received and costings awaited. Pilot commenced with primary care. Awaiting time frame for statutory legislation.
The Board, via QEC, to receive this report for assurance of the ongoing work to improve mortality review and the learning across the organisation.	February 2023

### 15. Conclusion

The LFD nurse continues to support the process for gaining learning after scrutiny of all adult deaths. Several aspects of learning have been highlighted in the report and all of these have been raised with the clinical governance teams, individual practitioners or ward teams. Any potential serious incidents have been reported via Datix and alerted to the patient safety team.





## 2305 - B2 CHIEF NURSE UPDATE

● Discussion Item

👤 Karen Jessop, Chief Nurse


🕒 09:45


10 minutes

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### REFERENCES

Only PDFs are attached

 B2 - Chief Nurse Update.pdf

 B2i - Chief Nurse Update.pdf

Report Cover Page			
<b>Meeting Title:</b>	Board of Directors		
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	B2
<b>Report Title:</b>	Chief Nurse Report		
<b>Sponsor:</b>	Karen Jessop, Chief Nurse		
<b>Author:</b>	Simon Brown, Deputy Chief Nurse		
<b>Appendices:</b>	None		
Report Summary			
<b>Purpose of report:</b>	To provide an update to Board of Directors on key items in relation to the Chief Nurse portfolio.		
<b>Summary of key issues/positive highlights:</b>	<p>The paper outlines the February and March 2023 outcomes in relation to the key patient safety measures identifying areas of good practice and improvement in:</p> <ul style="list-style-type: none"> <li>• Falls prevention</li> <li>• Prevention of hospital acquired pressure ulcers</li> <li>• Infection prevention and control</li> </ul> <p>The paper also details any reportable serious incidents.</p> <p>The paper highlights patient experience, focused on the effectiveness of the complaints procedures, themes of complaints and how we evidence learning.</p> <p>This paper reflects the national reporting requirements for safe staffing in relation to Care hours per patient day for the month of March 2023 and the overall nursing and midwifery workforce vacancy position.</p> <p>The paper details the processes in place to support safe staffing including ongoing work to ensure effective use of bank and agency resources.</p> <p><b><u>Key Points</u></b></p> <p>Good progress has been made with Patient Safety Incident Response Framework (PSIRF) implementation and we have moved into the governance phase in line with the national timeline.</p> <p>There were eight Serious Incidents logged across February and March 2023, the details are contained within the report.</p> <p>The Hospital Acquired Pressure Ulcer reduction objective set in 2021 to achieve a 20% reduction in hospital acquired pressure ulcer category two and above by end of 2022/2023) has been exceeded with a reported 37% reduction.</p> <p>The Trust clostridium difficile at year end was below trajectory.</p> <p>The Trust did not achieve the trajectory for E Coli or MRSA Bacteraemia.</p> <p>Nursing agency spend continues to reduce month on month.</p>		

<b>Recommendation:</b>	The Trust Board is asked to take assurance from this report in relation to the key elements of the Chief Nurse portfolio in relation to quality, safety, patient experience and nursing and midwifery workforce.				
<b>Action Require:</b>	<b>Approve</b>	<b>Information</b>	Discussion	<b>Assurance</b>	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	SA1				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	CQC - Safe Care and Treatment and Patient Centred Care. Achievement of Outstanding.				
<b>Legal:</b>	Trusts licence to operate				
<b>Resources:</b>	Nil				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	Trust Executive Group				
<b>Date:</b>	15 May 2023	<b>Decision:</b>	Approved for submission		
<b>Next Steps:</b>	N/A				
<b>Previously circulated reports to supplement this paper:</b>	None				

# Chief Nurse Report - May 2023

## Introduction

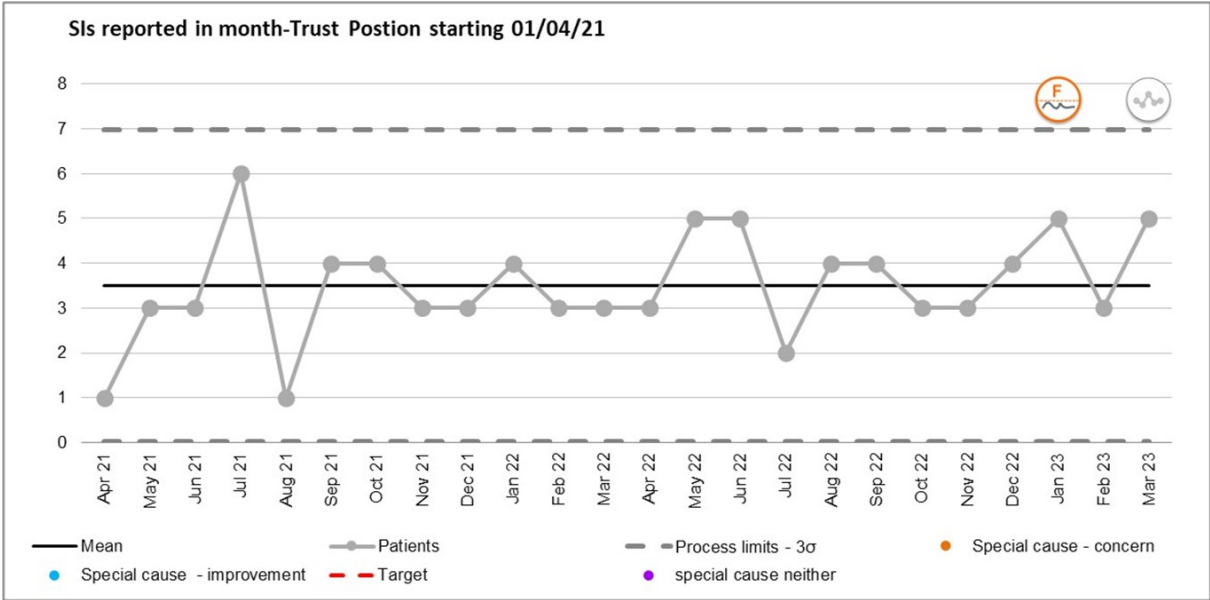
This report provides the Trust Board of Directors with an update on the key issues, challenges and relevant information with regard to the Chief Nurse’s areas of responsibility.

### Patient Safety Incident Response Framework (PSIRF) Implementation

The Patient Safety Incident Response Framework (PSIRF) was published on 16 August 2022, it is a major piece of guidance on how NHS organisations respond to patient safety incidents and ensure compassionate engagement with those affected. All providers contracted under the NHS standard contract are required to transition to PSIRF from 1 September 2023. Preparation is expected to take 12 months. The PSIRF implementation group continue to meet monthly. A full implementation action plan has been created and will be monitored via Monday.com. Whilst some overarching actions remain in progress for the diagnostic and discovery phase of implementation, the Chief Nurse is pleased to report that as of April 2023 we have moved into the governance and quality monitoring phase. A task and finish group has been established and met in April to progress actions in this phase. Progress remains on track in line with the national timeline.

## Patient Safety Reporting

### Serious Incidents



There were eight Serious Incidents logged across February and March 2023

<b>Serious Incident</b>	<b>Immediate safety actions</b>
Delayed diagnosis of breast cancer	<p>Quality improvement programme to look at the MDT process.</p> <p>Re-iterating the need for clinicians to review all information for the patient rather than just looking at the MDT outcome when making a decision on the management plan.</p>
Inpatient fall	<p>To deliver 1:1 Falls Training including post fall algorithm refresher for all staff.</p> <p>Falls link to complete training regarding safety sides in relation to ensuring the correct processes and understanding the risk assessment.</p>
Suboptimal care of the deteriorating patient	<p>Chest Integrated Pathway of Care are available in ED, Lead Nurses and Matron are reiterating and discussing at the huddles the importance of initiating the chest Integrated Plan of Care (IPOC) if chest trauma.</p> <p>ED live dashboard to endure deteriorating patient with increased National Early Warning Score (NEWS) are identified.</p>
Delayed Diagnosis of DVT	Review of the Venous Thromboembolism (VTE) policy.
Consent Compliance during surgery	Review of consent policy.
Self-harm whilst in the care of the Trust	<p>Explore the practicalities and legalities of withholding patient's property and restraining methods whilst on section.</p> <p>An individualised plan of care should be completed so staff are prepared for all eventualities should the patient be readmitted.</p> <p>Trust wide action for creation of mental health assessment / care plan.</p>
Bowel loop management in preterm baby	Review of foetal medicine pathway.

(Rare condition)	
Delayed Diagnosis	Review of pathways in Emergency Department to understand what is available and whether these were followed during the attendance on 26 November 2022.

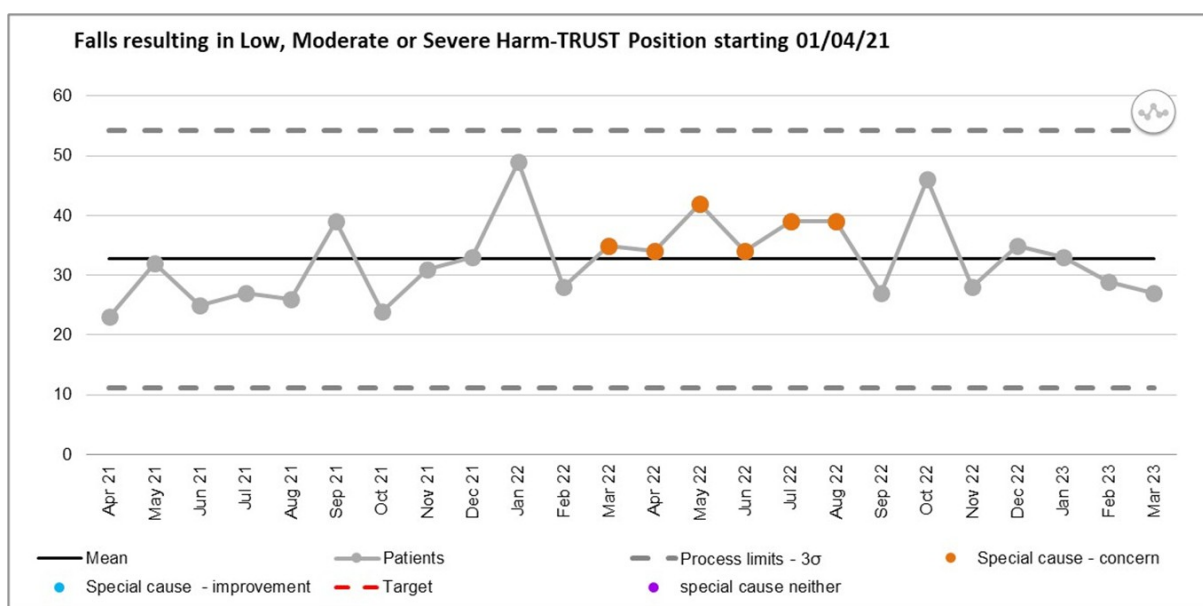
This is a total of 46 Serious Incidents reported for the year 2022/2023 in comparison to 38 in 2021/2022.

### Healthcare Safety Investigation Branch (HSIB) Investigations

There have been no new referrals for HSIB investigations.

### Falls

There was a reduction in falls, with 280 patient falls reported across February and March 2023. Of these, 214 resulted in no harm, 104 falls have resulted in low harm, and seven resulted in moderate harm and four severe harm.



TENDABLE audits in the falls and enhanced care question sets are carried out weekly. In March's audit continued improvement has been demonstrated with a score of 99%. This visual assessment audit focuses on the 5 principles for falls prevention.

The falls team completed their project targeted on one medical ward with the key focus; "Get up, get dressed, and get moving"

Falls research supports the fact that the best method of reducing falls in the acute inpatient setting is promoting safer patient mobility and a Multi-Disciplinary Team (MDT) approach. The falls team piloted a project targeted on one medical ward and have registered with NHS England their key focus; "Get up, get dressed, and get moving". Early evaluation has demonstrated improvement in the number of patients seated out of bed from 13% to 100%.

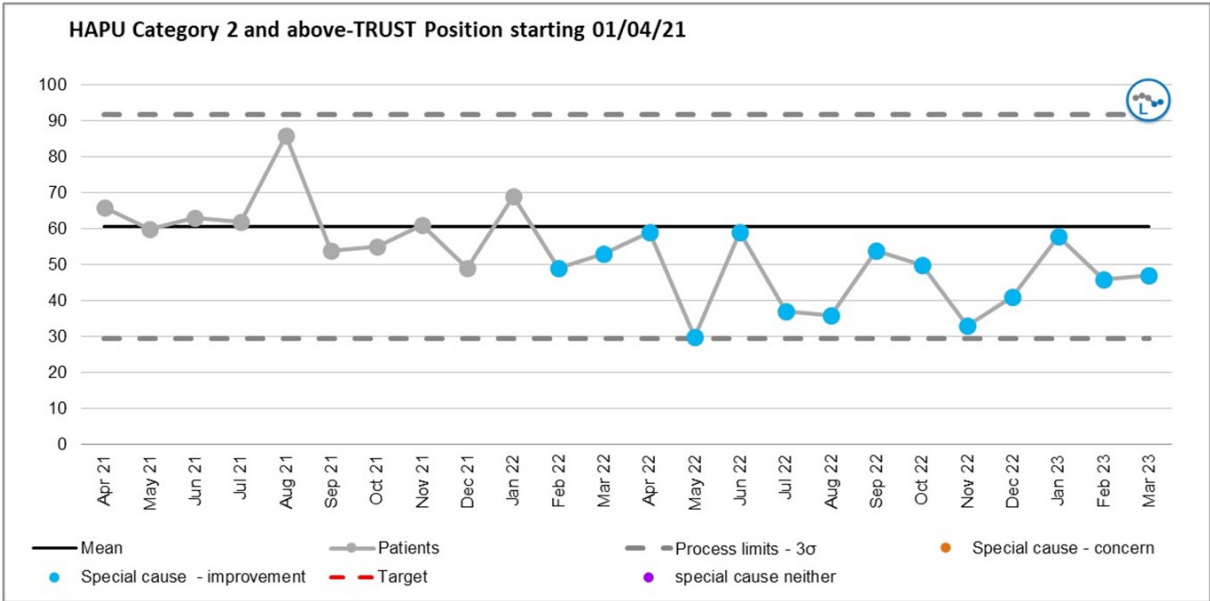
It is recognised with the early evaluation not all benefits of the project have been captured and therefore it has been decided to extend the project to allow further analysis of the quantitative data. The team are also working on the leadership and practice development elements which have allowed the principles to be rolled out in the wider trust. It is to note, despite early positive indications, the data when fully evaluated did not demonstrate a clear quantitative reduction in overall falls and/or length of stay.

**Hospital Acquired Pressure Ulcers (HAPU)**

There were 140 HAPUs recorded across February and March 2023. This has affected 107 patients in total. Of these patients, zero were classified as category four HAPUs, 17 were category three HAPUs and 12 were unstageable HAPUs. There were five mucosal pressure ulcers across in this reporting period.

The Chief Nurse is pleased to report the strategy set in 2021 to achieve a 20% reduction in hospital acquired pressure ulcer category two and above by end of 2022/2023) has been exceeded with a reported 37% reduction.

The Skin Integrity Team will continue their Quality Improvement programme with the aim of continuing to work towards a 50% reduction across the Trust of category two and above HAPU's by the end of financial year 2024/2025.

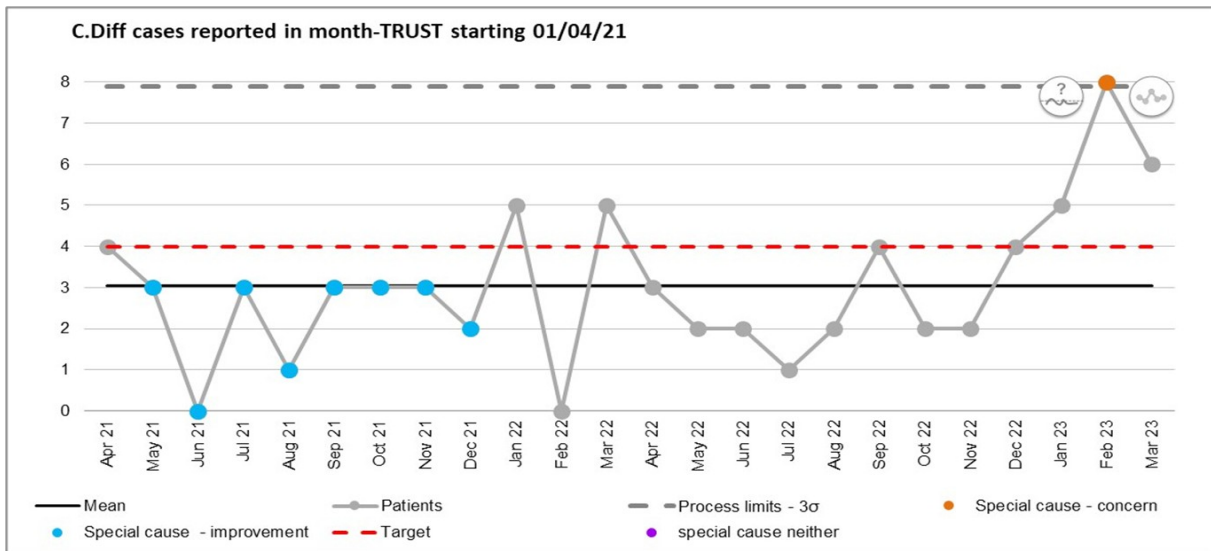


**Infection Prevention and Control (IPC)**

**Clostridium difficile (C.diff):** There were 14 cases of Clostridium difficile across February and March 2023. Nine of these were Hospital Onset, Hospital Associated (HOHA) infections, and five were Community Onset, Hospital Associated infections (COHA).

The Chief Nurse is pleased to report the overall number of Clostridium difficile for the financial year 2022/2023 was 46, against a trajectory of 48. There was one delogged case of Clostridium difficile therefore a slight deviation from figures reported in previous papers.

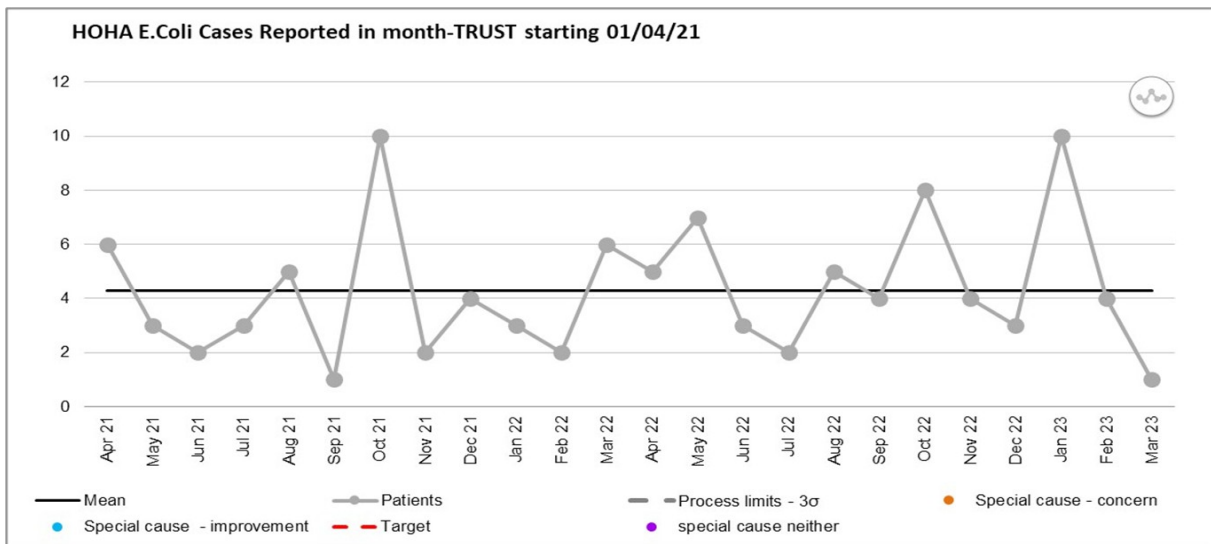




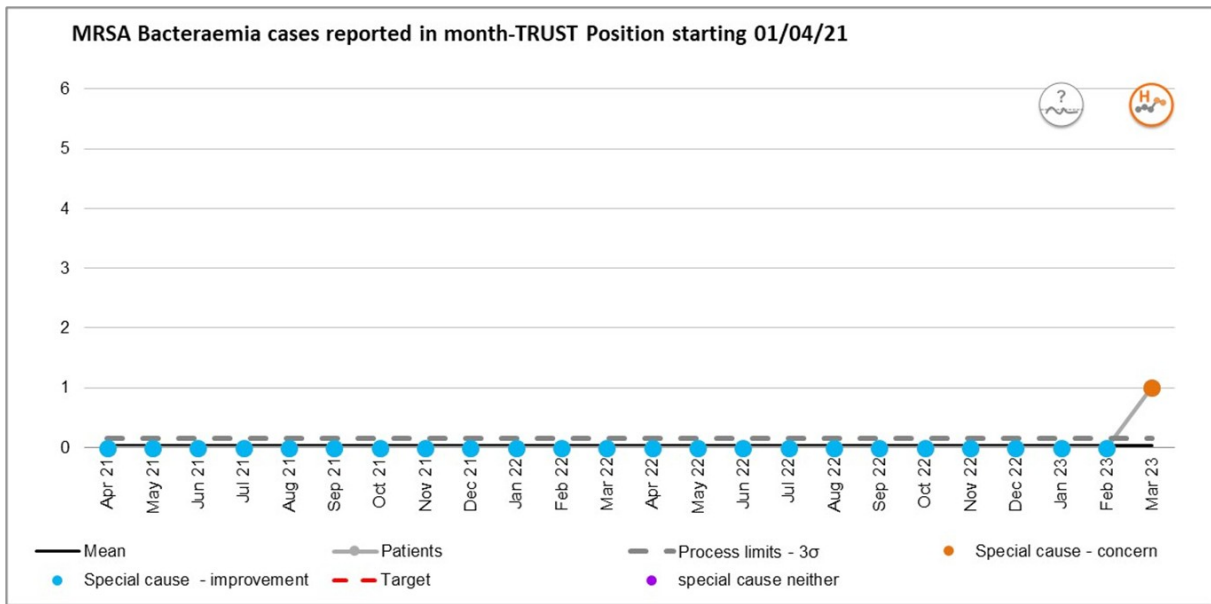
**E-Coli bacteraemia:** There were 17 E-Coli bacteraemia reported across February and March 2023. Five cases were classed as Hospital Onset, Hospital Associated and 12 were Community Onset, Hospital Associated (COHA).

The trajectory of 87 for the year 2022/2023 was not achieved with total cases reported at 92.

A quality improvement focus on hydration, antimicrobial stewardship, hydration and the use of the hospital catheter passport is being undertaken by the Infection Prevention and Control Team across all clinical areas and community (within the scope of our teams).

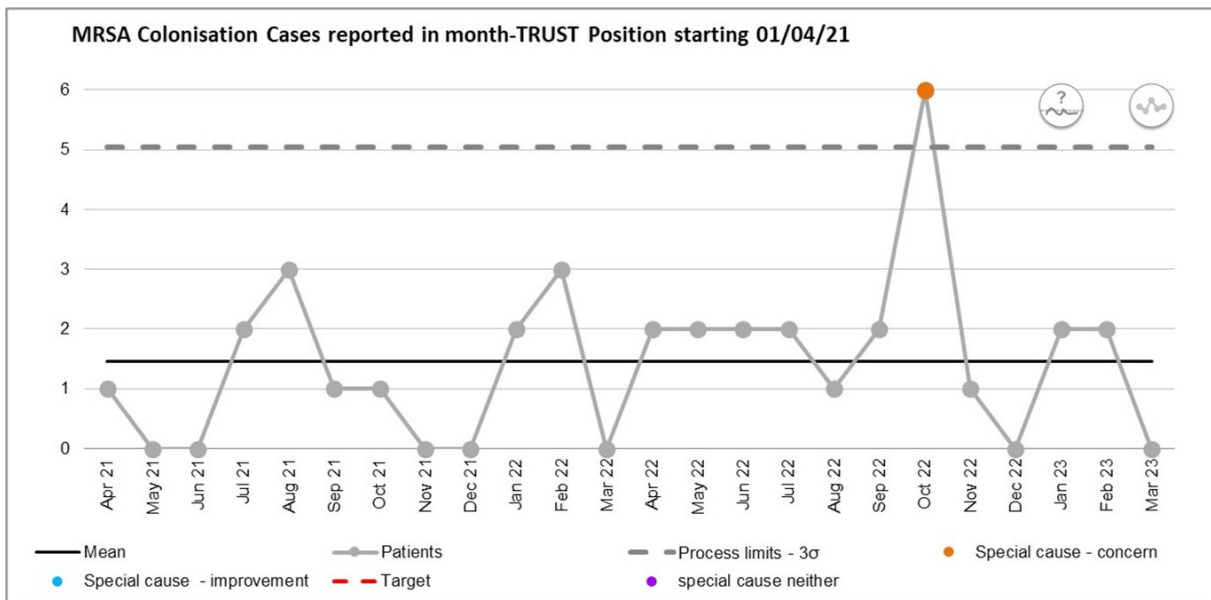


**MRSA bacteraemia:** There was one MRSA bacteraemia reported across February and March 2023. This is against a threshold of zero.



A post infection review followed the positive case. The MRSA was attributed to a likely skin contaminant when obtaining blood cultures, from a poor technique. Repeat blood cultures before an anti-MRSA antibiotic remained negative, and the patient had not had MRSA since 2014. The patient did not come to any harm as a result. A blood culture training video is being created to raise awareness of appropriate technique. Observational audits of technique across professionals are also scheduled.

**MRSA colonisation:** There was one case reported across February and March 2023. This is a total of 19 cases for 2022/2023.



The Infection Prevention and Control Team have begun a piece of work to increase focus on patient education at ward level around the appropriate use of and importance of MRSA colonisation treatments, which includes a patient specific leaflet. A further focus has been around the prescribing of decolonisation.

## Improvement

### Shared Learning

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

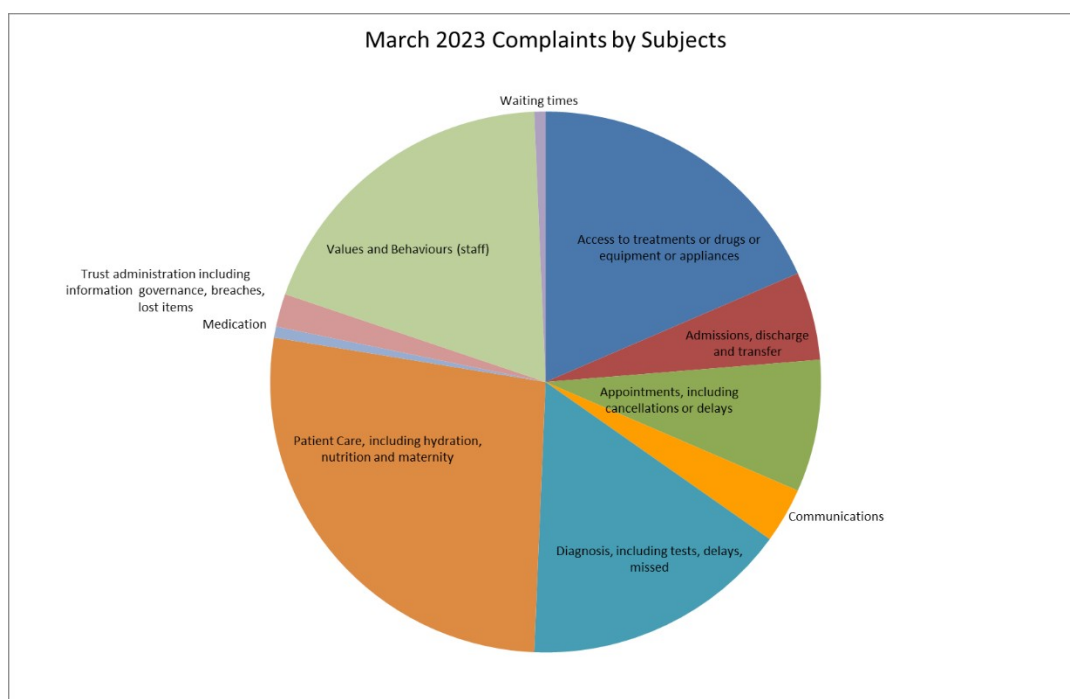
At February's PSRG, learning was shared from an incident which had resulted in a baby sustaining a tourniquet injury to a right index finger. A hand-knitted mitten from a stock of donated items on the unit had been selected by a staff member for the purpose of preventing Baby from pulling out a naso-gastric tube and nasal oxygen cannula. The application of the mittens (secured by tape) was not recorded and therefore the hands not examined thereafter until the baby was undressed for weighing. Learning included a review of the mittens used in Neonatal unit, standard operating procedure (SOP) being written and implemented for the checking of mittens and baby's extremities. As part of the investigation, an expert opinion from a Consultant in Plastic Surgery and Hand Surgery at a specialist children's hospital was sought, it was identified this incident to be a very rare occurrence. Learning was also shared via the regional neonatal network.

## Patient Experience

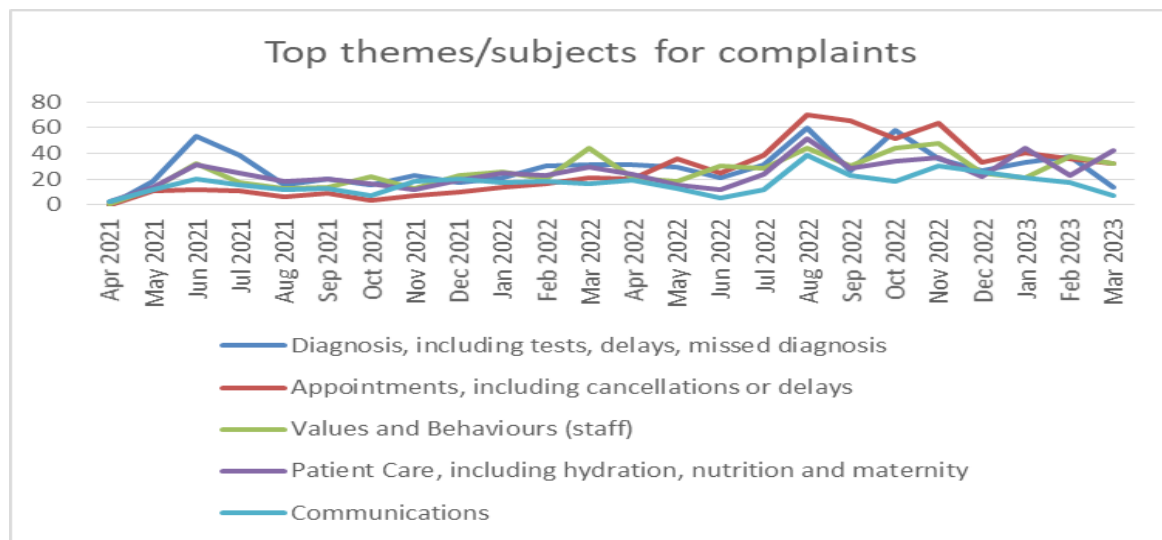
### Complaints March 2023

The total number of complaints received in March 2023 was 63, a reduction compared to 72 in February 2023. The total complaints for the year 2022/ 2023 was 739 in comparison to 657 in the previous reporting year.

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

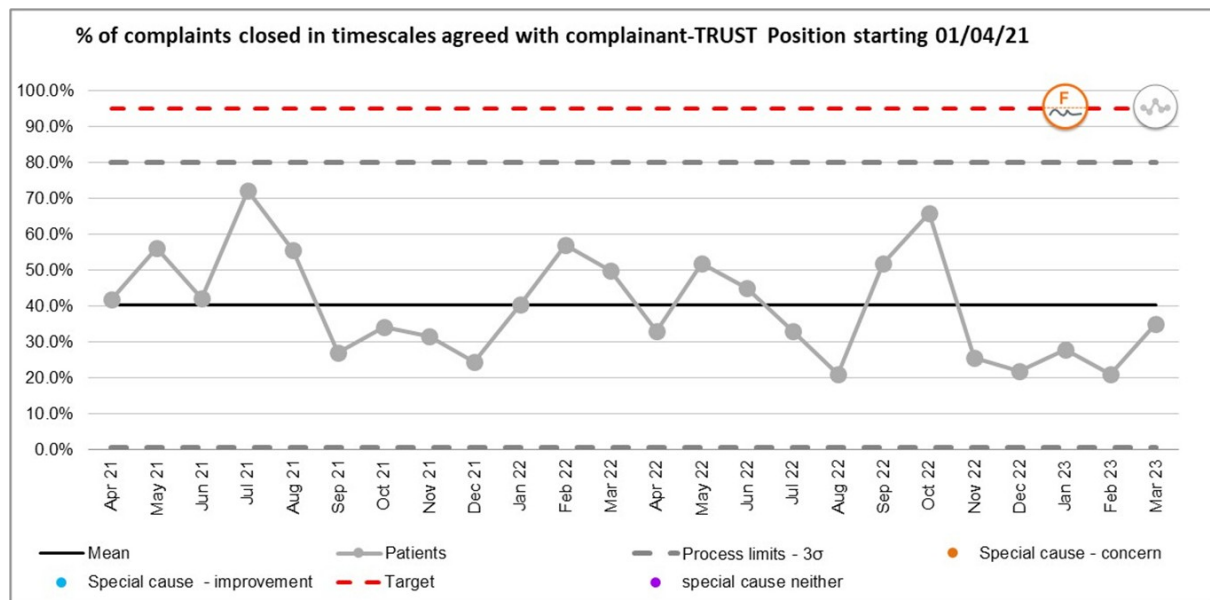


In March the top five subjects of complaints were Diagnosis, including tests, delays and missed diagnosis, Appointments including cancellation or delays, Values and Behaviours (Staff), Patient care including, hydration, nutrition and maternity and communications.



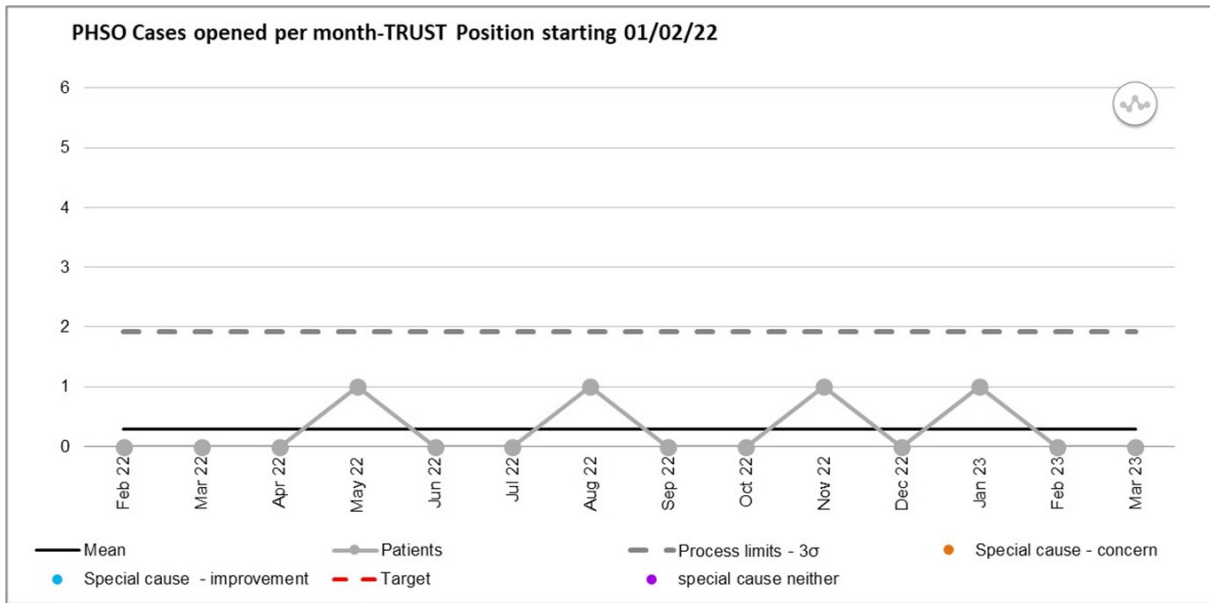
### Complaints closed in agreed timescale

In March, 74 complaints were closed and 30% met the timeframe for closure. This is an improved position from previous month when 16% of complaints were resolved within the agreed timeframe. There continues to be specific focus on supporting divisions with capacity to close complaints in a timely way.

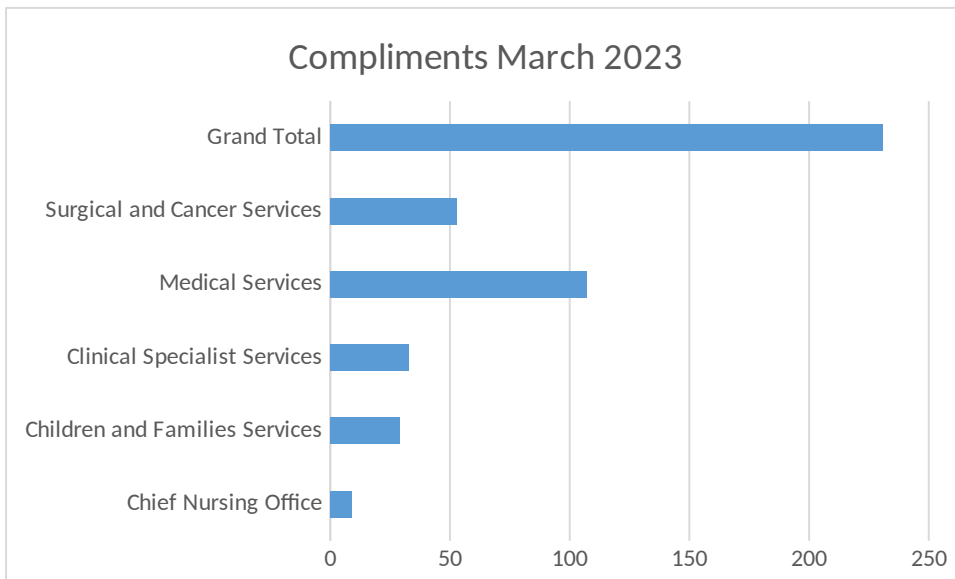


A new training module has been procured to support staff training in the management of complaints. The acknowledgement process is also being reviewed, to include scoping of complaints collaboratively by divisions and the Patient Advice and Liaison Service (PALS).

## Parliamentary Health Service Ombudsman (PHSO)



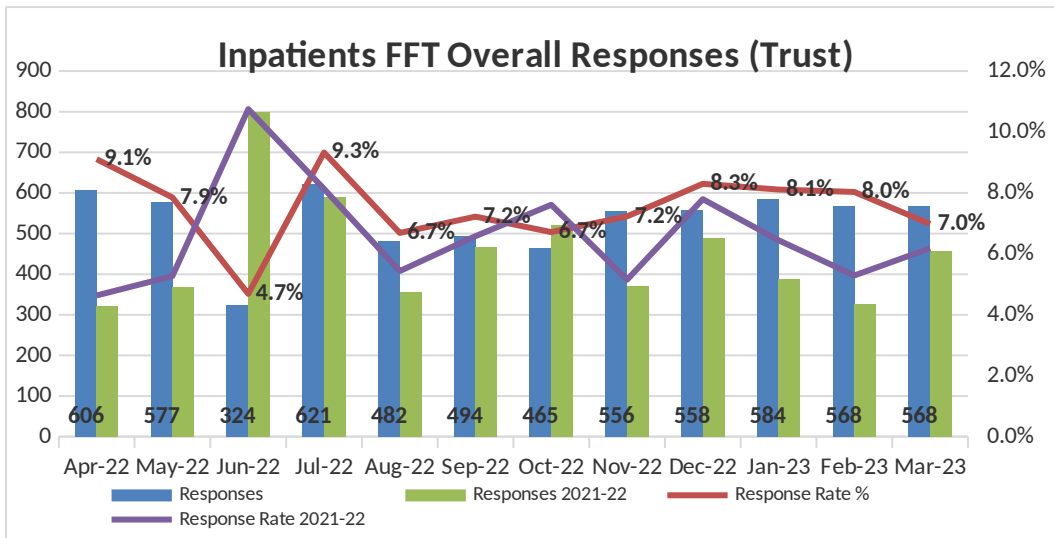
## Compliments



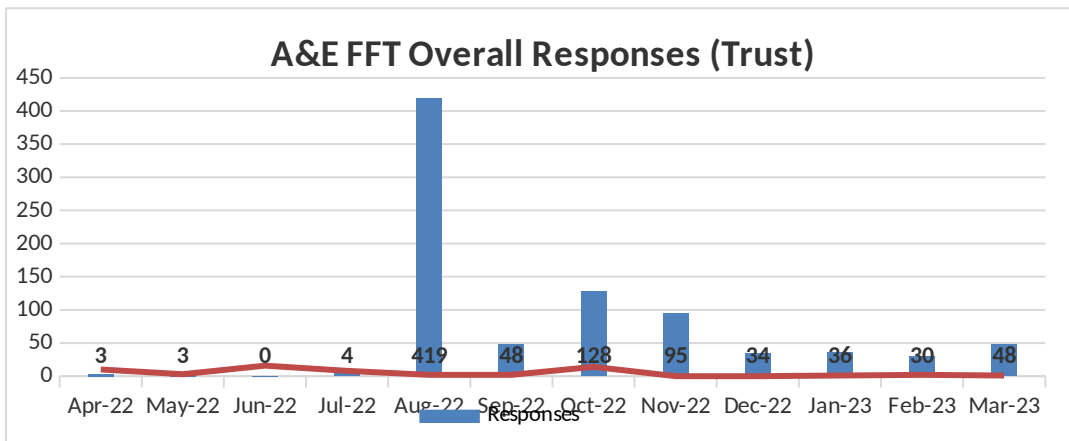
The majority of compliments received are collated by the ward staff. PALS currently upload FFT card comments received from the wards / departments.

## Inpatient Friends and Family Test (FFT)

The overall inpatient FFT response rate has remained consistent across February and March 2023 at around 8%. Of the inpatients who responded, 98.4% rated their care as good or very good. This exceeded the national average of 95%.

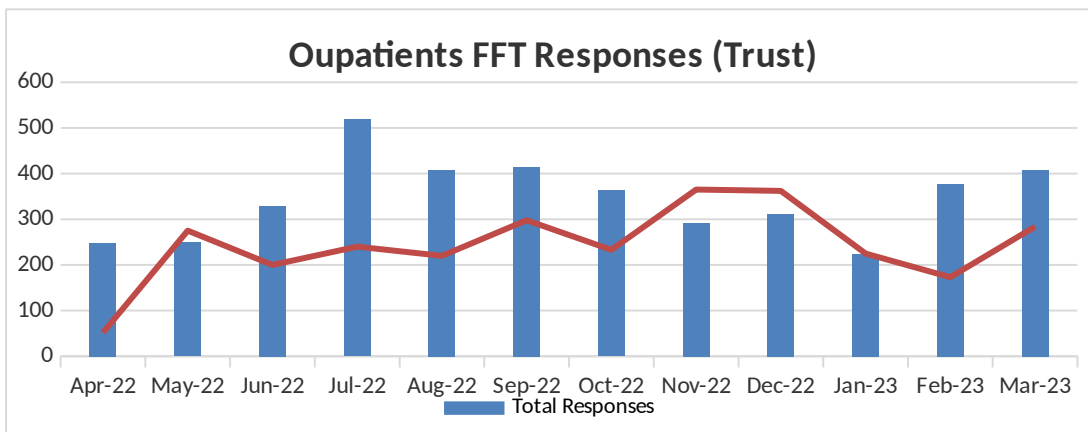


### Accidents and Emergency FFT



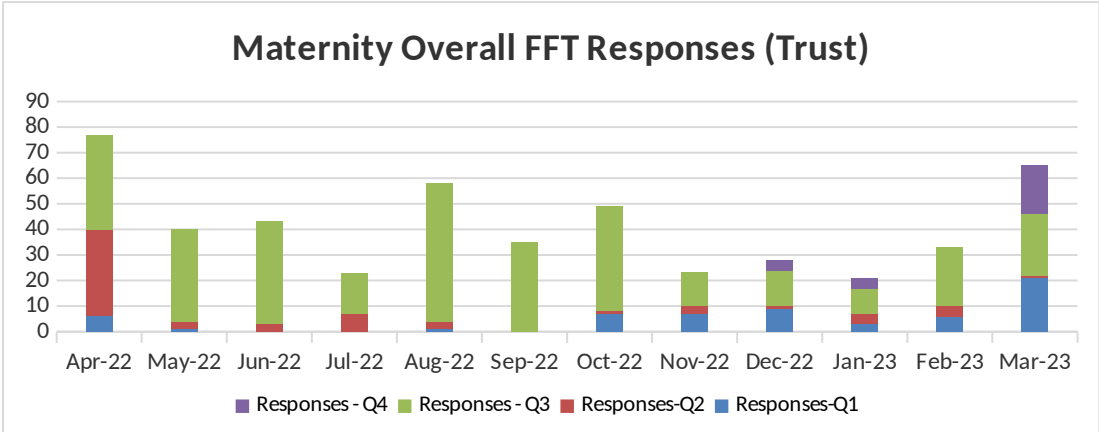
Although the number of responses remain low, the overall trend shows the majority of feedback to be positive with 32/42 (76%) respondents rating our A&E services as good or very good. The majority of negative feedback relates to communication around waiting times. As a result, the service is about to install television screens to provide updates.

### Outpatients FFT



Analysis of the data shows of the responses, 94.9% of patients rated their care as very good or good.

**Maternity FFT**



The maternity friends and family test responses are captured at four points: (Antenatal Care setting; Birth setting, postnatal ward setting, and postnatal community setting). Following an increased focus on FFT by the teams, the Chief Nurse is pleased to report an overall increase in the number of responses throughout March 2023. The majority of responses also remain positive.

**Nursing and Midwifery staffing**

All NHS Trust providers are required to publish Nursing and Midwifery staffing data on a monthly basis. The data describes planned hours for staffing based against the actual hours worked. In addition to this the care hours per day (CHPPD) are reported as a monthly metric. DBTH submitted data within the submission timeframe for March 2023. Due to the date of board meeting in May the April data was not available.

CHPPD Calculation:

$$\text{Care Hours Per Patient Day} = \frac{\text{Hours of RNs} + \text{Hours of Healthcare Assistants}}{\text{Total number of inpatients (at MN)}}$$

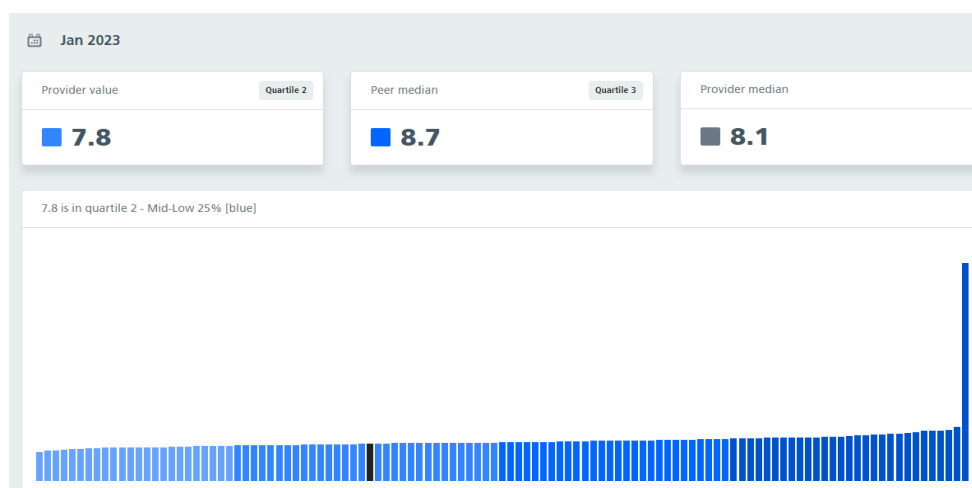
The key for the risk rating is below, it should be noted that there is no nationally agreed threshold for reporting on discrepancies between planned versus actual CHPPD and these are the agreed thresholds for DBTH:

Within 5% of planned/actual CHPPD	Green
5% under planned/actual CHPPD	Amber
10% under planned/actual CHPPD	Red

The submissions over time are summarised in the table below:

DBTH	Aug (22)	Sept (22)	Oct (22)	Nov (22)	Dec (22)	Jan (23)	Feb (23)	March (23)
Total CHPPD	7.72	7.77	7.66	7.84	7.66	7.79	7.93	8.00

CHPPD is reported nationally and benchmarking data (compared to peer and nationally) is available on the Model Hospital Dashboard, the current data refers to January 2023 and is included below.



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

#### DBTH Total CHPPD site specific data submission

Trust wide CHPPD	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023
BDGH	8.84	7.59 ↓	8.10 ↑	8.26 ↑	8.35 ↑
DRI	7.79	7.85 ↑	7.91 ↑	8.03 ↑	8.04 ↑
MMH	5.80	5.87 ↑	5.70 ↑	5.99 ↑	6.41 ↑
Total	7.84	7.66 ↓	7.79 ↑	7.93 ↑	8.00 ↑

Midwifery areas also collect CHPPD data and this is presented for March by site in the below table. There has been an increase in CHPPD across midwifery area during March 2023 on both sites.

#### CHPPD data - site specific Midwifery only

Midwifery CHPPD	Jan 2023 CHPPD	Feb 2023 CHPPD	March 2023
BDGH	15.05	14.90 ↓	16.45 ↑
DRI	15.08	14.64 ↓	19.17 ↑
Total	15.07	14.74 ↓	18.15 ↑



There were 41 inpatient wards were open throughout March 2023. The change from the previous report is the removal of the Children’s Observational Unit from the data as it is not consistently used for inpatient services overnight.

18 (43.9%) wards were on green for planned v actual staffing, 11 (26.8%) wards were on amber for being 5% under planned v actual staffing (B6/ESSU, Ward 32, Ward 22, C1, Ward A4, Ward A5, DCC, CDS, S10, Ward 1&3, B5).

9 (21.95%) wards were red for being 10% under planned v actual staffing (ATC, AMU, Ward 18 Haematology, Ward 24, Ward 21, ITU, NNU, Children’s Ward (CHW), and M1).

Site	Additional Beds open
BDGH	8 beds (used flexibly)
DRI	10 beds in addition to planned winter beds (Winter beds - Ward 22 x 16 beds)
MMH	10 beds (reduced across March 2023)
<b>Total</b>	26 additional beds

### Planned versus actual staffing level variance

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

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

WARD	CHPPD	Overall planned variance	Day Time Planned Variance (Nurse)	Day Time Planned Variance (HCA)	Night Time planned variance (Nurse)	Night Time planned variance (HCA)	Bed occupancy
ATC	7.2	89.9%	95.02%	56.90%	90.95%	89.39%	86.0%
AMU	8.3	86.6%	77.29%	98.72%	84.55%	94.69%	89.0%
Ward 18 (H)	7.6	87%	80.32%	76.07%	100%	100%	92.2%
Ward 24	6.6	88.8%	84.55%	95.46%	95.70%	85.81%	100%
Ward 21	7.1	85.6%	85.28%	79.35%	94.35%	80.00%	99.0%
CHW	9.4	85%	89.25%	98.81%	81.48%	82.11%	73.7%
M1	11.9	81%	83.50%	83.39%	82.84%	72.29%	53.6%

The above tables provide the data for ward areas where actual staffing levels were >10% below planned staffing requirements. Ward areas only have been included as CHPPD is too crude a measure to use for certain areas, such as critical care, neonatal unit or labour ward. Bed occupancy to some extent may have mitigated risk associated with lower staffing levels than planned in certain areas, however the above does not reflect acuity and dependency on the wards for the specified time.

Ward 21 and Ward 24 have reported hospital acquired pressure ulcers (HAPU) during this period. Ward 21 has reported a MRSA bacteraemia, however initial findings from the post incident review are in keeping with a sample contaminant and user technique. As digital solutions roll out further at DBTH and safe care is embedded Trust wide, the triangulation of CHPPD, bed occupancy, acuity, dependency, and harms will be used to provide further analysis.

### Temporary Workforce solutions

The executive team reviewed all of the incentives in place as part of the winter plan and agreed the end date for the majority of those incentives as 11<sup>th</sup> April 2023. The incentives continue within theatres and Midwifery subject to a monthly review of requirements.

As highlighted in the below table, although an increasing use of NHSP bank was reported during March 2023 for registered nurse / midwives (N&M), agency usage continued to demonstrate an ongoing reduction.

### Bank & Agency Usage - December to March 2023

N&M Bank	Dec 22	Jan 23	Feb 23	March 23
Registered Bank in month	4.34%	8.41%	10.02%	13.75%
Registered Agency in month	8.58%	8.15%	4.32%	4.27%

### Vacancy position

Utilising provider workforce return (PWR) data the below tables illustrate the vacancy position for nursing and midwifery up to and including month 11 data.

### Trust wide\* Band2/3 Support Worker vacancy whole time equivalent (wte) position (April 2022 to February 2023)

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Funded	937.91	928.47	927.22	940.93	949.38	960.84	969.33	957.08	964.26	957.32	963.32	953.67
Contracted	802.22	804.93	804.71	800.63	804.67	800.57	814.3	843.08	848.34	865.91	872.63	874.99
Vacancy%	14.5%	13.4%	13.3%	15%	15.3%	16.7%	16%	12%	12.1%	9.60%	9.50%	8.3%

\*Excludes Midwifery

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

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Funded	1675.82	1671.52	1685.72	1704.42	1699.02	1700.62	1695.62	1695.82	1692.82	1703.72	1724.88	1797.2
Contracted	1462.06	1465.46	1452.13	1464.82	1455.15	1494.54	1517.34	1527.96	1520.76	1530.46	1598.26	1638.8
Vacancy%	12.8%	12.3%	13.9%	14.1%	14.4%	12.2%	10.6%	9.9%	10.2%	10.2%	7.31%	9.8%

\*Excludes Midwifery

## Trust wide Midwifery Band 5 to 8a vacancy position

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Funded	186.48	186.8	187.06	187.06	187.06	187.06	193.45	193.45	193.45	193.45	193.45	191.85
Contracted	165.4	163.55	163.71	159.35	160.33	163.01	174.11	175.84	176.06	172.94	170.09	168.79
Vacancy%	11%	12.50%	12.50%	15%	14%	13%	10%	9%	9%	11%	12%	12%

## Recruitment

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

## Internationally Educated Nurse Update

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

Cohort's 22/23	Number (WTE)	OSCE outcome	Current status
6 - arrived April	11 adult nurses	11 passed	All on rota
7 - arrived May	9 adult nurses	9 passed	All on rota
8 - arrived Aug	10 adult nurses	10 passed	All on rota
9 - arrived Sept	10 adult nurses	10 passed	All on rota
10 - arrived Oct	5 adult nurses	5 passed	All on rota
11 - arrived Nov	13 adult nurses 5 paediatric nurses	12 passed 5 passed	16 on rota 1 awaiting NMC Pin
12 - arrived Jan 23	12 nurses	8 passed 4 resits	4 awaiting resit results. 8 on Rota
13 - arrive Mid Feb	5 adult nurses	1 passed 4 resits	1 awaiting Pin 4 awaiting results
14- arrive April 2023	7 adult nurses on boot camp		
Total	82 Adult 5 Paediatric		

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

The Trust has submitted a bid to the latest 23/24 NHS England funding stream for a further 55 Internationally educated RNs, this will see DBTH recruit a further 50 Adult and 5 Paediatric internationally educated nurses between May and December 2023.

## Conclusion

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

## 2305 - B3 MATERNITY & NEONATAL UPDATE

● Discussion Item


👤 Lois Mellor, Director of Midwifery


🕒 09:55

10 minutes

### REFERENCES

Only PDFs are attached

 B3 - Maternity & Neonatal Update.pdf

 B3i - Board Surveillance.pdf

 B3ii - Glossary of Terms.pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	B3		
<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>	For the Trust Board of Directors to take assurance from the detail provided within this Maternity report.				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <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>					

<b>Previously considered by:</b>		Governance Meetings Children's & Families Board (verbal updates)	
<b>Date</b> :	5.4.23	<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

April 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 no stillbirths in April 2023.

### **1.2 Neonatal Deaths**

No neonatal deaths have been reported.

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

Work is ongoing with local maternity and neonatal system complete the reduced fetal movement guideline.

The Serenity Suite work is ongoing and expected to be completed in June 2023.

## **2. Neonatal Services**

Neonatal staffing is 91% recruited with 84% of establishment at work. The Qualified in Speciality ratio remains at 70% of total registered nurse within neonatal services. During April we had 80% of shifts resourced within British Association of Perinatal Medicine (BAPM) standards, of the 20% that didn't meet the standard the majority was due to a gap in the supervisory coordinator role, the remaining 2 shifts were short of registered nurses due to high acuity. There was no clinical compromise and the nurse in charge did not escalate the shift as a concern.

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 commenced 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 April we were 2.3% at Bassetlaw and 2.8% at Doncaster. When reviewing our data, it was noted that there had been an error in the submitted data, this has now been rectified and will show an improved position in future reports once we have confirmation from the Local Maternity and Neonatal System (LMNS)

about the formula change proposed for this financial year. Work is still ongoing looking at Respiratory Distress Syndrome and if this is linked to an increase in C-section rates.

### 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 have been no serious incidents in April 2023.

### 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.

This is now monitored by the Ockenden and CNST Oversight Committee on a monthly basis, any risks identified are shared at the Children's and families Board for escalation to the Trust executive Group if required.

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

The training position on 30 April 2023 was:

Staff Group	Number	Number Compliant	K2 CTG Compliance	Number of staff undertaken Fetal Monitoring Study Day	Study Day Compliance



90% of Obstetric Consultants	14	13	92.9% ↓	12	85.7% ↓
90% of All other Obstetric Doctors including trainees	18	17	94.4% →	14	94.4% ↑
90% of GP trainees who have any obstetric commitment to intrapartum care. (bespoke competency approved by guideline group)	17	9	52.9% ↓	12	70.6% ↑
90% of Midwives	192	173	90.1% ↑	158	82.3% ↑
90% of NHSP Midwives	24	20	83.3% ↓	12	70.6% ↑

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

Staff Group	Number	Number Compliant	Prompt Compliance
90% of Obstetric Consultants	14	10	71.4% ↓
90% of All other Obstetric Doctors including trainees	34	22	64.7% ↑
90% of Midwives	194	163	84% ↓
90% of NHSP Midwives	28	15	53.6% ↓
90% of Maternity Support Workers	68	54	82.3% ↑
90% of Obstetric Anaesthetic Consultants	19	15	83.3% →
90% of All other Obstetric Anaesthetic Doctors (staff grades & trainees contributing to the obstetric rota)	20	20	100% ↑

### Newborn Life Support Training

Staff Group	Number	Number Compliant	NLS Compliance
90% of Midwives	146	111	76% →
90% of NHSP Midwives	27	27	100% →
90% Of Neonatal Consultants	17	9	53% <i>new</i>
90% Neonatal Nurses	59	51	86% <i>new</i>
90% of advanced neonatal practitioners	6	4	67% <i>new</i>

## 6. Service User Feedback

The maternity and neonatal voices partnership (MNVP) was involved in the opening of the new central delivery suite, triage and midwife led unit. They have given positive feedback about the environment and want to continue to be involved in future developments.

The service has been actively seeking the views of minority groups who access the maternity services, visiting changes lives in Doncaster. This is a local group run for families and is held in local family hubs. These relationships will be built on to ensure that these service user voices are heard and help to shape the service going forward.

The service continues to work closely with the MNVP and seeking feedback to be able to work together to improve services at Doncaster and Bassetlaw.

## 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 make progress against the current year 4 standards.

Year 5 CNST standards are expected to be published in the near future.

## 10. Board Level Safety Champion

Karen Jessop (Chief Nurse) continues to be actively involved in the maternity service. She attended the Children's and Families Board on 30 April 2023. Where the current three year delivery plan for maternity and neonatal services (March 2023) was discussed. A reporting format for progress is being developed within the local maternity and neonatal system and is expected in June 2023. The next Maternity safety champion visit and meeting with Board level Champion and Non-Executive Director champion is planned for 25<sup>th</sup> May 2023.

## 11. Perinatal Surveillance dashboard

For this month we have seen improvement in:

- The number of term admissions to neonatal unit
- No reported third or fourth degree tears
- The number of women who are smoking at the time of delivery

There has been an increase in the number of post-partum haemorrhages on both sites, and this is currently being analysed.

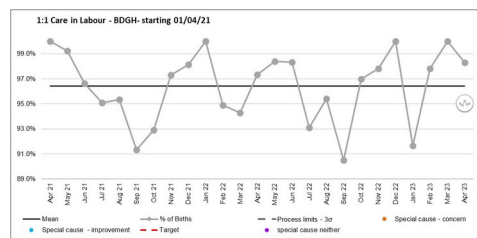
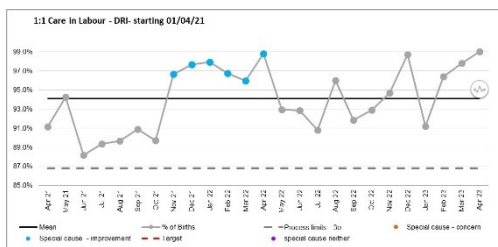
## 12. Midwifery staffing

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.

The service has been first choice for a significant number of current year 3 student midwives who qualify in October 2023. All students who have expressed an interest to work at Doncaster and Bassetlaw have been sent a formal offer letter.

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 - 99.05%  
Bassetlaw - 98.3 %



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	9
Delay between admission for induction and beginning of process	1
<b>Management Actions taken</b>	
Redeploy staff internally	16
Staff unable to take allocated breaks	1
Unit on divert	1
Escalate to Manager on call	3

## Bassetlaw

Red Flag	Number of times
None	
<b>Management Actions taken</b>	
Redeploy staff internally	4
Redeploy staff from community	3
Staff unable to take allocated breaks	2
Unit of divert	6
Escalate to Manager on call	7

This shows proactive management of the situation using the information in the birthrate+<sup>®</sup> App that is used on central delivery suite and labour ward.

### 13. Medical Workforce

The medical workforce position remains unchanged since the last report.

### 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 are asked to consider the assurance provided in this report.

# NE&Y Regional Perinatal Quality Oversight Group Highlight Report

Trust Position

Vacancy rate (MW)

LW co-ordinator supernumerary (%)

11%

< 100%



LMNS: South Yorkshire and Bassetlaw

Reporting period: April 2023 – June 2023

Overall System RAG:

(Please refer to key next slide)

Maternity unit **DBTH – Doncaster**

KPI (see slide 4)	Measurement / Target		Doncaster Rate		
			April	May	June
Caesarean Section rate	Elective	<13.2 %	16.9%		
	Emergency	<15.2 %	29.1%		
Preterm birth rate	≤26+6 weeks	0	0.9%		
	≤36+6 weeks	<6%	8.6%		
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	3.8%		
Term admissions to NICU		<6%	2.61%		
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassist'd)	<2.8%	0%	0%	
	Instrumental (assisted)	<6.05 %	0%		
Right place of birth		95%	99%		
Smoking at time of delivery		<11%	10.5%		
Percentage of women placed on CoC pathway		35%	0%		
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%	
	Area of deprivation		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											
April	37	145	0	0	0	0	1 0 0	0	3	0	0	0 0
May												
June												
Q1												

## Maternity Red Flags (NICE 2015)

		April	May	June
1	Delay in commencing/continuing IOL process	26		
2	Delay in elective work	1		
3	Unable to give 1-1 care in labour	0		
4	Missed/delayed care for > 60 minutes	10		
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0		

# NE&Y Regional Perinatal Quality Oversight Group Highlight Report



LMNS: South Yorkshire and Bassetlaw

Reporting period: April 2023 – June 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		13.6%			
	Emergency		31.4%			
Preterm birth rate	≤26+6 weeks	0	0			
	≤36+6 weeks	<6%	7.62%			
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	7.6%			
Term admissions to NICU		<6%	0.9%			
3 <sup>rd</sup> & 4 <sup>th</sup> degree tear	SVD (unassist'd)	<2.8%	0%	0%		
	Instrumental (assisted)	<6.06 %	0%			
Right place of birth		95%	99%			
Smoking at time of delivery		<11%	9.5%			
Percentage of women placed on CoC pathway		35%	0			
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME		0			
	Area of deprivation	75%	0			

Month/Quarter	Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Newer Events	HSIB cases	Still Births (All / Term / Intrapartum)	HIE cases (2 or3)	Neonatal Deaths (Early / Late)	Notification to ENS	Maternal Mortality (direct / Indirect)
2020/2021	April	7	25	0	0	0	0 0 0	0	0 0	0	0 0
	May										
	June										

Maternity Red Flags (NICE 2015)0				
		April	May	June
1	Delay in commencing/continuing IOL process	7		
2	Delay in elective work	0		
3	Unable to give 1-1 care in labour	0		
4	Missed/delayed care for > 60 minutes	0		
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0		

## Assessed compliance with 10 Steps-to-Safety

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

## Key

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



## Evidence of SBLCB V2 Compliance

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

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

	April	May	June
Audit of consultant led labour ward rounds twice daily	On Track	Complete	Complete
Audit of Named Consultant lead for complex pregnancies	On Track	Complete	Complete
Audit of risk assessment at each antenatal visit	On Track	Complete	Complete
Lead CTG Midwife and Obstetrician in post	On Track	Complete	Complete
Non Exec and Exec Director identified for Perinatal Safety	On Track	Complete	Complete
Multidisciplinary training – PROMPT, CTG, Obstetric Emergencies (90% of Staff)	CTG 81.5% PROMPT 83.9%	Complete	Complete
Plan in place to meet birth rate plus standard (please include target date for compliance)	On Track	Complete	Complete
Flowing accurate data to MSDS	On Track	Complete	Complete
Maternity SIs shared with trust Board	On Track	Complete	Complete

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





## Glossary of terms / Definitions for use with maternity papers

- AN - Antenatal (before birth)
- ATAIN - Avoiding term admissions to neonatal unit (Term 37-42 weeks)
- BAPM - British Association of Perinatal Medicine (neonatal)
- BR+® - Birthrate plus (workforce tool to calculate the number of midwives required to look after a cohort of women)
- Cephalic - Head down
- CNST - Clinical Negligence Scheme for Trusts
- CTG - Cardiotocography (fetal monitor)
- CQC - Care Quality Commission (Our regulator)
- Cooling - baby actively cooled lowering the body temperature
- DoM - Director of Midwifery
- EFW - Estimated fetal weight
- FTSU - Freedom to speak up
- G - Gravis (total number of pregnancies including miscarriages)
- GIRFT - Getting it right first time (Benchmarking data)
- HSIB - Health Service Investigation bureau
- HIE - Hypoxic ischaemic encephalopathy (when the brain does not receive enough oxygen)
- IUD - intrauterine death (in the uterus)
- LMNS - Local maternity and neonatal system (the four trusts in south Yorkshire)
- MNVP - Maternity and neonatal voices partnership (our service users)
- MSDS - Maternity dataset
- NED - Non-executive director
- NICU - neonatal intensive care unit
- NMPA - National maternity and perinatal Audit (provide stats & benchmarking)
- OCR - Obstetric case review (learning meeting for interesting cases)
- Parity - Number of babies born >24 weeks gestation (live born)
- PFDR - Prevention of future deaths
- PMRT - Perinatal Mortality Review Tool (system used assess care given)
- PPH - Postpartum haemorrhage (after birth)
- PROMPT - Practical Obstetric Multi-professional training (skill based training)

QI - Quality Improvement

RDS - respiratory distress syndrome (breathing problems)

Red Flag - Indicator that the system is under pressure (quality indicator)

RIP - rest in peace

SVD - Spontaneous vaginal delivery

SBLCBV2 - Saving babies Lives care bundle (bundle of care to reduce poor outcomes)

MCoC - Midwifery continuity of Care (6-8 midwives working in a team to provide care)

### **Other information**

Term is 37-42 weeks long

Viability is 24 weeks (in law) - gestation a pregnancy is considered to be viable


Resuscitation of an infant can be considered from 22 weeks (parent will be counselled about the possible outcomes)

3<sup>rd</sup> / 4<sup>th</sup> degree tear - significant tearing of perineum / muscles during birth requiring repair in theatre

2305 - C TRUE NORTH SA2 & SA3 - PEOPLE & ORGANISATIONAL  
DEVELOPMENT

## 2305 - C1 CHAIR'S ASSURANCE LOG - PEOPLE COMMITTEE

 Discussion Item

 Mark Bailey, Non-Executive Director


 10:05

5 minutes

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### REFERENCES

Only PDFs are attached

 C1 - Chair's Assurance Log - People Committee.pdf

People Board Committee - Chair's Highlight Report to Trust Board		
<b>Subject:</b>	People Board Committee Meeting	<b>Board Date:</b> May 2023
<b>Prepared By:</b>	Mark Bailey, Non-executive Director & Committee Chair	
<b>Approved By:</b>	People Committee Members	
<b>Presented By:</b>	Mark Bailey, Non-executive Director & Committee Chair	
<b>Purpose</b>	The paper summarises the key highlights from the People Committee meeting held on Tuesday 2 May 2023	
Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway	
<p><u>Violence Prevention &amp; Reduction Standards (biannual report)</u>            Attention to complete all identified actions which ensure full compliance to the NHS Violence Prevention and Reduction Standard within 1<sup>st</sup> quarter FY 2023/24.</p>	<p><u>National Staff Survey</u> engagement session reports form part of the Divisional performance, overview, and support meetings. Team engagement continue over next two months with local improvement plans being developed.</p> <p><u>Education</u> - 'Deep dive' assurance report on all elements of education quality standards. Noted - outstanding feedback reported via the annual Health Education England 'Monitoring of the Learning Environment' and University of Sheffield Medical School reviews. Further information to be provided at July meeting.</p> <p><u>Workforce supply and demand</u> - deep dive workshop programme underway with initial concentration on identified priority areas for example: Theatres ODP nursing and ODP workforce. Clear intention to produce actionable insights into workforce risk areas including difficult to fill positions, training and potential service / role transformation. Summary reporting of specific conclusions / decisions being reviewed / taken from the workshops requested accepting that this work is part of the development of a multi-year strategic workforce package for the Trust and is part of our maturing approach to workforce planning.</p> <p><u>Board Assurance Framework (BAF)</u> - SA2 &amp; SA3 refresh as part of 2023/24 corporate review of all BAF to reflect agreed Trust objectives and risks.</p>	

Positive Assurances to Provide	Decisions Made
<p><u>Leadership &amp; Organisation Development</u> (Annual Report 2022/3) - in depth overview of leadership and organisational development programmes and tools with linkage to staff survey, leadership behaviours and 'DBTH way' outcomes.</p> <p><u>Safer Staffing</u> - Clear evidence of processes and outcomes / actions taken to ensure safe staffing. Noted positive recruitment and development and the focus on ensuring effective use of bank and agency resource.</p> <p><u>Health &amp; Wellbeing</u> (Annual report 2022/3) - comprehensive review of Health &amp; Wellbeing workstreams and linkage to positive results from Staff Survey. Developing measures on 'return on investment' to ensure most impactful interventions are supported or enhanced.</p> <p><u>Widening Participation</u> - comprehensive review of activity and strong embedded linkages to People Strategy. Q4 2022/3 significant increase in activity to pre-pandemic levels. Exceeding Department of Education targets for apprenticeships - 5% of DBTH headcount. Assurance that demand and supply integrated within Trust finance and operational planning.</p> <p><u>Medical Appraisal</u> - Closing position for 2022/23 of 89% against NHS England standard of 85%. Missing or partially complete appraisals understood and includes leavers, retirees, and sickness.</p> <p><u>Education</u>: Statutory requirements overview and completion levels by area understood with overall compliance at 86% (amber rating). Challenges noted and being worked to strengthen governance of Role Specific Training additions to training requirements.</p> <p><u>Improvement Projects</u> - occupational health capacity and effectiveness improvement including data showing reduction in pre-employment check times.</p> <p><u>Board Assurance Framework</u> - SA2 / SA3 risk, controls and measures reviewed.</p> <p><u>Committee Effectiveness</u> - self assessment completed. Learning noted for action.</p>	<p><u>Board Assurance: People Strategy - Implementation &amp; effectiveness</u> Agreement to the method, format, and frequency for reporting progress against the new People Strategy 2023-27. Assurance to include key highlights and areas of risk / escalation concerning implementation and / or delivery of the desired outcomes. The assurance report to be drawn from the detailed operational delivery plan which has success measures for each strategy theme.</p> <p><u>The DBTH Way - Leadership Behaviours Framework</u> Presentation of the 'DBTH Way' to the Trust Executive Group and Board for final approval.</p> <p><u>People Committee Annual Report</u> - approved for submission to The Board.</p>

## 2305 - C2 - PEOPLE UPDATE

● Discussion Item

👤 Zoe Lintin, Chief People Officer


🕒 10:10

- to include the "DBTH Way"  
10 minutes

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### REFERENCES

Only PDFs are attached

 C2 - People Update .pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	C3		
<b>Report Title:</b>	People Update				
<b>Sponsor:</b>	Zoe Lintin, Chief People Officer				
<b>Author:</b>	Zoe Lintin, Chief People Officer				
<b>Appendices:</b>	Appendix 1 – The DBTH Way				
Report Summary					
<b>Purpose of report:</b>	To provide Board with an update on developments in relation to activities to support colleague engagement and experience, and to present The DBTH Way behaviours framework for approval.				
<b>Summary of key issues/positive highlights:</b>	<p>There is a Board commitment and ambition to improve colleague experience and engagement across DBTH in line with our True North objective to be in the top 10% in the UK for feedback from our colleagues and learners.</p> <p>This paper highlights some of the recent developments at DBTH and progress being made against our plans in relation to cultural improvement, colleague experience, supporting our people and workforce development, including:</p> <ul style="list-style-type: none"> <li>• People Strategy 2023-27</li> <li>• The DBTH Way</li> <li>• Staff survey engagement</li> <li>• Appraisal season</li> <li>• Workforce planning deep dives and tool</li> </ul> <p>The People Committee receives regular detailed progress reports on all these areas.</p>				
<b>Recommendation:</b>	<p>The Board is asked to note the actions being taken, the progress being made and to support the work programmes described.</p> <p>The Board is asked to approve The DBTH Way framework, following an extensive period of engagement.</p>				
<b>Action Require:</b>	<b>Approve</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Review</b>
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	



Implications			
<b>Board assurance framework:</b>		SA1, SA2, SA3, SA4	
<b>Corporate risk register:</b>		PE01 19, PEO2 16, PEO3 3104	
<b>Regulation:</b>		None	
<b>Legal:</b>		None	
<b>Resources:</b>		None	
Assurance Route			
<b>Previously considered by:</b>		Some aspects considered by Trust Executive Group and People Committee	
<b>Date:</b>	May 2023	<b>Decision:</b>	Aspects shared and supported where required. People Committee assured. The DBTH Way framework supported
<b>Next Steps:</b>		Proceed as outlined	
<b>Previously circulated reports to supplement this paper:</b>			

## 1. Introduction

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

This report provides updates in relation to the following:

- Launch and communication of our new People Strategy
- The development of the new The DBTH Way behaviours framework, with the final draft being presented for Board approval
- Staff survey engagement with local teams
- Launch of appraisal season for 2023
- Reintroduction of deep dive workforce planning workshops

## 2. People Strategy 2023-27

The new People Strategy was formally launched at the start of May 2023 through the managers' briefing, wider communication in the Buzz and other channels as well as being supported by a short introductory video and an open listening session for all colleagues with the Chief People Officer.

There is a comprehensive delivery plan in place to underpin the People Strategy which provides details on how we will achieve our ambitions, the activities to be undertaken and how we will monitor our progress and success measures over the next two years.

The plan was presented to the People Committee at their May meeting and the Committee was assured. The Chief People Officer and the Chair of the People Committee have agreed an assurance report format and a high-level update on the ongoing delivery of the People Strategy will be presented at each meeting. The People Committee also approved this approach, which will support assurance reporting from the Committee through to the Board using the People Committee Chair's report.

## 3. The DBTH Way

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

The DBTH Way framework is now in final draft form and has been designed to relate to the behaviours of all colleagues at DBTH. The framework has key words then several examples of what this means in terms of acceptable and unacceptable behaviours, aligned with our Trust We Care values. The intention is that The DBTH Way will sit alongside our values to describe who we are and how we do things at DBTH.

Earlier drafts of the framework have been shared with Trust Executive Group, People Committee, Board members, Chief People Officer's senior leadership team, Partnership Forum, JLNC, staff network chairs as well as patient representative groups. The feedback from the patient groups has been considered in conjunction with the Chief Nurse.

The final draft is enclosed at Appendix 1 for Board approval. There has been one minor sentence change in this version compared with the version presented and supported at People Committee on 2 May 2023.

Following Board approval, a plan will be developed to launch, communicate and embed The DBTH Way so it becomes a visible and core part of our working life at DBTH over time alongside our values. This will include prominent visual displays and how we will build connections with aspects such as recruitment, induction, leadership development, education programmes and appraisal. Consideration will also be given to how the framework can be presented for our patients and public.

#### **4. Staff survey engagement**

As part of our approach towards embedding a year-round cycle of engagement, the local engagement sessions with teams on the staff survey results are underway across the organisation. This gives the opportunity for the team's results to be highlighted and improvement actions to be discussed.

The People & OD team has created a suite of resources, templates and toolkits to support leaders with these sessions and with the development of improvement plans. A central log of dates of engagement sessions is maintained to oversee progress and this is a regular agenda item at divisional Performance, Overview and Support meetings. Positive feedback has been received from leaders on the impact of this approach and the discussions being held so far.

#### **5. Appraisal season**

The 2023 appraisal season launched on 1 April and will run until 31 July. The appraisal season applies to all employees, except medical colleagues who continue to undertake appraisals through the usual medical appraisal methodology.

Significant work was undertaken by the People & OD team in preparation for this year's season, building on feedback received and to support the quality and timely completion of appraisals for our colleagues. This included the introduction of a significantly shorter and more user-friendly appraisal form, refreshed training resources/toolkits and a review of reporting processes.

The appraisal completion rate was 6.55% at 4 May and updates are provided regularly to leadership teams for their areas. There is also oversight at the divisional Performance, Overview and Support meetings to ensure plans are in place for the appraisal season.

#### **6. Workforce planning**

As part of our maturing approach towards strategic workforce planning, deep dive workshops have recently been reintroduced to support multi-disciplinary teams in specialty areas to undertake workforce planning effectively. The aim of the workshops is to understand the importance of workforce planning, to provide clarity on the DBTH approach, to analyse relevant data and to have rich conversations about specific workforce challenges and solutions faced by the team.

The workshops are attended by key people in the specialty area/division and are facilitated by the People Business Partner teams with support from Finance Business Partners, Education leads, Recruitment and Information Business Partners. In advance of the sessions, detailed data packs are developed consisting of workforce, finance and activity related data.

Key outputs of the workshop are intended to be:

- One, three and five year workforce plan
- Development of a workforce planning action plan
- Updated recruitment plans
- Development of a training and education plan identifying the key input required

In February 2023 a deep dive workshop took place in Theatres with a focus on the nursing and ODP workforce and this evaluated well. There are approximately two workshops scheduled per month for the remainder of the calendar year across the clinical divisions.

Further details of this approach and the recent workshop, including outputs and next steps, were included within the May reports for People Committee and Trust Executive Group. This approach towards workforce planning is complemented by the ongoing implementation of the strategic workforce planning tool, which we are undertaking working in partnership with KPMG.

## **7. Recommendations**


The Board is asked to approve our new The DBTH Way behaviours framework, following a period of wide engagement internally and with patient representative groups.


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



## 2305 - D1 CHAIR'S ASSURANCE LOG - FINANCE & PERFORMANCE

### COMMITTEE

 Discussion Item

 Mark Day, Non-Executive Director

 10:20

Available after Finance & Performance Committee of 22 May 2023  
5 minutes

## 2305 - D2 FINANCE UPDATE

● Information Item

👤 Jon Sargeant, Chief Finance Officer

🕒 10:25

20 minutes

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### REFERENCES

Only PDFs are attached

 D2 - Finance Update - Month 1.pdf

Report Cover Page			
<b>Meeting Title:</b>	<b>Board of Directors</b>		
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	<b>D2</b>
<b>Report Title:</b>	<b>Financial Performance - Month 1 (April) 2023</b>		
<b>Sponsor:</b>	Jon Sargeant, Chief Financial Officer		
<b>Author:</b>	Alex Crickmar, Deputy Director of Finance Finance Team		
<b>Appendices:</b>			
Executive Summary			
<b>Purpose of report:</b>	To set out to the Board an update with regards to the Trust's financial position at Month 1.		
<b>Summary of key issues:</b>	<p>The Trust's reported deficit for month 1 (April 2023) was £3.7m, which was in line with plan. This position assumes that the Elective Recovery Fund paid by Commissioners in month 1 will not be clawed back, on the basis of the junior doctor strikes. Excluding ERF, the position would be a deficit of £5.2m which would be £1.5m adverse to plan.</p> <p>Pay spend is favourable to plan by c£0.5m, mainly driven by Nursing which was underspent across all Divisions except Surgery, reflecting the reduction in agency rates and usage and also bank incentive rates which is positive news. Medics are underspent by £0.1m (including reserves and recharges), which includes junior doctor strike costs of £0.4m in month.</p> <p>Non-pay spend (excluding recharges) was £0.4m favourable to plan. This was driven by activity related spend being below plan (consumables etc) and a £0.2m underspend on the Community Diagnostic Centre (CDC) (which is offset with income). The main area of overspend on non-pay related to the independent sector (£0.1m) which is under review.</p> <p>Overall, the position is on plan in Month 1, however it would have been adverse to plan if ERF is clawed back based on the activity performance of the Trust. The rules regarding ERF clawback for Month 1 is not known at this point ,with national finance reporting not due to commence until Month 2 due to the delays in the planning process.</p> <p><b>Capital</b></p> <p>Capital spend in month 1 was £0.3m against the plan of £2.4m giving an in-month under-performance of £2.1m. The main underspend is against the MEOC scheme of £1.8m, where work is currently being undertaken to review the expected cashflow of the project.</p> <p><b>Cash</b></p> <p>The cash balance at the end of April was £29.6m (March: £32.5m), meaning cash has decreased by £2.9m in the month. This negative movement in cash is as a result of the Trust paying £9.9m in relation to Capital Creditors, receiving quarterly Training and Education income in advance of £6m and having an underlying deficit position. In terms of the plan, the Trust is £3.8m ahead of plan for Month 1, due to lower capital cash outflows than expected as well as improved management of creditor payments. The Trust is still expecting to need cash support in year (currently forecast to be towards the end of Quarter 2).</p>		



	<b>CIPs</b> In month the Trust has delivered £0.3m of savings versus the plan submitted to NHSE of £0.4m and therefore is 0.1m adverse to plan. The Trust is currently working with Divisions to finalise CIP plans for 23/24. A review of this position was reported to the Finance and Performance Committee on the 22 <sup>nd</sup> May.				
<b>Recommendation:</b>	The Board is asked to note: <ul style="list-style-type: none"> <li>The Trust's deficit YTD at month 1 (April 2023) was £3.7m, which was in line with plan assuming no clawback of ERF income due to the impact of the Junior Doctor Strikes. If ERF was clawed back the position would have been £1.5m adverse to plan in month.</li> </ul>				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.				
<b>Corporate risk register:</b>	See above				
<b>Regulation:</b>	No issues				
<b>Legal:</b>	No issues				
<b>Resources:</b>	No issues				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	N/A				
<b>Date</b>		<b>Decision:</b>			
:					
<b>Next Steps:</b>					
<b>Previously circulated reports to supplement this paper:</b>					

## **FINANCIAL PERFORMANCE**

**Month 1 - April 2023**

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

M1 April 2023

1. Income and Expenditure vs. Budget					2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000		Plan £'000	Actual £'000	Plan £'000	Actual £'000	
Income	(43,903)	395 A	(43,903)	395 A	Local	155	98 A	155	98 A	1,732
Pay	29,793	(512) F	29,793	(512) F	Pay - Job Plans	46	8 A	46	8 A	2,850
Non Pay	17,428	245 A	17,428	245 A	Agency & Sickness Management	200	229 F	200	229 F	6,000
Financing Costs	459	(124) F	459	(124) F	Procurement	23	20 A	20	20 A	720
(Profit)/Loss on Asset Disposals	0	0 A	0	0 A	NonPay	18	0 A	21	0 A	2,900
<b>(Surplus)/Deficit for the period</b>	<b>3,777</b>	<b>4 A</b>	<b>3,777</b>	<b>4 A</b>	RPA	0	0 A	0	0 A	500
Adj. for donated assets	(41)	(7) F	(41)	(7) F	Unidentified	0	0 A	0	0 A	7,398
<b>Adjusted (Surplus)/Deficit for the purposes of system achievement (Ledger Position)</b>	<b>3,736</b>	<b>(3) F</b>	<b>3,736</b>	<b>(3) F</b>	<b>Total CIP</b>	<b>441</b>	<b>355 A</b>	<b>441</b>	<b>355 A</b>	<b>22,100</b>
Income Risk	1,549	1,549	1,549	1,549						
<b>Adjusted (Surplus)/Deficit for the purposes of system achievement (Ledger Position less Income Risk)</b>	<b>5,285</b>	<b>1,546 A</b>	<b>5,285</b>	<b>1,546 A</b>						

Income		Key		Expenditure	
Over-achieved	F	Under-achieved	A	F = Favourable	A = Adverse
				Underspent	F
				Overspent	A

3. Statement of Financial Position				4. Other					
	Opening balance £'000	Closing balance £'000	Movement £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
					Plan £'000	Actual £'000	Plan £'000	Actual £'000	
				Cash Balance		29,622		29,622	1,900
				Capital Expenditure	2,388	274	2,388	274	65,051

5. Workforce					
	Funded WTE	Substantive WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	6,631.16	5,928.33	376.60	130.93	6,435.86
Previous Month	6,706.60	5,861.22	487.71	202.13	6,551.06
Movement	-75.44	67.11	-111.11	-71.20	-115.20

## 1. Month 1 Financial Position Highlights

### Summary Income and Expenditure - Month 1

	Month 1		
	Plan	Actual	Variance
	£000	£000	£000
<b>Income</b>	<b>-44,298</b>	<b>-43,903</b>	<b>395</b>
<b>Pay</b>			
Administration and estates	5,064	4,942	-122
Ambulance staff	0	2	2
Apprenticeship Levy	108	108	0
HCA and other support staff	2,418	2,373	-45
Healthcare science staff	75	71	-4
Medical and dental	8,088	8,287	198
Non Medical Non Clinical	8	182	174
Nursing & midwifery	11,374	10,904	-470
Scientific, therapeutic and tech	1,058	1,054	-4
Recharges and Reserves	2,112	1,869	-243
<b>Total pay</b>	<b>30,305</b>	<b>29,793</b>	<b>-512</b>
<b>Non-Pay</b>			
Drugs	1,099	1,187	88
Non-PbR Drugs	1,897	1,763	-134
Clinical Supplies & Services	3,247	3,067	-180
Depreciation and Amortisation	1,267	1,361	93
Other Costs (including reserves)	8,059	7,780	-278
Recharges	1,615	2,270	655
<b>Total Non-pay</b>	<b>17,184</b>	<b>17,428</b>	<b>245</b>
<b>Financing costs</b>	<b>583</b>	<b>459</b>	<b>-124</b>
<b>(Surplus)/Deficit Position</b>	<b>3,774</b>	<b>3,777</b>	<b>4</b>
<b>Less donated asset adjustment</b>	<b>-34</b>	<b>-41</b>	<b>-7</b>
<b>(Surplus)/Deficit Position for the purposes of system achievement</b>	<b>3,739</b>	<b>3,736</b>	<b>-3</b>
<b>Income Risk</b>	<b>0</b>	<b>1,549</b>	<b>1,549</b>
<b>(Surplus)/Deficit Position for the purposes of system achievement including Income Risk</b>	<b>3,739</b>	<b>5,285</b>	<b>1,546</b>

The Trust's reported deficit for month 1 (April 2023) was £3.7m, which was in line with plan. This position assumes that the Elective Recovery Fund paid by Commissioners in month 1 will not be clawed back, on the basis of the junior doctor strikes. Excluding ERF, the position would be a deficit of £5.2m which would be £1.5m adverse to plan.

Pay spend is favourable to plan by c£0.5m, mainly driven by Nursing which was underspent across all Divisions except Surgery, reflecting the reduction in agency rates and usage and also bank incentive rates which is positive news. Medics are underspent by £0.1m (including reserves and recharges), which includes junior doctor strike costs of £0.4m in month.

Non-pay spend (excluding recharges) was £0.4m favourable to plan. This was driven by activity related spend being below plan (consumables etc) and a £0.2m underspend on the Community Diagnostic Centre (CDC) (which is offset with income). The main area of overspend on non-pay related to the independent sector (£0.1m) which is under review.

Financing costs are favourable to plan by £0.1m due to higher interest receivable than plan. This is as a result of a higher than expected cash balance in Month 1.

Overall, the position is on plan in Month 1, however it would have been adverse to plan if ERF is clawed back based on the activity performance of the Trust. The rules regarding ERF clawback for Month 1 is not known at this point, with national finance reporting not due to commence until Month 2 due to the delays in the planning process.

### **Capital**

Capital spend in month 1 was £0.3m against the plan of £2.4m giving an in-month under-performance of £2.1m. The main underspend is against the MEOC scheme of £1.8m, where work is currently being undertaken to review the expected cashflow of the project.

### **Cash**

The cash balance at the end of April was £29.6m (March: £32.5m), meaning cash has decreased by £2.9m in the month. This negative movement in cash is as a result of the Trust paying £9.9m in relation to Capital Creditors, receiving quarterly Training and Education income in advance of £6m and having an underlying deficit position.

In terms of the plan, the Trust is £3.8m ahead of plan for Month 1, due to lower capital cash outflows than expected as well as improved management of creditor payments. The Trust is still expecting to need cash support in year (currently forecast to be towards the end of Quarter 2).

### **CIPs**

In month the Trust has delivered £0.3m of savings versus the plan submitted to NHSE of £0.4m and therefore is 0.1m adverse to plan. The Trust is currently working with Divisions to finalise CIP plans for 23/24. A review of this position was reported to the Finance and Performance Committee on the 22<sup>nd</sup> May.

### **Recommendation**

The Board is asked to note:

- The Trust's deficit YTD at month 1 (April 2023) was £3.7m, which was in line with plan assuming no clawback of ERF income due to the impact of the Junior Doctor Strikes. If ERF was clawed back the position would have been £1.5m adverse to plan in month.

## 2305 - D3 GOING CONCERN

● Decision Item

👤 Jon Sargeant, Chief Finance Officer

🕒 10:45

5 minutes

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### REFERENCES

Only PDFs are attached

 D3 - Going Concern.pdf

Report Cover Page			
<b>Meeting Title:</b>	Board of Directors		
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	D3
<b>Report Title:</b>	Going Concern		
<b>Sponsor:</b>	Jon Sargeant – Chief Financial Officer		
<b>Author:</b>	Finance Team		
<b>Appendices:</b>	N/A		
Report Summary			
<b>Purpose of report:</b>	The following paper provides an updated assessment with regards to the Going Concern status of the Trust, to assist with the preparation of the 2022/23 annual accounts.		
<b>Summary of key issues/positive highlights:</b>	<p>Following the finalisation of the 2023/24 financial plan, as well as the finalisation of the cash balance as at 31<sup>st</sup> March 2023, the cash forecast for the 15 month period to June 2024 has been updated.</p> <p>As a result of both the finalisation of the plan and updated cash position, the level of support required to maintain a positive cash balance is c£13m (reduced from £18m as reported to the Finance and Performance Committee in March) based on delivery of the financial plan. Current cashflow forecasting suggests that support will be required towards the end of Q2 23/24. However this is heavily dependent on the Trust delivering cash releasing CIPs and delivery of activity targets to earn the Elective Recovery Fund (ERF). Without this cash support would be required by the end of Q1. This risk is somewhat mitigated by Commissioners paying ERF in Month 1. The cash position will be regularly reviewed at Finance and Performance Committee and escalated to Board when necessary.</p> <p>As part of the national review on 2023/24 financial plans, discussions have taken place with the national team with regards to the mechanism to obtain liquidity support. The Trust has been told that the following documentation is needed:</p> <ul style="list-style-type: none"> <li>- 3 month daily cash flow forecast</li> <li>- Commentary outlining why cash is required and any mitigations that have been put in place</li> <li>- Board and Finance Committee papers where the cash position has been discussed and plans challenged</li> <li>- A narrative on how revenue and capital commitments have been reviewed to limit the future requirement for cash support</li> <li>- A cash recovery plan aligned to 23/24 planning returns</li> </ul> <p>The finance team has had a daily cash flow forecast operating for a number of years already and work will commence soon to produce the required commentaries ready for submission to Finance and Performance Committee. The lead time for such liquidity support is in the region of 5-6 weeks and whilst it is not expected that such support will be needed until late Summer 2023, the Trust wants to be proactive as much as possible.</p>		

	<p>Whilst there has been a slight improvement in the cashflow forecast (as a result of the plan improving), it does not significantly affect the Going Concern assessment that the Trust has to make, which was presented at the February and March 2023 Finance and Performance Committee. This updated assessment is included within this paper for completeness which will be shared with external audit.</p> <p>As a result of national support the Trust would expect to receive, along with continuing to provide NHS services beyond the 12 month period. The guidance clearly states “DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.” Therefore, the Trust believes that it will be in a position to confirm its Going Concern status when the 2023/24 accounts are signed off in June 2024.</p> <p>However, the continued risks, particularly around the financial plan for 2023/24 will also be clearly stated in the 2022/23 annual report. It is also likely that external audit will refer within their audit opinion the risks around going concern given the Trust’s cash forecast position. Discussions with external audit are ongoing and progressing well, on this issue.</p> <p>As in previous years, the Board is asked to devolve authority to the Audit and Risk Committee to approve the final set of annual accounts. This has been diarised for 20<sup>th</sup> June 2023.</p>				
<b>Recommendation:</b>	<p>The Board is asked to agree the following:</p> <ul style="list-style-type: none"> <li>• The Trust should be considered a going concern for accounts preparation purposes.</li> <li>• To give Audit and Risk Committee devolved authority to approve the finalised accounts post-audit.</li> </ul>				
<b>Action Require:</b>	<b>Approval</b>	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b> <i>To provide outstanding care for our patients</i>	<b>TN SA2:</b> <i>Everybody knows their role in achieving the vision</i>	<b>TN SA3:</b> <i>Feedback from staff and learners is in the top 10% in the UK</i>	<b>TN SA4:</b> <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	No impact.				
<b>Corporate risk register:</b>	N/A				
<b>Regulation:</b>	Requirement to produce annual financial statements				
<b>Legal:</b>	Requirement to produce annual financial statements				
<b>Resources:</b>	No Issues				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	Finance and Performance Committee				



<b>Date:</b>	24 <sup>th</sup> April	<b>Decision:</b>	Recommendations supported
<b>Next Steps:</b>			
<b>Previously circulated reports to supplement this paper:</b>			

## Going Concern Assessment

International Accounting Standard (IAS) 1 requires the management of all entities to assess, as part of the accounts preparation process, the bodies' ability to continue as a going concern. This is further enforced by Department of Health requirements to review the Trust's going concern basis on an annual basis. The going concern principle being the assumption that an entity will remain in business for the foreseeable future.

This is to facilitate the accounting basis to be used in the preparation of the Trust's annual accounts. Should an assessment be made that an entity is not a going concern then the year end balance sheet should be prepared on a 'disposals' basis i.e. items valued at their likely sale value. In many cases this would propose significantly lower values than the usual valuations based on ongoing trading (e.g. stocks) and require the inclusion of other 'winding up costs' (e.g. redundancies).

### Guidance

The 'Group Accounting Manual 2022-23' published by the Department of Health contains the following guidance:

*4.18 The FReM notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.*

*4.19 For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.*

*4.20 A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.*

*4.21 Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.*

*4.22 Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.*

*4.23 While an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity.*

*4.24 DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.*

*4.25 Where a DHSC group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.*

*4.26 As the continued provision of service approach, per paragraph 4.22, applies to DHSC group bodies, material uncertainties requiring disclosure, will only arise in very exceptional circumstances.*

*4.27 Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible.*

*4.28 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.*

### **Assessment**

Therefore, given the guidance and above and support from local commissioners and NHSE for the continuing operations of the trust, the national guidance strongly indicates that the trust should assess itself as a going concern.

However, despite the strong guidance identified above, the Board of Directors must still satisfy themselves that the trust remains a going concern.

In previous years, the Trust had significant levels of borrowings. However, during 2020/21, the Department of Health and Social Care converted revenue loans to PDC Dividend (equity funding). This was significant as previously, the high value of these loans and the uncertainty as to whether these loans would be repaid by the Trust caused auditors to review the Going Concern opinion of the Trust. However, as these loans have been converted, the level of risk had reduced substantially.

The ICB has also supported the Trust in making the redevelopment of the Doncaster Trust Site a priority. However, there is a level of risk around the financial costs of maintaining the current site, as well as the reputational and safety risks associated with the current state of the Doncaster Trust site.

However, the going concern status is not supported by a healthy underlying cash position which is set out in Appendix A. Whilst the Trust had cash of £32.5m as at March 2023, there was £26.8m of capital creditors owing, which means that if the Trust had a break-even plan for 23/24, the Trust would still have liquidity concerns for 23/24.

With a significant deficit within the 23/24 plan, the liquidity concerns are magnified. Appendix A shows the effect of the deficit revenue position, alongside a significant capital programme, which is partially offset by capital PDC support. It is only with the additional revenue PDC support of c£13m that the Trust is able to maintain a positive cash balance throughout 2023/24.

Internal cash management techniques have been factored in and it is felt that there is a stretch figure of £10m of creditors that could be extended, so that the Trust is not put on stop with suppliers and the Trust’s Better Payment Practice Code metric is at around 85%. Whilst the target for the BPPC is 95%, the Trust is aware that NHS England are targeting Trusts who cannot achieve 80%.

Appendix A the cash flow forecast then rolls forward a further 3 months to June 2024 on the basis of a revenue position that continues on the same basis into 2024/25. This projection is based on the following key assumptions:

- A straight-line projection of the 2023/24 deficit continuing into 2024/25
- Capital expenditure being limited to the level of depreciation incurred during the 3-month period and occurring on a straight line basis
- Revenue PDC income supports the cash balance.
- No further cash management techniques have been performed
- No movement in the capital creditors figure between March 2024 and June 2024.

It is important to note that if the Trust failed to receive any income in 2023/24, cash would run out within c.20 days. However, given the consistent nature of the income streams, and financial stability of the Trust's customers (Commissioners backed by Central Government through NHS England/DHSC), this is deemed to be an extremely unlikely situation. This judgement has been proved to be true in the past as the Trust received regular cash flows in each month from commissioners.

Trust management have been open with the Trust's cash position and its effect on the Going Concern status with external audit and both sides are comfortable with the approach and actions needed to validate the Going Concern status.

### **Conclusion**

Therefore the following supports the assessment of the Trust being treated as a going concern for the 12 months following sign-off of the 2022/23 accounts:

- Continuing support from local commissioners and the ICB
- Services will still need to be provided for people in the locations which the Trust serves with no indication from regulators or others this won't be the case.
- There are no licence conditions in place on the Trust from its regulatory body.

Therefore, it is considered appropriate for the trust to continue to prepare its financial statements on a going concern basis and to make the necessary declarations as part of its annual report and annual accounts. However, the continued risks, particularly around the financial plan for 2023/24 will also be clearly stated in the 2022/23 annual report. It is also likely that external audit will refer within their audit opinion the risks around going concern given the Trust's cash forecast position.

## Appendix A – Cash Flow forecast April 23-June 24

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	23/24 Total	Apr 24	May 24	Jun 24	Q1 24/25 Total
I&E bottom line (+ = surplus)	(3,665)	(4,015)	(4,351)	(4,182)	(3,511)	(2,799)	(1,017)	(547)	(967)	(420)	(392)	(1,340)	(27,206)	(2,267)	(2,267)	(2,267)	(6,801)
Depreciation	1,268	1,268	1,268	1,268	1,268	1,268	1,268	1,268	1,268	1,268	1,268	1,262	15,210	1,268	1,268	1,268	3,804
Increase/(decrease) accrual due to PDC payment	573	573	573	573	573	(2,863)	573	573	573	573	573	(2,863)	4	573	573	573	1,719
Non cashable CIPs	(147)	(144)	(139)	(599)	(599)	(602)	(851)	(853)	(855)	(859)	(859)	(860)	(7,367)	(147)	(144)	(139)	(430)
HEE Movements in quarterly income	4,000	(2,000)	(2,000)	4,000	(2,000)	(2,000)	4,000	(2,000)	(2,000)	4,000	(2,000)	(2,000)	-	4,000	(2,000)	(2,000)	-
<b>Cash movement to I&amp;E</b>	<b>2,029</b>	<b>(4,318)</b>	<b>(4,649)</b>	<b>1,060</b>	<b>(4,269)</b>	<b>(6,996)</b>	<b>3,973</b>	<b>(1,559)</b>	<b>(1,981)</b>	<b>4,562</b>	<b>(1,410)</b>	<b>(5,801)</b>	<b>(19,359)</b>	<b>3,427</b>	<b>(2,570)</b>	<b>(2,565)</b>	<b>(1,708)</b>
Capital additions	(2,405)	(3,306)	(2,460)	(3,460)	(4,470)	(4,587)	(4,280)	(4,281)	(3,938)	(7,480)	(9,276)	(15,108)	(65,051)	(1,268)	(1,268)	(1,268)	(3,804)
PDC received for capital (+ = received)	2,127	3,079	2,035	2,713	3,592	3,621	2,928	2,943	2,631	3,506	5,162	10,242	44,579				-
Release of 22/23 capital creditors	(12,700)	(5,600)	(2,900)	(2,900)	(1,500)	(1,244)							(26,844)				-
Increase/(decrease) in 23/24 cap creditors	2,405	901	(846)	1,000	1,010	117	(307)	1	(343)	3,542	1,796	5,832	15,108	(8,000)	(3,000)	(2,000)	(13,000)
Loan repayments (-ive = repayment)	(642)				(271)		(649)				(271)		(1,833)	(642)			(642)
<b>Subtotal on capital/loan</b>	<b>(11,215)</b>	<b>(4,926)</b>	<b>(4,171)</b>	<b>(2,647)</b>	<b>(1,639)</b>	<b>(2,093)</b>	<b>(2,308)</b>	<b>(1,337)</b>	<b>(1,650)</b>	<b>(432)</b>	<b>(2,589)</b>	<b>966</b>	<b>(34,041)</b>	<b>(9,910)</b>	<b>(4,268)</b>	<b>(3,268)</b>	<b>(17,446)</b>
<b>Subtotal of cash movement before mitigations</b>	<b>(9,186)</b>	<b>(9,244)</b>	<b>(8,820)</b>	<b>(1,587)</b>	<b>(5,908)</b>	<b>(9,089)</b>	<b>1,665</b>	<b>(2,896)</b>	<b>(3,631)</b>	<b>4,130</b>	<b>(3,999)</b>	<b>(4,835)</b>	<b>(53,400)</b>	<b>(6,483)</b>	<b>(6,838)</b>	<b>(5,833)</b>	<b>(19,154)</b>
<b>Mitigations</b>																	
Increase/(decrease) in creditors	2,500	2,500	2,500	2,500									10,000	-	-	-	-
<b>Cash movement pre-external support</b>	<b>(6,686)</b>	<b>(6,744)</b>	<b>(6,320)</b>	<b>913</b>	<b>(5,908)</b>	<b>(9,089)</b>	<b>1,665</b>	<b>(2,896)</b>	<b>(3,631)</b>	<b>4,130</b>	<b>(3,999)</b>	<b>(4,835)</b>	<b>(43,400)</b>	<b>(6,483)</b>	<b>(6,838)</b>	<b>(5,833)</b>	<b>(19,154)</b>
<b>External support - PDC received for revenue</b>						<b>3,244</b>		<b>1,231</b>	<b>3,631</b>			<b>4,704</b>	<b>12,810</b>	<b>6,483</b>	<b>6,838</b>	<b>5,833</b>	<b>19,154</b>
<b>Cash b/f</b>	<b>32,490</b>	<b>25,804</b>	<b>19,060</b>	<b>12,740</b>	<b>13,653</b>	<b>7,745</b>	<b>1,900</b>	<b>3,565</b>	<b>1,900</b>	<b>1,900</b>	<b>6,030</b>	<b>2,030</b>		<b>1,900</b>	<b>1,900</b>	<b>1,900</b>	
<b>Cash c/f</b>	<b>25,804</b>	<b>19,060</b>	<b>12,740</b>	<b>13,653</b>	<b>7,745</b>	<b>1,900</b>	<b>3,565</b>	<b>1,900</b>	<b>1,900</b>	<b>6,030</b>	<b>2,030</b>	<b>1,900</b>		<b>1,900</b>	<b>1,900</b>	<b>1,900</b>	

BREAK

🕒 10:50 - 11:00

## 2305 - D4 OPERATIONAL PERFORMANCE

● Discussion Item

👤 Denise Smith, Chief Operating Officer

🕒 11:00

Paper not yet received

15 minutes

## 2305 - D5 DIRECTORATE OF RECOVERY, INNOVATION & TRANSFORMATION

### UPDATE

 Discussion Item


 Jon Sargeant, Director of Recovery, Innovation & Transformation

 11

10 minutes

### REFERENCES

Only PDFs are attached

 D5 - Directorate of Recovery, Innovation & Transformation Update.pdf



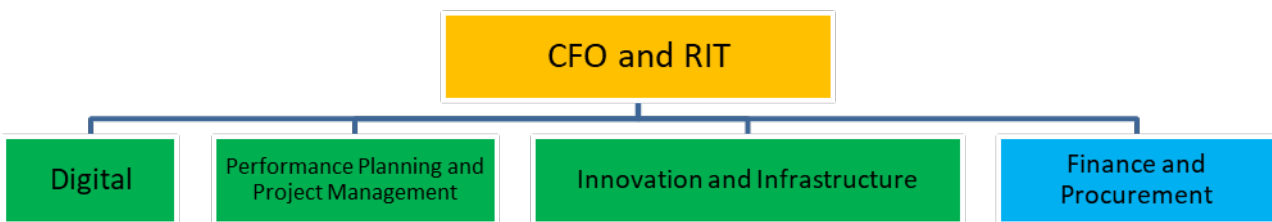
Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	D5		
<b>Report Title:</b>	Recovery, Innovation & Transformation Update				
<b>Sponsor:</b>	Jon Sargeant, Director of Recovery, Innovation & Transformation (RIT)				
<b>Author:</b>	Jon Sargeant, Director of Recovery, Innovation & Transformation (RIT)				
<b>Appendices:</b>	None				
Executive Summary					
<b>Purpose of report:</b>	To provide an update on the changes in the Recovery, Innovation and Transformation Directorate.				
<b>Summary of key issues:</b>	This report provides an update on the work of the RIT Directorate include: <ul style="list-style-type: none"> <li>• RIT structural changes</li> <li>• Innovation update</li> <li>• Capital projects.</li> </ul>				
<b>Recommendation:</b>	Board members are asked to receive 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 our vision</i>	<i>Team DBTH feels valued and feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>					
<b>Corporate risk register:</b>					
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	None				
Assurance Route					
<b>Previously considered by:</b>	These papers have previously been considered by TEG				
<b>Date:</b>	N/A	<b>Decision:</b>	N/A		
<b>Next Steps:</b>	N/A				
<b>Previously circulated reports to supplement this paper:</b>	N/A				

## 1. INTRODUCTION

This paper outlines the progress with the work of the DRIT since the last update. The Directorate has continued to focus on completing the work around the annual plan and budgets, alongside the work of the QI and Strategy teams. The Strategy team working with both places developed the materials and had a successful board development seminar on Health Inequalities

## 2. RIT STRUCTURAL CHANGES

In January 2023 the Finance Directorate returned to the Director of Recovery, Innovation and Transformation's (DRIT) portfolio. This has led to a series of changes to align the two areas including the movement of Estates and Facilities that sat within the old Director of Finance portfolio. The CFO and DRIT will have four direct reports as shown below.



A communication Plan for the new structure and department contacts has been agreed with TEG and will be rolled out from May onwards.

## 3. INNOVATION UPDATE

The Improvement team engaged with 874 people (45 from outside DBTH) and worked with 28 teams on improvement projects in 2022-23. The projects cover those that have been identified, so far, in 2023-24 as Trust priorities and those that have been projects identified by divisional teams as requesting improvement support. There are currently **55 active Qi projects** registered on the DBTH Qi database and a number of other projects that Qi are supporting as part of wider programs. There are five additional new requests.

The previous Qi Strategy was due to be refreshed after 2022. The current draft Qi Strategy is being realigned to incorporate the newly published NHS approach to improvement (published 19<sup>th</sup> April 2023). The five principles and enablers of the NHS improvement approach are summarised in the table below.

<b>Drivers and enablers:</b> <ul style="list-style-type: none"> <li>• Co-production with people and communities</li> <li>• Clinical leadership</li> <li>• Workforce, training and education</li> <li>• Digital transformation (including federated data platform and model health system)</li> <li>• Addressing health inequalities</li> </ul>	<b>Building a shared purpose and vision</b> Our workforce, trainees and learners understand the direction and strategy of the organisation/system, enabling an ongoing focus on quality, responsiveness and continued learning	
	<b>Building improvement capability</b> All our people (workforce, trainees and learners) have access to improvement training and support, whether embedded within the organisation/system or via a partner collaboration	
	<b>Developing leadership behaviours for improvement</b> A focus on instilling behaviours that enable improvement throughout organisations and systems, role-modelled consistently by our Boards and Executives	
	<b>Investing in culture and people</b> Clear and supported ways of working, through which all staff are encouraged to lead improvements	
	<b>Embedding a quality management system</b> Embedding approaches to assurance, improvement and planning that co-ordinate activities to meet patient, policy and regulatory requirements through improved operational excellence	

The approach describes the building blocks required for improvement, therefore bringing a more holistic approach, with less emphasis on the method applied, to improvement (although there is recognition that a method does need to be used), initial analysis suggests the Trust is well placed with the NHSE direction, which will form the basis of the future CQC engagements. A separate paper prepared for TEG, confirming the alignment we have as a Trust, Place and System that support the approach. Conversations have been arranged with leads of other Trust strategies to map our current plans to this approach. Further details will be presented to the board in the future when the review is complete.

## **4. CAPITAL PROJECTS**

### **MEOC Update**

The planned opening date for MEOC is 18 December 2023 with Planning permission expected to be granted on Wednesday 17<sup>th</sup> May 2023. Final design work is nearing completion with clinical sign off of the MEOC theatre suite by surgeons, anaesthetists and theatre staff across Barnsley, Doncaster & Bassetlaw and Rotherham achieved by the target date of 20 April 2023. Senior clinical staff have signed off the designs for the orthopaedic ward area and agreed the design implications for the rehabilitation service.

Clinical meetings are underway and have largely agreed standardisation of implants, instrumentation and surgical kits. The equipment for MEOC has been agreed in draft. Clinical leads have met with IT & Digital leads to agree the approach for clinical, operational and administrative information flows. Conversations have begun between Clinical Leads with regard to the surgeons who will operate within MEOC from each partner Trust together with the scope of procedures to be undertaken.

Health Inequalities meetings across all three partner trusts are identifying positive interventions to be built into the MEOC operating model on opening and designing the continuous improvement approaches to reduce Health Inequalities going forward. Discussions are underway with regard to the research, innovation, training and development for staff within MEOC. Governance and project management arrangements have been agreed between the partner trusts and individuals identified for leadership roles across the main work groups. Recruitment is underway for a Clinical Project Lead to support the project team.

The project is currently running to budget. The highest risk remains recruitment and this will be managed and mitigated through the Workforce Group led by Steve Ned, Joint Director of Workforce at Rotherham and Barnsley. The first MEOC Board meeting will be held on 5 June 2023 and chaired by Richard Parker, DBTH CEO.

### **Bassetlaw Emergency Village**

BEV FBC approval still awaited. Conversation with ICB last week noted that due to threshold change the FBC can be signed off by the ICB who have committed to a decision by the end of June 23.

Contractor IHP still on site completing decommissioning of RAAC project and some selected early works on BEV to optimise the overall programme and ensure minimal on-cost for prelims etc.

Due to delay beyond previous targeted FBC approval date (14th April 23) addition costs incurred due to inflation and increase in MEP package. Value engineering exercise taking place to minimise cost increases without adversely affecting scope. GMP remains the same as within the FBC and it has been confirmed that an MOU is not available for STP funded schemes. IHP the contractor have noted that between the end of May and end of June they would need £1.7m to maintain the current programme. This is commitment rather than expenditure and so have been asked to provide the cancellation cost relating to the £1.7m commitment should the Trust not receive approval by the end of June which is awaited but estimated to be potentially circa 30%.

£3.84m CDEL allocated in 23/24 towards BEV and further funding required in 24/25 to cover certain elements including increased cost of new sub-station which sits outside of the GMP

## **CDC PROGRAMME**

### ***Montagu CDC Mobilisation – Summer 2022 business case***

Montagu is the only large CDC in South Yorkshire, hosted by DBTH and providing services for our patients and patients in the wider South Yorkshire area.

Work is progressing well with the CDC developments on the Montagu site. CDC ultrasound services went live October 2022 and Cardio respiratory CDC testing started April 2023. Staffed vans continues for a further 12 months from April 2023 for CT and MRI capacity.

The rotunda refurbishment for the CDC level is well underway with expected completion in October 2023 when Endoscopy services will be fully live, along with other core modalities for a large CDC such as Montagu. The enabling Pain Management moves have also completed this month and the staff and patients are overjoyed with their new service location on the first floor, with no need for lifts or stairs.

**The Montagu CDC Imaging Business Case** mobilisation is also well underway with various design and planning meetings undertaken and planned for architect drawings and planning to take place with the service and CDC leads.

The unit will comprise of a static CT, MRI and relocate ultrasound services into one place, enabling staff to have better access to supervisory and training opportunities.

4 new apprentice radiographers have started with the trust over the last couple of months. Planning and design of the Cardiac MRI pathway continues led by Dr Joseph John, Medical Director and Dr Gareth Archer both keen to bring these services closer to local residents rather than travelling to Sheffield Teaching Hospitals.

**Year 3 – 5 CDC Planning** - Planning and design continues with various stakeholders to enable all modalities of a large CDC to be provided on site by Quarter 4 24/25.

A Community Pathway QI mapping session is being planned to build on suggestions around pathways which will assist with care in the community, specifically under the new Virtual Ward arrangements.

The governance structure for CDC is currently being reviewed to ensure effective delivery of the above mobilisation and future planning to guarantee a stable operational model and infrastructure are in place to sustain and manage these services into the future.

## **SOUTH YORKSHIRE AAA TENDER PREPARATIONS**

The Strategy and Partnerships team and the DBTH hosted South Yorkshire AAA service worked together to respond to the recent procurement exercise, which was published in January 2023. The service has been provided by DBTH since its inception and has a reputation for high quality and standards. The tender was submitted within the deadline of the 24th February 2023, following approval of CSS Divisional SMT/Executive Team approval of the risk and benefits analysis.

We are pleased to announce following the 10 day standstill period up to the 4th May 2023, that DBTH have been successful in their tender application and have won the forthcoming contract for 3 years +2 (2) and will continue to provide a quality Abdominal Aortic Aneurysm screening service for South Yorkshire patients.

Contracting teams will now establish forthcoming contract arrangements and the service will mobilise new service innovations for new contract start date of 1st October 2023.

## **CANCER TRANSFORMATION**

The Strategy and Partnerships team continue to support the Cancer Senior Management and Operational Teams with Faster Diagnosis Framework (FDF) design, planning and mobilisation - Achieving compliance with FDF 28 day standard – 75% by 2024. Current reported position is 77.6%. Targeted work still required in some pathways, areas of focus include but not limited to:

- Cancer Pathway Navigators continue to improve patient experience and engagement
- Core improvement work and audit underway to target areas of avoidable breach reasons
- UGI – Cancer Care Co-ordinator and Band 6 CNS, Band 4 Navigator for one stop prostate clinic recruitment is underway (Macmillan funded)
- Histology recruitment underway for replacement fixed term Band 6 BMS and also Band HMLA
- Pathway development work for Non Site Specific, Gynae and Skin.

23/24 Cancer Alliance Funding / Planning process has been initiated – meetings are being held with ICB, Cancer Alliance and Cancer Management Teams. Planning work is being progressed.

FDF Internal Business Case for key pathways 23-24 to be ratified at Corporate Investment Group in May 2023. Separate Business cases will be required for Non Site Specific and other potential developments once direction is clarified and initial proposals are progressed.

Personalised Care – Prehab Pilot - 2 Band 7 AHP's have been appointed (job share) (Funded by Cancer Alliance – 12 months fixed term). These are clinical leads to further scope, set up and deliver the pilot service. The Band 4 AHP Practitioner recruitment is also underway. We have had keen interest and support from DMBC Get Doncaster Moving – their proposal offer is being developed and a follow up meeting is being held in April to further develop this collaborative approach.

Also, a meeting has been held with Yorkshire Cancer Research and Active Together Sheffield – to discuss collaborative working and potential joint venture for Doncaster to be part of Active Together brand.

Breast pain pathway Pilot Project has received positive feedback from the initial evaluation with SYB Cancer Alliance and update given to SYB Primary Care CDG.

DBTH Cancer Strategy development discussions continue as part of the divisional structure changes.

*Jon Sargeant*  
*Deputy CE & Director of Recovery, Innovation & Transformation*  
*May 2023*

## 2305 - D6 DIGITAL MATURITY ASSESSMENT

● Information Item

👤 Jon Sargeant, Director of Recovery, Innovation & Transformation

🕒 11:25

5 minutes

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### REFERENCES

Only PDFs are attached

 D6 - Digital Maturity Assessment Submission May 2023.pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	D6		
<b>Report Title:</b>	Digital Maturity Assessment				
<b>Sponsor:</b>	Jon Sargent, Chief Financial Officer				
<b>Author:</b>	Jo Hutchinson, Digital Business Manager				
<b>Appendices:</b>					
Executive Summary					
<b>Purpose of report:</b>	Confirmation of Digital Maturity Assessment submission				
<b>Summary of key issues:</b>	<p>Submission of the Digital Maturity Assessment on 15 May 2023.</p> <p>NHS England launched the Digital Maturity Assessment (DMA)<sup>1</sup> to provide a national picture of how far the NHS has come on its mission to make effective and meaningful use of technology and highlight areas for improvement.</p> <p>The Trust is required to submit the DMA.</p>				
<b>Recommendation:</b>	Board is asked to note this submission.				
<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 our vision</i>	<i>Team DBTH feels valued and feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	Not required				
<b>Corporate risk register:</b>	Not required				
<b>Regulation:</b>	The Trust is required to submit the DMA by NHS England to support The Forward View into Action.				
<b>Legal:</b>	None identified				
<b>Resources:</b>	None identified				
Assurance Route					
<b>Previously considered by:</b>					
<b>Date:</b>		<b>Decision:</b>			
<b>Next Steps:</b>					
<b>Previously circulated reports to supplement this paper:</b>	Not Applicable				

## 1. EXECUTIVE SUMMARY

As part of 'The Forward View into Action' NHS England launched the Digital Maturity Assessment (DMA) to provide a national picture of how far the NHS has come on its mission to make effective and meaningful use of technology and highlight areas for improvement.

The following five objectives have been set for an annual assessment of the Digital Maturity Self-assessment process for Trusts:

1. To identify key strengths and gaps in providers' ability to operate paper-free at the point of care
2. To support internal planning, prioritisation, and investment decisions within providers towards operating paper-free
3. To support planning and prioritising of investment decisions within commissioner-led footprints to move local health and care economies towards operating paper-free
4. To provide a means of baselining / benchmarking nationally the current ability of providers to operate paper-free
5. To identify the capacity and capability gaps in local economies to transform services and operate paper-free

DBTH have undertaken the DMA self-assessment\* in consultation with key stakeholders within the Trust across clinical, diagnostic support services and administrative services who utilise electronic systems.

A peer review with was undertaken on 12 April 2023 with Sheffield Teaching Hospitals NHS Foundation Trust, the outcome of the peer review confirmed that DBTH were on par with the other SYB acute Trusts.

The DMA submission\* was made on 15 May 2023 to NHS England.

The DMA is broken into 7 pillars, where the range of questions is given set statements rated 1 -5.

- Well led
- Ensure smart foundations
- Safe practice
- Support people
- Empower citizens
- Improve care
- Healthy populations

Statements were responded based on evidence which could be provided to support the given criteria and capabilities of the current systems in place. The overall output showed DBTH scoring between 1 and 3 for each question (maximum is 5) This is consistent with the assessment undertaken for request for EPR funding under the Digital Aspirant Plus programme in 2022. The return confirms that without an EPR DBTH continues to have a low level of digital maturity.

### Summary.

The Board is asked to note the DMA return.

*\*DMA submission is available if required.*





## 2305 - E1 SOUTH YORKSHIRE ACUTE FEDERATION CLINICAL STRATEGY

● Information Item

👤 Richard Parker OBE, Chief Executive

🕒 11:30

supported by Cathy Hassell, Managing Director, South Yorkshire Acute Federation  
10 minutes

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### REFERENCES

Only PDFs are attached



E1 - South Yorkshire Acute Federation Clinical Strategy.pdf



E1i - SYB Acute Federation Clinical Strategy 2023-28 v6.pdf



E1ii - SYB Acute Federation Clinical Strategy in Summary v2.pdf

Report Cover Page			
<b>Meeting Title:</b>	<b>Board of Directors</b>		
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	<b>E1</b>
<b>Report Title:</b>	<b>South Yorkshire &amp; Bassetlaw Acute Federation Clinical Strategy 2023-28</b>		
<b>Sponsor:</b>	Richard Parker OBE, Chief Executive		
<b>Author:</b>	Cathy Hassell, Managing Director, SYB Acute Federation		
<b>Appendices:</b>	Clinical Strategy & Summary		
Report Summary			
<b>Purpose of report:</b>	<p>The Health and Care Act 2022 is a legislative framework to enable better joined-up health and care services. This includes a duty for all healthcare providers to collaborate to rebalance the system towards integration. The Acute Federation is made up of the five acute NHS Trusts in South Yorkshire &amp; Bassetlaw (SYB). The Acute Federation (AF) has committed to using collective expertise and resources to ensure the people of SYB have prompt access to excellent healthcare through:</p> <ul style="list-style-type: none"> <li>• Working together to drive the quality of care to be amongst the best in the country</li> <li>• Taking a proactive approach to reduce health inequalities for the populations we serve</li> <li>• Collaboratively developing our colleagues and teams so that we have happy staff</li> <li>• Being a great partner to the rest of the health and care system in SYB</li> <li>• Supporting each other to achieve all the NHS waiting time standards for local people</li> <li>• Seeking innovative ways to more effectively use the NHS pound so there is enough resource for the whole system.</li> </ul> <p>The SYB AF Clinical Strategy is designed to provide a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care.</p>		
<b>Summary of key issues/positive highlights:</b>	<p>It sets out a 5-year vision for:</p> <ul style="list-style-type: none"> <li>• Clinical Services - which have been identified as likely to benefit from system collaboration. This will mean continuation of work on urology, rheumatology and gastrointestinal bleeds, spreading learning from collaboration e.g. pathology transformation programme, Montagu Elective Orthopaedic Centre and developing a methodology for clinical service improvement across providers.</li> <li>• Clinical workforce - develop a networked workforce for resilience and sustainability.</li> <li>• Clinical enablers: digital, technology, estates and innovation - greater interoperability across providers, better use of collective estate and models of care that optimise new technologies.</li> </ul> <p>The SYBAF Clinical Strategy has been:</p> <ul style="list-style-type: none"> <li>• developed through engagement with leaders from across the members of the</li> </ul>		

	Acute Federation and				
	<ul style="list-style-type: none"> <li>aligns with and supports the wider work of the Integrated Care Board 5-year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.</li> </ul>				
<b>Recommendation:</b>	The Board is asked to review, feedback and endorse the SYB Acute Federation Clinical Strategy.				
<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>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>					
<b>Corporate risk register:</b>					
<b>Regulation:</b>					
<b>Legal:</b>	Duty to collaborate as per the Health & Care Act 2022				
<b>Resources:</b>					
<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>					

# Clinical Strategy

2023-2028



# Contents



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# Introduction

The Acute Federation is made up of the five acute NHS Trusts in South Yorkshire and Bassetlaw:

- Barnsley Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Children’s NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

This Clinical Strategy sets out the clinical services framework for the Acute Provider Federation in its role to support acute service development and delivery across South Yorkshire and Bassetlaw.

It is a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5 year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

This means that the focus of this strategy is equally on the what and the how. The success of this strategy lies in our approach to change and how we work as a system or network of organisations to bring about change.

## Our Purpose

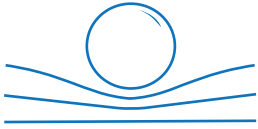
We will use our collective expertise and resources to ensure the people of South Yorkshire and Bassetlaw have prompt access to excellent healthcare through:



- ### Principles for the Clinical Strategy:
- Equitable access to services underpins everything we do
  - Evidence-based methods of treating patients will support changes to improve the quality of care we offer our patients
  - Having effective pathways of care within and across organisations supports the best, high quality care
  - Workforce flexibility across organisations will be promoted to optimise patient flow
  - Collaborative working will be clinically led, supporting the capability for clinical teams to work as a system to improve standards
  - Clinical teams will use technologies and new approaches wherever appropriate
  - We should design to optimise patient time, choice and safety with both local service delivery and services delivered at scale
  - We will actively work with primary, community and mental health services to help focus on what we do best and support shifts to care closer to home

# Why Now? Why a Clinical Strategy?

The rationale for developing a clinical strategy for the Acute Provider Federation is based on a number of key factors:



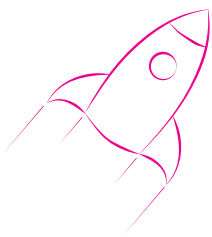
## Resilience

Through collaboration we can provide greater sustainability for vulnerable services, help to alleviate workforce pressures and provide wider training, education and career opportunities. We have a history of supporting each other, through the pandemic we were able to support with changes to care protocols and pathways and supported staff working across organisations. There is a need and urgency to continue to develop this collaborative way of working to maximise the opportunities we have as a health and care system.



## Health Inequalities have been increasing

Greater collaboration across acute providers can support a more equitable offer and access to services for South Yorkshire and Bassetlaw patients. From the impact of the Covid-19 pandemic, we need to ensure that through our recovery, we find ways to offer services to mitigate differences in access in both secondary and tertiary care.



## Design for the future

Primary/secondary/tertiary boundaries are shifting and will continue to shift. We need to plan for this across South Yorkshire and Bassetlaw, providing the collaborative architecture across organisations for clinicians to design and develop future models of care, agreeing what stays local for District General Hospitals at Place level, what can scale and have criteria to support priority decisions and models of care.



## Value for money

There is an increasing need to ensure the best use of local resources. Through collaboration we have the scope to optimise resources and move away from competing for the same resources.



## Innovation

There is a greater opportunity for innovation, research and development and the use of our estate through collaborative approaches, to develop further links with partner organisations, academic institutions to benefit wider population groups.



# Key Considerations

The context for this five year clinical strategy is:

- System level focus – this strategy does not cover all acute services provided by every organisation. This strategy focuses on the areas that will benefit from wider scale working and collaborative solutions across South Yorkshire.
- Recovery is not a quick fix and will need strategic and system responses, beyond stabilising services. NHS recovery will require transformation and more collaborative solutions.
- Clinical Involvement: The process for the development and continued involvement of clinical staff will require a supportive infrastructure, resources and relationships to develop collaborative ways of working.
- This Clinical strategy is a five year framework and the clinical priorities highlighted will be reviewed on an annual basis.
- Accountability for operational performance is primarily at the organisational level in support of improving system performance
- Patient engagement and involvement will be focused in the specific clinical service areas. We have linked into existing South Yorkshire wide engagement and feedback and we will continue to work with patients and the public in the future.

As such this clinical strategy reflects the local health and care environment which is characterised by:

- Co-evolving organisations that have many interdependencies and have a history of collaborative working, with the opportunity to further learn and share best practice together
- Mature organisations that are bound by their own statutory requirements within in a public sector that is complex and under continued pressure influencing the pace of change and public expectations

# A changing and challenging environment

## The impact of Covid-19

COVID-19 has had a radical impact on the NHS. It continues to pose major clinical challenges e.g. a large number of long-waiters is likely to be a key strategic recovery challenge in the years ahead. It has reinforced the importance of investing in the wellbeing of our workforce. It has deepened collaboration across South Yorkshire, e.g. with greater mutual aid, and the need to address the challenges of recovery as a system. It has shone a light on the major health inequalities that have continued to increase over the past years and are predicted to continue to grow with the current economic climate. This is a period in which all Trusts face a major financial challenge to bring cost and income into line.

## Deepening integration

Integrated Care Systems were put on a statutory footing with the establishment of Integrated Care Boards during 2022, building on the years of partnership working across this area. All local health and care organisations are operating at system level across South Yorkshire and at Place, local areas of Sheffield, Barnsley, Rotherham and Doncaster. Efforts to better integrate physical and mental health services continue to progress. The NHS England specialised budget will be devolved during 2023.

## Public attitudes

The views of the public (our current and future patients, workforce and funders) continue to shift. Environmental sustainability continues to rise steadily as a public concern. There has been renewed public attention on inequalities e.g. with the Black Lives Matter campaign, and the health inequalities COVID-19 highlighted. And while there was huge public support for the NHS during the pandemic, we will need to watch for the impact of long waiting times on public perceptions of the health service.

## Changes within the wider provider landscape

In the last few years the collaborative models for provider organisations have continued to evolve with Mental Health, Autism and Learning Difficulties Alliance, Primary Care Provider Collaborative, Cancer Alliance, Children's and Young People Network, clinical specialty networks such as Stroke, Pathology and Endoscopy.

The scope and potential for collaborative working means that there are strong interdependencies with organisational strategies and joint opportunities to tackle health inequalities.

## Advances in science and technology

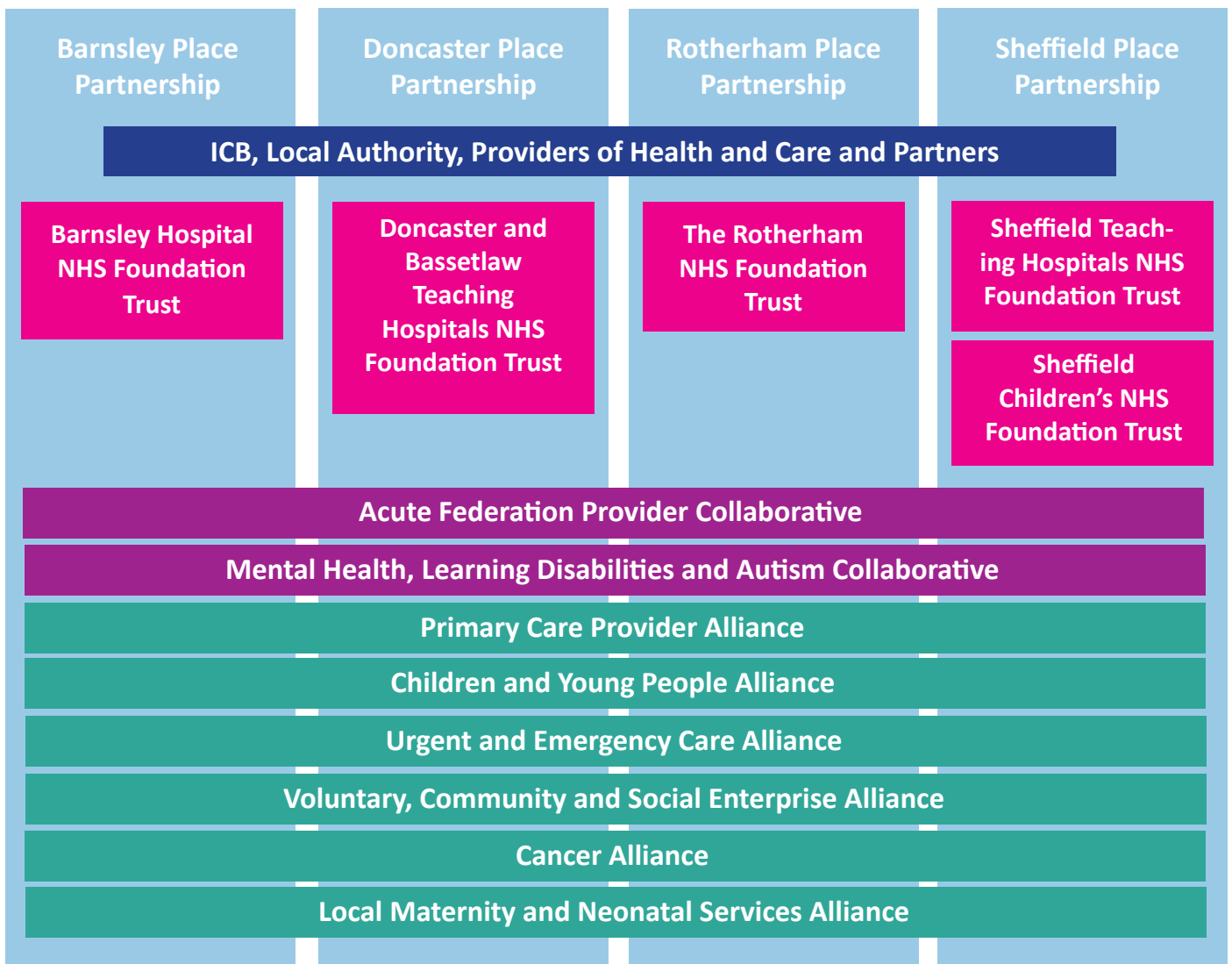
Technological and scientific advances continue to change the way the NHS operates, and to create new opportunities for the future. For instance, developments in artificial intelligence, genomics, robotics and new treatments. These will impact on what is offered and delivered, how services are developed and delivered and where and when services are offered and delivered.

## Drivers for change

There are key policy and strategic drivers across health and care sectors providing the direction of travel, nationally and locally, such as the Health and Social Care Act outlining the duty to collaborate, the Integrated Care Board's vision to shift to system level provision of care and single commissioning arrangements, the South Yorkshire Integrated Care Partnership Strategy and the South Yorkshire Integrated Care Board's Five Year Joint Forward Plan.

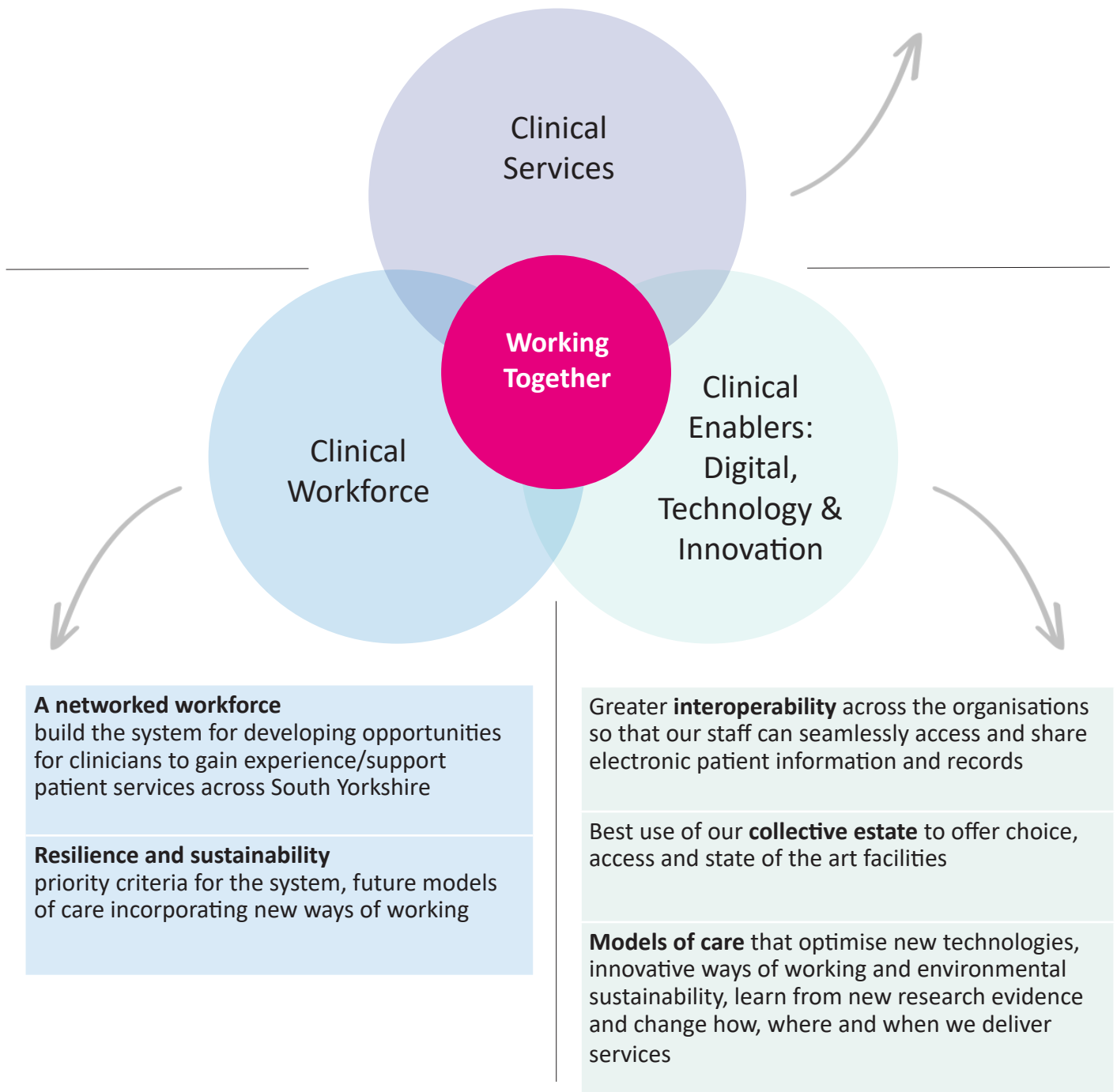
# Local Landscape

This Clinical Strategy recognises the local health and care environment and has been written with a focus on what, where and how the Acute Provider Federation can add value and work with other partner organisations as part of the South Yorkshire system.



# The Five-Year Vision

Services at different hospitals across South Yorkshire play complementary roles as part of an acute federation <b>collaborative model</b>	<b>Shared care</b> to be developed further across primary and secondary care including Mental Health services	<b>Life stages</b> recognised as an important framework for end to end pathways, to support more proactive planning and working
Patients experience <b>high standards of care</b> , no matter which hospital they attend; with constant energy on driving down unwarranted variation across the system	Standardisation for <b>better outcomes and patient experience</b> , and taking action on health inequalities	Patients can <b>move seamlessly</b> from one hospital to another in order to access specialist care or faster treatment



# Examples of Collaborative Working Across South Yorkshire and Bassetlaw

The Acute Federation is building upon a history of collaborative working in South Yorkshire and Bassetlaw. There are many examples of collaboration that have become established ways of working with services being co-developed and delivered across organisations.

The examples below illustrate how collaboration can develop from a national drive or from a local need for change. From each of these examples there is learning: the importance of having the time and space for people to come together, the leadership and commitment for changes to be supported and being able to demonstrate improved outcomes and changes for local people and patients.

## Supporting Infrastructure

The South Yorkshire & Bassetlaw Cancer Alliance has a well established collaborative way of working with the supporting infrastructure including Clinical Delivery Groups and Patient Advisory Board. There are many examples of joint working and redesigned services/pathways across cancer sites that are system-wide, from prevention and screening, inpatient pathways for specialist and non-specialist cancers, through to palliative and End of Life care.

## Children and Young People's Alliance

The Children and Young People's Alliance has supporting networks that focus on the acutely ill child, surgery and anaesthetics and wider collaborative working. The Alliance extends to a very wide range of partnership organisations across health and care (over 250 individuals). During the pandemic the Alliance helped to redesign pathways to support the continuation of paediatric surgery and services in a safe and coordinated way with a step change in collaborative working.

## 2022/23 Priorities

For 2022/23 the Acute Federation prioritised rheumatology, urology, gastrointestinal bleeds, elective and diagnostics recovery. This work will continue into 2023/24 alongside acute paediatrics, one of the national provider collaborative innovator projects with system-wide clinical working groups addressing end to end pathway opportunities and challenges, from immediate priority areas to future models of care. The infrastructure is emerging with the aim for wide clinical engagement across all professions.

## Integrated Stroke Delivery

The South Yorkshire Integrated Stroke Delivery Network supports national and local stroke priorities with both a strategic and operational focus. Since the hosted network was launched in 2020, the network has evolved with successes in shared clinical pathways/protocols, involvement and support to patients and their families, workforce capacity support, developments in video triage, use of Artificial Intelligence and work on health inequalities. It has embedded the Hyper Acute Stroke Unit transformation and expanded the Mechanical Thrombectomy service. The priorities over the next few years from an acute point of view are further expanding thrombectomy services into weekends (and then to 24/7) and implementing the National Optimal Stroke Imaging Pathway (NOSIP).

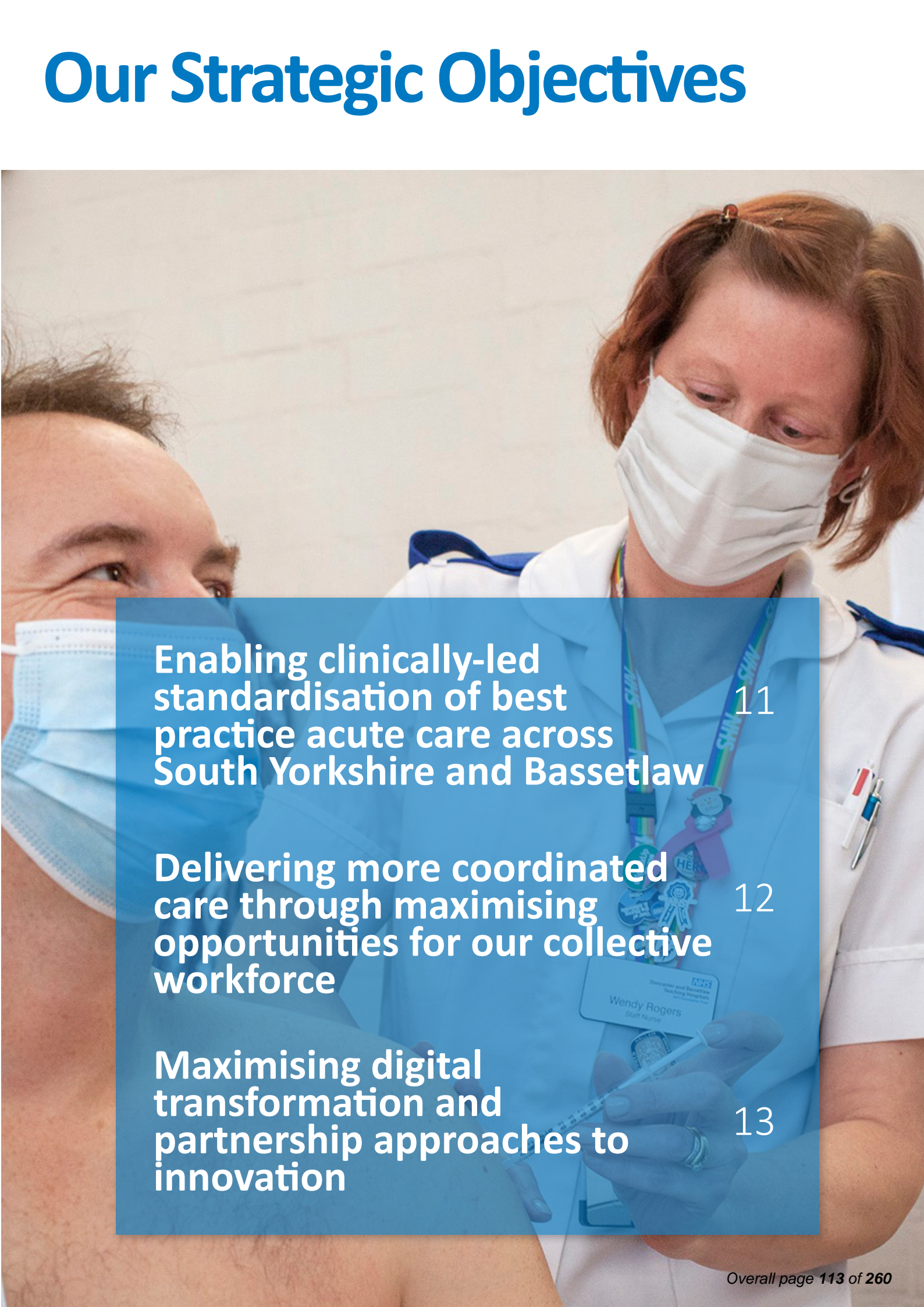
## Pathology Network

The local South Yorkshire Pathology Network has achieved the national vision to consolidate and optimise local workforce, capacity and support a future model for networked delivery. There has been a collaborative principles-led approach to the development of the network. Innovation has been a key design factor alongside workforce development, training and education for local staff.

## South Yorkshire Integrated Care Board Networks

South Yorkshire Integrated Care Board Networks are in place e.g. in respiratory, cardiology and dermatology to optimise end to end pathways from primary prevention to tertiary care and are working to improve access to cardiac rehabilitation services, improve cardiovascular disease detection and prevention and achieve early diagnosis and treatment of heart failure.

# Our Strategic Objectives

A photograph of a healthcare professional, a nurse, wearing a white lab coat and a white surgical mask. She is holding a syringe and appears to be preparing it. A patient, also wearing a light blue surgical mask, is looking towards the nurse. The nurse has a lanyard with a badge around her neck. The badge identifies her as Wendy Rogers, a Staff Nurse at Doncaster and Bassetlaw Teaching Hospitals. The background is a plain, light-colored wall.

**Enabling clinically-led  
standardisation of best  
practice acute care across  
South Yorkshire and Bassetlaw**

11

**Delivering more coordinated  
care through maximising  
opportunities for our collective  
workforce**

12

**Maximising digital  
transformation and  
partnership approaches to  
innovation**

13

# Enabling clinically-led standardisation of best practice acute care across South Yorkshire and Bassetlaw

## Why is this important?

The success of the acute provider federation lies in our approach to change and how we work as a system or network of organisations to bring about change. Having our clinicians design and lead the change helps to ensure we remain focused on patient outcomes, using an evidence based approach to deliver high quality care.

## What we will do:

- Create the evidence base, criteria and clinical discussion on areas for collaborative concern and opportunity for development
- Bring together expert and wide clinical knowledge to support service improvement and develop future models of care
- Support the infrastructure to develop further patient and public involvement
- Enable the spread of best practice and provide benchmarks for services
- Develop models that provide clarity on services provided at Place and at wider scale across South Yorkshire and Bassetlaw

## How we will do this:

- Each year the Acute Federation members will identify a small number of clinical services that would benefit from South Yorkshire and Bassetlaw collaboration based on the Inclusion Criteria set out on page 15

## What we will measure:

- Service changes and improvements as a result of the clinical working group development
- Impact on patient flow and patient waiting list reduction across the system
- System achievement of national standards including Getting it Right First Time (GIRFT)
- Business case benefits and any return on investment
- Movement towards environmental sustainability and Net Zero ambitions of the NHS

## Clinical representation Includes:

- Medical colleagues
- Nursing colleagues
- Allied Health Professionals
- Healthcare Scientists
- Pharmacists

Each clinical group should have chair and co-chair representing different clinical professions.

Patient and public representation will be considered by each clinical group.



# Delivering more coordinated care through maximising the opportunities for our collective workforce

## Why is this important?

Our workforce across South Yorkshire and Bassetlaw is a critical factor in being able to develop, deliver and sustain services. There are greater opportunities for access to shared training, education and career opportunities to support future models of care.

### What we will do:

- Through the clinical working groups proactively share opportunities to work collaboratively across organisations
- Ensure that clinical leadership development is part of the Acute Federation Organisational Development programme
- Develop system-wide training and education plans to support future models of care
- Encourage and support the standardisation of new roles
- Develop and share the learning and insight from collaborative pathways to encourage best practice and continued relationship building
- Develop further the relationships with academic institutions to support future workforce models
- Work together to maximise the retention of trainees offering a wide range of placements, job plans and career progression

### How we will do this:

- Build the system for developing opportunities for clinicians to gain experience/support patient services across South Yorkshire and Bassetlaw
- Develop system wide education and learning plans to support the models of care
- Commission joint education programmes with academic institutions

### What we will measure:

- Number of joint appointments that support system wide models of care
- Increase in retention and recruitment linked to models of care
- Number and impact of shared education and training programmes





# Maximising digital transformation and partnership approaches to innovation

## Why is this important?

Local health needs and services will continue to change. Changes in technology and ways of delivering services will require models of care that are resilient, maximise the skills of our workforce and support pathways of care across primary, acute, tertiary and mental health care. Locally we could do much more to maximise learning and spread from innovation.

### What we will do:

- Look for new ways of delivering care, further use of research and technology to future-proof changes in care delivery including new diagnostics, treatments, drugs and Artificial Intelligence
- Find ways to collaborate and help unlock barriers to collaboration, e.g. IT access, clinical information sharing, funding mechanisms
- Develop further partnerships with academic institutions industry and delivery partners to further research and innovation
- In designing new service models we will look to support the best use of our collective estate to offer choice, access and state of the art facilities

design and development with an agreed system approach to change management

- Align with the Integrated Care System digital programmes to ensure we maximise the opportunities
- Develop business cases that support system-wide working and the commissioning of networked solutions

### What we will measure:

- Business cases and benefits that support use of digital solutions and new technologies to deliver care
- The return on investment for any system wide change

### How We will do this:

- Support the approach to clinical involvement



# Milestones timeline

As part of the implementation of the strategy, there will be clinical area workplans with more detailed milestones and success measures.

2023

- Implementation of the clinical working groups and clinical leadership programme
- Design future models for urology, rheumatology, paediatrics, elective care, gastrointestinal bleeds
- Agreed workplans in place for the priority areas
- Recover elective and diagnostic services and reduce waiting times for patients, with specific focus on orthopaedics, ophthalmology, ear nose and throat and general surgery
- Increased rollout of collaborative clinical decision making systems across providers

2024

- Implementation of models of care
- Year 2 clinical service priority areas agreed and future models of care designed
- Framework for greater shared staff learning/opportunities across the Acute Federation.
- Implement Acute Federation commissioning model starting with acute paediatrics and develop a methodology which can be applied to other services
- Data strategy to support provider collaboration

2025

- Improved recruitment and retention in key clinical services across South Yorkshire and Bassetlaw. i.e. sonographers, radiographers
- Improved equity of diagnostics access and provision across South Yorkshire and Bassetlaw

2026

- New models of care across acute paediatrics and surgical services to support unwell children to reduce waiting times and ensure every child receives the same high quality of care
- Networked models of care for urology and rheumatology implemented

2027/28

- Improved service resilience and sustainability across SYB for priority services
- Improved system-wide access to acute provider services and improved equity of access to services
- Greater standardisation of clinical services to support improved outcomes
- Interoperability of key clinical information systems to support system working
- Improved recruitment and retention
- Care models- that optimise new technologies, best practice ways of working, remove unnecessary or duplicative care, new roles and change how, where and when we deliver services

# Clinical Services Inclusion Criteria

Criteria for Priority Services	Key Questions
Alignment with overall South Yorkshire and Bassetlaw Acute Federation objectives	<ul style="list-style-type: none"> <li>• Meets one or more of the 6 aims of the South Yorkshire and Bassetlaw Acute Federation objectives</li> <li>• Aligns with the three objectives of the Clinical Strategy</li> </ul>
Impact and value for money	<ul style="list-style-type: none"> <li>• A provider collaborative approach is appropriate to the need(s) defined</li> <li>• The unique benefit of the approach is clear</li> <li>• The outcome could not be achieved within individual organisations or opportunity would be maximised by collaborative working</li> <li>• There is relevant guidance or metrics against which progress can be measured</li> <li>• Successful achievement of the project is likely within the time and money available</li> <li>• The project represents good value for money</li> <li>• There are opportunities to increase productivity or efficiency through economies of scale</li> </ul>
Need	<ul style="list-style-type: none"> <li>• Evidence that there are risks to future service delivery, care quality or patient outcomes identified through Horizon Scanning or other means</li> <li>• Evidence that care quality and patient outcomes are of current concern</li> <li>• Evidence of unacceptable variation in care quality and patient outcomes</li> <li>• Evidence of variation in patient access and waiting times or long waiting lists which would benefit from mutual aid</li> <li>• Clinical improvement(s) to be achieved by the proposed project are clearly defined</li> </ul>
Innovation and Learning	<ul style="list-style-type: none"> <li>• Evidence of good or excellent practice in a number but not all clinical services where learning could be shared</li> <li>• There are new technologies that would benefit patients and staff by wider dissemination</li> </ul>
Professional and patient/carer support	<ul style="list-style-type: none"> <li>• There is evidence that patients/carers support the need(s) identified</li> <li>• There is evidence that professionals support the need</li> </ul>



# Horizon Scanning: Process

We will consider PESTLE factors (Political, Economic, Social, Technology, Legal Environmental) when horizon scanning for new challenges and opportunities within this framework for clinical collaboration.

Political	Economic	Social	Technology	Legal	Environmental
<ul style="list-style-type: none"> <li>• Collective action</li> <li>• Education and training</li> <li>• Healthcare funding settlements</li> <li>• Decisions on social care funding and future</li> <li>• Pension Tax policy</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of living</li> <li>• Deprivation and inequalities</li> <li>• Educational attainment</li> <li>• Employment</li> <li>• Energy</li> <li>• Long COVID and early retirement</li> <li>• Population health</li> <li>• Reduced quality and quantity of employment</li> <li>• Supply chains</li> <li>• The workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Aging population, increased chronic conditions, morbidity, mortality</li> <li>• Attitudes on personal responsibility</li> <li>• Attitudes on 'risky' behaviours</li> <li>• Consumer experiences impacting expectations of health and care</li> <li>• Mental health</li> <li>• Obesity</li> <li>• Understanding of societal causes of health</li> <li>• Willingness to risk pool</li> <li>• Willingness/ability to spend on private care</li> <li>• Unexpected demographic shocks</li> </ul>	<ul style="list-style-type: none"> <li>• 5G and hyperconnectivity</li> <li>• AI (assistants, imaging, patient flow, records processing, predictive health, chat)</li> <li>• Automation</li> <li>• Diagnostics</li> <li>• Implants</li> <li>• Gene editing (e.g. CRISPR)</li> <li>• Genomics and personalised medicine</li> <li>• Live, big data</li> <li>• mRNA technology</li> <li>• Pharmaceutical innovation</li> <li>• Predictive health</li> <li>• Robotics for surgery, delivery and maintenance</li> <li>• Wearables</li> </ul>	<ul style="list-style-type: none"> <li>• Changes to employment law</li> <li>• Contracting and commercial expertise</li> <li>• Multinational corporations (MNCs) entering health (profit driven motives, legal shields)</li> <li>• Strikes and pay deals</li> <li>• Responsibility in cases of automation, AI and robotics error</li> </ul>	<ul style="list-style-type: none"> <li>• Air quality</li> <li>• Antimicrobial resistance (AMR)</li> <li>• Impacts of climate uncertainty and damage on: public health, transport, supply chains, estates and building security, housing, food production</li> <li>• Novel diseases and further pandemics (Zoonotic, thawing pathogens)</li> <li>• Sustainable/ ethical products and resources</li> <li>• Extreme weather events</li> </ul>



**South Yorkshire & Bassetlaw**  
**Acute Federation**

This Clinical Strategy sets out the clinical services framework for the Acute Provider Federation in its role to support acute service development and delivery.

It is a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5 year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

The full strategy document can be found [here](#)

### Our purpose:



### The five-year vision

Services at different hospitals across South Yorkshire play complementary roles as part of a <b>collaborative model</b>	<b>Shared care</b> to be developed further across primary and secondary care including Mental Health services	<b>Life stages</b> recognised as an important framework for end to end pathways, to support more proactive planning and working
Patients experience <b>high standards of care</b> , no matter which hospital they attend; with constant energy on driving down unwarranted variation	Standardisation for <b>better outcomes and patient experience</b> , and taking action on health inequalities	Patients can <b>move seamlessly</b> from one hospital to another in order to access specialist care or faster treatment

**A networked workforce** build the system for developing opportunities for clinicians to gain experience/support patient services across South Yorkshire

**Resilience and sustainability** priority criteria for the system, future models of care incorporating new ways of working



Greater **interoperability** across the organisations so that our staff can seamlessly access and share electronic patient information and records

Best use of our **collective estate** to offer choice, access and state of the art facilities

**Models of care** that optimise new technologies, innovative ways of working and environmental sustainability, learn from new research evidence and change how, where and when we deliver services

### Strategic objectives

#### Maximising digital transformation and partnership approaches to innovation

- Look for new ways of delivering care, further use of research and technology to future-proof changes in care delivery including new diagnostics, treatments, drugs and Artificial Intelligence
- Find ways to collaborate and help unlock barriers to collaboration, e.g. IT access, clinical information sharing, funding mechanisms
- Develop further partnerships with academic institutions industry and delivery partners to further research and innovation
- In designing new service models we will look to support the best use of our collective estate to offer choice, access and state of the art facilities

#### Delivering more coordinated care through maximising the opportunities for our collective workforce

- Through the clinical working groups proactively share opportunities to work collaboratively
- Ensure that clinical leadership development is part of the Acute Federation Organisational Development programme
- Develop system-wide training and education plans to support future models of care
- Support the standardisation of new roles
- Develop and share the learning and insight from collaborative pathways to encourage best practice and continued relationship building
- Develop further the relationships with academic institutions to support future workforce models
- Work together to maximise the retention of trainees offering a wide range of placements, job plans and career progression

#### Enabling clinically-led standardisation of best practice acute care across South Yorkshire and Bassetlaw

- Create the evidence base, criteria and clinical discussion on areas for collaborative concern and opportunity for development
- Bring together expert and wide clinical knowledge to support service improvement and develop future models of care
- Support the infrastructure to develop further patient and public involvement
- Enable the spread of best practice and provide benchmarks for services
- Develop models that provide clarity on services provided at Place and at wider scale across South Yorkshire and Bassetlaw

### Examples of collaborative working

- **South Yorkshire and Bassetlaw Cancer Alliance:** There are many examples of joint working and redesigned services/pathways across cancer sites that are system-wide, from prevention and screening, inpatient pathways for specialist and non-specialist cancers, through to palliative and End of Life care.
- **The Children and Young People's Alliance** has supporting networks that focus on the acutely ill child, surgery and anaesthetics and wider collaborative working.
- **South Yorkshire Integrated Stroke Delivery Network** has evolved with successes in shared clinical pathways/protocols, involvement and support to patients and their families, workforce capacity support, developments in video triage, use of Artificial Intelligence and work on health inequalities.
- **The South Yorkshire Pathology Network** has achieved the national vision to consolidate and optimise local workforce, capacity and support a future model for networked delivery.
- **South Yorkshire Integrated Care Board Networks** are in place e.g. in respiratory, cardiology and dermatology to optimise end to end pathways from primary prevention to tertiary care and are working to improve access to cardiac rehabilitation services, improve cardiovascular disease detection and prevention and achieve early diagnosis and treatment of heart failure.
- **2022/23 priorities:** We will continue to prioritise rheumatology, urology, gastrointestinal bleeds, elective and diagnostics recovery. This will happen alongside acute paediatrics, with system-wide clinical working groups addressing end to end pathway opportunities and challenges, from immediate priority areas to future models of care.



## 2305 - F1 BOARD ASSURANCE FRAMEWORK (BAF) - REVIEW 2023/2024

● Discussion Item

👤 Fiona Dunn, Director Corporate Affairs/Company Secretary

🕒 11:40

10 minutes

### REFERENCES

Only PDFs are attached

 F1 -Board Assurance Framework - Review 2023-24.pdf



Report Cover Page			
<b>Meeting Title:</b>	Board of Directors		
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	F1
<b>Report Title:</b>	Board Assurance Framework (BAF) - Review 2023/2024		
<b>Sponsor:</b>	Richard Parker OBE, Chief Executive Officer		
<b>Author:</b>	Fiona Dunn, Director Corporate Affairs/Company Secretary		
<b>Appendices:</b>	True North infographic.		
Executive Summary			
<b>Purpose of report:</b>	To provide an update on the status of the ongoing review of the Board Assurance Framework (BAF) for 2023/2024 including the new true north breakthrough Objectives and to ensure key strategic risks are identified for discussion and agreement for the 2023/24 BAF.		
<b>Summary of key issues:</b>	<p>Following review and audit by 360 Assurance during 2022-23 the Board Assurance Framework has continued to evolve in order to meet the recommended requirements from the Internal audit opinion.</p> <p>Further work for this financial year is to clearly articulate strategic risks that could impact on the strategic objectives and how these risks will be mitigated and reduced as a result of the delivery of corporate and operations performance.</p> <p>This would enable the Board to use these to have a focussed conversation on the specific risk – its current score, what controls are in place, what assurances have been received on this and then what actions there are to bring this risk to a target score.</p> <p>The Company Secretary continues to develop this work with the Executive Directors and portfolio leads.</p> <p><u>Breakthrough Objectives for 2023/2024</u></p> <p>For the new financial year 2023/2024 the Trust True North and Breakthrough objectives were reviewed in March and are:</p> <ul style="list-style-type: none"> <li>• SA1 - Maintain and improve CQC ratings by achieving improvements in quality and outcomes</li> <li>• SA2 - Ensure Divisions &amp; Directorates have the capacity and capability and support to deliver our 2023/24 objectives</li> <li>• SA3 - Cultivation of an inclusive, caring and kind culture to ultimately drive improvement in patient and colleague feedback</li> <li>• SA4 - Demonstrate clear improvements in efficiency and effectiveness to achieve our financial control totals.</li> </ul> <p><u>Proposal for 2023/2024 BAF review process</u></p> <ol style="list-style-type: none"> <li>1. Agree strategic risks that could impact on progress with the delivery of the breakthrough objectives</li> <li>2. Agree refreshed BAF template to ensure gaps in controls and assurances are clearly linked to actions/ plans outlined on the template</li> </ol>		

	<p>3. Agree timely update of these controls/actions to so that these can be the focus of discussion along with rationale for the strategic risk score at Board meetings.</p> <p>4. Agree timescale for BAF presentation – proposal of quarterly to Board to align with presentation of corporate objectives e.g. July, October January, April. Timescale for presentation to board committees to be discussed and agreed.</p>				
<b>Recommendation:</b>	The Board is asked to discuss and agree the above proposal.				
<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 and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from colleagues and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	The entire BAF has been reviewed with new breakthrough objectives agreed.				
<b>Corporate risk register:</b>	N/A				
<b>Regulation:</b>	All NHSF trust are required to have a BAF and systems in place to identify & manage risk effectively.				
<b>Legal:</b>	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
<b>Resources:</b>	Actions required are currently being delivered within existing trust Resources highlighted in individual risks				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	Executive team 10/5/23				
<b>Date:</b>		<b>Decision:</b>			
<b>Next Steps:</b>					
<b>Previously circulated reports to supplement this paper:</b>					



## 2305 - F2 CORPORATE RISK REGISTER

● Discussion Item


👤 Fiona Dunn, Director Corporate Affairs/Company Secretary

🕒 11:50

5 minutes

### REFERENCES

Only PDFs are attached

 F2 - Corporate Risk Register.pdf

Report Cover Page			
<b>Meeting Title:</b>	Board of Directors		
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	F2
<b>Report Title:</b>	Corporate Risk Register (CRR)		
<b>Sponsor:</b>	Jon Sargeant, Chief Financial Officer, Director of Recovery, Innovation & Transformation		
<b>Author:</b>	Fiona Dunn, Director Corporate Affairs/Company Secretary		
<b>Appendices:</b>	CRR MAY 2023		
Executive Summary			
<b>Purpose of report:</b>	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.		
<b>Summary of key issues:</b>	<p><u>Key changes to the CRR this period:</u></p> <ul style="list-style-type: none"> <li>• One corporate risks rated 15+ has been added/or escalated from Trust Executive Group (Risk ID 3069)</li> <li>• Currently there are 93 risks logged rated 15+ across the Trust with oversight by the Risk management Board.</li> <li>• 14 of these risks are currently monitored via Corporate Risk register (CRR)</li> </ul> <p><u>Risk Changes to CRR</u></p> <p><b>RISK ID 3069 - Risk of missing Sepsis IPOC information leading to increased morbidity / mortality (4c x 4I)=16.</b> <u>Risk Description</u>- Risk of harm to patient due to lack of recognition of Sepsis due to not following Sepsis IPOC and/or Sepsis IPOC not being completed correctly by MDT. Escalated from Risk Management Board (RMB) and Trust Executive Group (TEG) 15/5/23. Actions to be developed in DATIX including paediatric sepsis audit undertaken. Summary report requested by Chair of TEG to be produced by Chief Nurse and Executive Medical Director to describe how actions agreed will address the mitigations of this risk. To be next review at RMB and TEG June 2023.</p> <p><u>Action Status of risk management process</u></p> <p>Risk management process continues to be improved following recommendations and actions from recent 360 Assurance internal audit processes including:</p> <ul style="list-style-type: none"> <li>• Continuous review of existing risks and identification of new or altering risks through improving processes via Trust Risk Management Board.</li> <li>• Ensure link to key strategic objectives indicated within the Board Assurance Framework.</li> <li>• Risk validation of 15+ risks reviewed via Risk Management Board (RMB).</li> <li>• Risk Manager undertaking series of reviews of risks 15+ with operational leads directly within divisions.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Thematic review added to agenda of RMB - review of frequent incidents across the Trust or in a specific area ascertaining if there is a risk on the register (add / amend), looking at themes in NHS</li> <li>• Production of pivot reports generated for Trust Executive Group oversight of details and actions for these 15+ risks.</li> <li>• Production of pivot reports to link dependent risks to an overarching risk on the corporate register</li> <li>• Details of actions to mitigate risks are logged directly in DATIX system</li> </ul>				
<b>Recommendation:</b>	The Board is asked to note the Corporate Risk Register				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
<b>Implications</b>					
<b>Board assurance framework:</b>	The entire BAF has been reviewed alongside the CRR. The corresponding TN SA's have been linked to the corporate risks.				
<b>Corporate risk register:</b>	This document				
<b>Regulation:</b>	All NHSF trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
<b>Legal:</b>	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
<b>Resources:</b>	Actions required are currently being delivered within existing trust Resources highlighted in individual risks				
<b>Assurance Route</b>					
<b>Previously considered by:</b>	Trust Board– (15+ risks)				
<b>Date:</b>	Risk Mgmt Board May 2023	<b>Decision:</b>	Reviewed and updated		
<b>Next Steps:</b>	Continuous review of individual risk by owners on DATIX risk management system				
<b>Previously circulated reports to supplement this paper:</b>					

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs	Actions
7	F&P6	02/01/2023	Chief Operating Officer	<b>Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory standards</b>	<p>Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards</p> <p>leading to</p> <p>(i) Regulatory action (ii) Impact on reputation</p>	Smith, Denise	<p>[13/09/2022 ICB now in place as overarching structure for SYB</p> <p>[30/11/2021 12:33:17 Fiona Dunn] Controls still applicable as in March. Refreshed board performance report in progress to reflect H2 priorities and to improve transparency of performance against key metrics. Improved benchmarking approach in place using data from NHSE/I, nationally published data and dashboards. Trust wide engagement approach with consultants/SAS and Divisional leaders regarding H2 requirements including UEC roadshow.</p>	Extreme Risk (16)	High Risk (9)	Sep-22	Overarching	Yes	↔	2349	
11	F&P1	30/06/2023	Directorate of Finance, Information and Procurement	<b>Failure to achieve compliance with financial performance and achieve financial plan</b>	<p>Failure to achieve compliance with financial performance and achieve financial plan</p> <p>leading to</p> <p>(i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action</p>	Sargeant, Jon	<p>16/05/2023 22/23 achieved financial plan. 23/24 - trust has a significant CIP target which will have a decreasing effect on the organisational run rate. This sets a significant risk to operational &amp; financial position. The trust is mitigating this with the following actions:</p> <p>1. Review of financial controls including authorised signatory list</p> <p>2. Review of staff grip &amp; control to cover rota compliance, sickness management, use of temporary staff and vacancy control process.</p> <p>3. Strict management of cost pressures</p> <p>4. Complete an analysis of the drivers of deficit with Deloitte</p> <p>5. Enhanced scrutiny of CIP programme</p> <p>6. Enhanced working with partners at both Place and System level.[22/11/2022 Continued scrutiny &amp; monitoring via committees.no change in controls.</p> <p>[24/06/2022 15:04:56 Fiona Dunn] Financial plan been updated and submitted to NHSIE and ICB 24/6/2022. No change in controls.</p>	Extreme Risk (16)	High Risk (8)	May-23	Overarching	Yes	↔	17, 1413, 1806, 3017, 3168, 3170, 3174, 3175, 3179	<p>16/05/2023 The trust is mitigating this with the following actions (details in DATIX):</p> <p>1. Review of financial controls including authorised signatory list</p> <p>2. Complete an analysis of the drivers of deficit with Deloitte</p> <p>3.. Enhanced scrutiny of CIP programme</p>

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs	Actions
12	F&P4	23/10/2023	Estates and Facilities	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.</p> <p>leading to</p> <ul style="list-style-type: none"> <li>(i) Breaches of regulatory compliance and enforcement</li> <li>(ii) Claims brought against the Trust</li> <li>(iii) Inability to provide safe services</li> <li>(iv) Negative impact on reputation</li> <li>(v) Reduced levels of business resilience</li> <li>(vi) Inefficient energy use (increased cost)</li> <li>(vii) Increased breakdowns leading to operational disruption</li> <li>(viii) Restriction to site development</li> </ul> <p>Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&amp;F risk register.</p>	Howard Timms	<p><b>11/04/2023 16:20:35 Sean Alistair Tyler] DRI Asset capture continuing to progress, BDGH Asset capture reviewed against SFG20 requirements. Updated as part of E&amp;F SMT risk management review meeting.</b>[21/02/2023 BDGH Asset capture complete, DRI currently in progress.07/12/2022 BDGH Asset capture in progress. Projected completion Q3/Q4 for all three Trust sites.</p> <p>Business case in progress for submission Q4.</p> <p>09/10/2022 Howard Timms] Asset Capture in progress as part of 7 Point Plan. MMH Complete. Howard Timms] Implementation of Maintenance Strategy Review (7 Point Plan) FY 22/23</p> <p>£16.7 Million Capital Investment identified for 22/23</p> <p>Project Team working on Development of new Hospital Build for Doncaster.</p>	Extreme Risk (20)	High Risk (10)	Apr-23	Overarching		↔	2335, 2868, 1078, 1082, 1083, 1095, 1097, 1208, 1209, 1246, 1264, 1274, 1277, 1781, 1782, 2335, 2863, 2867, 2868, 2878, 3190	1. Perform asset capture BDGH & DRI
13	ARC01	28/06/2023	Directorate of Finance, Information and Procurement	Risk of economic crime against the Trust by not complying with Government Counter Fraud Functional Standard GovS 013 – Counter Fr	<p>Risk of economic crime against the Trust by not complying with the Government Counter Fraud Functional Standard GovS 013 – Counter Fraud</p> <p>leading to</p> <ul style="list-style-type: none"> <li>(i) Impact on Trust's finance</li> <li>(ii) Negative impact on reputation</li> <li>(iii) action from Cabinet Office re failure to comply with standard</li> </ul>	Sarageant, Jon	<p><b>[21/03/2023 Full completion of 2022/23 operational fraud plan and 2023/24 plan in place (WeF 01/04/23) Completion of fraud staff survey</b></p> <p>97% completed SET fraud awareness training in 2022/23</p> <p>Regular NHSCFA reports to the Trust</p> <p>Attainment of Green rating in the annual NHSCFA Counter Fraud Functional Standard Return (CFSSR) 2022</p> <p>Quarterly reports to the ARC with provision of an Annual Counter Fraud report [04/04/2022] Regular communication via ARC and Trust Counter Fraud champion and CF Specialists.</p> <p>Trust assessed against the standards and documented for compliance in (LOCAL FRAUD RISK ASSESSMENT Version 11 (Valid from 1st April 2022 until 31st March 2023. Submitted and approved at ARC via the Counter Fraud Operational Plan 24th March 2022. Individual risk assesment attached to risk.</p>	High Risk (12)	Moderate Risk (4)	Mar-23	Stand alone		↔		ongoing training & awareness compliance



ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs	Actions
16	PEO2 (F&P8)	07/07/2023	Directorate of People and Organisational Development	Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs	Inability to recruit a sufficient workforce and to ensure colleagues have the right skills leading to: (i) Increase in temporary expenditure (ii) Inability to achieve Trust strategy (iii) Inability to provide safe, effective and sustainable services	Lintin, Zoe	<b>16/05/2023</b> Zoe Lintin] - Work ongoing to develop Trust-wide multi-year strategic workforce plan and further mature workforce planning approach, supported by various activities - Implementation of strategic workforce planning tool ongoing working with KPMG, divisions and corporate support colleagues - reintroduction of deep dive workforce planning workshops in speciality areas - 'Agency & Sickness Management' identified as a Trust-wide CIP programme for 23/24 with workstreams being established - will report to Transformation Board[03/01/2023 Workforce planning and Learning Needs Analysis built into business planning processes for 23/24 Schedule of deep dive workforce planning workshops to be arranged with specialties from Feb/Mar 2023	Extreme Risk (16)	High Risk (12)	May-23	Overarching	Yes	↔	26, 441, 2427, 2465, 2535, 2768, 2781, 2865, 2948, 3006, 3010, 3043, 3067, 3104, 3130, 3152, 3159, 3187, 3192, 3200, 3211, 3212, 3213	16/5/23 - 1 reintroduction of deep dive workforce planning workshops in speciality areas 2. development of trustwide multiyear strategic workforce plan (DETAILS in DATIX)
19	PEO1 (Q&E1)	07/07/2023	Directorate of People and Organisational Development	Inability to engage with and involve colleagues, learners and representatives to improve experiences at work	Inability to engage with and involve colleagues, learners and representatives to improve experiences at work  Key measures: - staff survey results - learner surveys - feedback from listening sessions and informal visits - exit interview themes	Lintin, Zoe	[16/05/2023 Zoe Lintin] - People Strategy approved by Trust Executive Group and Board (Feb 23), formal launch from early May 23 including one-pager summary, short video and listening session with Chief People Officer. - The DBTH Way behaviours framework being presented to TEG and Board in May 23 for final approval, following a period of wide engagement. - 2022 staff survey results communicated widely on 9 March when embargo lifted. Improving position on the results, 81% of questions improved from 2021 results - Engagement sessions with teams underway to discuss local survey feedback and identify improvement actions, as part of embedding a year-round cycle of engagement[03/01/2023 ] Draft People Strategy being shared with TEG, People Committee and other networks in Jan 23 Engagement sessions held in Nov and Dec 22 to inform design and development of new DBTH Leadership Behaviours Framework. Plan to launch Mar/Apr 23	High Risk (12)	Moderate Risk (8)	May-23	Stand alone	Yes	↔		1. Present DBTH Way behaviours framework to TEG and Board (DETAILS in DATIX) 2 hold engagement sessions with teams underway to discuss local staff survey feedback and identify improvement actions, as part of embedding a year-round cycle of engagement (DETAILS in DATIX)

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs	Actions
1410	F&P11	31/05/2023	Digital Transformation	Failure to protect against cyber attack	<p>There is a risk that a failure to protect against cyber attack - leading to:</p> <p>(i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation</p> <p>The top 3 DSP risk areas have been recognised as:</p> <p>(1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Unsupported and end-of-life software and hardware (4) Disaster recovery and business continuity testing (5) Control of device (not user) access to the network (6) Configuration management and process documentation (7) Backup management and storage capacity (8) Logging and retention of log information (infrastructure) (9) Failure to wholly implement patch management (10) Visibility of networked devices and systems as they relate to notified vulnerabilities (e.g. CareCERT advisories)</p> <p>As a result the above could lead to temporary closure of systems access, infection of key software and/or related operational issues. This</p>	Linacre, David	<p>[21/09/2022 ] All supported servers are now on a regular patching interval. Immutable storage / backup configured and working OK with all compatible / supported systems enrolled. Further systems will be enrolled as servers are upgraded and can be included. Separate arrangements are needed for PACS - to be included in a business case for 23/24.</p> <p>A small number of Windows 7 stations remain due to the systems they run not being compatible with Windows 10. Procurements are underway to replace the systems concerned. Extended support or other mitigation arrangements (segmentation / restriction of use) has been applied to Windows 7 stations in the meantime.</p> <p>Network Access Control remains on hold due to resource constraints to implement.</p> <p>NHS Secure Boundary on hold pending business case to procure replacement perimeter equipment in 23/24.</p> <p>Log retention configured and working for Firewall and Domain Controllers only at this time.</p> <p>DSPT for 21/22 - requirements met.</p> <p>7/2/22 -Updated ordering of risks to reflect work done on patching, asset management and log retention and analysis, which has reduced risk in these areas. More work remains on those points, but other risks now have a greater priority. Work is ongoing to update unsupported software in the organisation, with further investment requested in 22/23 to continue the work needed. Investment has also been requested in the top</p>	Extreme Risk (15)	Moderate Risk (4)	Apr-23	Stand alone				
1412	F&P12	29/09/2023	Estates and Facilities	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the RRFSO	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance.</p> <p>Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register.</p> <p>(i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation</p>	Howard Timms	<p>[14/04/2023 10:23:49 Howard Timms] Further fire improvement works programmed for FY23/24 as part of the Capital programme.[13/01/2023 Further fire improvement works programmed for FY23/24 as part of the Capital programme.</p> <p>[09/10/2022 13:01:22 Howard Timms] Works in Progress as part of 22/23 Fire Capital Plan. Works also form part of Ward / Department upgrades.</p> <p>[29/03/2022 16:30:14 Howard Timms] Acting Deputy Director of E and F added as CO-Owner</p> <p>EWB and W&amp;C Block Fire Enforcement Notices Rescinded and replaced with Fire Action Plans</p> <p>Fire Improvements W&amp;C investment 21/22 £4.1 million</p> <p>Further Fire Improvement Works scheduled investment 22/23 £3.0 million</p>	Extreme Risk (15)	High Risk	Apr-23	Overarching			147, 1077, 1214, 1216, 1225, 2941	

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

ID	CRR Ref	Review date	Division / Corporate(s)	Title	Description	Risk Owner	Existing controls	Risk level (current)	Risk level (Target)	Last updated	Risk Authority	Reviewed by Risk Management Board / Risk Manager	Movement since last review	Linked Risk IDs	Actions
2664	PEO3	03/07/2023	Clinical Specialist Services	<b>Inability to recruit and retain adequate numbers - causing staff shortage for Consultant Intensive Care</b>	Significant shortage of consultants in intensive care medicine, caused by inability to recruit adequate numbers and burnout of existing colleagues leading to prolonged sick leave and loss to speciality. Ongoing high risk of burnout of remaining consultant staff with likelihood of subsequent sick leave and possible further resignations / unduly early retirement. Negative impact on quality of patient care, team work on DCC and training of other staff, especially doctors.	Timothy Noble	[11/01/2023 09:45:57 Jochen Seidel] Secondment of suitable colleagues from anaesthesia to critical care [13/09/2022 13:16:50 George Briggs] staffing reviewed Consultant recruitment commenced approval at CIG re psychology support and coordinators [30/11/2021 12:43:44 Fiona Dunn] Risk grading decreased from 20 to 16 with new controls in place. [30/11/2021 12:42:29 Fiona Dunn] Full action plan in place. Substantive consultant appointed and commenced in post(dec2021). Locum post appointed for 12 months and starting early 2022. Mutual aid secured from STH from January 2022. Second offer of mutual aid being explored. Full set of wider actions focusing on short-term workforce, environment, and longer term training and workforce model.	Extreme Risk (16)	High Risk (9)	Jan-23	Dependent		↔	16	
3104	PEO4	07/07/2023	Directorate of People and Organisational Development	<b>Impact on our workforce of the economic context/cost of living including risk of potential industrial action</b>	Impact on our workforce of the economic context/cost of living including risk of potential industrial action: - wellbeing of our colleagues - sickness absence - workforce availability	Lintin, Zoe	<b>16/05/2023 09:27:57 Zoe Lintin] Planning at organisational and system level continued in periods of industrial action, including junior doctors strikes at DBTH. Agenda for Change pay award agreed nationally, although not all unions in agreement (May 23) [03/01/2023] System co-ordination on impact of industrial action [13/09/2022 ] Wellbeing offer and financial management support being refreshed and recommunicated, e.g. Vivup, Wigestream Initial discussions at ICB and Place level</b>	High Risk (12)	High Risk (9)	May-23	Stand alone	Yes	↔		
3103	ARC02	28/04/2023	Chief Operating Officer	<b>DBTH ability to comply with National COVID-19 Inquiry</b>	DBTH ability to comply with the national enquiry . There is a national review of the Covid 19 pandemic management DBTH will be expected to take part in the enquiry. The Trust will be required to collate and present evidence this will require non disposal of evidence notes minutes etc. There will be a requirement to archive and collate data	Denise Smith	<b>[13/09/2022s] Agreement of Trust lead officer Guidance from national team available national seminar to be attended in October 22 review of proposed data by EPRR team introductory update to inform bard Sept 22 All data to be retained by DBTH Non disposable of notes and logs electronic and manual</b>	High Risk (10)	Moderate Risk (6)	Sep-22	Stand alone		↔		
3069	QEC	05/06/2023	Children & Families	<b>Risk of missing Sepsis leading to increases morbidity / mortality</b>	Risk of harm to patient due to lack of recognition of Sepsis due to not following Sepsis IPOC and/or Sepsis IPOC not being completed correctly by MDT	Karen Jessop/Tim Noble	04/07/2022 10:56:11 Laura Churm] Training for junior doctors and nursing teams IPOC to support recognition and treatment audit IPOC provide clear guidance Sepsis Audit Sepsis training for Junior Doctors on induction and on REST days for nursing teams	Extreme Risk (16)	Moderate Risk (6)	May-23	Overarching	Yes	↔	3182	15/5/23. Actions to be developed in DATIX including paediatric sepsis audit undertaken. Summary report requested by Chair of TEG to be produced by Chief Nurse and Executive Medical Director to describe how actions agreed will address the mitigations of this risk.

## 2305 - F3 TERMS OF REFERENCE FINANCE & PERFORMANCE COMMITTEE

● Decision Item

👤 Fiona Dunn, Director Corporate Affairs/Company Secretary

🕒 11:55

5 minutes

### REFERENCES

Only PDFs are attached

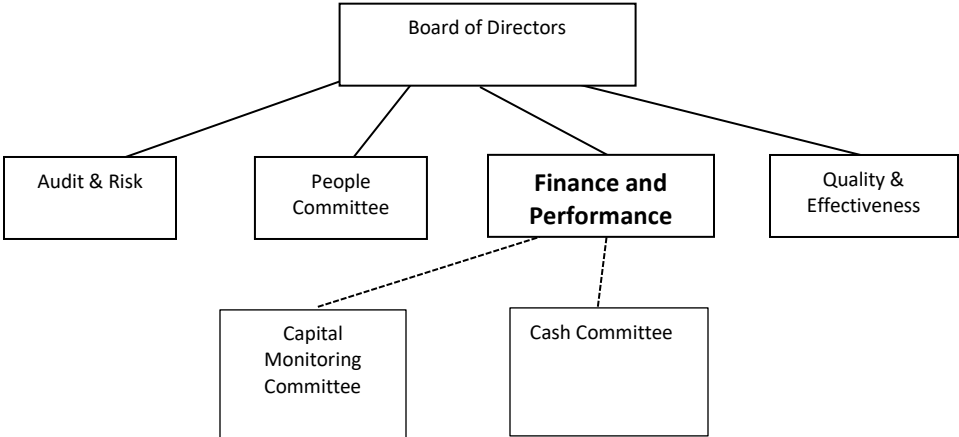


F3 - Final Finance & Performance Committee Terms of Reference - April 2023.pdf

## Finance and Performance Committee

### Terms of Reference

<b>Name</b>	Finance and Performance Committee (“the Committee”).
<b>Purpose</b>	<p>The Committee will carry out its duties as an assurance Committee of the Board of Directors (“the Board”) in reviewing systems of control and governance specifically in relation to operational performance and financial planning and reporting. It is supported by the Audit and Risk Committee which provides the oversight arm of the Board, reviewing adequacy and effectiveness of controls.</p> <p>The work of the Committee is aligned to the Trust’s Strategic Objectives and is organised to provide assurance on the progress towards the True North Objectives:</p> <ul style="list-style-type: none"> <li>- To provide outstanding care and improve patient experience.</li> <li>- Everybody knows their role in achieving the vision.</li> <li>- Feedback from colleague and learners in top 10% in UK.</li> <li>- In recurrent surplus to invest in improving patient care.</li> </ul>
<b>Responsible to</b>	<p>The Board. The Chair of the Committee is responsible for reporting assurance to the Board on those assurance matters covered by these Terms of Reference through review and update of the Board Assurance framework. The minutes of the Committee shall also be submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the Council of Governors or may require executive action.</p> <p>The Committee will present a written annual report to the Board summarising the work carried out during the financial year and outlining its work plan for the future year.</p>
<b>Relationship to other Committees</b>	The Committee will receive information and assurances from the Trust’s internal management and operational Committees as required. This includes the Capital Monitoring Committee and the Cash Committee, as sub-Committees of Finance and Performance Committee.

	 <pre> graph TD     Board[Board of Directors] --- AR[Audit &amp; Risk]     Board --- People[People Committee]     Board --- FP[Finance and Performance]     Board --- QE[Quality &amp; Effectiveness]     FP -.-&gt; CM[Capital Monitoring Committee]     FP -.-&gt; CC[Cash Committee] </pre> <p>It is important that the Committee minimises areas of overlap with the Audit and Risk Committee. Therefore, the following specific areas of responsibility will be excluded from the Finance and Performance Committee agenda:</p> <p>Audit – external and internal.  Standing Financial Instructions and Scheme of Delegation oversight.  Local Counter Fraud Specialist work.</p>
<p><b>Delegated authority</b></p>	<p>The Committee is a Committee of the Board and holds those powers specifically delegated to it by the Board and set out in these terms of reference.</p> <p>The Committee is authorised to investigate any activity within its terms of reference. It is further authorised to seek any information it requires from any employee of the Trust and all employees are directed to co-operate with any request made by the Committee.</p> <p>The Committee may make a request to the executive for legal or independent professional advice and request the attendance of external advisers with relevant experience and expertise if it considers this necessary.</p> <p>The Committee will operate at a strategic level as the executive is responsible for the day-to-day operational financial delivery and performance management of the Trust.</p>

<p><b>Duties and work programme</b></p>	<p>(1) To review reports relevant to the Committee that relate to the following matters:</p> <ul style="list-style-type: none"> <li>- current financial and operational performance and reporting.</li> <li>- financial forecasts, budgets and plans in light of trends and operational expectations.</li> <li>- plans and processes for the implementation of Effectiveness and Efficiency Improvement Plans.</li> <li>- the Trust’s financial strategy, in relation to both revenue and capital,</li> <li>- sensitivity and scenario analysis to support financial planning.</li> <li>- major Trust investment plans, maintaining oversight of investments.</li> <li>- any innovative, commercial or investment activity e.g. proposed joint ventures;</li> <li>- any specific risks in the Board Assurance Framework relevant to the Committee.</li> <li>- issues relating to IT (Digital Transformation), Medical Equipment, and Estates and Facilities</li> </ul> <p>and provide assurance to the Board in respect of their delivery.</p> <p>(2) To consider and review any items identified by or escalated to the Committee relating to Enabling Strategies that are monitored through the corporate objectives and reported to the Board of Directors.</p> <p>(3) To consider and agree on behalf of the Board:</p> <ul style="list-style-type: none"> <li>- appropriate measurements to review to provide assurance by which operational and workforce performance is managed in line with the Oversight Framework and strategic objectives of the Trust.</li> <li>- appropriate targets and tolerances by which measurements can be assessed, including updated forecasts where necessary, in order to monitor performance in line with the Oversight Framework and stated objectives of the Trust.</li> <li>- the Trust’s Investment Policy and Procurement Strategy.</li> <li>- any significant variations to the Trust’s existing procurement methodology in accordance with the Standing Orders.</li> <li>- NHSE quarterly declarations.</li> <li>- accounting policies.</li> </ul>
	<p>(4) To receive, consider and make recommendations to the Board for the final decision on proposals and their respective funding sources for significant transactions which would:</p> <ul style="list-style-type: none"> <li>- materially change the Trust’s service provision.</li> </ul>



	<ul style="list-style-type: none"> <li>- seek to merge or partner with other organisation(s) which would change the Trust's independent status.</li> <li>- be transactions that extend beyond the levels of delegation of the Chief Executive.</li> </ul> <p>(5) To supervise the setting and monitoring of significant contracts.</p> <p>(6) To decide as necessary to:</p> <ul style="list-style-type: none"> <li>- ensure that all members of the Board and senior officers of the Trust maintain an appropriate level of knowledge and understanding of key financial issues.</li> <li>- undertake a review of the Committee's effectiveness on an annual basis.</li> </ul> <p>(7) To approve terms of reference and membership of reporting sub-Committees and oversee the work of those sub-Committees.</p> <p>8) To review the Health Inequalities area</p>
<b>Chairing arrangements</b>	The Chair will be chosen by the Board from among the non-executive members of the Committee. The Vice-Chair will be a non-executive director chosen by the Committee when necessary.
<b>Membership</b>	<ul style="list-style-type: none"> <li>• Three NEDs</li> <li>• Chief Financial Officer (Director of Recovery, Innovation and Transformation)</li> <li>• Chief Operating Officer</li> </ul>
<b>In attendance</b>	<ul style="list-style-type: none"> <li>• Deputy Director of Finance</li> <li>• Medical Director for Operational Stability &amp; Optimisation</li> <li>• Company Secretary/Director Corporate Affairs</li> <li>• Corporate Governance Officer (Minutes)</li> <li>• Other Trust staff as appropriate / requested</li> <li>• Governor observers x 2</li> </ul>
<b>Secretary</b>	Company Secretary (supported by Corporate Governance Officer)
<b>Voting</b>	Matters will generally be decided by way of consensus. Where it is necessary to decide matters by a vote then each member will have one vote. The Chair will have a casting vote.
<b>Quorum</b>	Three members and at least two NEDs.

<b>Frequency of meetings</b>	Monthly, with other meetings convened as necessary.
<b>Papers</b>	Papers will be distributed three clear days in advance of the meeting.
<b>Permanency</b>	This is a permanent Committee of the Board.
<b>Reporting Committees</b>	None
<b>Circulation of minutes</b>	Board of Directors
<b>Sub-Committee</b>	Cash Committee Capital Monitoring Committee
<b>Committee Minutes provided</b>	Capital Monitoring Committee Cash Committee
<b>Date approved by the Committee:</b>	24 April 2023
<b>Date approved by Board of Directors:</b>	
<b>Review date:</b>	24 April 2024

## 2305 - F4 TERMS OF REFERENCE AUDIT & RISK COMMITTEE

● Decision Item

👤 Fiona Dunn, Director Corporate Affairs/Company Secretary

🕒 12:00

5 minutes

### REFERENCES

Only PDFs are attached

 F4 - Final Audit & Risk Committee Terms of Reference - April 2023.pdf

## Audit and Risk Committee (ARC) Terms of Reference

<b>Name</b>	Audit and Risk Committee (“the Committee”).
<b>Purpose</b>	<p>To provide the Board of Directors (“the Board”) with a means of independent and objective review of internal controls and risk management arrangements relating to:</p> <ul style="list-style-type: none"> <li>• Financial systems;</li> <li>• The financial information used by the Trust;</li> <li>• Controls and assurance systems;</li> <li>• Risk management;</li> <li>• Health and Safety, Fire and Security;</li> <li>• EPRR;</li> <li>• Compliance with law, guidance and codes of conduct; and</li> <li>• Counter fraud activity.</li> <li>• Information Governance</li> <li>• Cyber Security</li> </ul>
<b>Responsible to</b>	<p>The Committee reports to the Board.</p> <p>The Chair of the Committee is responsible for reporting assurance to the Board on those assurance matters covered by these Terms of Reference. The minutes of the Committee shall be submitted to the Board of Directors. The Chair of the Committee will report to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Council of Governors, or require executive action.</p> <p>The Committee will present a written annual report to the Board summarising the work carried out during the financial year and outlining its work plan for the future year.</p>
<b>Delegated authority</b>	The Committee is a Non-Executive Committee and holds no executive powers other than those specifically delegated in these Terms of Reference.
	<div style="text-align: center;"> <pre> graph TD     Board[Board of Directors] --- AR[Audit &amp; Risk]     FP[Finance &amp; Performance] --- AR     QE[Quality &amp; Effectiveness] --- AR     AR --- HSG[Health &amp; Safety Group]     AR --- IGG[Information Governance Group]             </pre> </div> <p>The Committee is authorised to investigate any activity within its Terms of</p>

	<p>Reference. It is further authorised to seek any information it requires from any employee of the Trust and all employees are directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to secure legal or independent professional advice, or to request the attendance of external advisers with relevant experience and expertise if it considers this necessary.</p>
<p><b>Duties and work programme</b></p>	<p>1 <u>Integrated Governance, Risk Management and Control</u></p> <p>1.1 The Committee shall review the effectiveness of the system of integrated governance, risk management and internal controls, to satisfy the Board that its approach to integrated governance remains effective.</p> <p>1.2 Determine the actions, controls and audits/reviews required to provide Non-Executives and the Board with robust assurance regarding the reported financial position going forward; and to maintain the confidence of governors, regulators and the public. Undertake ongoing review of the implementation and effectiveness of these.</p> <p>1.3 The Committee will review the adequacy of:</p> <ul style="list-style-type: none"> <li>i. all risk and control related disclosure statements (in particular the Annual Governance Statement and Declarations of Compliance made to NHSE) together with any accompanying Head of Internal Audit statement, external audit opinions or other appropriate independent assurance, prior to endorsement by the Board;</li> <li>ii. the underlying assurance processes that include the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of related disclosure statements.</li> <li>iii. the policies and procedures for ensuring compliance with relevant regulatory, legal and code of conduct requirements; and</li> <li>iv. the arrangements, policies and procedures for all work related to fraud and corruption (but shall not be responsible for the conduct of individual investigations); and</li> <li>v. The operating of, and proposed changes to, the Board of Directors standing orders, Standing Financial Instructions, the Constitution, codes of conduct, Scheme of Delegation and Standards of Business conduct.</li> </ul> <p>1.4 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurance from executive directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.</p> <p>2 <u>Internal Audit</u></p>

2.1 The Committee shall monitor the effectiveness of the internal audit function established by management that meets mandatory *Public Sector Internal Audit Standards* and provides appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- i. consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- ii. review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- iii. consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- iv. oversee the effective implementation of internal and external audit recommendations;
- v. ensuring that the Internal Audit function is adequately resourced and have appropriate standing within the organisation; and
- vi. annual review of the effectiveness of Internal Audit.

### 3 External Audit

3.1 The Committee shall review the work and findings of the External Auditor whom are appointed by the Council of Governors and consider the implications of and management's responses to their work. This will be achieved by:

- i. consideration of the appointment and performance of the External Auditor in accordance with the Trust specification for an External Audit Service, informed by NHSI's Audit Code for NHS Foundation Trusts;
- ii. discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan ensuring co-ordination, as appropriate, with other External Auditors in the local health economy;
- iii. discussion with the External Auditors of their local evaluation of audit risk and assessment of the Trust and associated impact on the audit fee;
- iv. review of all External Audit reports, including agreement of the annual audit letter, before submission to the Board and review of any work carried outside the annual audit plan, together with the appropriateness of management responses; and
- v. review of the annual audit letter and the audit representation letter before consideration by the Board.

### 4 Other Assurance Functions

4.1 The Committee shall review the findings of other significant assurance

functions, both internal and external to the organisation, and consider their implications to the governance of the organisation. These may include but will not be limited to: any reviews by Department of Health Arms' Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Resolution, Health and Safety, Shared Business Services etc.); professional bodies with responsibility for the performance of staff; or functions (e.g. accreditation bodies, etc.) relevant to the Terms of Reference of this Committee.

4.2 In addition, the Committee will review the work of the other Committees within the organisation whose work can provide relevant assurance to the Committee's own scope of work.

## 5 Management

5.1 The Committee shall request and review reports and assurance from directors and managers on the overall arrangements for governance, risk management and internal control.

5.2 They may also request reports from individual functions from within the organisation as appropriate.

## 6 Financial Reporting

6.1 The Committee shall review the Annual Report and Financial Statements before recommendation to the Board, focusing particularly on:

- i. the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
- ii. compliance with accounting policies and practices;
- iii. unadjusted misstatements in the financial statements;
- iv. major judgemental areas;
- v. significant adjustments resulting from the audit;
- vi. the clarity of disclosures; and
- vii. the going concern assumption.

6.2 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

## 7 Counter Fraud Arrangements

7.1 The Committee shall ensure that there is an effective counter fraud function established by management that meets the NHS Counter Fraud standards and provides independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- i. review the adequacy of the policies, procedures and plans for all

- work related to fraud, bribery and corruption;
- ii. ensuring effective co-operation with the Counter Fraud function and that it has appropriate standing within the Trust;
- iii. receipt of quarterly reports and an annual report from the Local Counter Fraud Specialist (LCFS) on counter fraud activity and investigations;
- iv. ensuring compliance with Section 24 of the NHS National Contract regarding fraud and NHS Standards for Providers as required by the NHS Counter Fraud Authority.

## 8 Other areas of work

8.1 Information Governance:- The Committee shall receive reports and review assurance from directors and managers on the overall arrangement for compliance with Information Governance Standards.

8.2 Health and Safety, Fire and Security:- The Committee shall receive reports from relevant directors and officers, including the Local Security Management Specialist, on the arrangements for compliance with relevant health and safety, fire and security standards.

8.3 EPRR:- The Committee shall receive reports from the Trust's Emergency Planning Officer on Emergency Preparedness, Resilience and Response, including the proposed statement of compliance arising from the annual self-assessment against NHS England's Core Standards return.

## 9 Special Assignments

9.1 The Committee shall commission and review the findings of any special assignments required by the Board.

## 10 Performance

10.1 The Committee shall request and review reports and assurance from directors and managers on the overall arrangements for reporting compliance with:

- i. the Trust's corporate objectives;
- ii. NHSI's governance standards and declarations, including the review of areas of non-compliance in the context of NHSI's "comply or explain" philosophy; and
- iii. key performance objectives as appropriate but not to duplicate the work of QEC or F&P


## 11 Risk Management

11.1 The Committee will provide assurance to the Board that the Risk Management Policy is being complied with, including, but not limited to, reviewing Risk Registers. The Committee shall request and review



	<p>reports and assurance from directors and managers on effects of arrangements to identify and monitor risk. The Board will retain the responsibility for routinely reviewing specific risks.</p> <p>11.2 The Committee will receive an annual report and workplan from the Risk Management Board.</p> <p>12 <u>Workplan</u></p> <p>12.1 The Committee’s annual work plan is an appendix to these Terms of Reference and is subject to annual review by the Committee.</p>
<b>Policy approval</b>	<p>The Committee has responsibility for approving the following policies:</p> <ul style="list-style-type: none"> <li>• Fraud, Bribery &amp; Corruption Policy and Response Plan;</li> <li>• Standards of Business Conduct and Employees Declarations of Interest Policy.</li> </ul>
<b>Chair</b>	<p>A Non-Executive Director, appointed by the Board of Directors, will chair the Committee.</p>
<b>Membership</b>	<p>Four Non-Executive Directors.</p> <ul style="list-style-type: none"> <li>• One of the Non-Executives shall have recent and relevant financial experience.</li> <li>• Each Non-Executive shall normally not serve more than three years as a Committee member, unless the requirement for one of the members to have recent and relevant financial experience is compromised.</li> <li>• The Trust Chair of the Trust shall not be a member of the Committee.</li> </ul>
<b>In attendance</b>	<ul style="list-style-type: none"> <li>• Chief Financial Officer</li> <li>• Deputy Director of Finance</li> <li>• Company Secretary</li> <li>• Local Counter Fraud Specialist</li> <li>• Appropriate internal and external audit representatives</li> <li>• Corporate Governance Officer (Minutes)</li> <li>• Other trust staff as appropriate / requested</li> </ul> <p>The Chief Executive, executive directors or other officers will be required to attend at the request of the Committee, for issues relevant to their areas of responsibilities.</p> <p>Two public governors, nominated by the Council of Governors, will be invited to attend the Committee, as observers.</p> <p>The Chair and Chief Executive of DBTH will be invited to attend at least annually.</p>
<b>Secretary</b>	<p>Trust Company Secretary (supported by Corporate Governance Officer)</p>

<b>Voting</b>	Matters will generally be decided by way of consensus. Where it is necessary to decide matters by a vote then each member will have one vote. The Chair will have a casting vote.
<b>Quorum</b>	Two members. (2 out of the 4 NEDs for quoracy)
<b>Attendance requirements</b>	Committee members must attend at least 50% of meetings.
<b>Frequency of meetings</b>	No less than quarterly and more frequently as required.  At least once per year, the Committee should meet with the external and internal auditors, without management being present, to discuss matters relating to its responsibilities and issues arising from the audit.  The External Auditor and Head of Internal Audit may request a private meeting if they consider that one is necessary. They will also have direct access to the Chair of the Committee.
<b>Papers</b>	Papers will be distributed a minimum of three clear working days in advance of the meeting.
<b>Permanency</b>	The Committee is a permanent Committee.
<b>Reporting Committees</b>	Health and Safety Committee Information Governance Steering Group
<b>Circulation of minutes and other reporting requirements</b>	The Governor observers shall report to the Council of Governors on a quarterly basis regarding the work of the Committee, any matters needing action or improvement and the corrective actions to be taken.  Following the Council of Governors appointment of the External Auditors, the Committee shall report to the Council of Governors regarding the reappointment, termination of appointment and fees of the External Auditors.
<b>Date approved by the Committee:</b>	18 April 2023
<b>Date approved by the Board of Directors:</b>	
<b>Review date:</b>	

 12:05

## 2305 - G1 CHAIR AND NEDS REPORT

● Information Item

👤 Kath Smart, Deputy Chair of the Board

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### REFERENCES

Only PDFs are attached

 G1 - Chair & NEDs Board Report.pdf

Report Cover Page					
<b>Meeting Title:</b>	Board of Directors				
<b>Meeting Date:</b>	23 May 2023	<b>Agenda Reference:</b>	G1		
<b>Report Title:</b>	Chair & NEDs Report to Board				
<b>Sponsor:</b>	Suzy Brain England OBE, Chair of the Board				
<b>Author:</b>	Suzy Brain England OBE, Chair of the Board				
<b>Appendices:</b>	None				
Executive Summary					
<b>Purpose of report:</b>	To update the Board of Directors on the Chair and Non-executive Director activities since March 2023's board meeting.				
<b>Summary of key issues:</b>	This report is for information only.				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the contents of this report.				
<b>Action Require:</b>	Approval	<b>Information</b>	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
<b>Board assurance framework:</b>	None				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	None				
Assurance Route					
<b>Previously considered by:</b>	N/A				
<b>Date:</b>		<b>Decision:</b>			
<b>Next Steps:</b>	N/A				
<b>Previously circulated reports to supplement this paper:</b>					

## Chair's Report

### NHS Providers

Since my last report I have attended two board meetings, in April the Board was asked to approve 2023/24's business plan. A full agenda was scheduled in May, preceded by a farewell dinner for all those trustees reaching the end of their terms of office; my term of office comes to an end in June and although I will not be standing for re-election, I will continue to support delivery of the extensive suite of board development sessions provided by NHS Providers. Senior Independent Director, Dame Linda Pollard addressed the matter of the Chair's appraisal before the full Board convened for the regular executive team update. The latest copy of the risk register, including a review of the risk appetite was presented, designation of reserves in the 2022/23 annual accounts considered, followed by a facilitated session on race equality. I also attended my last Governor Advisory Committee on 11 May, where the Committee received an update from NHS Providers, a review of the GovernWell programme and a look ahead to the Governor Focus Conference which takes place on 23 May 2023 at the Kia Oval. I will be attending the conference which takes place on the same day as the Trust's Board of Directors meeting, which Kath Smart will chair in my absence. Finally, I facilitated the Working with Governors board development session.



### Governors

The Council of Governors met on 27 April 2023, following my update the governors heard from the Chief Executive, Non-executive Directors and Deputy Lead Governor to provide an update on activities since the last meeting in February 2023.

Governors also received a briefing in early April on Bassetlaw Place from Victoria McGregor-Riley, Locality Director and Lee Eddell, Place Programme Director.

### Recruitment

With the support of recruitment advisers, the appointment of a substantive Deputy Chief Executive was finalised at the end of last month and subject to the necessary employment checks an announcement will be made shortly.

### 1:1s & Introductory Meetings

In addition to my regular meetings with the Chief Executive, I have taken part in one-to-one discussions with the Non-executive Directors, Lead, Deputy Lead Governor and Company Secretary.

Following the appointment of Lucy Nickson and Emyr Jones, we came together as a group of non-executives with the Company Secretary and her deputy to review the champion roles, Committee responsibilities and to understand the key areas of interest and challenges for the Committees and how best to seek assurance.

## Other meetings and events

Since my last report I have chaired April's Board meeting and attended the digital board workshop, facilitated by the Chief Information and his team. I have attended the South Yorkshire Chairs meeting, NHSE's webinar for 2023/24 financial and business planning and have met with the Doncaster MPs and the Local Authority about the continued need for a new hospital.

I continue to be actively involved in the South Yorkshire Acute Federation Board meetings, I was unable to attend May's meeting but Deputy Chair, Kath Smart attended on my behalf.



I had the pleasure of opening the Trust's Student Hub last month. Located in the Education Centre at Doncaster Royal Infirmary the Hub provides a dedicated space for learners to work, reflect or just take time out to have a drink and a bite to eat. It is important to provide learners with the best possible experience whilst at the Trust and this space away from the clinical environment and with a wealth of information in the adjacent library is ideally located.

Later that day I attended a NHS Retirement Fellowship event at Doncaster Racecourse to establish the interest in forming a local branch. The NHS Retirement Fellowship is a charity for retired NHS and social care staff, providing a bridge between life in employment and new opportunities in retirement. Members enjoy a range of activities and interests meeting former colleagues, making new friends and participating in a variety of events. Members also benefit from various discounts including cruises, holidays and annual worldwide travel, home and car insurance. As a trustee of NHS Retirement Fellowship, I am supportive of the approach and the People & Organisational team are currently in the process of arranging a further gathering.

## NED Reports

### **Mark Bailey**

Since the last Board report Mark has chaired the Board Committee for People and participated in the Finance & Performance, Audit & Risk and Nomination & Remunerations Committees. Mark attended April's South Yorkshire Integrated Care System Chairs meeting on behalf of the Chair of the Board. He also chaired the board meeting and held a follow-on strategy review and refresh session for our Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Limited.

Mark attend April's Board of Directors and participated in the board development session, which covered digital transformation and cyber security.

Committee work planning, assurance and 'buddy' meetings have taken place with the Chair, Executive Directors and Non-executive Director colleagues. Specific areas covered included the assurance route for implementation of our people strategy, education and research, operation control centre development, and performance restoration and recovery.

Individual 'buddy' calls with Governors continue along with attendance and presentation of the work of the People Committee at the Council of Governors.

## ***Kath Smart***

During March Kath visited Dermatology and the Lincoln Suite with the Chief People Officer, Zoe Lintin and heard from staff about new developments, staffing, and treatments. She also visited the newly refurbished Central Delivery Suite in the Women and Children's hospital and was impressed by the improvements made. Alongside non-executive colleagues Kath attended the team time out which was aimed at clarifying roles, responsibilities, and welcoming new colleagues to the team.

April saw the second meeting of this year's Audit & Risk Committee which Kath chairs, which was very much focussed on risk, governance and the upcoming year end. She also met with 360 Assurance as part of the ongoing delivery of the internal audit plan and keeping lines of communication open between the internal auditors and the Audit Chair.

Kath met with two of the Deputy Chief Executive candidates and both of the individuals on the aspirant board delegate programme to talk about the non-executive perspective. She has attended her regular corporate meetings, Board, Finance & Performance Committee and presented the outcome of April's Audit & Risk Committee to the Council of Governors.

Finally, in April Kath visited gynaecology outpatients with the Chief Operating Officer, Denise Smith, where they heard positive news about refurbishment of their staff room, and of new developments underway.

## ***Emyr Jones***

Since the last Board meeting, Emyr has attended the Quality & Effectiveness Committee meeting where, as Deputy Chair, he took over as Chair for part of the meeting due to technical difficulties. Following that meeting he attended a debrief with the Chair and the Company Secretary.

Emyr attended April's Board of Directors meetings, the digital Board development workshop and the Audit and Risk Committee meeting, following which he and non-executive colleague, Jo Gander, had a meeting with Richard Somerset, the Trust's Head of Procurement and Andrew Ferguson, Head of Medical Technical Services, to discuss the issue of single tender waivers.

Emyr has joined his non-executive colleagues for two 'time-out' sessions, had a 1:1 meeting with the Chair of the Board, continued his introductory meetings with the executive team, welcomed the latest cohort of International Nurses Cohort and attended the formal Trust induction.

Last month Emyr attended the Council of Governors, where he took the opportunity to introduce himself and presented the Quality & Effectiveness Committee chair's assurance log, in the absence of Jo Gander. He also attended the Governor Briefing on Bassetlaw Place

He joined an Integrated Care System non-executive virtual event and a webinar, hosted by Health Tech Newspaper on patient flow and virtual care.

Emyr represented the Trust at the business breakfast with the three Doncaster MPs on 21 April, an event organised by Doncaster Chamber, where he raised a question regarding progress with the bid for a new hospital for Doncaster.



## **Lucy Nickson**

Since the last meeting Lucy has completed the Trust's corporate induction, continued with the executive director introductory meetings and carried out her first ward visit in the Women and Children's Hospital with the Chief Executive, Richard Parker.

Lucy attended her first People Committee and will take on the responsibility as the Committee's Deputy Chair. Lucy will chair the Teaching Hospital Board, taking over from Mark Bailey in June 2023 and will be a member of the Quality & Effectiveness and Charitable Funds Committee.

Lucy attended the Council of Governors meeting, where she introduced herself and provided an overview of her career history and key skills and attributes.

At the non-executive time out event, Lucy agreed to take on the non-executive champion role for health and wellbeing and has begun to make connections with the wellbeing leads to establish this role.

## **Hazel Brand**

Since March's Board Hazel has received the next quarterly briefing in her role as Speaking Up Board Champion, with Zoe Lintin, Chief People Officer and Paula Hill, Speaking Up (SU) Guardian. Under discussion were the results of the Staff Survey, which indicated more staff were having conversations about speaking up; further promotion and publicity for staff is planned. DBTH will be hosting a regional forum for Speaking Up Guardians in June.

Following the Nottingham & Nottinghamshire Integrated Care System (N&N ICS) 'visioning' day in late January, N&N Provider Collaborative has drawn up a draft strategy, which went to the Board's meeting in April.

Hazel attended a N&N ICS Partners Assembly this month. Following publication of the Integrated Care Strategy, the ICS wish to explore three aspects: prevention, equity, and integration [https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023\\_27.pdf](https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf). The need for a truly integrated digital patient record system was raised: one that social care and the voluntary sector could have selected access to. Because there is nothing on the inclusion of hospital governors in the governance of the ICS, either in the legislation or in subsequent guidance to the NHS, Hazel has offered to meet with the Lead and Deputy Lead Governor to feedback on emerging issues but importantly to take their feedback into appropriate ICS meetings and groups that she attends. A new duty for governors is to ensure that NEDs demonstrate collaboration across the ICS, and this could be a further way to do so.

The Charitable Funds Committee meets in June, but work is underway on a new fund-raising and grant-making strategy and Hazel has had a conversation with the Acting Head of Communications & Engagement, Adam Tingle, to discuss ideas.

Hazel has visited the Neonatal Unit and Central Delivery Suite as part of the schedule of visits with Executive Directors.

## **Mark Day**

Mark has been a DBTH Director for a year now and having initially chaired the People Committee he has now established himself as Chair of the Finance and Performance Committee using his experience to both challenge and support the leadership team.

As well as attending Board in March and April, People Committees, Audit Committee, Charitable Funds Committee, the Council of Governors, and the Remuneration Committee, Mark has chaired two Finance and Performance Committees which have scrutinised both the year end position for 2022/23 and plans for 2023/24.

As well as one-to-one meetings with the Chair he joined non-executive colleagues for a planning workshop, has kept up to date on a range of issue through training events, chaired interviews for a Consultant in Oncoplastic and Breast Surgery, heard an employment appeal hearing, attended the interviews with bidders for financial diagnostic work, and joined the interview panel for the Deputy Chief Executive appointment.

In April Mark had the opportunity to visit the Urgent Treatment Centre and the Orthotic Department seeing the good work being done by quite different departments but with a shared focus on how they can best serve our patients. As with all visits of this type, observations and staff feedback will be shared with senior management to support the continuous improvement process.

## 2305 - G2 CHIEF EXECUTIVE'S REPORT

● Information Item

👤 Richard Parker OBE, Chief Executive

### REFERENCES

Only PDFs are attached

 G2 - Chief Executive's Report.pdf

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

Throughout the past number of months, our COVID-19 related activity has, thankfully, reduced and remained at consistent levels with no major spikes to report.

Since mid-March 2023, all visitors to Bassetlaw Hospital, Doncaster Royal Infirmary and Montagu are no longer required to wear a mask, and other related restrictions have been ended. Routine testing will still take place for those with respiratory conditions.

Despite this change, clinicians attending to patients with symptoms, or a confirmed diagnosis, of coronavirus will follow infection prevention and control measures, including wearing a mask. We will also respect the choice of individuals if they continue to wear a mask if it is their preference.

The Trust diagnosed its first patient with COVID-19 on 21 March 2020, and since that time has cared for 8,870 individuals with the illness. At the time of writing, we are caring for twelve patients with coronavirus.

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

This will be the last update related to COVID-19, as we return to business as usual.

## **Deputy Chief Executive appointed at local hospitals**

Zara Jones has been appointed Deputy Chief Executive at Doncaster and Bassetlaw Teaching Hospitals (DBTH) following a rigorous selection process.

At present Zara serves as the Executive Director of Strategy and Planning at Derbyshire Integrated Care Board (ICB), where she, along with partners in the region, oversees a diverse portfolio of work which encompasses services areas including acute care, mental health, primary and community care and includes responsibility from commissioning, performance, and strategy development perspectives.

Throughout her career, Zara has developed expertise in a number of areas such as strategy, performance management, and commissioning. As a graduate of the NHS Graduate Management Scheme, her invaluable experience, gained from senior roles at prominent NHS organisations including Sherwood Forest Hospitals, Nottingham University Hospitals and The Rotherham NHS Foundation Trust will ensure that Zara is able to make a significant contribution to DBTH's future.

On a personal note, I am delighted to welcome Zara to our Executive Team. Her wealth of experience, strategic acumen, and passion for healthcare make her an exceptional addition to Team DBTH. Zara's expertise in driving performance and forging collaborative partnerships will undoubtedly have a significant impact on our organisation's continued growth and success, particularly as we emerge from the pandemic.

Until Zara joins the Trust, Jon Sergeant will continue as Deputy Chief Executive, alongside his duties as Chief Finance Officer and Executive Director of Transformation, Innovation and Recovery.

## **Bereavement midwife wins award for outstanding contribution**

A bereavement midwife, who works at Doncaster Royal Infirmary, received a special recognition award at the Mariposa Awards on Saturday 11 March for her outstanding contributions to bereavement services.

Rhian Morris, who has been in post since January 2021, has established herself within the Doncaster and Bassetlaw Teaching Hospitals Trust network as a key individual for all things related to baby loss and bereavement.

The awards, run by the leading baby loss support charity, The Mariposa Trust, saw midwives, nurses, bereavement midwives, doctors and community members recognised for going above and beyond in the care and support they provided for people who have experienced baby loss.

Rhian has dedicated an astounding amount of time and effort to raising the profile of the profession of Bereavement Midwives, but also towards fundraising activities to raise money for the Serenity Appeal: a Doncaster and Bassetlaw Teaching Hospitals Charity campaign to raise money to fund a specialist bereavement suite at Doncaster Royal Infirmary.

The funds have also meant a new mobile ultrasound scanner was introduced to the Early Pregnancy Assessment Unit (EPAU) at Bassetlaw Hospital. Remaining funds will go to a complete redesign of the two existing counselling rooms.

As part of her efforts to champion baby loss awareness and the Serenity Appeal, Rhian completed a 15,000 ft skydive, hosted several awareness stands through baby loss awareness week in October 2022 and regularly travels to venues to receive and personally thank external donors to the Serenity Appeal.

In addition to all of this, she works her regular position as a Bereavement Midwife with the highest level of care and compassion.

Alongside fellow Bereavement Midwife, Matt Procter, are the small team at Doncaster Royal Infirmary working in this specialised area.

The team is already leading change, such as the inclusion of all pregnancies of any gestation period within the birth statistics produced by the Trust, a practice that is not widely adopted across the NHS. The team considers this is an important move as they are committed to promoting a change in culture to one where every pregnancy counts regardless of the pregnancy term.

Her dedication to supporting those suffering baby loss is unquestionable. In previous years, she has worked on projects to create moulds of the hands and feet of the babies who have passed away, helping to ease the bereavement process.

The introduction of the Serenity Suite will mean that those who experience baby loss will have somewhere private and comfortable to grieve. The suite is purpose-built and will be designed to in such a way that it will be a less clinical, more homely environment, which will hopefully promote mental wellbeing during this devastating time.

The suite will be situated away from the main labour ward, ensuring privacy for these families. It will contain a small kitchen, a bathroom, a pull-down double bed, counselling room as well as soft furnishings, lighting and being soundproof, all of which will help support the attendance of family during a highly sensitive time.

Doncaster and Bassetlaw Teaching Hospitals Charity are grateful for the generosity of those who have supported the Serenity Appeal so far, which to date has raised over £130,000 with donations from individuals, businesses, and community groups. Most recently, the Lions Clubs of Tickhill & District and Thorne Rural made a significant donation to support the appeal, pledging a total of £33,475.58 to help fund the purpose-built suite. This generous donation will help to make improvements to maternity facilities and offer a more comforting experience to families going through such a tragedy.

If you wish to support the Serenity Appeal yourself, you can find more information about what the funds will provide and how you can help to fundraise on the charity website at <https://dbthcharity.co.uk/serenity-appeal/>.

## **New nursing role to support families with early pregnancy loss**

I am pleased to report that the Trust has introduced a new Early Pregnancy Loss (EPL) Nurse role, aimed at providing specialised support to women and families who have experienced early pregnancy loss.

Early pregnancy loss is a heart-breaking experience which affects one in eight families in the UK. The EPL Nurse role will be covered one day per week by three specialist nurses who will work closely with patients and their families affected by early pregnancy loss up to 16 weeks, offering compassionate and empathetic care throughout their grief journey.

This will include signposting women and their families to emotional support and counselling, as well as practical advice and information on available services and resources.

The EPL Nurses will work closely with other healthcare professionals, including the Trust's Bereavement Midwives to ensure a coordinated and supportive approach to care. This service is expected to make a significant difference to patients and their families, strengthening their support network and providing them with the guidance they need during this challenging time.

Lois Mellor, Director of Midwifery at DBTH, said: "Early pregnancy loss can be a devastating experience for women and their partners, and it is important that they receive the right support at this difficult time. The new Early Pregnancy Loss Nurse role will provide a dedicated point of contact for patients and their families and will ensure that they receive the care and support they need. We are proud at DBTH to be leading the way in this area of care."

In expressing their support for the new role, Fiona Gilroy-Simpson, Chair of The Maternity Voices Partnership said: "We are hugely supportive of this important new role which will no doubt be a positive change that will help many local families going forward."

## **Stroke services to go paperless**

Digital specialists at the Trust are on course to achieve their goal to make paper-based medical documentation a thing of the past following work with Stroke and Therapy colleagues to transform the way patient documentation is recorded.

Overall, the aim is to adopt a 99% paper-free service from Spring 2023, with learning to be applied to similar roll-outs in the Trust in the future.

When a patient has received a stroke diagnosis, they are treated on a specialised ward based at Doncaster Royal Infirmary. These patients will benefit from improved and modernised processes that will streamline their care journey. These changes to working practices means that there will be

a significant reduction of clinical time devoted to completing paper notes, as many of the system will work together to prepopulate basic information about the patient.

The system also means that paperwork cannot be misplaced and is accessible at any time, ensuring that clinicians have access to health data whenever they need it. These improvements in record keeping will significantly improve the overall efficiency of the Stroke service.

Digital Care Planning is one aspect of development being implemented on the Stroke ward. Care plans allow clinicians to create a personalised plan of care tailored to patient's clinical needs. Recording this information digitally makes the information accessible for all members of the Multidisciplinary Team involved in the patients care. It provides a standardised structure for nursing documentation and is quick and easy to complete at the patient's bedside on either a mobile device or laptop.

Colleagues caring for Stroke patients at Doncaster will use smartphone type devices to access digital systems to document and review patient's information. These handheld devices have been securely encrypted and provide quick access for those involved in clinical care, improving communication between colleagues. This project will revolutionise patient care and enables clinical professionals more time to be spent caring for patients.

**To note:** Digital Transformation is the term used to describe how the Trust is making the most of modern technologies to improve working practices, improving the quality of care provided for its patients. The Digital Transformation programme is a continuing process to improve hospital systems to ensure that information recorded in patient care is done so in a consistent, timely and accurate way.

## **New Student Hub opened at Doncaster Royal Infirmary**

Located in the hospital's Education Centre, the newly refurbished space is equipped with a PC suite, comfortable seating, lockers, and a small kitchenette for all learners to use. The Student Hub will provide a comfortable and modern environment away from clinical areas for students to learn, creating a central hub for communication and support, with opportunities for peer-to-peer learning and independent study.

Designed with students in mind, the space is open 24/7 to all learners across a range of roles, including medicine, nursing, midwifery, and allied healthcare professionals. The opening of the Student Hub is part of the Trust's wider commitment to investing in education and training – fostering a supportive culture that places value in learning and professional development opportunities.

## **Wildlife Park event for Team DBTH**

As a 'thank you' and in recognition of the effort that all colleagues have put into caring and supporting our patients throughout the past 12 months, the Trust is holding an exclusive event at the Yorkshire Wildlife Park on Saturday 1 July 2023.

Coinciding with the NHS' 75 birthday, all members of Team DBTH are eligible for one free ticket, plus two half-price entries which can be used by friends and family.

As an organisation of almost 7,000 people, it is difficult to find a venue which suits all, however, from experience in 2021 when around 5,000 colleagues visited the park, we thought this summer and NHS 75 would provide a fantastic opportunity to come together at the Wildlife Park.

## **New Delivery Suite opens at Doncaster Royal Infirmary**

After several months of refurbishment works and a £2.5million investment, the new Central Delivery Suite and Triage area at Doncaster Royal Infirmary officially opened on the 20 April.

The area has been entirely updated and modernised and the refurbishment includes a full refit of the suite's birthing rooms, as well as the creation of a new welcoming reception and waiting area. The triage department is prepared to cater for all expecting families and the suite also has a dedicated Obstetric Observation Area which is fully-equipped to support women and pregnant people who need additional observations.

The new area provides a more comfortable and home-like environment, with the option of a birthing pool. If mum and baby encounter any issues, they can be swiftly transferred to the Obstetric service, which is in a neighbouring area.

The opening of the suite marks the Trust's first ever Midwifery Led Birth Centre. Whilst these services have been around for a little while, this is the first time that Doncaster's maternity department has had the required infrastructure to provide them.

The ward was officially opened at a ribbon cutting ceremony on Friday 21 April by Rt Hon Dame Rosie Winterton DBE, MP for Doncaster Central. Rosie said: "It was an enormous pleasure to open the Central Delivery Suite after the disaster of the flood. A huge amount of effort has been put into the refurbishment. It was inspiring to see the dedication and commitment of staff and all of those involved to make this a unit we can all be proud of to serve mothers and babies."

Some areas of the new suite have been in operation since 19 April and the team of midwives, obstetricians and support staff have already welcomed lots of new-borns with new parents Natasha and Ben the first family to welcome their baby into the world in the new suite on 19 April at 4.27pm.

## **Appointments and departures at the Trust**

### **Other appointments and departures:**

- **Anne Marie Steele** has been appointed Deputy Director of Education.
- **Kirsty Clarke** has been appointed Associate Chief Nurse for Safe Staffing.
- **Emma Galloway** has been appointed Divisional Nursing Director of Clinical Specialities.
- **Dr Sudipto Ghosh** has been appointed Associate Medical Director for Professional Standards.
- **Dr Youssef Sorour** has been appointed Associate Medical Director for Clinical Safety.



## 2305 - G3 SOUTH YORKSHIRE & BASSETLAW ACUTE FEDERATION MUTUAL

AID

● Information Item

👤 Richard Parker OBE, Chief Executive

5 minutes

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### REFERENCES

Only PDFs are attached



G3 - SYB Acute Federation Mutual Aid.pdf

20 April 2023

**Mutual aid to eliminate South Yorkshire and Bassetlaw (SYB) 65+ week waits by 31 March 2024**

Introduction

This paper sets out the SYB approach to eliminating patients waiting over 65 weeks by 31 March 2024 in line with the national planning requirement and sets out the need for mutual aid between SYB providers to ensure delivery.

Mutual aid is also being sought from the Independent Sector, including insourcing and outsourcing.

Discussions have been held with NHS England (NHSE) at both a regional and national level through STH's Tier 1 performance meetings. **The assessment of compliance against the 65 week national commitment for end of March 2024 will be assessed at a system level and any failure by any individual organisation within a system will be viewed as a failure by all organisations.**

Current position and risks:

The unvalidated position as of 9 April 2023 from the NHSE Patient Treatment List (PTL) extract for SYB Acute Federation (AF) shows the current profile of long waiting patients:

- 29 patients waiting over 104 weeks
- 450 patients waiting over 78 weeks
- 1,554 patients waiting over 65 weeks

At 9 April there were 84,857 patients in the 65 week cohort i.e. patients who are either currently waiting 65+ weeks (1,554) or could become 65+ week waits (83,303) by the end of March 2024 if not treated before that date.

Provider	Number of patients waiting >14 weeks (14 weeks will equate to 65 weeks by end March 2024 if no action is taken)	Change from previous week
Barnsley	7,667	-235
DBTH	22,310	-1,115
SCFT	8,275	-205
STH	35,602	-1,905
TRFT	11,003	-515
SYB total	84,857	-3,975

Each provider submitted an operational plan that committed to eliminate all waits for patients in excess of 65 weeks by March 2024. However, the junior doctor industrial action in April had a significant adverse impact on elective activity levels and will have slowed recovery; planned and potential industrial action and efforts to reduce the system and organisation deficit positions pose further risks to delivery.

Appendix 1 shows the numbers of patients waiting over 65 weeks by SYB provider There is significant variation across SYB and data also show a significant variation across specialties, with notable pressures in orthopaedics and general surgery for admitted pathways and in orthopaedics, neurology and dermatology for non-admitted pathways.

## Requirements

- The management of long wait patients must be delivered alongside the management of those patients requiring urgent clinical care.
- Those providers with the shortest waits (by speciality) will offer mutual aid to other SYB providers to reduce the number of patients waiting over 65 weeks by 31 March 2024 in SYB (with the aim of achieving zero 65+ waits).
- Some of the longest waiting patients may not be suitable for treatment outside of their host organisation (due to complexity and the need for specialist staffing, critical care, equipment, facilities etc.). Therefore, mutual aid may treat patients that have been waiting a shorter time in more urgent clinical categories (P codes), or in other specialities, in order to create the capacity for 65+ patients in the host organisation.
- Medical Directors are working to agree the range of specific procedures where SYB capacity will be offered to patients at an early stage in their pathway in order to increase patient acceptance.
- Patient choice will apply. Should patients choose to turn down the offer of treatment at the alternative Trust they will remain on the waiting list at the host organisation.
- Each provider is to agree a regular allocation of capacity for the provision of mutual aid (including out-patients, diagnostic and pre-operative assessment capacity if the whole pathway is being transferred). The allocation will be reviewed regularly as part of elective recovery plan delivery performance management.
- A Standard Operating Procedure for SYB mutual aid is in development to support efficient delivery. This will include reference to the resources, PTL management, finance, data and inter-operability requirements and impacts.
- Any patients waiting 65+ weeks, who are agreeable to treatment further afield will be entered onto the national register for transferring patients between providers.
- The SYB AF Diagnostic and Elective Oversight Group (DEOG) will oversee delivery of the mutual aid plan and will work with partners to collectively mitigate risks and variance to plan

## Potential Impact on organisational positions

- By providing mutual aid to reduce the system risk of 65+ week waiters, there is likely to be an adverse impact on the 'receiving Trust's' 52 week wait position. This impact is accepted by the NHSE regional and national teams and it can be recognised with appropriate narrative when reporting long waiters. It should be noted that the requirement to eliminate 52 week breaches is not a requirement until 31 March 2025.
- The Directors of Finance have agreed the principles to be applied; core elements are that funding follows the patient and that there will be no financial detriment for organisations providing mutual aid. It should also be noted that, regardless of the funding source, the entirety of the costs of providing treatment to all long waiting patients must be met within SYICS as a system.

AYB AF Boards of Directors are asked to:

1. Support the proposed mutual aid arrangements to reduce the risk of patients across SYB waiting more than 65 weeks by 31 March 2024 are enacted.
2. Undertake engagement with Trust staff to ensure support for the arrangements

## Appendix 1: numbers of patients waiting over 65 weeks by SYB provider - admitted and non-admitted

### Incomplete pathways - admitted

Organisation	Number
BARNSELY HOSPITAL NHSFT	10
DONCASTER AND BASSETLAW NHSFT	182
SHEFFIELD CHILDREN'S NHSFT	126
SHEFFIELD TEACHING HOSPITALS NHSFT	959
THE ROTHERHAM NHSFT	22
SYBAF	1,299

### Incomplete pathways – non-admitted

Organisation	Number
BARNSELY HOSPITAL NHSFT	10
DONCASTER AND BASSETLAW NHSFT	44
SHEFFIELD CHILDREN'S NHSFT	67
SHEFFIELD TEACHING HOSPITALS NHSFT	128
THE ROTHERHAM NHSFT	6
SYBAF	255


● Information Item

👤 Jon Sargeant, Chief Finance Officer

**\*\*ITEM TO BE INCLUDED AFTER 19/5/23 WHEN DATA AVAILABLE\*\***

## 2305 - G5 MINUTES OF FINANCE & PERFORMANCE COMMITTEE - 27

FEBRUARY & 23 MARCH 2023


 Mark Day, Non-Executive Director

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### REFERENCES

Only PDFs are attached

 G5 - Final Finance & Performance Committee Minutes - 27 February 2023.pdf

 G5i - Finance & Performance Committee Final Minutes - 23 March 2023.pdf



**FINANCE AND PERFORMANCE COMMITTEE**

**Minutes of the meeting of the Finance and Performance Committee  
held on Monday 27<sup>th</sup> February 2023 at 09:00 via Microsoft Teams**

<b>Present:</b>	Mark Bailey, Non-executive Director Alex Crickmar, Deputy Director of Finance Mark Day, Non-Executive Director (Chair) Jon Sargeant, Interim Director of Recovery, Innovation and Transformation Kath Smart, Non-executive Director Denise Smith, Chief Operating Officer	
<b>In attendance:</b>	Fiona Dunn, Director Corporate Affairs /Company Secretary Claudia Gammon, Corporate Governance Officer (Minutes) Joseph John, Medical Director for Operational Stability and Optimisation Zoe Lintin, Chief People Officer (Observing) Angela O'Mara, Deputy Company Secretary Suzanne Stubbs, Interim Deputy Chief Operating Officer - Non-elective	
<b>To Observe:</b>	Andrew Middleton, Bassetlaw Governor	
<b>Apologies</b>	Lynne Schuller, Bassetlaw Governor	
		<b><u>ACTI ON</u></b>
<b>FP23/02/A1</b>	<b><u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u></b>	
	The Chair welcomed members of the committee and those in attendance to the meeting.  Apologies for absence were provided and no declarations of interest were received.	
<b>FP23/02/A2</b>	<b><u>Requests for any other business (Verbal)</u></b>	
	No items of other business were declared.	
<b>FP23/02/A3</b>	<b><u>Action Notes from Previous Meeting (Enclosure A3)</u></b>  <b><u>Action 1 – FP22/10/C2 – Health Inequalities</u></b> The Chair had discussed with the Interim Director of Recovery, Innovation & Transformation, and further discussions to take place outside of the Committee, action to be carried forward to April's meeting.  <b><u>Action 2 – FP22/10/E1 – Board Assurance Framework SA4</u></b> Action to be closed	

	<p><b><u>Action 3 – FP22/11/B1 – Performance Reporting</u></b>  Future performance reporting would provide assurance on required standards &amp; be aligned to business plans. For clarity DBTH was not a Tier 1 / 2 trust but the requirements were recognised as good practice.</p> <p><b><u>Action 4 – FP22/11/B1 – Alternative Care Provision for Patients with no Right to Reside</u></b>  Following a discussion between the Committee Chair &amp; Interim Director of Recovery, Innovation &amp; Transformation an update would be provided at March’s meeting</p> <p><b><u>Action 5 – FP22/11/B3 – Winter Plan</u></b>  DS confirmed that this action was on track with a review of Winter to be provided in June 2023.</p> <p><b><u>Action 6 – FP22/11/G2 – Finance and Performance Committee Terms of Reference</u></b>  To be reviewed as part of 27/2 agenda. Action could be closed</p> <p><b><u>Action 7 – FP23/01/D3 – Business Plan</u></b>  To be reviewed as part of 27/2 agenda. Action could be closed</p> <p><b><u>Action 8 – FP23/01/B3 – Winter Plan</u></b>  Action captured at 5 (FP22/11/B3) – duplicate action to be closed.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted the above updates</i></b></p>	
<p><b>FP23/02/B1</b></p>	<p><b><u>Access Standards Report</u></b></p>	
	<p>The Chief Operating Officer provided an update on the access standards report:</p> <ul style="list-style-type: none"> <li>• Urgent and emergency figures had improved against the national standards</li> <li>• There was a small improvement within diagnostics however, the Trust remained an outlier, with work around forecasting still to be put in place.</li> <li>• The Trust had achieved a faster diagnosis of cancer standards</li> <li>• The delivering of the 62-day plan was benchmarking well across other Trusts.</li> </ul> <p>Kath Smart commented about the performance within diagnostics being low and was a deep dive required at the next committee meeting. It would also include the elective waiting list issues. This was agreed and that it would include the emergency care performance work as well as the plans for 2023/2024 signed off. This report would then be presented back to the committee in April 2023.</p> <p>Work was continuing around quality improvement and ambulances which would be included in the urgent and emergency care program in April 2023.</p>	



	<p>The Chair queried why the targets around patient-initiated follow-ups weren't on track. The Chief Operating Officer confirmed that this was part of the patient improvement plan for 2023/2024. A pathway was in progress allowing clinicians to discuss this further.</p> <p>The Chair asked about the further work within cancer services alongside the cancer standards and if there was any risk of harm to patients. Further work had begun to redesign the standards in April 2023. This would link into the harm review policy and was then report via Quality and Effectiveness Committee.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Access Standards Report</i></b></li> </ul>	
<b>FP23/02/B2</b>	<b><u>Urgent and Emergency Improvement Plan</u></b>	
	<p>The Chief Operating Officer explained that the improvement plan reports via the Transformation Board and was then updated at Finance and Performance committee monthly. It would include metrics and national standards. A meeting on the 1<sup>st</sup> of March would discuss the next 12-month programme and would begin in April 2023.</p> <p>The Chief Operating Officer provided the five key areas:</p> <ul style="list-style-type: none"> <li>• Urgent and emergency care improvement plan redesign</li> <li>• Data and information to consider a Trust wide strategy approach to patient data</li> <li>• Board and ward round processes and ensure delays were highlighted and escalation plans developed</li> <li>• Whole system discharge planning to develop and improve the alignment to home first principles and best practice.</li> <li>• The people, to build trust amongst the clinical teams through organisational development processes.</li> </ul> <p>Mark Bailey commented that the measuring of patient flow was highlighted within the report and included the interconnections and how they crossed over. A lot of work was required with people wanting to assist and look at the entire pathway including allowing people the time to do this. There would be a focus on this for the 12 months ahead.</p> <p>Kath asked about the ECIST report and the multi-disciplinary actions and how they were taken forward. They would be taken forward via the A&amp;E delivery Board for Doncaster where all system partners attend and then proceed to the delivery and transformation board internally.</p> <p>Kath Smart asked about the emergency department workstreams and patient flow, were the pillars and working groups still used as they had stopped during Covid. The Chief Operating Officer confirmed that they were stood down previously. However, the new programme for 2023/2024 would reintroduce this. There would be a single plan and wouldn't be layered with what was currently being used.</p>	

	<p>The Chair asked about the report on Doncaster emergency department and would this also be rolled out to Bassetlaw. Although it was a different ICB the learning would be shared along with the plan across Doncaster place. The action plan would be brought back to the committee in April 2023 and would be a standard item on the agenda moving forward.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Urgent and Emergency Improvement Plan</i></b></li> </ul>	
FP23/02/C1	<p><b><u>Recovery, Innovation &amp; Transformation Directorate Update</u></b></p>	
	<p>The Director of Recovery, Innovation and Transformation mentioned that job roles and descriptions were still to be finalised within the directorate with an update to follow.</p> <p>The Central Delivery Suite issue with the inflation money and funding had been resolved. The money would be spread over 3 years, as some of the money would be in the wrong year and therefore phasing work would commence with the ICS. Since the previous committee meeting, this had been approval with the shortfall on inflation money with some orders already placed for this 2023/2024 expenditure.</p> <p>The Bassetlaw Emergency Village had been through the approval process via the relevant committees and the Trust had submitted the final business case to NHSE on the 31<sup>st</sup> of January 2023. However, all funding schemes had been stopped as there was not enough money, there was currently no date for approval which had created a backlog. Bassetlaw MPs had been contacted in the hope for assistance with this. Options were being investigated into enabling work in the area.</p> <p>Mexborough elective orthopaedic centre was an approved setting up governance, the last meeting with partner trusts, agreed that a senior responsible person would be included from each Trust to make up the partnership. The funding would be from capital schemes with the money being bid for by the Chief Executives against the project management support for the residual money.</p> <p>Kath Smart praised the continued work on the central delivery suite and the Bassetlaw Emergency Village. Kath Smart asked about the Mexborough elective orthopaedic centre section on the paper and that it mentioned approvals from Rotherham, Doncaster, and Barnsley places, did the Trust foresee an issue with gaining this. This was awaiting confirmation and would be included in next year's plan centrally within the ICB.</p> <p>Following a question from Mark Bailey regarding staffing for the Mexborough elective orthopaedic centre project and how would this work across the different Trusts. It was confirmed that there would be a workforce group that would facilitate this and work collaboratively across all Trusts.</p> <p>The disposition of debt wasn't good therefore it would be included within the relaunch of the quality improvement strategy in 2024 and would align with other areas.</p> <p>It was noted that the release of the new hospital plans was still to be distributed.</p>	
	<p><b><u>Action</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>For the Interim Director of Recovery, Innovation &amp; Transformation to include the Quality Improvement Strategy update at a future Finance and Performance Committee meeting.</i></b></li> </ul>	

	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Recovery, Innovation &amp; Transformation Directorate Update</i></b></li> </ul>	
<b>FP23/02/D1</b>	<b><u>Financial Performance – Month</u></b>	
	<p>The Deputy Director of Finance provided an update on the month 10 position, the Trust were at a £1million deficit with a year-to-date deficit of £13.4million. This was due to Winter cost pressures, additional wards, and initiative costs not being in the original forecast.</p> <p>The non-recurrent benefits including the elective recovery fund money had not been earned.</p> <p>The Trusts capital position was encouraging, and current spend was in line with the forecast to deliver the plan.</p> <p>Cash position at the end of January 2023 was at £20.2million and had reduced by £500,000. However, if the position didn't improve, the 2023/2024 quarter 1 cash position would deteriorate and would require central cash support to meet requirements.</p> <p>The financial position was at a £23million deficit at month 10, with the intention of breaking even at year end. It wouldn't therefore lose the £7.5million capital funding that was previously reported to the committee.</p> <p>The Chief Financial Officer provided further information regarding temporary staffing and that the Trust need to over recruit to allow a stronger workforce for 2024. The Trust were investigating into the temporary staffing numbers as well coming away from the 30% incentives across areas except for maternity. There were also discussion surrounding non-clinical posts being frozen at present.</p> <p>The Chief People Officer commented that a paper would be presented to Board on 28<sup>th</sup> February 2023 including the importance of the executive team and communicating to them any actions required. It needed to be clear that there was an issue and further discussions were to be had in within the team.</p> <p>Kath Smart queried the pause on non-clinical positions and enquired about the vacancies within validation, as they had previously been included in a business case. It was confirmed that this was vacancy dependent and as the validation roles were time critical, they would still go ahead. Other positions would be investigated role by role.</p> <p>Although there was some work to complete do to hit targets the Trust believed this would be possible. However, it would mean that there would be an impact on 2024.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Financial Performance Update</i></b></li> </ul>	
<b>FP23/02/D2</b>	<b><u>CIP Update</u></b>	
	<p>The Chief Financial Officer took the paper as read from the committee. No questions were asked of the paper.</p>	

	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the CIP Update</i></b></li> </ul>	
FP23/02/D3	<b><u>Business Plan and Budget Update</u></b>	
	<p>The Chief Financial Officer provided the key highlights on the paper explaining the report and the financial gap.</p> <ul style="list-style-type: none"> <li>• There was £16million of cost improvement programmes (CIP) identified that would be used to improve workforce plans better and then target value for money. Once vacancies were filled this should lower the CIP amount.</li> <li>• ICS had accepted that the Trust had an underlying deficit of £37million midway through the year.</li> <li>• Although the business plan had been submitted to the ICS, it wouldn't change the internal plan. Work was still to be completed before it could be presented to Board after which it would then be presented back to the Finance and Performance Committee.</li> <li>• NHS England had requested that the activity numbers increased which would then decrease the Trusts deficit.</li> </ul> <p>It was agreed by the committee that an extra meeting would take place to discuss this further.</p> <p>Kath Smart queried the current work with the length of stay, capacity, and the impact this had. It was confirmed that there was an improvement plan in place to maximise virtual ward due to length of stay increasing.</p> <p>Mark Bailey asked a couple of questions, one surrounding the services in which the Trust offers and was there anything that the Trust could do differently. The Chief Financial Officer confirmed that this was being investigated as there were significant costs in some areas with pain services being one of those areas. Secondly, Mark Bailey asked about the workforce and incorporating the issues with costs and ratios. Strategic and workforce discussions were being made to investigate into the alignment and benchmarking by using external tools. This would then show where the gaps were. The Chief People Officer added that there was already a process in place for workforce planning, deep dive workshops had also been relaunched since Covid.</p> <p>The Chair queried if the £16.7million CIP figure was correct. This was confirmed and was awaiting a transformational piece however, there was not enough funding for beds, but this had been requested separately.</p> <p>The Chair suggested to the committee that they were assured by the approach of the Business plan and that this would be discussed further once there was an update.</p>	
	<p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Extra ordinary meeting to be organised to discuss the Business Plan further, looking at the next steps and ahead at next year.</i></b></li> </ul>	JS

	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <i>Noted and took assurance for the approach taken on the Business Plan and Budget Update</i></li> </ul>	
FP23/02/E1	<b><u>Board Assurance Framework SA4</u></b>	
	The Interim Director of Recovery, Innovation and Transformation confirmed that there wasn't anything new on the Board Assurance Framework apart from the Business Plan.	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <i>Noted and reviewed the Board Assurance Framework SA4</i></li> </ul>	
FP23/02/E2	<b><u>Corporate Risk Register</u></b>	
	<p>The Company Secretary updated that there was nothing new to be added to the corporate risk register and no changes had been made. Continued work was surrounding the risk manager and engaging with the divisional directors. The 15+ risks were being investigated and made sure that they link in with the board assurance framework</p> <p>Kath Smart referred to the previous Audit and Risk Committee and that the Executive Medical Director provided assurance on 85 out of the 90 risks.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <i>Noted the Corporate Risk Register</i></li> </ul>	
FP23/02/E3	<b><u>Terms of Reference</u></b>	
	The Chair confirmed that comments would be sent outside of the meeting.	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <i>Noted and approved the Terms of Reference</i></li> </ul>	
FP23/02/E4	<b><u>Assurance Summary (Verbal)</u></b>	
	<p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters.</p> <ul style="list-style-type: none"> <li>• Matters discussed at this meeting</li> <li>• Progress against committee associated Executive's objectives,</li> <li>• Are there any emerging new risks identified?</li> </ul>	
FP23/02/F1	<b><u>Governor Observations</u></b>	
	Andrew Middleton praised the meeting and the rigor, challenges, and openness. With regards to the external experts ECIST, a comment was noted about whether their assistance could be used in other areas. The developments within estates were informative identifying the good relationships within the system.	

	Some challenging comments were made by the non-executive directors regarding the finance update they were reassuring for the committee and accepted that they were an executive challenge. The business plan for 2023/2024 questions were appropriate along with the responses made.	
<b>FP23/02/G1</b>	<b><u>Any Other Business</u></b>	
	No items of other business were raised.  Denise, access standards would be a later report each meeting due to timing of the performance data.	
<b>FP23/02/G3</b>	<b><u>Minutes of the Sub – Committee Meetings (Enclosure G3)</u></b> - Cash Committee – 26 <sup>th</sup> January 2023	
	<b><u>The Committee:</u></b> - Noted the Cash minutes from 26 <sup>th</sup> January 2023	
<b>FP23/02/G4</b>	<b><u>Minutes of the meeting held on 26<sup>th</sup> January 2023</u></b>	
	The Committee approved the minutes of the meeting held on 26 <sup>th</sup> January 2023 subject to minor changes.	
<b>FP22/02/G5</b>	Date and time of next meeting (Verbal)	
	Date: Thursday 23 <sup>rd</sup> March 2023 Time: 09:00 Venue: Microsoft Teams	
<b>FP23/02/H</b>	Meeting closed at: 11:31	



**FINANCE AND PERFORMANCE COMMITTEE**

**Minutes of the meeting of the Finance and Performance Committee  
held on Thursday 23<sup>rd</sup> March 2023 at 09:00 via Microsoft Teams**

<b>Present:</b>	Mark Bailey - Non-Executive Director Alex Crickmar - Deputy Director of Finance Mark Day - Non-Executive Director (Chair) Jon Sargeant - Chief Financial Officer
<b>In attendance:</b>	Fiona Dunn - Director Corporate Affairs /Company Secretary Paul Mapley - Efficiency Director Angela O'Mara - Deputy Company Secretary (minutes) Suzanne Stubbs - Interim Deputy Chief Operating Officer - Non-elective
<b>To Observe:</b>	Lynne Schuller, Public Governor - Bassetlaw
<b>Apologies</b>	Joseph John - Medical Director for Operational Stability and Optimisation Andrew Middleton - Governor Observer Kath Smart - Non-Executive Director Denise Smith - Chief Operating Officer
	<b>ACTION</b>
<b>FP23/03/A1</b>	<b><u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u></b>
	The Chair welcomed members of the committee and those in attendance to the meeting. The above apologies for absence were noted and no declarations of interest were received.
<b>FP23/03/A2</b>	<b><u>Requests for any other business (Verbal)</u></b>
	No items of other business were received.
<b>FP23/03/A3</b>	<b><u>Action Notes from Previous Meeting (Enclosure A3)</u></b>  <b><u>Action 3 – FP22/11/B1 – Performance Reporting</u></b> – the new style report would be available from April 2023 and the target date revised.  <b><u>Action 4 – FP22/11/B1 – Alternative Care Provision for Patients with No Right to Reside</u></b> – the Chief Financial Officer confirmed opportunities had been explored with Rotherham, Doncaster & South Humber NHS FT (RDaSH), however, a decision was taken to manage the risk on site, rather than displace nurses to Tickhill Road. 2023/24 planning guidance would be based on a 92% bed occupancy target and additional funds would be provided to RDaSH for community services, in addition the use of virtual wards would be explored. <b>Action to be closed.</b>

	<b>Action 10 – FP23/02/D3 – Business Plan</b> – an additional meeting was not required; the discussion would take place at this meeting. <b>Action to be closed.</b>	
	<b>The Committee:</b>  - <b>Noted the above updates</b>	
<b>FP23/03/B1</b>	<b><u>Access Standards Report</u></b>	
	The Interim Deputy Chief Operating Officer reported improvements in the 4-hour access, 12 hour waits and ambulance handover standards, as compared to January 2023.  A small increase was noted in the 18-week position, with a significant reduction in 78-week breaches which was progressing towards the target of zero waiters by 31 March 2023.  The Chair acknowledged the improving picture, whilst recognising the need to move performance closer to the required standards, which would be addressed as part of next year’s planning. Improvements to reporting, to include the impact of actions on outcomes, would be welcomed to enhance the current view.	
	<b>The Committee:</b>  - <b>Noted and took assurance from the Access Standards Report</b>	
<b>FP23/03/B2</b>	<b><u>Urgent and Emergency Improvement Plan (verbal)</u></b>	
	The Interim Deputy Chief Operating Officer confirmed that the final Emergency Care Improvement Support Team (ECIST) report had now been received, no material changes had been made to the draft report which had been received by the Committee in February 2023. A delay to the start of the programme was reported due to absence in the ECIST, work to recover the delay was in hand. An initial meeting with ECIST and key partners took place on 17 March, an outline of the approach was provided, which included front door redesign, internal processes, and operational grip. A concordat 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.  Additional operational support would be provided by the ECIST leading up to the Easter Bank Holiday weekend.  In response to a question from Mark Bailey, the Interim Deputy Chief Operating Officer confirmed that strategic decisions would be fed into Urgent & Emergency Care Programme and considered by the A&E Delivery Board to ensure partner involvement. A Senior Responsible Officer (SRO) would be assigned to the individual elements of the Improvement Programme.  The Chief Financial Officer shared his concern with regards to the delayed plan, the 2023/24 business plans were reliant upon delivery at Place and discussions with the respective Directors of Finance would take place with regards to risk sharing if partners did not deliver the required change for which they were funded. There was a need to progress at pace to determine an improvement plan to support delivery of the business plans, against a key set of milestones and with the potential for efficiencies. Progress against the plan would be monitored via the Trust’s internal governance structure and reported to the Transformation Board.	<b>DS</b>



	<p>In response to a question from Mark Bailey, the Chief Financial Officer confirmed improvements to drive efficiencies were being considered as part of the ECIST and Getting It Right First Time Programmes and the need for aspirational, stretch targets was noted. The importance of a Place and system transformation change process was recognised to ensure plans were aligned and the involvement of Finance Directors in the Place Operations Group would be encouraged.</p> <p>Recognising the statutory duty to collaborate, and the critical contribution of partner organisations, the Chair sought colleagues' views on inviting partner SROs to future meetings to provide an account of their contribution to the plan. Following some debate, whilst it was felt that operational colleagues would be supportive of this approach it was suggested the practicalities be considered further outside of this meeting when the plan was finalised.</p>	DS
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Urgent and Emergency Improvement Plan Update</i></b></li> </ul>	
FP23/03/C1	<b><u>Recovery, Innovation &amp; Transformation Directorate Update</u></b>	
	<p>The Chief Financial Officer confirmed that since the report had been written verbal confirmation had been received that the Bassetlaw Emergency Village Full Business Case was expected to be signed off imminently.</p> <p>Work to agree the final design of Montagu Elective Orthopaedic Centre was expected to be completed within the next few weeks, with clinician input.</p> <p>The Chair of the Board and Chief Executive would meet with representatives from South Yorkshire Integrated Care Board, Doncaster Council and local Members of Parliament to discuss the need for a new hospital for Doncaster. It was hoped that an announcement relating to the final eight places on the New Hospital Programme (NHP) would be made before Purdah.</p> <p>In response to a question from Mark Bailey, the Chief Financial Officer confirmed the initial requirement of the Wave 4 STP funding for Bassetlaw Emergency Village required works to be completed by March 2024. In view of the delayed approval flexibility may be offered.</p> <p>In response to a question from the Chair, the Chief Financial Officer indicated that subject to no additional schemes coming on board the current capacity to manage the projects was adequate. The Programme Director for the new hospital had continued to support other projects, funding to resource project management had been included in the MEOC budget and should the outcome for NHP be positive it was expected there would be an allowance for project costs in the funding.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Recovery, Innovation &amp; Transformation Directorate Update</i></b></li> </ul>	
FP23/03/D1	<b><u>Financial Performance – Month</u></b>	
	<p>The Deputy Director of Finance confirmed a reported surplus at February month end (month 11) of £1.6m, £2.8m favourable to plan and a £2.4m favourable to forecast. The year-to-date financial position was a deficit of £11.8m, £2.2m favourable to plan and £1.3m favourable to forecast.</p>	

	<p>£2.5m of annual leave accrual had been released in month 11 in accordance with the Integrated Care Board’s instructions to release early to support a planned trajectory agreed with NHSE. Excluding this release, the month-end position would have been a deficit of £0.9m, £0.4m favourable to plan and £0.1m adverse to forecast.</p> <p>The Trust was expected to deliver its year end deficit plan of £10.1m, following a reduction in agency costs and non-recurrent income benefits. The key risk to delivery was the impact of junior doctors’ industrial action which would be assessed next month.</p> <p>The year-to-date capital spend was £28m against a planned £30.5m, the current spend was in line with expectations and the Trust was expected to deliver its capital plan.</p> <p>The reported month-end cash balance was £23.1m, an increase from January due to the receipt of £1.3m more in Public Dividend Capital (PDC) than was paid out in capital payments, plus additional Health Education England and Commissioners’ income. Should the Trust’s underlying deficit position not improve the 2023/24 Q1 cash position would deteriorate further with the need for central cash support.</p> <p>In response to a question from Mark Bailey, the Deputy Director of Finance confirmed the costs associated with junior doctor’s industrial action related to additional consultant costs, including acting down payments, which would be offset by the non-payment of junior doctors. No loss of income was reported due to the block contract payment.</p> <p>In response to a question from the Chair, the Deputy Director of Finance confirmed a high level of confidence in achieving the year end position. The position would be reported to the Integrated Care Board around 6/7 April and at that point the headline figures could be shared with the Committee.</p> <p>The Committee recognised the efforts of the team in delivering the year end position.</p>	AC
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Financial Performance Update</i></b></li> </ul>	
FP23/03/D2	<b><u>CIP Update</u></b>	
	<p>The Efficiency Director reported an updated position since the paper had been written which confirmed a year-to-date delivery of £19.4m against the £19.3m plan. The development of the 2023/24 plan was ongoing.</p> <p>The Chair suggested it would be helpful for a review of the 2022/23 programme to establish lessons learnt and to understand how best to support 2023/24’s programme, it was agreed that this would be brought back to the May meeting.</p> <p>The Chief Financial Officer stressed the need for a robust programme in 2023/24, which moved at pace to deliver efficiencies. Initial discussions in this respect had taken place at the Trust Executive Group. A fundamental shift was recognised from this year’s block contract to payment linked to activity.</p>	PM/JS

	<p><b><u>The Committee:</u></b></p> <p>- <b><i>Noted and took assurance from the CIP Update</i></b></p>	
FP23/03/D3	<p><b><u>Year End Processes</u></b></p> <p>i) <b><u>Bad Debt Review</u></b></p> <p>ii) <b><u>Going Concern</u></b></p>	
	<p>The Deputy Director of Finance brought the Committee’s attention to the timetable for the preparation of 2022/23 accounts and the accounting policies. In response to a question from the Chair, the Deputy Director of Finance confirmed the team was appropriately resourced to support the year end processes.</p> <p>The Committee was asked to note the annual review of bad debt, previously reviewed by the Cash Committee, this would be subject to review by the external auditors as part of their year end work. A summary of write offs was provided, the majority of which related to overseas patients.</p> <p>The going concern assessment for 2023/24 had been undertaken as part of the year end preparation. The 2023/24 deficit financial plan indicated cash support of £23m would be required, this was a revision to the £26.6m referenced in the paper, following notification of the required minimum cash balance. The cash position would be challenging and clarity in respect of the movement of public dividend capital across the system to manage cash would be sought from the South Yorkshire Integrated Care Board’s Chief Financial Officer. In accordance with guidance, the accounts would be prepared on a going concern basis, but a significant cash risk was noted which would be referenced in the annual accounts and the Trust was likely to receive an emphasis of matter in the auditor’s opinion, the team were working with the auditors on this.</p> <p>In response to a question from the Chair, the Deputy Director of Finance confirmed that financial support via PDC would attract a 3.5% charge. The going concern assessment would be received by the Board of Directors in May 2023.</p>	
	<p><b><u>The Committee:</u></b></p> <p>- <b><i>Noted and took assurance from the Year End Processes</i></b></p>	
FP23/03/D4	<p><b><u>Granger Report</u></b></p>	
	<p>The Chief Financial Officer reported good progress against most of the report recommendations. Progress in respect of action nine, to ensure system emergency preparedness plan in the event of a future loss of accommodation appeared to have stalled in recent months. The Committee were informed that Risk Summits had been facilitated by NHSE’s Regional Chief Nurse and the status/next steps would be clarified with the Chief Operating Officer on her return from leave.</p> <p>Mark Bailey recognised the risk associated with the aged estate and the need for appropriate emergency response plans. Should the Trust not be included in the New Hospital Programme (NHP) the Chief Financial Officer confirmed the need to progress discussions with the Integrated Care Board in respect of required planned, preventative, maintenance to further mitigate estate risks.</p>	JS

	<p>In response to a question from the Chair, the Company Secretary confirmed that two overarching estates risks were captured on the Corporate Risk Register, with a series of risks linked to them. The Estates &amp; Facilities Team had a robust approach to risk management and when the NHP announcement was made Chief Financial Officer suggested it may be sensible to reassess estate risks to inform next steps, including the potential to offer further assurance to the relevant Board Committees.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Granger Report</i></b></li> </ul>	
<p><b>FP23/03/D5</b></p>	<p><b><u>Business Plan</u></b></p>	
	<p>The Chief Financial Officer acknowledged that this planning round had been challenging, impacted by ongoing changes to guidance. Following a national call with NHSE’s Chief Financial Officer it was expected that the current submission would be revisited and a resubmission expected by the end of April/May 2023, to include zero staff growth. NHSE had indicated a need to review the regulatory regimes for trusts in distress post Covid.</p> <p>The latest meeting of South Yorkshire Acute Federation Chairs and Chief Executives had considered a potential CIP target of 4%, as the decision on this was unconfirmed it had not been included in the position. The Chief Financial Officer acknowledged the contribution of the wider team to business planning.</p> <p>The Efficiency Director summarised the business planning process which had been subject to executive review and challenge. An expansion in workforce had been identified which had not necessarily resulted in increased activity, specifically around those areas which would have attracted elective recovery funding. Productivity levels would assume current or 2019/20 performance. The activity plan had been submitted on 15 March and the finance and workforce plan would be submitted today. The Integrated Care Board’s submission to NHSE was due on 30 March, but further adjustments may be expected. A comprehensive update to confirm the Trust position against all targets within the guidance was provided, which were RAG rated and risks noted, recognising that not all required delivery in 2023/24. The plan for receipt of Elective Recovery Funding was provided, efficiency gains from the Montagu Elective Orthopaedic Centre were currently excluded from this and key risks to delivery and mitigating actions were noted.</p> <p>The Deputy Director of Finance confirmed a deficit financial plan for 2023/24 of £40.3m, which assumed a 3% CIP, a significant reduction from the draft plan. The key assumptions of the financial plan were shared, which included a reduction in income, significant inflationary pressures, delivery of the activity plan and subsequent receipt of Elective Recovery Funding. Identified costs pressures had been reviewed by the Executive Team, a winter reserve of £1m had been set aside, current incentives and additional beds had not been budgeted for. The Medic and Nursing budgets were funded based on rotas/establishments, including nursing headroom and workforce plans had been reviewed with the Chief People Officer and her deputy to ensure triangulation. Adjustments to corporate budgets had been made where recruitment to vacancies would not take place.</p> <p>The key income and expenditure risks to the financial plan were shared, including the ongoing dispute with Rotherham Doncaster &amp; Humber NHS FT which had been escalated to the Integrated Care Board for resolution. In accordance with the guidance, the risks related to receipt of Elective Recovery Funding and the pay award could not be included in the planning return. A</p>	

best, worst, and reasonable case 2023/24 plan 2023/24 was provided for internal use only which included stretch opportunities.

In terms of the capital plan, the Deputy Director of Finance identified operational capital of £20.5m, apportioned across estates, medical equipment, and IT, this had been subject to review by the relevant teams and the executives and reflected the challenged estate. A significant overall capital plan of £65.4m was reported, which included business cases funded by Public Dividend Capital, such as the Community Diagnostic Centre, Montagu Elective Orthopaedic Centre and the Electronic Patient Record.

A graph showing the cash position since March 2019 highlighted a downward trend from March 2021 and without cash support a negative position would be reached by the end of Q1 2023/24. The current impact of this was identified, if central cash support was sought then the Trust would be categorised as being in financial distress which could mean that access to capital may be limited and the Trust would be subject to increased scrutiny from the ICB and NHSE. The regulatory approach was currently being considered by NHSE's Chief Financial Officer.

The Chief Financial Officer reflected on the work to date, the impact on the organisation and system and what actions may be required, recognising the significant interest internally and across the system in view of the need to achieve a system balance. Increased scrutiny including peer review of cost pressure, capital and income and expenditure may be required, reflective of the Trust's commitment to the system.

An overview of the current 2023/24 financial plans by organisation across the South Yorkshire Integrated Care System identified the Trust as an outlier, a system deficit of £136m was reported. The Committee's attention was drawn to the movement from the underlying deficit to the draft plan for all organisations and the worst starting point for the Trust highlighted. The Trust's in year movement was not significantly out of line with the majority of the organisations.

Work to understand the movement of pay growth and verification of the activity data was in train to understand the loss in productivity, considering actions which had impacted upon this and opportunities available to drive improvements. Discussions to improve efficiency had been progressed at meetings of the Executive Team and Trust Executive Group. Key workstreams had been identified for immediate, short and longer-term actions and external support to progress these may be required to progress at pace.

The Efficiency Director provided an overview of the identified schemes and the initial efficiency targets, Senior Responsible Officers would be assigned in due course. Progress against these schemes would be reported to the Committee, RAG rated and a risk adjusted review provided.

The Chief Financial Officer confirmed work to strengthen the plans would take place over the next 4-8 weeks, a review of the underlying deficit to establish the organisation's level of influence was required and to understand the need for financial turnaround at Place through discussions with the Place Directors of Finance.

In terms of next steps there was a need to develop a three to five-year ICS efficiency strategy, agree a Place efficiency programme, including a review of the value for money of Place schemes and to work with the Integrated Care Board to understand allocations.

Mark Bailey shared his appreciation of the comprehensive presentation and welcomed the intent to return to 2019/20 activity levels.

	<p>The Chief Financial Officer confirmed the Trust was sighted on and reporting an accurate financial position and was actively engaged in actions to support appropriate cash management. Payment terms were adhered to 95% of the time, which met the required standard, a mitigating action to reduce this to 85% had been agreed. Discussions in respect of cash support were ongoing with both the ICB and NHSE and in respect of the underlying deficit, this was a recognised position and discussions with the Deputy Director of Finance were ongoing as to how this could be reviewed internally or if there was a need for an external, independent review which may be mandated by NHSE in view of the deficit.</p> <p>The Chair recognised the challenging position and confirmed he was assured by the extensive work and level of detail in the planning process but was less assured on the organisational grip to bring about the required change. The financial plan had been agreed by the executives and would now be considered by the Board of Directors. The discussion, which would take place in the confidential meeting would confirm this reflection and the need for an independent, external review of the underlying deficit.</p>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the approach taken on the Business Plan</i></b></li> </ul>	
FP23/03/E1	<b><u>Board Assurance Framework SA4</u></b>	
	The Board Assurance Framework was received and noted. An amendment to reflect the potential need for an independent, external evaluation of the underlying deficit was suggested.	<b>JS/AC</b>
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Reviewed the Board Assurance Framework SA4</i></b></li> </ul>	
FP23/03/E2	<b><u>Corporate Risk Register</u></b>	
	The paper was received and noted.	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Corporate Risk Register</i></b></li> </ul>	
FP23/03/E3	<b><u>Assurance Summary (Verbal)</u></b>	
	<p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters.</p> <ul style="list-style-type: none"> <li>• Matters of Concern/Key Risks to Escalate,</li> <li>• Major Actions Commissioned/Work Underway</li> <li>• Positive Assurance to Provide</li> <li>• Decisions Made</li> <li>• Progress against committee associated Executive's objectives,</li> </ul>	

<b>FP23/03/F1</b>	<b><u>Governor Observations</u></b>	
	<p>The Lead Governor welcomed the latest news on the Bassetlaw Emergency Village.</p> <p>The challenging financial position was noted and concern shared with regards to the restriction of risks relating to the pay award and ERF in the plan.</p> <p>Candour in both the financial position and business planning discussions was good to see, as was the collaborative approach to secure jointly managed outcomes in the Urgent &amp; Emergency Care Improvement Programme. The clear engagement with partners at Place and across the system, and the non-executive challenge in receiving an account from partners of their contribution to the plan was supportive in terms of demonstrating the duty to collaborate.</p> <p>To close, the Lead Governor shared her appreciation with all colleagues involved in managing the financial and business planning.</p>	
<b>FP23/03/G1</b>	<b><u>Any Other Business</u></b>	
	No items of other business were received.	
<b>FP23/03/G2</b>	<b><u>Minutes of the Sub – Committee Meetings (Enclosure G3)</u></b>	
	<p><b><u>The Committee:</u></b></p> <ul style="list-style-type: none"> <li>- Noted the Capital Minutes from 27 October 2022</li> </ul>	
<b>FP23/03/G3</b>	<b><u>Minutes of the meeting held on 27<sup>th</sup> February 2023</u></b>	
	The Committee approved the minutes of the meeting held on 27 <sup>th</sup> February 2023.	
<b>FP22/03/G4</b>	Date and time of next meeting (Verbal)	
	<p>Date: Monday 24<sup>th</sup> April 2023</p> <p>Time: 09:00</p> <p>Venue: Microsoft Teams</p>	
<b>FP23/03/H</b>	Meeting closed at: 12.05	

● Information Item

👤 Mark Bailey, Non-executive Director

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## REFERENCES

Only PDFs are attached

 G6 - Final People Committee Minutes - 7 March 2023.pdf



PEOPLE COMMITTEE

Minutes of the meeting of the People Committee  
held on Tuesday 7<sup>th</sup> March 2023 at 09:00am  
via Microsoft Teams

<b>Present:</b>	Mark Bailey, Non-Executive Director (Chair) Mark Day, Non-Executive Director Zoe Lintin, Chief People Officer Karen Jessop, Chief Nurse Dr Tim Noble, Executive Medical Director Hazel Brand, Non-Executive Director	
<b>In attendance:</b>	Fiona Dunn, Director Corporate Affairs/Company Secretary Claudia Gammon, Corporate Governance Officer (Minutes) Shaina O’Hara, PA for Director of Finance (Observe) Anthony Jones, Deputy Director of People and Organisational Development Dr Sam Debbage, Director of Education and Research Nick Mallaband, Medical Director for Workforce and Speciality Development Angela O’Mara, Deputy Company Secretary Gavin Portier, Head of Organisational Development, EDI, and Wellbeing Nicola Vickers, Clinical Education Manager	
<b>To Observe:</b>	Suzy Brain England, Chair of the Board Mark Bright, Public Governor - Doncaster Lynne Schuller, Lead Governor	
<b>Apologies:</b>	Kay Brown, Staff Governor Jo Gander, Non-Executive Director	
		<b>ACTION</b>
<b>PC23/03/A1</b>	<b><u>Welcome, apologies for absence and declarations of interest (Verbal)</u></b>	
	Mark Bailey welcomed members and those in attendance.  The above apologies for absence were noted and no conflicts of interest were declared.	
<b>PC23/03/A2</b>	<b><u>Requests for Any Other Business (Verbal)</u></b>	
	No items of other business had been received.	
<b>PC23/03/A3</b>	<b><u>Actions from previous meeting (Enclosure A3)</u></b>	
	There were no active actions.	

PC23/03/B1	<p><b><u>Board Assurance Framework (BAF) True North SA2 &amp; 3</u></b></p> <p>The Chief People Officer provided an update on SA2 &amp; SA3, they would be refreshed at the beginning of the next financial year and would be aligned with the new breakthrough objectives once these had been agreed. Both had been reviewed with no changes to the ratings. The actions aligned with, supply and demand and retention.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Board Assurance Framework – True North SA2 &amp; 3</i></b></li> </ul>	
PC23/03/B2	<p><b><u>Final People Strategy 2023-27</u></b></p> <p>The Chief People Officer explained that at the last People Committee the People Strategy was presented as a draft copy. There had since been some small changes made following the wider engagement. The final copy had since been signed off by Board and was included with the papers for the committee.</p> <p>This was a 5-year strategy, and a delivery plan would be developed for years one and two looking at measuring the process and success with several metrics set up to do this. This would link into the integrated quality and performance report as this already contained metrics.</p> <p>The next step was to work with the communications team around a launch and engagement on the People Strategy.</p> <p>Mark Day queried what the delivery plan would look like as it focused on the positives, would it also support people with sickness needs for example. It was confirmed that the plan would cover all aspects of the strategy and interconnect other pieces of work for example temporary staffing and staff sickness. Working pro-actively and collaboratively was key.</p> <p>The Chief Nurse added that there was a lot of work in the background to fill the positions and retain colleagues. This would then reduce the amount of temporary workforce required.</p> <p>Following a question from Hazel Brand about the delivery plan and the timescales. This was confirmed that it would be the Chief People Officer that would look at the success measures in the strategy and work from there to gage an idea of timescales.</p> <p>The Chair asked about the conversation at Board and required assurance from the strategy piece of work to bring measures together, with particular reference to the workforce plan. The Chief People Officer confirmed that the workforce plan was part of the strategy, and included education, workforce, finance, operational colleagues and had a clinical connection with other parts of the trust. All areas were required to work together as they were all part of the business planning and workforce planning process.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and supported the Final People Strategy</i></b></li> </ul>	

PC23/03/C1	<p><b><u>Engagement and Leadership including Staff Survey Results (under embargo until 9 March 2023)</u></b></p> <p>The Chief People Officer explained the staff survey was currently under embargo which would lift on the 9 March 2023. The results would be in line with the People Promise themes and measure the Trust against the national average for acute Trusts. Results so far were positive and encouraging, sharing year on year improvement. Plans were in place for the engagement to start at Trust wide level, with a year-round cycle of engagement information at Trust and local level. Responding to the feedback and using the results to help the Trust move forward was key. The results would be presented to Board in March 2023.</p> <p>The violence and prevention group took place to discuss the results from the staff survey and the importance of them. Feedback was provided to include the different ways and views of what was considered a violent act. A message had been sent via communications to highlight that the Trust have a zero-tolerance policy. Work was also being carried out with the ‘Speak up’ team to address violence.</p> <p>The Chief Nurse commented about the prioritisation around the action planning, team effectiveness patient safety and sharing a vision. It was important to ensure that all teams can have engagement meetings and embed this into working as a complete Trust. Conversations had been had within the Executive team and work with the quality improvement team would continue next year to address the questions relating to making improvement in areas of work.</p> <p>The Chief People Officer discussed the leadership behaviours framework and that an initial draft had been written and would be shared with the committee. It highlighted that it was structured around key words of behaviours and examples were aligned to the values. Feedback was welcomed and wider engagement would also take place on the draft framework.</p> <p>Hazel Brand asked about the engagement sessions and a toolkit being used to ensure the Trust were providing consistent messages, this included using the results and the information received back from the delivery groups. The Chief People Officer confirmed that the teams would look at their own results at local level. Feedback from the divisions would then come back with actions taken and documented. Toolkits and templates had been provided to support the team.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Circulate the DBTH Leadership Behaviours Framework</i></b></li> </ul>	ZL
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Engagement and Leadership report including Staff Survey Results (under embargo until 9 March 2023)</i></b></li> </ul>	
PC23/03/C2	<p><b><u>Education Report</u></b></p> <p>The Director of Education and Research informed the committee that the report didn’t contain the widening participation information including apprenticeships as this would now be reported to the committee quarterly.</p> <p>The Clinical Education Manager explained that the DBTH training framework had been launched and was well received by the ward managers. It provided clarity for workforce planning to then develop a dashboard identifying areas of concern and focus.</p>	

	<p>Currently SET training was at 85.78% and was on track for completion by the 1 April target that the ICB had put in place. In February 2023 the new SET booklet was launched. A review of roles specific training had commenced with assistance from the workforce planning/business planning process which included a learning needs analysis. The preceptorship programme was launched with a national framework that would align into it.</p> <p>The Trust would be able to put forward a request for gold standard accreditation once the preceptorship policy was approved.</p> <p>The Director of Education and Research explained that the Trust had an annual meeting with the medical school. It was suggested to the committee that a deep dive would be provided to the committee in May 2023 on the external assessment and visits which have taken place.</p> <p>After a positive CQC enhanced engagement meeting, feedback was provided that they were impressed with the Trust’s approach and education and that education was embedded.</p> <p>Mark Day asked about the training on the dashboard and if there was a direct link back into the departments. It was noted that the challenging areas were always within clinical areas due to colleagues being under resourced and be able to be released. Being more proactive with the training rather than being reactive was important to allow colleagues to attend training. Some areas of training were more challenging than others, neonatal life support was one of these, the Trust were looking at delivering this within the Trust.</p> <p>The Chair questioned the role specification work and was it possible to have generic training that could be moved to other roles. It was confirmed that some aspects were different and required different equipment therefore, this wasn’t always possible. Some areas would be migrated across to map against different roles. There had been a collaboration within the workforce process planning. The University Teaching Hospital was used as a benchmark.</p>	
	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>- <i>Deep dive to combine all visits from medical school, visit from Health Education England, feedback and pre-registration learners</i></li> </ul>	SD
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <i>Noted and took assurance from the Education Report</i></li> </ul>	
PC23/03/C3	<p><b><u>Equality, Diversity, and Inclusion</u></b></p> <p>The Head of Organisational Development, EDI, and Wellbeing confirmed that the EDI action plan was on track to be delivered. There was continued work with partners across South Yorkshire. The Trust’s self-assessment report on the EDS22 was on level with other partners with an overall score of 16.5.</p> <p>A second cohort of reciprocal mentoring had been launched with the first workshop in December 2022 and a second in May 2023.</p> <p>Race Equality week was held on 6-12 February, this was a national event with hybrid local sessions held in the lecture theatre or online. 26 colleagues attended enabling them to discuss different aspects. They were two more events planned for July and November.</p>	

	The gender pay gap report is due for submission at the end of March 2023 and was comparable to last year. In July's committee meeting the Equality, Diversity and Inclusion annual report would be presented along with the Health and Wellbeing annual report being presented in May.	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Circulate the Gender Pay Report</i></b></li> </ul>	<b>GP</b>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Equality, Diversity, and Inclusion Report</i></b></li> </ul>	
<b>PC23/03/C4</b>	<p><b><u>Just Culture</u></b></p> <p>The Chief People Officer explained that the Just Culture would be presented to the committee twice a year. There had been a Board development session held on just culture with a next steps wider session planned for 9 March 2023. A working group would then look at themes and areas to focus on, this would link into Speaking Up and the PSIRF plans.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Just Culture report</i></b></li> </ul>	
<b>PC23/03/D1</b>	<p><b><u>Workforce Supply and Demand</u></b></p> <p>The Deputy Director of People and Organisational Development highlighted the key areas of the report:</p> <p>January 2023 saw the first workforce supply and demand paper that focussed on Allied Health Professionals.</p> <p>This report focused on medical workforce and incorporated different systems and how they were linked with activity, workforce plans and pay spend. The paper explained some of the assumptions and provided some comparison across some specialties with the Trust's consultant workforce.</p> <p>The data was 12 months rolling and would include the number of locum and agency hours used. The Trust's total hours were worked into the programme activities allocations. Some specialties had individual consultants with over 12 programme activity allocations in job planning.</p> <p>The Medical Director for Workforce and Speciality Development headlined some of the data:</p> <p>Within a year the Trust had used 55 consultants worth of additional sessions, covering sickness, vacancies, and additional work. The number of programme activities more than 12 equalled 48 hours work with colleagues not being asked to work more.</p> <p>Further investigations were being had to work with specialties within the transformational job planning work. A deep dive into workforce planning sessions with focus on some of the specialties would be arranged.</p>	

	<p>Ensuring sustainability for the future was key and making a business case for some investment into the workforce was important.</p> <p>It was noted the Trust received some funded training posts via Health Education England.</p> <p>Mark Day was supportive of this report and the data and asked if the Trust was aware of what others were looking at within the Acute Federation and a way forward in some specialities. This would be discussed at the next Acute Federation meeting on 7 March 2023.</p> <p>The Chair required further assurance surrounding colleagues working in a multi-disciplined team, having people around them and how that works in the Trust with different staff groups. It was possible that the gaps could be filled with temporary and agency worker and staff, this could be broken down into specialties. The Chief People Officer added that this work linked to the development of a strategic multi year Trust-wide workforce plan and needed to include looking at other options for roles based on the skills needed.</p> <p>It was confirmed that gap analysis would be carried out within the Maternity workforce.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Workforce Supply and Demand Update</i></b></li> </ul>	
<p><b>PC23/03/D2</b></p>	<p><b><u>Overview of Improvement Projects</u></b></p> <p>The Deputy Director of People and Organisational Development provided an update on the different projects.</p> <p><b><u>Recruitment</u></b>  A paper had been presented to Corporate Investment Group regarding the configuration of the administration of the recruitment process. This had been supported in principle and the investment would be considered as part of the business planning process.</p> <p>Trac was currently used by recruitment however, due to missing information within the fields as a result of decentralised admin, it meant gaps existed. The recruitment process was made up multiple staff. It was noted that pulling together information to promote Doncaster as a great place to work was important to recruit further.</p> <p><b><u>Health and Wellbeing</u></b>  Culture and development work was taking place to help colleagues with health and wellbeing and to support them through sickness absence. This would then help with reducing agency spend to cease sickness absence.</p> <p>An external review of the occupational health care service had commenced to ensure the provision meets needs and to put forward arrangements to improve the service.</p> <p>The Trust was part of a research study called IGLOo on the management of long-term sickness and the Chief People Officer is the Principle Investigator (PI).</p>	

	<p>Hazel Brand asked about the occupational health review and funding to assist with people getting back into work. It was confirmed that this would be looked into further as a Trust including investigating the implications once the review had been received.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Overview of Improvement Projects</i></b></li> </ul>	
PC23/03/D3	<p><b><u>Safer Staffing</u></b></p> <p>The Chief Nurse highlighted the key points:</p> <p>Benchmarking data from the model hospital was unfortunately two to three months behind hence was being investigated. There had been an impact on surge capacity, usually after Easter some of the beds would be closed, a plan was being discussed for this.</p> <p>Continued work was being carried out with colleagues in People and Organisational development and Finance to investigate the oversight and spend. There had been an improvement in nursing and international nursing over the past few months.</p> <p>Midwifery remained challenging with a significant amount of maternity leave mitigations in place.</p> <p>Regular safer staffing meetings took place and included staffing escalations.</p> <p>Progress was being made around the Professional Nurse Advocate programme with regional support from the nursing team to achieve an improvement plan.</p> <p>The Head of Organisational Development, EDI, and Wellbeing asked if there was a report which included information around Tendable and how the results were being distributed. It was confirmed that Tendable was included and was triangulated with staffing information. Once the quality dashboard was developed this would show further progress with this and help to build the new Quality Strategy.</p> <p>A new approach to safer staffing meetings was being piloted at Doncaster and would then be provided at Bassetlaw.</p> <p>Mark Day asked about the alignment of agency rates of pay amongst South Yorkshire and the progression of this. The Chief Nurse confirmed that this work was nearly completed, and Procurement would align agency rates with those in South Yorkshire.</p> <p>As a lot of the agency workers had carried out work for the Trust, they had been asked to check the substantive posts and if they wanted to join as employees.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from Safer Staffing</i></b></li> </ul>	

PC23/03/D4	<p><b><u>Job Planning (Verbal)</u></b></p> <p>The Executive Medical Director provided an update on job planning and that the Trust’s currently had 15% of job plans outstanding and in discussion therefore 100% wouldn’t be achievable by the end of the financial year. Many of them were complete and only awaiting a final signature. The Trust had a job planning consistency committee that checked the process. There was a focussed approached specialty by specialty to understand the true demands of the service. This would show which areas required further recruitment.</p> <p>The Medical Director for Workforce and Speciality Development added some people have an active job plan with some areas lower than others, in the completion, noting that 40% had been signed off on the job planning system.</p> <p>The Chair asked about the escalation process. This would be via the POSM meetings, there had been progression in all specialties although some in their teams didn’t have a work plan. Some individuals had 30-40 people they were required to create a job plan for. The first cycle was underway into ensuring all job plans were added to Allocate, hopefully moving forward it would be easier. Most areas didn’t need to change job plans each year, only small changes were required.</p> <p>The Chair concluded that there was some assurance provided from this update it was limited and therefore further information would be required outside of the meeting.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Escalation for awareness to Executive Group and Main Board of the limited assurance arising from less than 100% completion of the required medical staff job planning. A report on the areas of concern and recovery options is to be presented by the Executive Medical Directors office and a decision would be taken outside of the meeting.</i></b></li> </ul>	TN
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took limited assurance from Job Planning</i></b></li> </ul> <p>Post meeting note – a decision was made to take this to Confidential Board in March 2023.</p>	
PC23/03/D5	<p><b><u>On-Call Framework</u></b></p> <p>The draft on-call framework had been presented to LNC, following a review of the current agreement. A version of the framework had been written with changes highlighted and the Trust were awaiting a response from LNC.</p> <p>The Chair asked if there was a change in risk due to the new framework not being fully signed off. As the framework was a draft the core of this was valid whilst awaiting sign off. The framework was in place as it was previously agreed 18 months ago, and it now needed to be reviewed and updated. Further discussions would be had outside of the committee.</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Executive Medical Director to provide an update and further assurance to the committee via the Chair of the Committee</i></b></li> </ul>	TN



	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the On-Call Framework</i></b></li> </ul>	
PC23/03/E1	<p><b><u>Corporate Risk Register</u></b></p> <p>The Company Secretary confirmed there had been no changes to the corporate register. The papers received for this committee meeting stated the mitigations and were evidenced on the register.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and reviewed the Corporate Risk Register</i></b></li> </ul>	
PC23/03/F1	<p><b><u>Governor Observations (Verbal)</u></b></p> <p>Mark Bright provided his observations to the committee asking what implications the virtual ward programme would have on agency costs. This was confirmed that it was a great opportunity for the Trust and required 25% of the workforce for this setting. The banding average for the virtual wards was 7 whereas on a ward it is band 2 or 3. Further work would be required on the transformation and the workforce ratios. Also, looking at what is measured and the effect on the patients, bringing this together or keeping separate, it would hopefully reduce the number of patients coming in for admission.</p> <p>Expressions of interest would be circulated for another governor to observe the People Committee which would be circulated by the Lead Governor.</p> <p>Lynne Schuller asked about the engagement sessions, for the staff survey and if it was protected time as it wasn't always convenient to keep to the time allocated. The Chief People Officer confirmed that different areas would arrange this in different ways, via team meetings or separate sessions, depending on what suited their area.</p> <p>The Chair thanked the comments and questions from the governors.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Thanked the Governor observer for his observations.</i></b></li> </ul>	
PC23/03/G1	<p><b><u>Minutes of the Sub-Committee Meeting (Enclosure J1)</u></b></p>	
	<p><b><i>The Committee noted:</i></b></p> <ol style="list-style-type: none"> <li>i. Teaching Hospital Board Minutes – 6<sup>th</sup> October 2022</li> <li>ii. Equality, Diversity, and Inclusion Minutes – 21<sup>st</sup> November 2022</li> <li>iii. Health &amp; Wellbeing – 12<sup>th</sup> December 2022</li> <li>iv. Workforce Planning Committee Minutes – 9<sup>th</sup> December 2022</li> </ol>	
PC23/03/H1	<p><b><u>IQPR Data Appendix for Information</u></b></p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the IQPR Data Appendix</i></b></li> </ul>	

PC23/03/H2	<p><b><u>Any Other Business (Verbal)</u></b></p> <p>The Company Secretary added that the effectiveness annual survey had been circulated to the members of the committee and would be collated by 15 March 2023.</p>	
PC23/03/H3	<p><b><u>Minutes of the Meeting held on 17<sup>th</sup> January 2023</u></b></p> <p><i>The Committee:</i></p> <ul style="list-style-type: none"> <li>- <i>Approved the minutes of the meeting held on 17<sup>th</sup> January 2023</i></li> </ul>	
PC23/03/H4	<p><b><u>Items of escalation to the Board of Directors (Verbal)</u></b></p> <p>There were no items of escalation to/from:</p> <ul style="list-style-type: none"> <li>i. People Sub-Committees – Job planning audit work registering limited assurance. The chair requested summary from Executive Medical Director</li> <li>ii. Board Sub-committees – no items</li> <li>iii. Board of Directors – no items</li> </ul>	
PC23/03/H5	<p><b><u>Assurance Summary (Verbal)</u></b></p> <p>The Committee was asked by the Chair if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> <li>- Matters discussed at this meeting,</li> <li>- Progress against committee associated Executive’s objectives,</li> <li>- Are there any emerging new risks identified?</li> </ul>	
	<p><i>The Committee were assured on behalf of the Board of Directors on:</i></p> <ul style="list-style-type: none"> <li>- <i>Matters discussed at this meeting</i></li> <li>- <i>Progress against committee associated Executive’s objectives,</i></li> <li>- <i>Are there any emerging new risks identified?</i></li> </ul>	
PC23/03/H6	<p><b><u>Date and time of next meeting (Verbal)</u></b></p> <p><b>Date: Tuesday 2<sup>nd</sup> May 2023</b>  <b>Time: 9.00am</b>  <b>Venue: Microsoft Teams</b></p>	
PC23/03/I1	<p>Meeting closed at: 11:55</p>	

## 2305 - G7 MINUTES OF THE QUALITY & EFFECTIVENESS COMMITTEE - 7

FEBRUARY 2023

● Information Item

👤 Jo Gander, Non-executive Director

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### REFERENCES

Only PDFs are attached

 G7 - Final Quality & Effectiveness Committee Minutes -7 February 2023.pdf



QUALITY AND EFFECTIVENESS COMMITTEE

Minutes of the meeting of the Quality and Effectiveness Committee  
Held on Tuesday 7<sup>th</sup> February 2023 at 13.00 via Microsoft Teams Videoconferencing

<b>Members:</b>	Hazel Brand, Non-Executive Director Jo Gander, Non-Executive Director (Chair) Karen Jessop, Chief Operating Officer (Observing) (KJ) Lois Mellor, Director of Midwifery Dr Tim J Noble, Executive Medical Director (TN) Kath Smart, Non-Executive Director	
<b>In attendance:</b>	Clare Ainsley, Acting Deputy Director of Strategy and Partnerships (Item G1) Sam Debbage, Director of Education and Research Claudia Gammon, Corporate Governance Officer (Minutes) (CG) Angela O'Mara, Deputy Company Secretary Nicki Sherburn, Deputy Divisional Director of Nursing (Item B1) Richard Woodhouse, Health Inequalities Project Manager (item G1)	
<b>To Observe:</b>	Peter Abell, Public Governor Bassetlaw Lynne Logan, Public Governor	
<b>Apologies:</b>	Fiona Dunn, Director Corporate Affairs /Company Secretary (FD)	
		<b><u>ACTION</u></b>
<b>QEC23/02/A1</b>	<b>Welcome, apologies for absence and declarations of interest</b>	
	The Chair welcomed the members, attendees, and governor observers.  There were no declarations of interest	
<b>QEC23/02/A2</b>	<b><u>Conflicts of Interest (Verbal)</u></b>	
	No conflicts of interest were declared.	
<b>QEC23/02/A3</b>	<b><u>Actions from Previous Meeting</u></b>  <b><u>Action 1 – QEC21/12/C2 – Quality Framework</u></b> This Chief Nurse provided an update that progress was being made; however, a further update would be received at the next committee meeting in April 2023.  <b><u>Action 2 – QEC21/12/C2 – Quality Strategy</u></b> The Chief Nurse provided an update that work was beginning on the quality strategy in March 2023, with further with the senior midwives and AHP's to be made. This had then been delayed to June 2023.	

	<p><b><u>Action 3 – QEC22/09/D3 – Health Inequalities</u></b> The Chair provided an update that a conversation would be picked up outside of the meeting with the Chair of the People Committee to determine where Health Inequalities sits. This would ensure no duplicates, and nothing was missed. This action could then be closed.</p> <p><b><u>Action 4 – QEC22/10/C1 – Review of BAF Target Risk Rating</u></b> The Chair asked that the presentation shared at Board would be circulated within the committee. As this action was covered within the 2023/2024 review of the full Board Assurance Framework it could therefore be closed.</p> <p><b><u>Action 5 – QEC22/10/C3 - Review Confirmation if Sharing How we Care Initiative could be instated, or any alternative learning “system” introduced</u></b> This had now been relaunched online and had sent the first one issued. It could be used as evidence for the CQC with all learning being brought together. This action could be closed.</p> <p><b><u>Action 6 – QEC22/12/E4 – Audit and Effectiveness Business Case</u></b> The Executive Medical Director provided an update that the audit function was being reviewed by the divisional directors having a lead part of the new structure. The developing of a business case would see a follow up in April 2023</p>	
	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Claudia Gammon would update the Action Log.</i></b></li> </ul>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the updates and agreed, as above, which actions would be closed.</i></b></li> </ul>	
QEC23/02/A 4	<p><b><u>Board Assurance Framework</u></b></p> <p>The Chief Nurse provided an update on the Board Assurance Framework and that embedded within was the quality framework, this would assist with achieving strategic aims. The current score remained realistic and reflected on the Trust being at risk of not delivering key requirements such as PSIRF. The overall Covid-19 risk remained on the BAF and had been lowered on the risk register due to the declining number of patients and staff because of the vaccination programme.</p> <p>Kath Smart commented regarding clinical negligence schemes for Trusts (CNST) and update that the Datix upgrade should be included on the Board Assurance Framework to provide assurance.</p> <p>Following a comment from the Chair about Ockenden and that the measures should be built in to the BAF for compliancy. The Chief Nurse confirmed this would be looked at further and match up the risks and mitigations. The Chair stressed the importance of not duplicating work that had been discussed at other committee meetings.</p>	
	<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Board Assurance Framework</i></b></li> </ul>	

QEC23/02/B  
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### Surgery Presentation

The Deputy Divisional Director of Nursing explained that following the staff survey the main areas of concern were within audiology, GI admin, B5 and T&O admin. Action plans were put in place from staff survey to include:

- Listening events for band 2's were to be relaunched after the Winter pressures.
- Reintroducing face to face departmental staff meetings.
- Reciprocal mentorship with staff to shadow the senior leads in the divisions.
- More structured 1:1's.
- Promoting the use of hi-fives as this means a lot to staff
- In 2022 surgery had a 63% response rate for the staff survey

The key themes from the surgery presentation were:

- Surgery wait times were under investigated to ensure no harms as there were staff shortages within the division although the rag status was mainly amber.
- More focus on the duty of candour as numbers had increased.
- A surgery governance lead had been confirmed.
- The division had seen an increase from 16 to 31 incidents that have been open longer than three months.

The main themes surrounding incidents were, slips, trips and falls, hospital acquired pressure ulcers and hospital acquired moisture wounds.

In surgery there were 24 open moderate harms with the majority sitting within trauma and orthopaedics and ophthalmology. Currently no never events had been reported.

Within NICE compliance there were 279 guidelines that required a response. The Trust were also ensuring that they were compliant and CQC ready.

Winter had seen an increase in surgical workforce due to the impact caused by patient flow throughout the urgent and emergency department. The trauma ambulatory care unit was under investigation to make larger.

Wider community concerns regarding waiting times and using the use of agency staff in audiology, with the use of a band 4 apprentice was to be discussed. Building workforce was key including the use of NHS professionals and agency staff. International nurses were waiting to start at the Trust, with a better position being available in March 2023.

	<p>Priorities within surgery were to improve the support, allow better access to Oncology, follow up pathways, appointments of consultants, advanced clinical practitioners, work on MEOC, building a nursing team for the area, developing a robotic surgeon, using nursing associates, aligning the workload and outsource where required,</p> <p>Quality improvement currently had projects within sustainable trauma, trauma pathway, ESAC and audiology telephones. There were also elements that featured within audit and effectiveness and the high level of engagement, responsive to the NICE guidelines and good participation in national databases.</p> <p>Hazel Brand asked about the quality improvement projects referred to in the presentation and if they had all started and were time scales built into the plans. The Divisional Director of Nursing explained that the sustainable trauma was in progress and were looking at the bed base.</p> <p>Following a question from Kath Smart regarding the duty of candour response numbers as they were increasing and how the Trust were managing this. This was answered that the numbers had increased however December saw these figures decline. More staff have been added within the areas that require more education and training.</p> <p>Incidents were discussed along with the outcomes and learning with specialties at divisional directors' level including any serious incidents recorded.</p> <p>Mitigations were in place for those areas with large wait lists.</p> <p>The Chair asked about the duty of candour process and was there anything specific around non-compliance. The Divisional Director of Nursing answered that the process had to be applied however, some staff required further training and education on this.</p> <p>The Chair thanked the Divisional Director of Nursing for her time and presentation.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Surgery Presentation</i></b></li> </ul>	
<p>QEC23/02/C 1</p>	<p><b><u>Chief Nurse Report</u></b></p> <p>The Chief Nurse provided the highlights from the report. Briefings around infection prevention and control including the new IPC model was approved and was decided that it would then be presented back to quality and effectiveness committee not at Trust executive group as previously discussed.</p> <p>The Doncaster Place IPC model was being developed and was fully supported by the Trust. The model was awaiting approval from commissioners for funding via Public Health. Place visits had been paused nationally due to the pandemic but had been reinstated in September 2022.</p> <p>A new head of patient experience was in post with the role focus being on patient engagement and to introduce shorter response times on complaints.</p>	

	<p>Work was being carried out amongst the executive team in relation to a recent CQC engagement briefing.</p> <p>The first PSIRF implementation group meeting had taken place with good engagement. There was ongoing work in the background with those involved ready to move on to phase 2, feedback from those involved was required by the next meeting.</p> <p>A draft quality dashboard had been reviewed with some minor amendments required.</p> <p>It was confirmed that the safer staffing report would continue to be presented at the People committee.</p> <p>Hazel Brand asked if the Doncaster Place referred to in the paper also included Bassetlaw Place. It was answered that the IPC model was only commissioned by Doncaster Place and didn't include Bassetlaw.</p> <p>Hazel Brand asked about the CQC engagement visit and if all specialties would be looked at. No formal inspections were due because of Winter pressures, except for possibly maternity.</p> <p>All complaints received were currently being reviewed by the Chief Nurse prior to Chief Executive sign off. This includes the triangulation between what the incidents were and what the complaints were.</p> <p>The Friends and Family test response figures had increased as they had lowered during Covid-19.</p> <p>Kath Smart praised the implementation of the Tendable audit solution and that it was positive to see. How were the Trust evidencing it, to allow updates to be received at Quality and Effectiveness Committee regularly. As Tendable was ward level there was additional quality and accreditation.</p> <p>The Chair added that by using the 'Sharing how we care' data it would improve patients experience and raise any areas of concern.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Chief Nurse Report</i></b></li> </ul>	
<p>QEC23/02/D 1</p>	<p><b><u>Executive Medical Director Report</u></b></p> <p>The Executive Medical Director provided a clinical governance update including:</p> <ul style="list-style-type: none"> <li>• The audit and effectiveness forum annual report was presented to the committee in December 2022.</li> <li>• The Drug and Therapeutics Committee saw nothing of concern and would be chaired by someone from the Executive Medical team.</li> <li>• The Medication Safety Committee was launched in October 2022. The medical incidents were of low or no harm.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Issues with the emergency departments interface and the complexity of being on call whilst in theatre was being worked upon. This would be reviewed alongside the ECIST visit in the emergency department.</li> <li>• The hospital mortality index was rising, with further work required.</li> <li>• Mortality data had been investigated more closely with data gathered from public health and commissioners.</li> <li>• Risk stratification and validations processes were continuing.</li> <li>• Further focus was on the virtual ward there were some issues with governance surrounding prescribing remotely and documentation. The Trust were looking at using nerve centre and asking community providers to also use it.</li> <li>• National issue with provision within oncology and cancer services were in difficulty. The ECIST team had reviewed the emergency pathway, made recommendations, and would support over the next 12 months.</li> </ul> <p>There were two issues that were required to be escalated to the committee:</p> <ul style="list-style-type: none"> <li>• National shortage of chest drains, supply had opened a small amount, but this was due to a licensing issue and was difficult to obtain mutual aid. The Trust were using alternative options where possible.</li> <li>• The Datix licensing upgrade had also led to a few issues.</li> </ul> <p>Hazel Brand commented that the virtual ward work was working well across the ICS. The Executive Medical Director confirmed that other areas and undertaken different aspects of virtual ward as it would assist with discharge. The Chair added that this was part of broader work across the system and engaging with primary care and other areas.</p> <p>Kath Smart mentioned about Datix and the system requests that would be easier for staff to report no harms or near misses. Also, the PSIRF programme required better focus on for reporting in to Datix and then into quality and effectiveness committee. This would mean the monitoring of the report rates, of which there was a significant number of low or no harms.</p> <p>The Chair asked about the medication incidents and those that weren't low or no harm, what they were and if the Trust was picking up any lessons learnt. This was answered that some weren't things that would cause harm and that a piece of work was being launched surrounding missed medicines and would be added to the dashboard.</p> <p>The Chair asked if the Trust was on track for delivery of the validation process on the waiting lists in April 2023. There were challenges around this, those added to the wait list were risk stratified as and when added.</p> <p>The Chair enquired about radiology wait times and the impact this had on patients, were the Trust receiving patient feedback. Feedback was provided and the data logged via the dashboard, it was difficult due to referrals being sent by other departments.</p>	
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	<p>The Executive Medical Director shared the risk management board information that had been raised via internal audit for 15+ risks. The terms of reference had been agreed and a risk systems manager had been appointed. The meeting would review any risks above 20 then above 15. All information was checked, and any actions provided to the risk owner for completion. Risks were then escalated to trust executive group and added to Datix. If the risk was overarching where others sat underneath it, then it wouldn't appear on the risk register.</p> <p>Plans were in place to split the risk register into active risks and non-active risks, this would assist with those risks that need to be mitigated under different areas.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Executive Medical Director Report</i></b></li> </ul>	
<p>QEC23/02/E 1</p>	<p><b><u>Director of Midwifery Overview Report</u></b></p> <p>The Director of Midwifery provided an update:</p> <ul style="list-style-type: none"> <li>• The national standards for the transformation programme were ongoing.</li> <li>• The central delivery suite was still using the modular build and would until March 2023 when the new area was complete.</li> <li>• Staffing levels had improved at the end of February and saw 14 vacancies within maternity, work was being carried out to cover maternity leave. Agencies were being block booked to also assist.</li> <li>• Midwifery training was fully supported in the division. The first midwifery apprentices would start at the Trust in March 2023.</li> <li>• The Equity and Equality action plan were launched in September 2022 by the Local Maternity and Neonatal system (LMNS) and sat alongside the maternity transformation programme and the Ockenden report.</li> <li>• Part 1 of the Ockenden report actions were nearly complete. The final report and the East Kent report would be combined as one report from NHSE. The year 5 standards would be published in March 2023 and would be similar to year 4.</li> <li>• The division saw 2 new Deputy Directors of Midwifery and a project manager in post.</li> <li>• The next steps were to continue working with national, regional, and local maternity teams to work on the recommendations provided.</li> </ul>	

	<ul style="list-style-type: none"> <li>Statistical process control tool was being used in maternity to look at themes and trends relating to quality indicators within maternity services. It was then reported to the performance meetings.</li> </ul> <p>Kath Smart asked about the planned move back to the central delivery suite and whether staff would be briefed ahead of this to not cause any anxiety over the move. Staff had been shown around the new areas and with capacity being larger it would assist with staff feeling anxious.</p> <p>Kath Smart praised the use of the statistical process control tool, and that the data was useful and was within normal controlled limits. The had been used in the past and were partly driven by the Ockenden report looking at the metrics.</p> <p>Following a question from Peter Abell regarding bed availability at Doncaster and Bassetlaw for expectant mothers, if there wasn't anywhere available would their notes be transferred and would they have to make their own travel arrangements. The Director of Midwifery explained that there was a network of hospitals within South Yorkshire and Bassetlaw that would work together. Expectant mothers would only be moved if safe to do so for both them and baby. Medical records were now electronic and can have read only access and can add records to them if required, any lady under Doncaster ladies had access to them on their phones.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li><b>Noted and took assurance from the Director of Midwifery Overview Report</b></li> </ul>	
QEC23/02/F 1	<p><b><u>Corporate Risk Register</u></b></p> <p>The Deputy Company Secretary confirmed that there were no updates to the risk register. The corporate risk register covered the 85 risks 15+, with 15 managed by the corporate risk register. Further updates would be received on the progression via risk management board and Trust executive group.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li><b>Noted the Corporate Risk Register</b></li> </ul>	
QEC23/02/F 2	<p><b><u>Regulatory Compliance Update</u></b></p> <p>The Deputy Company Secretary provided a brief update that the CQC regulatory updates policy had been previously presented to Board. The Company Secretary would provide an update after the upcoming visits with an action plan. There were several standard regulatory reviews that were required.</p> <p>The Chief Nurse explained that the CQC compliance policy was presented to Board for approval for the visits and inspections, lack of information in the past meant that it was then raised to the Trust executive group.</p> <p>Wider compliance and where the Trust were receiving the information would be discussed but would need to avoid duplications.</p>	
	<p><b>The Committee:</b></p>	

	- <b><i>Noted and took assurance from the CQC and Regulatory Compliance Update</i></b>	
QEC23/02/F 3	<p><b><u>QEC Work Plan</u></b></p> <p>The Chair asked for the committees input on the work plan and provided the opportunity to provide feedback.</p> <p>Medicines management details would be considered by the Chair outside of the meeting.</p> <p>Education and Research would see a further update at the next committee meeting following a meeting outside of the committee.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted the QEC Work Plan</i></b></p>	
QEC23/02/G 1	<p><b><u>Health Inequalities</u></b></p> <p>The Health Inequalities Project Manager provided an update on the health inequalities work with the Place and ICB. The main thing was that the Trust embedded health inequalities within policies and procedures. Communications to staff and patients was also key from a wellbeing perspective.</p> <p>A large piece of work was in process to promote health inequalities. Initial communications had been issued via Buzz to introduce the team including an introductory video uploaded to the Hive.</p> <p>Continued work around the reporting into Monday.com was in progress. The education and research team had agreed that from March 2023 health and inequalities would be included within SET training and would also include it in leadership training for new starters.</p> <p>There was currently work around raising awareness within the divisions and teams. Training for this would be rolled out within areas.</p> <p>Kath Smart asked about the staff training and embedding it into the planning process for those writing business plans. Considering the needs of people experiencing health inequalities and how would the Trust monitor the impact and help staff. Speaking with other trusts the Trust was at a similar level to others with the teams requiring an explanation on what core20plus5 means for each area. Further work with the quality improvement team would help to monitor this.</p> <p>The Chair asked how the Trusts work plan would fit in with the ICB developing strategies. Work would be developed alongside them. The Acting Deputy Director of Strategy and Partnerships added that work was in progress with the strategic teams and ICB to address deprived areas. Workshop with the Board of directors in March would follow.</p>	
	<p><b><i>The Committee:</i></b></p> <p>- <b><i>Noted and took assurance from the Health and Inequalities</i></b></p>	
QEC23/02/H 1	<b><u>Governor Observations</u></b>	

	<p>Peter Abell commented about the Divisional Director's presentation and that despite the pressures governance was maintained but was clear that admin support was required.</p> <p>Lynne Logan raised about the shortage of Orthogeriatric staff, as the concern was that it makes a large difference to patient recovery if things are spotted early. This was a national issue to recruit staff.</p>	
QEC23/02/I1	<p><b>Sub-Committee Meetings (Enclosure I1):</b></p> <ul style="list-style-type: none"> <li>- Clinical Governance Committee Minutes – 18th November 2022</li> <li>- Clinical Governance Committee Minutes – 16th December 2022</li> <li>- PEIC Minutes – 26<sup>th</sup> October 2022</li> <li>- PEIC Minutes – 30<sup>th</sup> November 2022</li> </ul>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the Sub-Committee minutes</b></li> </ul>	
QEC23/02/J1	<b>Any Other Business</b>	
QEC23/02/J2	<b>Minutes of the meeting held on 6<sup>th</sup> December 2022</b>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and approved the minutes from the meeting held on 6<sup>th</sup> December 2022.</b></li> </ul>	
QEC23/02/J3	<p><b>Issues escalated from/to:</b></p> <ul style="list-style-type: none"> <li>i) QEC Sub-Committees</li> <li>ii) Board Sub-Committees – Quality Dashboard process</li> <li>iii) Audit &amp; Risk Committee</li> </ul>	
QEC23/02/J4	<p><b>Assurance Summary</b></p> <p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> <li>- Matters discussed at this meeting – chest drain shortage issue and Datix upgrade issues</li> <li>- Progress against committee associated Executive's objectives,</li> <li>- Are there any emerging new risks identified?</li> </ul>	
	<p><b>The Committee were assured on behalf of the Board of Directors on:</b></p> <ul style="list-style-type: none"> <li>- <b>Matters discussed at this meeting.</b></li> <li>- <b>Progress against committee associated Executive's objectives,</b></li> <li>- <b>No new emerging risks identified</b></li> </ul>	
QEC23/02/J5	<b>Date and time of next meeting (Verbal)</b>	
	<p><b>Date:</b> Tuesday 4<sup>th</sup> April 2023</p> <p><b>Time:</b> 13:00</p> <p><b>Venue:</b> Microsoft Teams</p>	
	<p><b>Meeting End time</b> 16:05</p>	

## 2305 - G8 MINUTES OF THE AUDIT & RISK COMMITTEE -27 JANUARY 2023

● Information Item

👤 Kath Smart, Non-executive Director

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### REFERENCES

Only PDFs are attached

 G8 - Final Audit & Risk Committee Minutes - 27 January 2023.pdf



**AUDIT AND RISK COMMITTEE**

**Minutes of the meeting of the Audit and Risk Committee  
Held on Friday 27 January 2023 at 09:30 via Microsoft Teams**

<b>Present:</b>	Mark Bailey, Non-Executive Director Jo Gander, Non-Executive Director Kath Smart, Non-Executive Director (Chair)	
<b>In attendance:</b>	Matthew Bancroft, Head of Financial Control Mark Bishop, Local Counter Fraud Specialist (LCFS) Mark Brookes, Associate Director of People & Organisational Development (agenda item G2) Alex Crickmar, Acting Director of Finance Matthew Gleadall, Acting Deputy Director of Estates and Facilities (agenda item F1) Dr Tim Noble, Executive Medical Director Angela O'Mara, Deputy Company Secretary Dan Spiller, Ernst & Young (agenda item D1) Sean Tyler, Head of Compliance (agenda item F1) Ruth Vernon, Assistant Director, 360 Assurance	
<b>To Observe:</b>	Dennis Atkin, Public Governor Doncaster Zoe Lintin, Chief People Officer (agenda item G2)	
<b>Apologies:</b>	Mark Day, Non-Executive Director Fiona Dunn, Director of Corporate Affairs/Company Secretary Hassan Rohimun, Ernst & Young	<u>ACTION</u>
<b>AR23/01/A0</b>	<b>Welcome, apologies for absence and declarations of interest (Verbal)</b>	
	<p>The Chair welcomed members and attendees to the meeting. Jo Gander joined her first Committee meeting and the Chief People Officer would observe the meeting as part of her familiarisation with Board Committees.</p> <p>The above apologies for absence were noted.</p> <p>Kath Smart declared she had been asked to take on the role of Deputy Chair with effect from 1 February 2023. The Code of Governance for NHS provider trusts provided best practice guidance and confirmed that ideally the Chair of the Audit &amp; Risk Committee should not be the Deputy/Vice Chair or Senior Independent Director. In order to retain the Chair's experience and to provide stability following the recent and ongoing non-executive recruitment, the decision to explain, rather than comply had been taken by the Chair of the Board and Company Secretary. A disclosure to this effect would be included when the Code of Governance was reviewed.</p>	

AR23/01/A1	<b><u>Actions from previous meeting (Enclosure A2)</u></b>	
	<p><b><u>Actions 1 – 8</u></b> were closed and noted for completeness.</p> <p><b><u>Action 9 AR22/10/D – Job Planning</u></b> and <b><u>Action 10 – Emergency Planning Core Standards Return</u></b> were not yet due and would be included on the agenda for the April Committee meeting.</p> <p><b><u>Action 11 – Corporate Risk Register</u></b> – clarification required from the Company Secretary, action to remain open.</p>	
AR23/01/A3	<b><u>Request for any other business (Verbal)</u></b>	
	No requests for any other business had been received.	
AR23/01/B1	<b><u>Local Counter Fraud Specialist Progress Report</u></b>	
	<p>The Local Counter Fraud Specialist shared with the Committee a high-level summary of his report, which provided an insight into the work undertaken since October 2022. The Committee’s attention was drawn to the following:</p> <ul style="list-style-type: none"> <li>• the ongoing monitoring of the Fraud Risk Assessment, with the potential for increased risk, linked to the cost-of-living crisis</li> <li>• completion rates of fraud statutory &amp; essential training remained at a high level (97%). Face-to-face training had been reintroduced, to include international recruits, apprentices and those on the foundations of care programme</li> <li>• a fraud &amp; security resource was now provided within the Team DBTH Staff App</li> <li>• an assessment by the NHS Counter Fraud Agency (NHSCFA) highlighted the Trust’s adherence to purchase order protocol. The low level of non-purchase order (PO) spend was seen as a positive step in mitigating risks in the procurement process; the Trust was one of 63 trusts to demonstrate a below average use of non-POs</li> <li>• following the issue of two fraud prevention notices by the NHSCFA and in order to raise awareness of mandate fraud, the LCFS had worked with the Head of Procurement to issue an aid memoire to 2800+ suppliers</li> </ul> <p>In response to a question from Jo Gander with regards to the increased risk arising from the cost-of-living crisis, the LCFS confirmed there was currently no evidence of an increase when compared to last year’s data, but a watching brief would be maintained, particularly around secondary employment whilst absent from work.</p> <p>Mark Bailey noted the high level of statutory and essential training and suggested compliance within the Chief Executive and Medical Directorate be considered further to ensure 100% compliance.</p> <p>The LCFS confirmed the close links between his work and Speaking Up, a protocol to support the sharing of information with the Freedom to Speak Up Guardian was in place and an invite extended to attend the Speaking Up Forum. There was also reference to the importance of Speaking Up in the Trust’s corporate induction programme linked to the Public Interest Disclosure Act.</p>	<b>LCFS</b>



	<p>In response to a question from the Chair in respect of the level of usage of the DBTH Staff App, the LCFS agreed to consult with the Acting Director of Communications &amp; Engagement to establish if this could be verified.</p> <p>The Chair acknowledged the importance of collaborative working with the finance and procurement team and recognised the Trust’s ranking in the non-purchase order exercise as positive assurance. The proactive work with suppliers in respect of bank mandate fraud was encouraging and an appreciation card would be sent to the Head of Procurement and his team.</p> <p>In respect of ongoing investigations, the Chair highlighted those cases linked to the non-declaration of secondary employment and enquired how use of the Civica Declare system could support an increased level of declarations. The LCFS shared with the Committee the opportunities taken to raise colleague awareness as part of corporate induction, statutory and essential training and through the Trust’s internal policies. Committee members noted the importance of declarations in terms of transparency and recognised the benefits to the individual and organisation gained through secondary employment. Whilst there had been no change in the requirement to declare, an increase in awareness and a simplified process to register declarations was hoped to support increased levels of reporting.</p> <p>In respect of a system approach to counter fraud, the LCFS confirmed the Trust’s involvement in the Fraud Collaborative Service, links with the Integrated Care Board and representation on the national Counter Fraud Managers Group, which enabled the sharing of intelligence.</p>	<p><b>LCFS</b></p> <p><b>KS</b></p>
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the LCFS Progress Report</i></b></li> </ul>	
<p><b>AR23/01/C1</b></p>	<p><b><u>360 Assurance Progress Report</u></b></p>	
	<p>360 Assurance highlighted the significant work in progress to inform the year end audit opinion, whilst completion was slightly delayed, plans were in place to deliver the work within the required timeframe.</p> <p>In relation to follow-up work, 68% of audit recommendations had been closed by the required due date, with a total closure rate of 88% reported. Three historic actions remained open, relating to KPMG’s 2020/21 Risk Management and Board Assurance Framework audit and four actions were overdue, relating to the Medicine Management and Divisional Governance audits.</p> <p>The 2023/24 internal audit plan was under development, an initial discussion had taken place with the Acting Director of Finance and Company Secretary and meetings with executive and non-executive directors were scheduled to build the plan, with a view to bringing the draft to April’s Committee meeting for approval.</p> <p>Jo Gander’s request to undertake an audit of complaints, with a specific focus on closure rates and lessons learnt was noted and the audit into complaint handling, previously completed by KPMG was shared with Jo Gander post meeting.</p> <p>In response to a question from Jo Gander, the Acting Director of Finance confirmed that the outcomes from internal audits were used to inform Quality Improvement work.</p>	

	<p>In respect of client key performance indicators, the Chair enquired how the Trust's performance compared to that of other organisations. The internal auditors confirmed delays in respect of the Clinical Negligence Scheme for Trusts (CNST) audit were in line with those seen in many other trusts. The start of the Patient Safety Incident Response Framework (PSIRF) audit had been delayed due to the commissioning of an external Patient Safety review and the subsequent reassessment of the scope of the internal audit, the final sign off was impacted by changes in senior personnel. The internal auditors acknowledged the support of the Company Secretary and Acting Director of Finance in progressing delays when required.</p> <p>The Interim Director of Recovery, Innovation &amp; Transformation joined the meeting to provide an update in respect of overdue actions highlighted in Appendix D related to the 2021/22 Divisional Governance Audit. A series of actions to address variances in ways of working across the divisions had been progressed including terms of reference and templates for senior leadership meetings, further work linked to the development of a responsibilities' toolkit and the leadership behaviour framework was in train. A senior leadership away day would take place on 8 February, a revision to the divisional structure would be shared, along with future ways of working to be implemented for the new financial year. The Director of Recovery, Innovation &amp; Transformation agreed to share the terms of reference and template with the internal auditors.</p> <p>The Director of Recovery, Innovation &amp; Transformation and the Executive Medical Director were working closely to resolve the outstanding actions from the Medicines Management audit, which included a review of the FP10 policy by the Chief Pharmacist. The Executive Medical Director confirmed an inhouse electronic prescribing system had been developed, issues relating to delivery of medication and ensuring appropriate links to up-to-date information were still being worked through and discussions with the Chief Pharmacist to clarify what could be delivered, without negatively impacting service, were ongoing.</p> <p>A target date for completion of the policy refresh had been agreed for the end of March 2023 and at this time a decision would be made and shared with the internal auditors if the remaining action could be progressed, or if there was a need to revise the action and mitigate the risk in a different way.</p> <p>The LCFS confirmed a wealth of information was available via the Counter Fraud Authority in respect of FP10s and suggested appropriate links with the Security Manager were made for development of the policy.</p> <p>To conclude, executive colleagues were asked to ensure when signing off audit recommendations that realistic, yet stretching targets were agreed to ensure the timely closure of actions and the best use of the available internal audit resource.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Internal Audit Progress Report &amp; Recommendation Tracker</i></b></li> </ul>	
AR23/01/C2	<b><u>Stage 2 Head of Internal Audit Opinion Memo</u></b>	
	360 Assurance presented the Stage 2 Head of Internal Audit Opinion memo which provided an update on progress of the 2022/23 programme of work. The moderate opinion took into account the ongoing development of the Board Assurance Framework and strategic risk	

	<p>management, the outturn of internal audits, implementation of internal audit actions and third-party assurance.</p> <p>Mark Bailey enquired if a phased approach to action planning could be introduced to take into account operational pressures, whilst the deadlines were mutually agreed, the Acting Director of Finance suggested it would be helpful to reinforce the need for timescales to be agreed in the context of known operational challenges, whilst ensuring a risk-based prioritisation. This message would be shared with the Executive Team, to ensure new directors were sighted on previous discussions, the Trust Executive Group and with senior colleagues.</p> <p>The Chair confirmed the Stage 2 opinion would be shared with the Board of Directors and recognised a greater than moderate assurance opinion was required to support delivery of the Trust’s vision. A need for continued improvement to the audit recommendations closure rate and improved risk management processes was noted.</p> <p>The Chair welcomed the attendance of the internal auditors at the newly formed Risk Management Board and the feedback provided.</p> <p>In respect of those historic actions outstanding from KPMG’s Risk Management and Board Assurance Framework review, the Executive Medical Director updated the Committee on progress with the recommendations from the Risk Management audit work and gave a presentation to the Committee members.</p> <p>The Risk Management Board had met on three occasions, with monthly meetings taking place to review the highest risks, ensuring the Risk Register was up to date. During these meetings the Executive Medical Director had asked each area to check if the risk was still valid, was correctly scored, had appropriate mitigations in place, which were working, or if other mitigations were required. The first meeting of the Risk Management Board was to review those risks scored over 20. The new Risk Manager (who started in post in December 2022) was meeting with risk owners to ensure the risk mitigations were clear and in place. The Executive Medical Director was clear the link between the Trust Executive Group (TEG) and the Risk Management Board/Risk Register needed to be strengthened. The risk process was explained with clarity around risks graded 12+ going to Risk Management Board, which may then be escalated to TEG and subsequently be included on the Corporate Risk Register. In response to a question from the Chair with regards to the date the Executive Medical Director was working to for review of the 15+ risks; querying whether the plan to deliver was in place and whether the resource was available, the Executive Medical Director confirmed he would use February and March’s Risk Management Board to carry out the work and Internal Audit confirmed they would work with this timescale. The Chair emphasised that ensuring the risk management process was fully implemented was a priority and would support the True North objectives, especially safety and the aim to be outstanding.</p> <p>The Chair welcomed the presentation and clarification, and it was agreed this would be shared with the Committee post meeting.</p> <p>The Chair shared her appreciation of the progress and plans to close the actions and confirmed she was happy to receive an update outside of this meeting.</p>	<p><b>AO</b></p>
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	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Stage 2 Head of Internal Audit Opinion Memo</b></li> </ul>	
AR23/01/C3	<b>Internal Audit Reports</b>	
	<p>Since the last Committee meeting three internal audit reports had been issued, received today for noting. As all three reports did not offer an opinion, the Chair sought assurance from the internal auditors that an appropriate balance between advisory and assurance reviews would be provided across the programme of work.</p> <p><b><u>3.1 - Patient Safety</u></b></p> <p>The initial scope of the Patient Safety audit had been reassessed following the commissioning of an external review by the Trust, as such this audit provided a complementary focus on the reporting of low/no harm incidents, in line with the greater emphasis on learning arising from the Patient Safety Incident Response Framework. The audit highlighted a need to redefine classifications on Datix to enable the identification of key themes and reduce the volume of data collection to streamline and encourage increased reporting. It was agreed that this report would be considered further by the Quality &amp; Effectiveness Committee.</p> <p><b><u>3.2 Healthcare Financial Management Association (HFMA) Financial Sustainability</u></b></p> <p>In accordance with national guidance, the Trust had been required to undertake a self-assessment against the HFMA’s financial sustainability checklist and to subsequently commission an internal audit into this piece of work; the guidance required no audit opinion to be provided. The internal auditors confirmed their review had identified no significant issues, with just one score relating to financial risks that could not be validated.</p> <p>The Acting Director of Finance welcomed the review and confirmed the financial risk was a known issue, which had subsequently been addressed on Datix. In response to a question from the Chair, with regards to how the Trust benchmarked with other organisations, the Acting Director of Finance confirmed the Trust benchmarked favourably, consent would be required to enable sharing of the comparator data.</p> <p>Actions arising from the audit and progress against the actions would be reported to the Committee. 360 Assurance confirmed the learning from their client base and best practice had been collated and would be shared within the next week.</p> <p><b><u>3.3 Clinical Negligence Scheme for Trusts (CNST)</u></b></p> <p>Originally scheduled as an assurance review, a change to the national deadline for submission impacted the ability to provide an opinion, as work to evidence compliance was ongoing. The review considered a sample of Maternity Incentive Scheme safety actions and the supporting governance arrangements; significant issues were identified in respect of the quality and availability of evidence and the lack of an appropriate forum to review data ahead of submission.</p> <p>In response to a question from the Chair, the Director of Midwifery confirmed the findings were not unexpected and advised the Trust would be declaring partial compliance with Year 4 CNST standards. The successful appointment of a Project Manager and two deputies to the Director of Midwifery provided the appropriate resource to proactively collate evidence on an ongoing basis, the potential for a quarterly submission to the Chief Nurse would be considered.</p>	AC

	<p>Nationally, compliance levels were anticipated to be lower than in preceding years, with the greatest challenge being evidencing the actions taken.</p> <p>The Chair suggested the audit report be presented to the next Quality &amp; Effectiveness Committee for consideration. Jo Gander recognised the potential for a wider discussion to include governance arrangements for the monitoring of compliance and the risk associated with clinical negligence for inclusion on the Board Assurance Framework, recognising the financial implication of non-compliance of Year 4 CNST standards was a reduction in income of £0.6m in year. The Director of Midwifery recognised maternity negligence claims were often low in number but high in value, however, in view of the extensive window in which a claim could be made the impact of learning/improved practices may not result in a short-term change to the number of claims.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Internal Audit Reports</i></b></li> </ul>	
<b>AR23/01/D1</b>	<b>External Audit</b>	
	<p>Dan Spiller informed the Committee that Hassan Rohimun would no longer support the Trust and Hayley Clark would take up the audit work for the remainder of the contract. An introductory meeting had been arranged with the Chair and a new date would be sourced to meet the Acting Director of Finance.</p> <p>The Audit Committee timetable had been reviewed for year end reporting, which was in line with NHSE guidance for completion of audits by 30 June 2023. This year NHSE had noted that NHS bodies should discuss with their auditors a timetable for work papers and discussions would take place with the Head of Financial Control in this respect.</p> <p>The Chair asked that the Committees' appreciation and best wishes be shared with Hassan for his support and contribution.</p> <p>Dan Spiller and Matthew Bancroft left the meeting.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the External Audit Update</i></b></li> </ul>	
<b>AR23/01/E1</b>	<b><u>Single Tender Waiver Report</u></b>	
	<p>The Committee noted the report, the Chair recognised the successful management of the contract register and asked the Acting Director of Finance to share her appreciation with the Head of Procurement.</p>	<b>AC</b>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Single Tender Waiver Report</i></b></li> </ul>	
<b>AR23/01/E2</b>	<b><u>Losses &amp; Compensation</u></b>	
	<p>The Committee noted the report. In response to a question from Mark Bailey, the Acting Director of Finance confirmed that the loss of hearing aids was a known issue, work to</p>	

	improve procedures to reduce the number of losses would be progressed. The Division of Medicine was recognised to be an area susceptible to loss, due to the nature of its work. The LCFS suggested specific hot spots of loss should be monitored and areas of concern be considered by the Security Manager. The Chair suggested this be included as part of the next security update to the Committee.	AC
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Losses &amp; Compensation Report</i></b></li> </ul>	
AR23/01/F1	<b><u>Board Assurance Framework (Full)</u></b>	
	<p>The Non-executive Directors provided an insight into the respective Board Assurance Frameworks aligned to their Board Committees.</p> <p>In respect of Strategic Aim 1, Jo Gander referenced the iterative development of the Board Assurance Framework with regular discussions taking place at Board and Committee level. A refresh of the strategic aims would take place to include alignment of risks and a review of risk ratings.</p> <p>As Chair of the People Committee, Mark Bailey acknowledged the plans to consider combining the Board Assurance Frameworks for Strategic Aim 2 and 3. The Board Assurance Framework was maintained as a live document, identifying the key risks around workforce and informed the Committee agenda.</p> <p>In respect of the Board Assurance Framework for Strategic Aim four, having chaired this month's Finance &amp; Performance Committee the Chair acknowledged the comprehensive, up to date view presented, which included the year end financial position and the recent third-party assurance received as part of the HFMA financial sustainability audit. The target risk rating had been challenged and this would be considered as part of the annual planning process.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the BAF Update</i></b></li> </ul>	
AR23/01/F2	<b><u>Corporate Risk Register</u></b>	
	<p>The Deputy Company Secretary presented the Corporate Risk Register. As referenced earlier in the meeting work continued via the Risk Management Board to assess current and new risks, formalise procedures and conduct reviews across the divisions and directorates.</p> <p>Mark Bailey recognised the work in train, in terms of ensuring risk management was embedded into everyday practice, it was suggested that following completion of the review of 15+ rated a discussion with the Company Secretary and 360 Assurance could focus on what good risk management looked like.</p> <p>With reference to risk ID 13 "<i>risk of economic crime against the Trust by not complying with Government Counter Fraud Functional Standard GovS 013</i>" the Chair requested the LCFS review the detail which although rated at 12 was recorded as an extreme risk, with a narrative update</p>	LCFS

	<p>dated April 2022. As regular updates had been brought to the Committee since this date the narrative should reflect this.</p> <p>In respect of risk ID 3103 “DBTH ability to comply with the national Covid 19 inquiry”, following a change in personnel, the Chair asked that confirmation of the current Senior Responsible Officer be sought. Post meeting this was confirmed to be Denise Smith, Chief Operating Officer.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted and took assurance from the Corporate Risk Register</b></li> </ul>	
<b>AR23/01/F3</b>	<b><u>ISA 260 Recommendations – Mid-Year Update</u></b>	
	<p>The report provided an update against all actions arising from the 2021/22 external audit.</p> <p>In response to a question from the Chair, the Head of Financial Control confirmed that policy due dates continued to be monitored and were reported via the Audit &amp; Effectiveness Committee.</p> <p>In respect of the final action on the log where an unbalanced SBS journal had been identified in the general ledger download, the Chair shared her concern with regards to the response provided by NHS Shared Business Services, the Acting Director of Finance confirmed the matter had been escalated and further assurance was being sought. A change to the Trust’s reconciliation process had been implemented in order to reconcile to the penny.</p> <p>In respect of the action relating to employment contracts, the Chief People Officer confirmed that a business case had been presented to the Corporate Investment Group to centralise and invest in the recruitment function. The case for the centralisation of recruitment had been approved, the investment was supported in principle and would be included in the business planning process.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Reviewed the ISA 260 Recommendations – Mid-Year Update</b></li> </ul>	
<b>AR23/01/F4</b>	<b><u>Register of Interest, Corporate Hospitality, and Sponsorship</u></b>	
	<p>The Deputy Company Secretary presented the report which summarised activity on Civica Declare since its launch on 1 December 2022. The supporting data confirmed 56% of decision makers had completed a declaration, the initial response rate was encouraging and the plan to achieve full compliance by the end of quarter 1 of 2023/24 was noted.</p> <p>The Chair reflected on her personal experience of the system and recognised the ease of access which would support improved compliance and would welcome an updated view at the next Committee meeting.</p>	<b>FD</b>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the Register of Interest, Corporate Hospitality, and Sponsorship</b></li> </ul>	

AR23/01/G1	<b><u>Shared Business Services – Annual Assurance Statement</u></b>	
	<p>The Acting Director of Finance confirmed that Pricewaterhouse Coopers’ report provided assurance in respect of NHS Shared Business Services control system for finance and accounting systems during the period April 2021 to March 2022. The sole recommendation related to fire and water risk assessments which had been completed in July 2022.</p> <p>Going forwards the report would be brought to the Audit &amp; Risk Committee in a timelier manner, as the report was published in April the intention would be to bring the next report to either the year end, or July’s Committee meeting. The work plan had been updated to reflect this.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from NHS Shared Business Services – Annual Assurance Statement</i></b></li> </ul>	
AR23/01/G2	<b><u>Victoria Pay Services (VPS) Annual Assurance Statement</u></b>	
	<p>The Associate Director of People &amp; Organisational Development confirmed the assurance report provided was commissioned in May 2021 prior to commencement of the Trust’s contract with Victoria Pay Services.</p> <p>Extensive scrutiny had taken place as part of the tender process and since the start of the contract monthly meetings between the Trust and VPS had taken place, no service issues had been identified.</p> <p>A review would be completed by 360 Assurance in the 2023/24 audit plan, noting that Sheffield Teaching Hospitals NHS FT would bear the majority of the costs with time allowed for the remaining clients in respect of their starters/leavers/change processes. A report would be provided in due course.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Victoria Pay Services Annual Assurance Statement</i></b></li> </ul>	
AR23/01/H1	<b><u>Health &amp; Safety Bi-annual Report</u></b>	
	<p>The Acting Deputy Director of Estates and Facilities and Head of Compliance were welcomed to the meeting.</p> <p>The key highlights from the report were shared with the Committee, which covered the period April to September 2022 and related to progress against the Granger Report action plan, status of quality improvement projects, improved safety initiatives including the introduction of a risk assessment eLearning package, the procurement of HSE Safety Climate Tool and collaborative working with other NHS organisations.</p> <p>The revised reporting style was positively received and provided a greater level of assurance. Where third party assurance had been received, the Chair encouraged inclusion of the audit opinion, actions arising and progress against these within the report. An example of an audit</p>	



	<p>summary report would be shared with the Chair, with a view to including this as a supporting appendix for information in future reports.</p> <p>Where learning was identified, the Chair confirmed she was keen to see this, how the information was shared across the organisation and the impact on individuals. The “don’t walk by” campaign to reinforce personal responsibility was a welcomed initiative, which was in line with the Trust’s values. The importance of learning from near misses was recognised to be as important as incidents and a streamlined process to facilitate this to support increased reporting was in progress. Mark Bailey recognised the value of learning from other industries, wider than NHS organisations. the Head of Compliance confirmed there would be an opportunity to benchmark with other industries as part of the Health &amp; Safety Climate Tool.</p>	MG/KS
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and took assurance from the Health &amp; Safety Bi-annual Report</i></b></li> </ul>	
AR23/01/I1	<b>Governor Observations</b>	
	The governor observer recognised the high-volume of business at today’s meeting, which had been well managed. There was evidence of good discussion and challenge throughout the meeting.	
AR23/01/J1	<b><u>Any Other Business</u></b>	
	No items of other business were raised.	
AR23/01/K1	<b><u>Sub Committee Minutes</u></b>	
	<p><b><i>The Committee noted:</i></b></p> <ul style="list-style-type: none"> <li><b><i>i) Information Governance Committee minutes – September, October &amp; November 2022</i></b></li> <li><b><i>ii) Health &amp; Safety Minutes – September 2022</i></b></li> </ul>	
AR23/01/L1	<b><u>Audit &amp; Risk Committee Effectiveness Review Report</u></b>	
	The report had been circulated outside of the meeting, which captured a summary response, recommendations and the Trust’s response.	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Approved the Audit &amp; Risk Committee Effectiveness Review Report</i></b></li> </ul>	
AR23/01/M1	<b><u>Minutes of the Meeting held on 14 October 2022</u></b>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Approved the minute of the meeting held on 14 October 2022</i></b></li> </ul>	

AR23/01/M2	<b><u>Audit &amp; Risk Committee Work Plan</u></b>		
	A refreshed work plan, developed by the Chair and Company Secretary was received for information and noting. Comments were invited and 360 Assurance agreed to feedback outside of the meeting.		
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Audit &amp; Risk Committee Work Plan</i></b></li> </ul>		
AR23/01/M3	<p><b><u>Issues escalated from/to:</u></b></p> <ul style="list-style-type: none"> <li>i) QEC/ F&amp;P/ People Committees – <b>CNST &amp; Patient Safety/Datix Internal Audit Reports to be included on the next agenda of the Quality &amp; Effectiveness Committee</b></li> <li>ii) ARC Sub-Committees - <b>none</b></li> <li>iii) Board of Directors - <b>the Chair’s Assurance Log would be reintroduced and the Stage 2 Head of Internal Audit Opinion and the recommendations closure rate would be brought to the Board’s attention</b></li> </ul> <p>Kath Smart, Chair</p>		
AR23/01/M4	<p><b><u>Assurance Summary</u></b></p> <p>The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> <li>- Matters discussed at this meeting</li> <li>- Progress against committee associated Executive’s objectives</li> <li>- Any new Emerging risks that have been identified from the meeting?</li> </ul>		
AR23/01/M5	<b><u>Date and time of next meeting (Verbal)</u></b>		
	Date:	18 April 2023	
	Time:	09:30	
	Venue:	Microsoft Teams	
	Meeting Close:	12:20	

2305 - G9 MINUTES OF TRUST EXECUTIVE GROUP - 9 JANUARY, 22 MARCH  
& 3 APRIL 2023




● Information Item

👤 Richard Parker OBE, Chief Executive

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## REFERENCES

Only PDFs are attached

-  G9 - Final Trust Executive Group Minutes - 9 January 2023.pdf
-  G9i - Final Trust Executive Group Minutes - 22 March 2023.pdf
-  G9ii - Final Trust Executive Group Minutes - 3 April 2023.pdf

FINAL



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

**TRUST EXECUTIVE GROUP**

**Minutes of the Meeting of the Trust Executive Group  
Held on Monday 09<sup>th</sup> January 2023 @ 2pm via Microsoft Teams**

<b>Present:</b>	<p>Anurag Agrawal - Divisional Director – Medicine  Ken Anderson - Chief Information Officer  Alex Crickmar - Acting Director of Finance  Sam Debbage - Director of Education &amp; Research  Fiona Dunn - Director of Corporate Affairs / Company Secretary  Kirsty Edmondson-Jones - Director of Innovation &amp; Infrastructure  Eki Emovon - Divisional Director - Children and Families  Karen Jessop – Chief Nurse  Joseph John – Medical Director of Operations  Zoe Lintin - Chief People Officer  Dr Tim Noble - Executive Medical Director  Jon Sargeant - Interim Director of Recovery, Innovation &amp; Transformation (Chair)  Jochen Seidel – Divisional Director for Clinical Specialties  Denise Smith – Chief Operating Officer  Howard Timms - Acting Operational Director of Estates and Facilities</p>
<b>In attendance:</b>	<p>Clare Ainsley - Acting Deputy Director of Strategy and Partnerships  Laura Brookshaw - 360 Assurance  Simon Brown – Deputy Chief Nurse  Lucy Hammond – Divisional Director of Operations (Surgery and Cancer) (3pm-3.30pm)  Paul Mapley – Efficiency Director  Karen McAlpine – Deputy Chief Operating Officer  Katie Michel – PA to the Chief Executive (Minutes)  Kathryn Rigby – Breast, Vascular, Urology and Gastrointestinal Clinical Director (3.30pm-end)  Adam Tingle - Acting Director of Communications and Engagement  Ruth Vernon – 360 Assurance  Mike Whiteside – Chief Clinical Information Officer  Jack Woodhouse – Graduate Trainee  Gillian Wood - Deputy designated Nurse for Safeguarding and LAC, Doncaster Place and Head of Safeguarding, Doncaster Bassetlaw Teaching Hospital (DBTH)</p>
<b>Apologies:</b>	<p>Antonia Durham-Hall - Divisional Director – Surgery and Cancer  Nick Mallaband - Medical Director for Workforce and Specialty Development  Richard Parker – Chief Executive</p>
	<b><u>ACTION</u></b>
<b>TEG23/01/A0</b>	<b><u>Internal Audit Acton Log Update</u></b>
	<p>Ruth Vernon, 360 Assurance, outlined the main points within the report sent out prior to the meeting and highlighted the outstanding actions to be completed.</p>

	<p>Ruth referred to the paper, Appendix B and pointed out the overdue actions being around the divisional governance audit and medical management which were both being worked on.</p> <p>Ruth also updated on Appendix C, in which deadlines were due by 31<sup>st</sup> March 2023. The four actions due included;</p> <ul style="list-style-type: none"> <li>- 2x Head of Internal Audit opinion work</li> <li>- 2x Recruitment Audit</li> <li>- 2x Patient Safety Audit</li> </ul> <p>Ruth reminded the group that closing the actions would positively impact the follow up rate which currently stood at 65%.</p> <p>The Chair thanked Ruth for the update and Ruth left the meeting.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Internal Audit Action Log Update</i></b></li> </ul>	<b><u>All</u></b>
TEG23/01/A1	<b><u>Welcome and Apologies for Absence (Verbal)</u></b>	
	The Chair welcomed the members and attendees to the meeting. The above apologies for absence were noted.	
TEG23/01/A2	<b><u>Matters Arising / Action Log</u></b>	
	There were no actions outstanding.	
TEG23/01/A3	<b><u>Conflict of Interest (Verbal)</u></b>	
	No conflicts of interest were declared.	
TEG23/01/A4	<b><u>Requests for any other business (Verbal)</u></b>	
	Director of Corporate Affairs / Company Secretary requested to update about the Civica Declarations of Interest.	
TEG22/12/A5	<b><u>CEO Update</u></b>	
	The Deputy CEO highlighted the importance of getting through the winter by stabilising the Doncaster and Bassetlaw sites. As well as this, the Deputy CEO thanked everyone for their hard work throughout the Christmas period.	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the CEO Update</i></b></li> </ul>	
TEG23/01/B1	<b><u>Trust policy – Reviews Visits Inspections and Accreditations</u></b>	
	The Director of Corporate Affairs made reference to the policy sent out prior to the meeting and asked for the group’s approval. The Chief Operating Officer pointed out an	

	<p>amendment on the table of contents page, to change ‘Management Board’ to ‘Trust Executive Group’. The Director of Corporate Affairs noted this.</p> <p>The group approved the policy with the suggested amendment.</p>	
	<p><b><i>The Committee</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Trust policy and approved with the suggested amendment.</i></b></li> </ul>	
<b>TEG23/01/C1</b>	<b><u>Clinical Update</u></b>	
	<p>The Medical Director ran through the paper sent out prior to the meeting and highlighted the main points.</p> <p>The Chief Information Officer updated on the virtual ward after speaking with the Integrated Care Board (ICB) the week previous, and explained a solutions architect, to look at the data flow, had been appointed.</p> <p>The Divisional Director of Medicine queried the process of how patients from the community would be added onto the virtual wards.</p> <p>The Medical Director of Operations explained that the experience with virtual wards in the country is intended for patients who are expected to be discharged within a few days/weeks, which means the number of patients who need to be stepped up would be minimal.</p>	
	<p><b><i>The Committee</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Clinical Update</i></b></li> </ul>	
<b>TEG23/01/C2</b>	<b><u>Finance Update</u></b>	
	<p>The Deputy Chief Executive gave a financial update in the Acting Director of Finances absence.</p> <p>The Deputy Chief Executive highlighted the impact on all the non-recurrent support and changes in funding and the need to understand the ask for the planning in respect of the budget going forward.</p>	
	<p><b><i>The Committee</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Finance Update</i></b></li> </ul>	
<b>TEG23/01/C3</b>	<b><u>Operational Update</u></b>	
	<p>The Chief Operating Officer introduced herself to the group as she joined the meeting for the first time.</p> <p>The Chief Operating Office gave an update over the challenging winter period and commended the energy and commitment of the team. The Chief Operating Officer continued by explaining that her priority over the coming weeks was to stabilise and improve patient safety.</p>	

	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Operational Update</i></b></li> </ul>	
TEG23/01/C4	<b><u>People Update</u></b>	
	<p>The Chief People Officer drew attention to a few points within the paper including a detailed update around the strategic workforce plan, the graduate management trainee scheme, and the draft People Strategy.</p> <p>The Chief People officer asked the group for comments on the draft People Strategy to be directed to her by the end of January with the hope of the policy returning at the next meeting for approval.</p> <p>The Chief Operating Officer requested to liaise with the Chief People Officer in a bid for a general management trainee. The Chief People Officer agreed to this.</p> <p>The Chief Nurse asked the Chief People Officer to be linked with the best contact for the workforce planning tool as she had a similar set up in her previous trust which could be used to work with the current tool. The Chief People Officer suggested Chris White as the relevant contact.</p>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the People Update</i></b></li> </ul>	
TEG23/01/C5	<b><u>Initial Staff Survey Results 2022 (Under embargo)</u></b>	
	<p>The Chief People Officer summarised the Initial Staff Survey Results 2022 by highlighting the good improvements in comparison to the previous year and congratulated all colleagues on this.</p>	
TEG23/01/D1	<b><u>CIG Update</u></b>	
	<p>The Deputy CEO took the paper as read and asked the group for questions in the absence of the Acting Director of Finance.</p> <p>The Deputy CEO explained that himself and the Acting Director of Finance were working through how the teams support one another within business cases. These had been categorised through minor, major and complex business cases. The Deputy CEO advised this would be brought to the next TEG in further detail.</p> <p>The Divisional Director of Clinical Specialties raised the question around unspent capital due to the financial year coming to an end.</p> <p>The Deputy CEO responded by explaining the process that the Trust had followed the past number of years and assured the group that capital is spent in full each financial year.</p>	
	<p><b><i>The Committee:</i></b></p>	

	- <b><i>Noted the CIG Update.</i></b>	
TEG23/01/E1	<b><u>Safeguarding Team Options Appraisal</u></b>	
	<p>The Deputy Chief Nurse, Acting Deputy Director of Strategy and Partnerships, Deputy Designated Nurse for Safeguarding and LAC, Doncaster Place and Head of Safeguarding, Doncaster Bassetlaw Teaching Hospital (DBTH), and a Graduate Trainee, shared the presentation within the group with the ask to establish a robust quality Safeguarding team.</p> <p>The Director of Education &amp; Research pointed out learning aspects that would allow compliance to follow suit within Statutory and Essential Training.</p> <p>The Chief Nurse expressed concern over the changes of guidance and legislations and meeting this demand. The Deputy Chief Nurse agreed and highlighted the resources needed to be put in place at DBTH.</p> <p>The Chief Nurse requested figures of captured data around the activity within safeguarding. The Deputy Chief Nurse gave assurance that referrals had been sent via Datix and this was and could be provided.</p> <p>The Deputy Chief Nurse showed the safeguarding structure options, Gold (£373K) , Silver (£247K) and Bronze (£136K); the risks reducing from gold to silver or bronze were presented as;</p> <ul style="list-style-type: none"> <li>- Lack of leadership</li> <li>- Reduced resilience</li> <li>- Ability to clinically supervise</li> <li>- Bare minimum resource (Bronze)</li> <li>- Job Retention</li> </ul> <p>The Acting Deputy Director of Strategy and Partnerships asked the room for the preferred options to move forward, however, the Deputy Chief Executive explained definitive preferred options could not be given but steered the presenters towards ensuring a business case was completed to be presented at other meetings, with a clear outline of success factors and clear investment objectives.</p> <p>The Director of Education &amp; Research proposed students to be taken into consideration, which would provide offset in funding and allow students to develop, giving the possibility of supporting the gold option via development pathways.</p> <p>The Acting Deputy Director of Strategy and Partnerships requested a steer from the group as to which would be the recommended preferred structure following discussions, which allowed a business case to build up for the end of the month;</p> <p>Gold - 3 Silver - 5 Bronze – 0</p> <p>The Medical Director and Chief People Officer abstained from the vote.</p>	



	The Medical Director thanked the presenters and happily supported the direction of the proposed.	
<b>TEG23/01/E2</b>	<b><u>Strategy Update</u></b>	
	<p>The Deputy Chief Executive updated on the clinical strategy and the emergency work with the Integrated Care System (ICS) in how Doncaster Royal Infirmary would become the second emergency site for South Yorkshire.</p> <p>The Deputy Chief Executive voiced concerns in relation to communications but gave reassurance that support had been given by Chief Operating Officers, the Medical Director for Workforce &amp; Speciality Development, amongst other external individuals.</p> <p>The Deputy Chief Executive states timelines had been revisited which enabled people to input thoughts and processes, linking alongside the Quality Strategy with the Chief Nurse and the Chief People Officer’s Manpower Plan.</p> <p>The Chief People Officer informed the group with details of workshops within the Trust’s specialist areas, which would pull together a multi-year Workforce Plan.</p> <p>The Deputy Chief Executive informed the TEG members that the wider group met weekly on a Friday.</p> <p>The Efficiency Director presented the planning guidance briefing papers and pulled out key points to; recover; progress and transform. Included in the discussion.</p> <ul style="list-style-type: none"> <li>- New targets within improving urgent and emergency care performance to see 76% of patients within 4 hours, by March 2024.</li> <li>- Not exceeding 92% bed occupancy by increasing bed capacity by maintaining funded window capacity.</li> <li>- Shifts in moving back to tariff-based unit system for elective and outpatient care.</li> <li>- Recruitment and retention.</li> <li>- Aim to reduce agency spend to 3.7%</li> </ul> <p>The Deputy Director of Finance introduced the financial planning guidance update in which was made clear that some of guidance was still in draft. Included in the discussion.</p> <ul style="list-style-type: none"> <li>- ICB Funding had grown 3.2% 2023/2024 and by 2024/2025 would have grown to 2.2%</li> <li>- Starting Baselines included pay award funding, removal of National Insurance benefit.</li> </ul> <p><b>Integrated Care Board (ICB)</b></p> <ul style="list-style-type: none"> <li>- Covid funding reduced significantly nationally from £2.2billion down to £0.5billion (Recurrent towards Integrated Care Board)</li> <li>- Separate funding would be for the use of; continuation of discharge (£500million), continuation of physical/virtual ward capacity, support of ambulance service and Service development fund.</li> </ul>	

- Funding through capacity fund is lower than actual expenditure throughout winter

**Efficiency**

- 2.2%-3% recurrent efficiency requirement with a breakdown of normal tariff efficiency 1.1% and 0.7% convergence (ICB spent more than long term plan allocations)

**Other**

- General Practice – allocation would be grown to 5.6%
- System expenditure limits – agency 3.7% of total pay
- Covid funding – fixed allocation 2023/2024; NHS England (NHSE) to continue commission vaccines
- Specialised commissioning - Joint committee between NHSE and ICB, High-cost drugs and Devices continue as 2022/2023, Continue to commission Public Health and Health and Justice Services.
- Health Education England funding to continue to be based on an activity basis, 2023/2024 tariffs released Q4 2022/2023

The Deputy Chief Executive gave an overview of the ICB Core Allocation, highlighting the base rate growth of £126million primarily for General practices and inflationary increase. Also stated an increased value for elective recovery fund.

NHS Payment Scheme (National tariff) and Elective would be 100 percent variable basis using tariff prices on activity carried out as done previously using PBR rules. Not including follow-ups. Elective targets set at ICB level but if the Trust hits above target the Trust would be paid more. All other activities would be a fixed arranged payment.

**Capital Guidance Update**

- ICB allocations as previously published (C90% of allocation – receive C10% once achieved performance targets).
- No increase for inflation.
- National Capital Programmes would be continued.

The Efficiency Director provided further information to the group affirming the overall approach aligned with guidance received, but there hadn't been a planning timetable from South Yorkshire issued or technical guidance yet. There would be a need to have a plan signed off by ICB and Board by the end of March.

Within Internal progress the first deadline was Friday 06<sup>th</sup> January where responses had been received from all and finalising could commence. The key next steps followed original plans and a final version was due 26<sup>th</sup>-27<sup>th</sup> January for divisions to be costed and prioritised. The next stage for Capital awaited a response from the Children's and families division with a deadline of 17<sup>th</sup> January, the workforce plan was coordinating final returns and a wider assurance checklist reviewed plans against national guidance to ensure they had been met.

The Efficiency Director identified within Activity forecasts the drafts capacity plan had been received by divisions and the outputs based on and figures had been sent to divisions on 11<sup>th</sup> for further review with a final deadline of the 17<sup>th</sup> of February.

	The Efficiency Director expressed lots of work been done, which better placed the Trust than that of previous years.	
	<b>The Committee:</b>  - <b>Noted the Strategy Update</b>	
TEG23/01/E3	<b><u>Innovation Update</u></b>	
	The Deputy Chief Executive took the paper as read with no further updates.	
	<b>The Committee:</b>  - <b>Noted the Innovation Update</b>	
TEG23/01/E4	<b><u>Capital Update</u></b>	
	The Director of Innovation & Infrastructure gave an overview on the Bassetlaw Emergency Village (BEV) project in which the guaranteed maximum price came in at a cost pressure above the original business case of £4.5million due to hyperinflation, sending the budget over £17.6million. To mitigate these costs, the Director of Innovation & Infrastructure explained mitigations that would help these pressures with three presented options.  - Option 1 – Maintain Programme - Option 2 – Delay the Business Case to Re-tender and confirm VE - Option 3 – Maintain Programme, Retender and Interrogate Good Manufacturing Practice (GMP)	
	<b>The Committee:</b>  - <b>Noted the Capital Update</b>	
TEG23/01/D1	<b><u>Contract Extension – NHS England AAA Screening Service</u></b>	
	The Deputy Chief Executive asked the group if they were happy to extend the contract beyond the date in March 2023.  The group showed support to extend the NHS England Abdominal Aortic Aneurysm (AAA) Screening Service.	
	<b>The Committee:</b>  - <b>Noted the Contract Extension – NHS England AAA Screening Service</b>	
TEG23/01/F1	<b><u>Education and Research Update</u></b>	
	The Director of Education and Research informed the group of the verbal outline set out in the paper and shared how the Monitoring the Learning Environment visit from Health	

	Education England had gone positively well. The Director of Education and Research passed thanks to everyone involved.	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Education and Research Update and approved the recommendations</i></b></li> </ul>	
TEG23/01/G1	<b><u>ICS Update</u></b>	
	The Chair confirmed that there was no update on this item.	
TEG23/01/H1	<b><u>Place Update</u></b>	
	The Chair confirmed that there was no update on this item.	
TEG23/01/I1	<b><u>Patient Pathway Management Business Case</u></b>	
	<p>The Chief Information Officer explained the business case had been sent two times to; Executive Team, Trust Executive Group (TEG), and Corporate Investment Group in which it had been given qualified approval and needed the approval at TEG for the next steps to Finance and Performance (F&amp;P) ready to take to board.</p> <p>The Chief Information Officer informed how all medical secretaries had completed relevant training, the tracking system went out for tender, in which evaluation had taken place, and four different suppliers expressed interest with the value of over £1million. The three qualifications previously had issues to do with.</p> <ul style="list-style-type: none"> <li>- Accountancy (which had been resolved).</li> <li>- Impact of any significant recruitment programme on existing administrative personnel.</li> <li>- Communications and Recruitment Teams taking advice from Human resource colleagues.</li> </ul> <p>Discussions were made by the Medical Director of Operations and the Divisional Director of Medicine whether there should be a centralised or decentralised system in place.</p> <p>The Chief Operating Officer showed support for the business case but highlighted the need for consistency within clinical and non-clinical teams.</p> <p>The Deputy Chief Executive summarised how the business case overall figures had been agreed, but there had still been discussions of if management would be short, medium, or long term and how they would sit in the new case.</p> <p>The Deputy Chief Executive proposed the group members liaised together to work through final differences, The Chief Information Officer, The Chief Operating Officer, Medical Director of Operations and The Chief Clinical Information Officer.</p> <p>During the discussion the Deputy Chief Executive asked for approval for the model business case in order to start processes. The Trust Executive group were happy to move forward with the business case. The Medical Director had reservations but was happy to move forward so long as stipulations were met in terms of different allowances of</p>	

	consultancy work, however expressed content to work through these with The Chief Operating Officer.	
TEG23/01/11	<b><u>South Yorkshire ICB LIMS Full Business Case</u></b>	
	<p>The Deputy Chief Executive asked the Chief Information Officer if he was content with the Trusts plans for Electronic Patient Record (EPR) and the business case provided. The Chief Information Officer explained the reason he was content to move forward was due to the EPR having not gone out to tender which presented opportunity to determine specification requirements between the dates which had shown no conflicts of interest.</p> <p>The Chief Clinical Information Officer had corresponded with the developer for the ICB LIMS case in which it had been made clear the option is available to have different systems in conjunction with one another, however the advantages were consistent with what the Trust wanted in regards to message transfer so Cerner for both systems seemed the best option presently.</p> <p>The Group agreed for the business case to proceed to the Board.</p>	
TEG23/01/J1	<b><u>Any other Business (Verbal)</u></b>	
	<p>The Director of Corporate Affairs / Company Secretary informed that Civica Declarations of Interest went live 04<sup>th</sup> December 2022 and had gone well, there had been little need for help. The Director of Corporate affairs / Company Secretary notified the divisional directors that emails regarding secondary employment would be sent to them to be approved, and to do this an email would be sent on a weekly basis, but if help was needed to contact.</p> <p>The Director of Corporate Affairs / Company Secretary notified there had been no changes in policy.</p> <p>The Divisional Director of Children and Families asked a question relating to human errors when data had been input onto the system, specifically secondary employment.</p> <p>The Director of Corporate Affairs / Company Secretary clarified, Nil declaration was equivalent to no secondary employment, however with gifts, hospitality, or sponsorships there had been appropriate sections for this to be entered and assurance was given that secondary employment could be amended, but to contact The Director of Corporate Affairs / Company Secretary to do so.</p> <p>The Deputy Chief Executive asked The Director of Corporate Affairs / Company Secretary to send guidance on frequently asked questions on declaration of interests.</p>	
TEG22/12/12	<b><u>Minutes of the Trust Executive Group meeting dated Monday 12<sup>th</sup> December 2022</u></b>	
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted and approved the minutes of the meeting dated Monday 12<sup>th</sup> December 2022.</i></b></li> </ul>	
TEG22/12/13	<b><u>Date and time of next meeting (Verbal)</u></b>	

	Date:	Monday 13 <sup>th</sup> February 2023	
	Time:	14:00 – 17:00	
	Venue:	Via Microsoft Teams	
	<b>The meeting closed at: 17:10</b>		

**TRUST EXECUTIVE GROUP**

**Minutes of the Meeting of the Trust Executive Group  
Held on Monday 22nd March 2023 @ 2pm via Microsoft Teams**

<b>Present:</b>	Richard Parker – Chief Executive Anurag Agrawal - Divisional Director – Medicine Ken Anderson - Chief Information Officer Alex Crickmar - Deputy Director of Finance Fiona Dunn - Director of Corporate Affairs / Company Secretary Karen Jessop – Chief Nurse Joseph John – Medical Director of Operations Zoe Lintin - Chief People Officer Dr Tim Noble - Executive Medical Director Jon Sargeant – Director of Financial Director of Recovery, Innovation & Transformation Jochen Seidel – Divisional Director for Clinical Specialties Denise Smith – Chief Operating Officer Ken Agwuh – The director of Infection and Control Ken Anderson – Chief Information Officer	
<b>In attendance:</b>	Anneleisse Siddall – Corporate Secretary (Minutes)	
<b>Apologies:</b>	Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Sam Debbage - Director of Education & Research Howard Timms - Acting Operational Director of Estates and Facilities Eki Emovon - Divisional Director - Children and Families	
		<b>ACTION</b>
<b>TEG23/01/A1</b>	<b><u>Welcome and Apologies for Absence (Verbal)</u></b>	
	The Chair welcomed the members and attendees to the meeting. The above apologies for absence were noted.	
<b>TEG23/01/A2</b>	<b><u>Matters Arising / Action Log</u></b>	
	There were no actions outstanding.	
<b>TEG23/01/A3</b>	<b><u>Conflict of Interest (Verbal)</u></b>	
	No conflicts of interest were declared.	
<b>TEG23/01/A4</b>	<b><u>Requests for any other business (Verbal)</u></b>	
	Director of Corporate Affairs / Company Secretary requested to update the Civic Declarations of Interest.  The Chief Information Officer requested to update about virtual Smart Cards.	
<b>TEG23/01/B1</b>	<b><u>Trust policy – Reviews Visits Inspections and Accreditations</u></b>	

	<p>The Director of Corporate Affairs / Company Secretary gave an overview of the Establishment of Committees Policy in which had been reviewed due to new committees being established within the last 12 months, this was a chance to ensure new and existing committees had correctly administered meetings. It was stated there had only been minor changes to divisions, structure, and roles. The ask was for the group to approve, comply, and reinforce the policy.</p> <p>The Medical director asked if this included smaller project groups that would dissolve soon afterwards.</p> <p>The Director of Corporate Affairs / Company Secretary confirmed that this policy would be for the use of governance committees that would report to responsible committees.</p>	
	<p><b><i>The Committee</i></b></p> <p>- <b><i>The Committee approved the Establishment of Committees Policy.</i></b></p>	<b><u>All to note</u></b>
TEG23/01/C1	<b><u>Clinical Update</u></b>	
	<p><u>The Chief Nurse Update</u></p> <p>The Chief Nurse thanked all members of the team for great stakeholder engagement with the PSIRF implementation. The chief nurse pulled out the following key points from the report:</p> <ul style="list-style-type: none"> <li>• The National implementation timelines had been shown to be back on track.</li> <li>• The hospital acquired pressure ulcer reduction plan was on track with a 20% reduction by end of financial year.</li> <li>• The Skin Integrity team have moved positively and set a new threshold for 2023-2024 in line with their strategic plan.</li> <li>• Infection Prevention and Control (IPC) remained on target, but Clostridium difficile had seen a significant increase in recent months. Updated communication on best practice had been issued to clinical teams.</li> <li>• Midwifery staffing position continued to be the most challenged with a significant number of colleagues on maternity leave. This combined with vacancies is resulting in a 21% gap.</li> </ul> <p><u>COVID-19</u></p> <p>The Chief Nurse notified of changes to covid guidance which had been made in line with national guidance and update communications has been sent out. It was noted that changes in funding for covid would be in place for 2023/24 which reflected the new guidance.</p> <p>The Director of Infection and Control described changes on covid screening for elective, non-elective, and discharged patients. In August, due to high outbreaks, it was decided at to continue screening all cases, however the proposal would be to only screen patients with respiratory conditions, or those patients shown to be symptomatic. If positive patients would then be screened again at day 5 and 6, rather than day 6 and day 7.</p> <p>If a respiratory patient is present, it would be decided to continue screening at day 3,5 and 7.</p>	



	<p>The Director of Infection and Control highlighted the previous communication on 20<sup>th</sup> March re the use of face masks which would no longer be mandatory, other than use when respiratory conditions are present, or if a known Covid patient had been identified. The Director of Infection and Control asked TEG about the continuing need for blue and yellow pathways. TEG confirmed agreement to end the corridor restrictions.</p> <p>The Deputy Director of Finance Informed that the covid testing allocation would not be fully reimbursed, and the allocation had gone to ICB's to manage, figures for income of covid testing had been shared and £700K would be received by the trust when previously it had been given £3m. The Deputy Director of Finance asked for the group to recognise the impact of expenditure on testing and requested a meeting with the Director of Infection and Control to discuss further, this was agreed.</p> <p>The Chief Operating Officer suggested the need to discuss resetting and reconfiguration of the bed bases, with help from divisional directors, to restore ring fenced elective surgical as the Trust had pre-covid.</p> <p>The Medical director asked how the reduction in screening would be monitored for safety and to take into consideration how the Trust could help keep numbers and severity down. The Director of Infection and control noted that this would be dealt with via surveillance and reaction based on local and national guidance.</p> <p>The Chief Executive Summarised and asked the team if they supported the recommendation of reversion from blue and yellow pathways and restore standard infection prevention and control measures. The Trust Executive group were happy to support the recommendation.</p> <p><u>The Medical Director Update</u> The Medical Director discussed the paper sent and pulled key points from it:</p> <ul style="list-style-type: none"> <li>- Page 42 job planning – progress had been made within internal audit, though still development to be made, the Non-Executive Directors had been made aware of previous audit reports and which actions are to be completed and sent to board.</li> <li>- Page 44 Getting It Right First Time (GIRFT) – had good feedback and areas needed more focus</li> <li>- Page 45 Appraisal platform – worked with the Chief Information office and have been getting support to look for a new product for revalidation.</li> <li>- Page 46 Mortality data review group – looked at deeper analysis with the information team.</li> <li>- Page 47 Risk Management board – improvements would be made with the review of 360 assurance.</li> </ul> <p>The Medical Director had met prior with Emyr Jones and spoken about mortality.</p>	<p><u>ALL</u></p> <p><u>AC/KA</u></p> <p><u>DS/DD's</u></p>
	<p><b><i>The Committee:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Discussed the Clinical Update.</i></b></li> </ul>	
TEG23/01/C2	<u>Finance Update</u>	
	The Chief financial officer provided an update on month 11 .	

The Chief financial went through a presentation on the 2023-2024 Business Plan which gave context to members of the group.

As the Trust no longer worked with the traditional payment by results (PBR) and more emphasis was on ICS allocation of funds the Trust needed to balance within the agreed limit at an ICS level. This had taken into consideration an accountability with not only the board, but system and peers. This position reflected that the Trust looked like an outlier in ICS due to the underlying deficit.

#### The Financial Plan

- Showed 2023-2024 in £40.4m deficit after the delivered £16.7million Cost Improvement Programme (CIP) (c3%).
- It was suggested by the Chief Financial officer that if activities delivered included MEOC, this would bring earned ERF to £16.96m.
- There had been bids for £26.8m for cost pressure requests and the plan could only set £4.5m to cover cost pressures.
- £1m reserved for unexpected winter pressures.
- Bids had gone into the urgent care allocations to fund Ward 22.
- First draft of plan was approximately £69m so the Trust had shown a significant improvement as issues had been resolved.

#### Workforce Growth

The workforce growth shown post CIP was 5.3%, and post CIP and Adjustments was at 2.5%.

#### Trust Activity

The trust activity was measured against 2019-2020 activity and shows Accident and Emergency had high activity levels, whereas all other activities had fallen below 2019-2020. The Chief Financial officer informed that although the trust had been busier with longer periods of stay, effectively there had been more workforce with less work at a higher cost.

The Chief Financial officer informed the group that significant focus would be needed to manage within budgets and that the Trust would need to secure ICS and Regional confidence and would need to apply a renewed focus on safety, efficiency, and effectiveness in 2023/24. To support this the key work streams would be:

- Theatre productivity
- Outpatient reform
- Diagnostic productivity and demand management
- Length of stay/discharge process
- Job planning and linking to capacity planning and productivity

The Chief Executive echoed the challenges but was confident that opportunities for improvement existed. TEG were asked to note the financial position and the need to ensure wider understanding of the need to utilise the appropriate use of resources.

	<p>The Medical Director voiced concerns over figures presented in relation to non-elective procedures, it was noted the issue for the drop in productivity could be due to incorrect recording or missing data. The Medical Director expressed how improvements had been made in some categories and suggested this could be explored and integrated within the rest of the plan. The Financial Officer agreed to ensure figures are correct.</p> <p>The Chief Executive specified that Elective Recovery Fund (ERF) would continue to generate money, but the focus need to be on maximising efficiency and effectiveness to ensure that activity was achieved at the lowest possible cost.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the Finance Update.</b></li> </ul>	
<b>TEG23/01/C3</b>	<b><u>Operational Update</u></b>	
	<p>The Chief Operating officer had deferred the open appointments update to the next TEG on 03<sup>rd</sup> April 2023 and thanked the Divisional Teams for their personal leadership during the industrial action.</p> <p>The Chief Operating Officer shared information on urgent care noting that due to sickness in the Emergency Care Intensive Support Team (ECIST) there would be a delay to the concordat to be sent to The Chief Executive. This was expected to be received shortly. It was proposed that facilitated workshops would be held focused on the key issues to be considered.</p>	<b><u>ALL</u></b>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Discussed the Operational Update.</b></li> </ul>	
<b>TEG23/01/C4</b>	<b><u>People Update</u></b>	
	<p>The Chief People Officer pulled out some key points from her paper:</p> <ul style="list-style-type: none"> <li>- Leadership behaviours framework has had extensive engagement especially around behaviours, values and what it means in practice.</li> <li>- Local reports around staff survey feedback had been sent out for engagement sessions with teams, following the 65% response rate for the Trust.</li> <li>- Draft gender pay report had been worked on.</li> </ul> <p>The Chief Nurse asked if there would be a need to highlight behaviours on social media. The Chief People officer agreed to reflect this in the next version of the draft The DBTH Way.</p>	<b><u>ZL</u></b>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Discussed the People Update.</b></li> </ul>	
<b>TEG23/01/D1</b>	<b><u>CIG Update</u></b>	
	There were no items or update given at this meeting.	
<b>TEG23/01/E1</b>	<b><u>Transformation Board</u></b>	

	There was nothing to discuss for this item.	
TEG23/01/E2	<b><u>South Yorkshire Pathology Service transfer</u></b>	
	Presenters did not attend this meeting due to technical difficulties, therefore would be attending in May's Trust Executive Group.	<b><u>CEO</u></b>
TEG23/01/F1	<b><u>Education and Research Update</u></b>	
	<p>The Chief People officer informed work had been undertaken around the triangulation of feedback and data in which more detail would be sent to the people committee.</p> <p>The Chief People Officer updated the group around medical study leave budget, and policy.</p> <p>The Deputy Director of finance asked to meet with the Director of Education &amp; Research in order to aid understanding what had been asked finance wise.</p>	<b><u>AC/ Dr SD</u></b>
	<p><b><i>The Committee:</i></b></p> <p>- <b>Approved the Education and research Update</b></p>	
TEG23/01/G1	<b><u>Any other Business (Verbal)</u></b>	
	<p>The chief Information Officer informed the group of the EPR tender, and how the EOBS was being deployed to the paediatric team with a number of HR functions with use of funding that had previously been provided.</p> <p>The Chief Information officer stated that a virtual smart card was being introduced and that would enable processes to come online which would support additional IT security.</p> <p>The Medical Director requested clarification how ERS referrals would be put onto camis using the virtual smart card and if it would be fully automated whilst being a safer option. The Chief Information Officer clarified that the virtual smart card would be fully automated and would only take the physical card aspect away.</p> <p>The Director of Corporate Affairs / Company Secretary Informed of the launch Civica Declarations to manage conflict of interest declarations, it was highlighted how it had performed well and reached up to 75% compliance to present. The Director of Corporate Affairs / Company Secretary explained the declarations of interests would be sent out again in April for 23/24 compliance.</p> <p>The Chief Executive confirmed a formal letter had been sent to the Trust following a peer review by the South Yorkshire Trauma Operation Delivery Network. The review had highlighted the need for immediate actions to be taken in respect of the Trauma Audit Research Network data process in Emergency Department and involvement in the Trust's trauma group. The Chief Executive expressed concern that the issues identified had been identified previously and that the actions previously taken had not been sustained and that escalation through the Governance route had not been effective. The Medical Director had been asked to review and advise upon the steps that needed to be taken to ensure that systems and process are in place to ensure that actions are sustained.</p>	<b><u>All</u></b>  <b><u>EMD</u></b>

	The Director of Corporate Affairs / Company Secretary asked that future copies of reports be forwarded to the Trust Board Office for governance practice.	<b>ALL</b>
	<b><i>The Committee:</i></b> - Discussed Any Other Business	
TEG22/12/	<b><u>Minutes of the Trust Executive Group meeting dated 09<sup>th</sup> January 2023</u></b>	
	<b><i>The Committee:</i></b> - Approved minutes from 09 <sup>th</sup> January 2023	
TEG22/12/	<b><u>Date and time of next meeting (Verbal)</u></b>	
	Date: <b>03<sup>rd</sup> April 2023</b> Time: <b>14:00-17:00pm</b> Venue: <b>Microsoft Teams</b>	
	<b>The meeting closed at: 11:20am</b>	

**TRUST EXECUTIVE GROUP**

**Minutes of the Meeting of the Trust Executive Group  
Held on Monday 3<sup>rd</sup> April 2023 @ 2pm via Microsoft Teams**

<b>Present:</b>	Jon Sargeant – Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT) (Chair) Anurag Agrawal - Divisional Director – Medicine Ken Anderson - Chief Information Officer Fiona Dunn - Director of Corporate Affairs / Company Secretary Eki Emovon - Divisional Director - Children and Families Karen Jessop – Chief Nurse Joseph John – Medical Director of Operations Zoe Lintin - Chief People Officer Howard Timms - Acting Operational Director of Estates and Facilities Suzanne Stubbs - Deputy Chief Operating Officer
<b>In attendance:</b>	Laura Brookshaw - 360 Assurance Anneleisse Siddall – Corporate Secretary (Minutes) Andrew Potts - Divisional Director of Operations
<b>Apologies:</b>	Richard Parker – Chief Executive Dr Tim Noble - Executive Medical Director Antonia Durham-Hall - Divisional Director – Surgery and Cancer Denise Smith – Chief Operating Officer Jochen Seidel – Divisional Director for Clinical Specialties Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Anthony Jones - Deputy Director of People and Organisational Development Sam Debbage - Director of Education & Research Alex Crickmar - Deputy Director of Finance Simon Brown – Deputy Chief Nurse Karen McAlpine – Deputy Chief Operating Officer
	<b>ACTION</b>
<b>TEG23/04/A0</b>	<b><u>Internal Audit Acton Log Update</u></b>
	<p>Laura Brookshaw, 360 Assurance, provided a brief overview status for year-end up to the 31 March 2023.</p> <ul style="list-style-type: none"> <li>- The first action follow up rate was 64%</li> <li>- The overall rate was 82%</li> </ul> <p>It had been informed 5 Actions had been awaiting an update, these were;</p> <ul style="list-style-type: none"> <li>- 2x Divisional governance in relation to SLT.</li> <li>- 2x Medicine Management.</li> <li>- 1x Maternity.</li> </ul>

	This equated to the overall assessment being a moderate assurance opinion as the follow-on actions remained at the 75% assurance threshold. It was stated that updates would be accepted to the cut-off date 17 April 2023.	
	<b><i>The Committee:</i></b> - <b><i>Noted the Internal Audit Action Log Update</i></b>	<b><u>All</u></b>
TEG23/04/A1	<b><u>Welcome and Apologies for Absence (Verbal)</u></b>	
	The Chair welcomed the members and attendees to the meeting. The above apologies for absence were noted.	
TEG23/04/A2	<b><u>Matters Arising / Action Log</u></b>	
	The Chief People Officer declared actions had been completed from the last Trust Executive Group.	
TEG23/04/A3	<b><u>Conflict of Interest (Verbal)</u></b>	
	No conflicts of interests were declared.	
TEG23/04/A4	<b><u>Requests for any other business (Verbal)</u></b>	
	There had been no requests made.	
TEG23/04/A5	<b><u>CEO Update</u></b>	
	The Chief Finance Officer (CFO)/ Director of Recovery, Innovation and Transformation (DRIT) informed the group the Chief Executive update would be integrated within the financial update.	
	<b><i>The Committee:</i></b> - <b><i>Noted the CEO Update</i></b>	
TEG23/04/B1	<b><u>Risk Management Board Update</u></b>	
	The Chief Information Officer informed the group that Risk number 3209 had been assigned to him and related to a lack of tracking software trust wide. For this risk the Chief Information Officer worked with the Head of Information on Datix.  The process was explained to the group by the Chief Information officer who explained that patients had always remained tracked through an end-to-end process, this included both online and offline systems but that problems had occurred.  As assurance was given that a new patient tracking system which had gone live Friday 31 March 2023 would resolve the problem, however it would take a month to configure with an estimated three months to be fully embedded. The Chief Information Officer suggested the risk would need to be updated and taken back to the Risk Management Board which would be reported back to TEG.  It had been noted that risk would not be completely removed as the nature of both	

	<p>online offline processes required human input, an example was given such as information not uploaded to the system or not uploaded correctly.</p> <p>The Director of Corporate Affairs / Company Secretary confirmed that the risk was around the inaccuracy of patient tracking across multiple pathways, not a risk in respect of tracking systems, The risk had passed through correct channels and came to the attention of the Chief Information Officer when discussed in Risk Management Board.</p> <p>It was confirmed that the risk owner had been assigned to the Chief Operating Officer.</p> <p>The Director of Corporate Affairs / Company Secretary Informed the group the risk was graded at twenty with a suggestion to take back to next Risk Management Board which would then be agreed for further action.</p> <p>Chief Finance Officer and Director of Recovery, Innovation &amp; Transformation asked for clear appointing of risk owners going forward and restated the protocols of Risk Management Board bringing an escalation to TEG would be via the Executive Medical Director of Medicine.</p>	<u>ALL</u>
	<p><b><i>The Committee</i></b></p> <p style="padding-left: 40px;"><b><i>- Noted the Risk Management Board Update</i></b></p>	
<b>TEG23/04/C1</b>	<b><u>Clinical Update</u></b>	
	<p>The Medical Director of Operations informed the group two posts within the EMD Team had been substantively appointed: Associate Medical Directors for Professional Standards and Clinical Safety.</p> <p>Positive cooperation from consultants had been established which gave The Medical Director of Operations reassurance that acute and elective work would be maintained throughout the Junior Doctors Strike. ED staffing had support from consultants but remained challenging.</p> <p>The Medical Director of Operations addressed of 300+ consultants 50% had signed off job plans in the Allocate system. The plan would be to redouble efforts towards achieving 100% being focused on job plans, this would give the best productivity from consultants whilst bringing the recovery plan forward.</p> <p>The Medical Director of Operations explained how a new platform for appraisals had been implemented but would take some time for consultants to be trained and feel comfortable to use. The appraisal performance stood at approximately 75% for 2022-2023 and there would be encouragement given for employees to use the platform which would hopefully help towards the aim of 95% for 2023-2024.</p> <p>It was stated a two-day event in January had taken place for getting it right first time (GIRFT), in which had proven successful with input from both the regional and national team and subsequently a GIRFT visit was held from the national team in orthopaedics. As a priority it was informed how the Orthopaedic team would have a plan of action with a focus on high volume, low complexity factors within the Trust feeding GIRFT into the plan with a realistic approach.</p>	



	<p>The Chief People Officer asked the medical Director of Operations if the Medical Advisory Committee (MAC) would go ahead in respect of the Junior Doctors strike. The Medical Director Confirmed when major strikes are present the meeting would be stood down.</p> <p>Chief Finance Officer and Director of Recovery, Innovation &amp; Transformation expressed the need to follow up and prioritise the GIRFT piece as not to overlap various information. It was noted the focus would be how the Trust could deliver this in a practical manner.</p> <p>The Medical Director of Operations stated the three main focused areas would be;</p> <ul style="list-style-type: none"> <li>- High level, low complexity work – An improvement in productivity.</li> <li>- The Orthopaedic area - as shown to be in high alert within trauma and Orthopaedics.</li> <li>- Theatre Utilisation.</li> </ul> <p>The Chief Finance Officer and Director of Recovery, Innovation &amp; Transformation suggested an informal chat with the Medical Director of Operations outside of TEG in relation to focused areas of improvement.</p>	<b><u>JS / JJ</u></b>
	<p><b><i>The Committee</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Clinical Update</i></b></li> </ul>	
TEG23/04/C2	<p><b><u>Finance Update – Year end 2022/2023 (Verbal)</u></b></p>	
	<p>The Finance Director explained additional payments from the first junior doctors strike hadn't hit financial expectation.</p> <p>It was noted that as the costs of the IA were unexpected the financial implications would be challenging. In respect of the 2023-2024 financial plans a further resubmission has taken place with a deficit of £31.4m which included the request from the Integrated Care System (ICS) to include a 4% Cost Improvement Programme (CIP), as a result the Cost Pressure Reserve had also reduced.</p> <p>The Finance Director thanked all for the support within Workforce Growth, but unfortunately the headline position suggested that the Trust remained an outlier at 4.5%. it was believed that this was incorrect as this included non-recurrent adjustments, MEOC and Super regional CDC all of which are unique schemes. The Finance Director explained after CIP the Trust growth looked to be 1.4% growth.</p> <p>A meeting on the 05 April was to be held with the National Finance Team to review the Trusts plan, so all meetings with the Finance Director, Deputy Finance Director and The Efficiency Director on this date would need to be cancelled. The Finance Director felt that it would be beneficial for the Trust to have an independent review as this would allow for an independent opinion.</p> <p>The current ICB position is:</p> <ul style="list-style-type: none"> <li>- <b>£110m deficit overall (Trust is approximately 1/3<sup>rd</sup> of this deficit)</b></li> <li>- The system (ICS) has £26m deficit</li> <li>- Barnsley £13m deficit</li> <li>- Doncaster &amp; Bassetlaw Teaching hospitals £31m deficit</li> <li>- Doncaster Place had £8m deficit</li> </ul>	

	<ul style="list-style-type: none"> <li>- ICB £17m deficit</li> <li>- RDASH £8.7m deficit</li> <li>- Rotherham £6.5m deficit</li> <li>- Sheffield Teaching Hospitals £15m deficit</li> <li>- Sheffield Children -£10m</li> <li>- Sheffield Health and Social Care -£4m</li> </ul>	
	<p><b><i>The Committee</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Finance Update Year end 2022/2023</i></b></li> </ul>	
<b>TEG23/04/C3</b>	<b><u>Operational Update</u></b>	
	<p>The Deputy Chief Operating Officer summarised the Operational Update pulling out key components.</p> <p>The Junior Doctors Strike would run from 11 April 07:00am until 15 April 06:59am.</p> <ul style="list-style-type: none"> <li>- Clinical Support Services had managed to cover urgent care demand alongside elective theatre.</li> <li>- General surgery had been given support from ACP.</li> <li>- Specialist and Main Medicine had fewer staff but remained satisfied.</li> <li>- Acute Medicine was comfortable but had fewer employees.</li> <li>- Emergency Department remained a concern, particularly on the Tuesday and Friday night, it was agreed the Medical Director of Operations would discuss with the Emergency Medicine CD to support and shadow to fill in gaps and it was brought to the groups attention there would be no one available 20:30 until the following morning.</li> <li>- Children and families were content with the cover they had received.</li> </ul> <p>The Deputy Chief Operating Officer Informed the group throughout the strike period mitigations would be set in place by the site manager with additional site management present. Other additional support had been given from place colleagues for Doncaster and Bassetlaw with senior divisional cover for both sites.</p> <p>The Deputy Chief Operating Officer stated rates for ACP and consultants had been agreed without further questions.</p> <p>It was acknowledged the biggest risk within the strike would be Emergency Departments for both sites. Bassetlaw remained in amber alert and Doncaster remained in red alert, phone calls to numerous doctors had been made, but this couldn't be guaranteed in improving staff presence.</p> <p>The Deputy Chief Operating Officer gave a breakdown for board update;</p> <ul style="list-style-type: none"> <li>- The 4-hour access performance had improved second month in row as 65.2%</li> <li>- The 12-hour wait in departments as 69%</li> <li>- Improvements had been made in all metrics across ambulance handover delays, with all patients turned around within 60 minutes.</li> <li>- There had been an increase in 18-week performance.</li> <li>- There had been a significant reduction in patients waiting over 78 weeks for the target in March 2023 with a confirmation from the national team as to not expect further 78 weeks wait, along with this a report would need to be sent on a weekly basis.</li> </ul>	

	<ul style="list-style-type: none"> <li>- Cancer was showing to perform well but lacked on the 62-day performance due to tertiary referrals.</li> </ul> <p>The Deputy Chief Operating Officer highlighted areas of concern within all modalities, but was shared working was planned with Andrew and his team and it would go to FPC the following month.</p>	<u>JJ/NK</u>
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the Operational Update</b></li> </ul>	
TEG23/04/C4	<b><u>People Update (Verbal)</u></b>	
	The Chief People Officer gave a brief update in which a discussion with the communication team had been held as to how the Trust would communicate the People Strategy in a user-friendly summarised manner, since it had been approved.	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the People Update</b></li> </ul>	
TEG23/04/D1	<b><u>Strategy Update (Verbal)</u></b>	
	There were no items or update given at this meeting.	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the CIG Update.</b></li> </ul>	
TEG23/04/D2	<b><u>Innovation Update (Verbal)</u></b>	
	<p>The Chief Finance Officer and Director of Recovery, Innovation &amp; Transformation expressed how positive starting points had been made, with project mandates revisited and re-focused for current schemes.</p> <p>After attending Transformation board 06 April, The Chief Finance Officer/ Director of Recovery, Innovation &amp; Transformation felt granular detail and links with money had not been made toward qualitative or financial benefits, so more plans would need to be developed for better succession of schemes at FMP within the next four weeks.</p>	
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Noted the Innovation Update</b></li> </ul>	
TEG23/04/D3	<b><u>Capital Update</u></b>	
	<p>It was highlighted by the Chief Finance Officer/ Director of Recovery, Innovation &amp; Transformation that the Bassetlaw Emergency Village (BEV) project had resumed after a pause in construction. The project had been approved at outline business case and a review is to be made of the final business Case by 14 April, in which prices would expire with contractors. It was noted there would only be one week to sign off the Good Manufacturing Practice (GMP).</p> <p>The CFO/DRIT confirmed that the BEV project would not be complete for the financial year end as originally expected and this had been discussed with Kathy Kennedy, Regional Operations Finance Director, who had shown support in aid of this.</p>	

	<b><i>The Committee:</i></b> - <b><i>Noted the Capital Update</i></b>	
TEG23/04/E1	<b><u>Education and Research Update</u></b>	
	The Chief People Officer informed the group the Research Innovation strategy had been signed off by the board, it had been discussed how it would be launched internally within the month and how an external launch would be undertaken with stakeholders and partners.  The Chief People officer also Informed the group of the appointment for the Deputy Director of Education, Marie Steele.	
	<b><i>The Committee:</i></b> - <b><i>Noted the Education and Research Update</i></b>	
TEG23/04/F1	<b><u>ICS Update</u></b>	
	There were no items or update given at this meeting.	
TEG23/04/G1	<b><u>Place Update</u></b>	
	There were no items or update given at this meeting.	
TEG23/04/H1	<b><u>Any other Business (Verbal)</u></b>	
	There were no other business to discuss.	
TEG23/04/H2	<b><u>Minutes of the Trust Executive Group meeting dated Wednesday 22<sup>nd</sup> March 2023</u></b>	
	The Chief People Officer Informed of a discrepancy on page 5 of the minutes which would be sent to Anneleisse Siddall via email to amend.	<b><u>ZL / AS</u></b>
	<b><i>The Committee:</i></b> - <b><i>Noted and approved the minutes of the meeting dated Wednesday 22<sup>nd</sup> March 2023.</i></b>	
TEG23/04/H3	<b><u>Date and time of next meeting (Verbal)</u></b>	
	Date: Monday 15 <sup>th</sup> May 2023 Time: 14:00 – 17:00 Venue: Via Microsoft Teams	
	<b>The meeting closed at: 14:55.</b>	



## 2305 - H1 MINUTES OF THE MEETING HELD ON 25 APRIL 2023

● Decision Item

👤 Kath Smart, Deputy Chair of the Board


🕒 12:05

5 minutes

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### REFERENCES

Only PDFs are attached

 H1 - Draft Public Board Minutes - 25 April 2023.pdf



DRAFT

BOARD OF DIRECTORS - PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 25 April 2023 at 09:30  
via MS Teams

- Present:** Mark Bailey - Non-executive Director  
Suzy Brain England OBE - Chair of the Board (Chair)  
Hazel Brand - Non-executive Director  
Mark Day - Non-executive Director  
Jo Gander - Non-executive Director  
Karen Jessop - Chief Nurse  
Emyr Jones - Non-executive Director  
Zoe Lintin - Chief People Officer  
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  
Denise Smith - Chief Operating Officer
- In attendance:** Fiona Dunn - Director of Corporate Affairs / Company Secretary  
Angela O'Mara - Deputy Company Secretary (Minutes)  
Lois Mellor - Director of Midwifery  
Adam Tingle - Acting Director of Communications & Engagement
- Public in attendance:** Peter Abell - Public Governor Bassetlaw  
Dennis Atkin - Public Governor Doncaster  
Mark Bright - Public Governor Doncaster  
Gina Holmes - Staff Side  
Lynne Logan - Public Governor Doncaster  
Andrew Middleton - Public Governor Bassetlaw  
Dave Northwood - Public Governor Doncaster  
Vivek Panikkar - Staff Governor  
Pauline Riley - Public Governor Doncaster  
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Lynne Schuller - Public Governor Bassetlaw

**P23/04/A1** **Welcome, apologies for absence and declaration of interest (Verbal)**

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and members of the public in attendance. The above apology for absence was noted.

**P23/04/A2 Actions from Previous Meetings (Enclosure A2)**

There were no active actions.

**P23/04/B1 Chair's Assurance Log Quality & Effectiveness Committee (Enclosure B1)**

The Chair of the Quality & Effectiveness Committee shared the assurance log relating to April's Committee meeting. The Board's attention was drawn to the need to progress the review of risks through the Risk Management Board, including the completion of mitigating actions.

In response to a question from Hazel Brand, the Chief Executive confirmed that virtual wards, introduced as a national initiative in 2022, were expected to continue to provide opportunities to support care provision in the community and closer to home. Support across Place was a shared ambition and associated delivery risks would be shared across Place.

The Executive Medical Director recognised the importance of virtual wards and confirmed he and his team continued to work closely with the Chief Operating Officer to provide additional capacity.

***The Board***

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

**P23/04/B2 Maternity & Neonatal Update (Enclosure B2)**

The Board received the Maternity & Neonatal Update, which provided an overview of perinatal and neonatal 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).

The Director of Midwifery summarised the key highlights and acknowledge the closer working arrangements of maternity and neonatal services to support delivery of the single plan, which would result in a subsequent change in reporting to the Board and its Committees.

Whilst an overall improvement in training compliance was reported, a need to improve study day compliance and Practical Obstetric Multi Professional Training (PROMPT) for NHS Professional midwives was noted. In response to a question from Emyr Jones, the Director of Midwifery confirmed the situation arose when midwives worked solely for NHS Professionals and did not hold a substantive trust contract. Training would be provided in line with that of trust colleagues.

High levels of 1:1 care in labour continued to be provided, with staffing levels closely managed and risks mitigated; the consultant workforce was fully recruited to.

In response to a question from Lucy Nickson, the Director of Midwifery confirmed the service continued to work closely with the Education Team to improve training compliance and she had a high level of confidence that the 90% standard would be met.



Following a recent visit to the fully refurbished Central Delivery Suite, Kath Smart was pleased to see the much-improved environment and recognised the positive engagement of the Maternity and Neonatal Voices Partnership. As the Patient Safety Incident Response Framework was implemented the Director of Midwifery confirmed incident reporting would include those low and no harm maternity and neonatal incidents.

In response to a question from Mark Bailey, the Director of Midwifery confirmed the three-year single delivery plan had now been published and was currently being reviewed by the Local Maternity & Neonatal System, to ensure a consistency in approach.

With the publication of the single delivery plan, a change in language was noted as providers moved away from referencing individual maternity safety reviews. The Chief Nurse confirmed the plan would be considered at the next maternity safety champions meeting and in due course assurance and oversight would be via the Board's Quality & Effectiveness Committee.

The Chief Executive asked the Board to note the extended period of disruption, and the commitment shown by colleagues following the internal incident in the Women & Children's Hospital in April 2021 and extended the Board's appreciation.

***The Board:***

- ***Noted and took assurance from the Maternity & Neonatal Update***

**P23/04/C1 Chair's Assurance Log – Finance & Performance Committee (Enclosure C1)**

The Chair of the Finance & Performance Committee presented the assurance log from April's Committee meeting. Key discussions had focused on business and financial planning and the urgent and emergency care review, which would see the development of a Place improvement plan.

The Committee recognised the positive assurance received, particularly considering the challenges faced and the Chair formally acknowledged delivery of 2022/23's financial and capital plan and shared his appreciation with the teams.

***The Board:***

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

**P23/04/C2 Operational Update to include Ambulance Handover (Enclosure C2)**

The Chief Operating Officer's report provided a summary of March 2023's operational performance. The Board's attention was drawn to the continued improvement in ambulance handovers within 15 minutes, whilst recognising there was still work to be done to improve the 30 and 60-minute standards, which had seen a decline in performance in the last month.

The early senior assessment model would be introduced at Bassetlaw Hospital to increase the handover capacity within the department and at Doncaster, the opening of the minor injuries modular unit in early May 2023 would provide additional capacity, continued improvements were expected.

The Chair of the Board recognised the contribution of the Interim Deputy Chief Operating Officer at this month's Finance & Performance Committee and extended her thanks.

**The Board:**

- ***Noted the Operational Update***

**P23/04/D1 True North, Breakthrough and Corporate Objective Outcomes for 2022/23 and 2023/24 Proposals (Enclosure D1)**

The Chief Executive's report presented the outcome of the work towards delivery of 2022/23 corporate and breakthrough objectives, minor revision to the breakthrough objectives for 2023/24 and proposed corporate objectives to accurately reflect the journey to the Trust's True North.

A good performance was reported against 2022/23 objectives despite higher than expected levels of Covid-19, influenza and workforce challenges. The proposed objectives for 2023/24 were aligned to the executive director portfolios to support delivery of the strategic objectives and required the full support of the executive team.

Recruitment of a substantive Deputy Chief Executive post was in train, with final interviews taking place this week.

Lucy Nickson enquired of individual directors' responsibilities in relation to partnership and collaborative working. The Chief Executive acknowledged this was an integral part of the director's role and an underlying principle of all the objectives, reflecting the statutory duty to collaborate. South Yorkshire and Nottingham & Nottinghamshire Provider Collaboratives supported delivery of joined up quality service provision in a safe and sustainable way.

In response to a question from Kath Smart with regards to risk management, the Chief Executive confirmed the inclusion of the timely closure of internal and external audit recommendations was an objective of the Deputy Chief Executive. A broader inclusion in the Chief Executive's objectives was expected.

In response to a question from Hazel Brand with regards to how productivity was captured in 2023/24 objectives, the Chief Executive recognised the need to support delivery of a balanced financial plan alongside delivery of improved care and outcomes. Growing the capacity and capability for improvements to demonstrate compliance with NHS Impact was an objective for the Director of Recovery, Innovation & Transformation. Efficiencies would be informed via activities including the Getting It Right First Time Programme, Model Hospital analysis, corporate benchmarking and the Estates Return Information Collection. Opportunities to explore transformational change would be progressed and the importance of delivering this at a Place and system level noted.

Emyr Jones emphasised the need to ensure productivity did not adversely impact quality and the delivery of a safe and efficient service. The Chief Executive recognised the importance of achieving this critical balance. Progress made pre-pandemic in achieving service efficiencies through the Trust's involvement in NHS Improvement's Vital Signs Programme had been significantly reduced and would be refreshed as part of the NHS Impact framework.

**The Board:**

- ***Noted the outcomes of the 2022/23 objectives and approved 2023/24 objectives***

**P23/04/E1 Chair's Assurance Log – Audit & Risk Committee (Enclosure E)**

The Chair of the Audit & Risk Committee presented the assurance log from April's Committee meeting, the matters of concern were brought to the Board's attention. A key role of the Audit & Risk Committee was to be assured of the delivery of the risk management strategy, on behalf of the Board. The Committee had considered two reports which provided less assurance than the Committee would expect, each with a number of actions. The dates for some of these actions had slipped repeatedly throughout 2022/23, especially the inclusion of risk mitigations/actions for those higher graded risks of 15+ and the latest agreed date of 31 March 2023 had not been met. It was important that the Board was sighted on these actions in order that it could hold to account for delivery of the improvements. The Chair of the Audit & Risk Committee urged the Board to not accept any further extensions to timescale. The Committee had asked for periodic reporting to provide additional evidence of progress, including regular reporting to the Trust Executive Group. The Chair of the Audit & Risk Committee confirmed she had shared some metrics with the Executive Medical Director as suggestions for measurement and evidencing of progress. The Committee was not fully assured, the Head of Internal Audit Opinion was moderate and the Divisional Risk Management Report had a split opinion, the lowest being limited assurance and it was felt that the Trust could and should do better to support improvement. There was agreed work to address and close the audit recommendations which need to be delivered to time.

The Chief Executive recognised the need to improve the closure rate of internal audit recommendations and urged the respective leads to ensure that well informed timeframes were agreed, in the event of an unavoidable change in circumstances it was reasonable to agree with the auditors an appropriate revision.

The Chief Financial Officer highlighted some of the overdue actions related to the Trust's previous internal audit reports and if those longstanding issues were excluded the closure rate appeared to improve.

The challenge received from the internal auditors and the Audit & Risk Committee was welcomed.

As Chair of the Risk Management Board the Executive Medical Director confirmed he was confident that the risks had been assessed and graded appropriately, overarching and dependent risks had been identified, thematic analysis undertaken and plans to implement training were in hand. In respect of the timeframe to include the mitigating actions this had been based upon advice from the internal auditors to ensure sufficient time to capture the additional evidence. An assurance report from the Risk Management Board would be developed to provide evidence to validate assurance to the Audit & Risk Committee.

**The Board:**

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

**P23/04/F1 Information Item (Enclosure F1)**

*The Board noted:*

- *Nottingham & Nottinghamshire Provider Collaborative Update*

**P23/04/G1 Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

**P23/04/G2 Governor Questions regarding the business of the meeting (10 minutes) \***

The Deputy Lead Governor posed the following questions on behalf of governors:

**Why are there persisting long waiting times for non-obstetric diagnostics, particularly ultrasound? Is there an imbalance between supply and demand requiring a strategic solution to address the situation of eleven of the diagnostic tests performing at below national standards.**

The Chief Operating Officer acknowledged that performance was not where the Trust would want it to be. A deep dive into diagnostic performance had been undertaken and would be presented to the Board's Finance & Performance Committee. An improvement trajectory by diagnostic test had been agreed to achieve the 95% standard by March 2024. In respect of non-obstetric ultrasound performance four members of the team were currently in training and a review of the current skill mix was required, discussions would take place with the Chief Nurse and Director of Midwifery.

**The maternity and neonatal update paper refers to the persisting risk (ID16) of insufficiency of staff to ensure right skills for operational need. a). Does this risk apply equally to both delivery sites? And b). to what extent does this staffing reality compromise sustainable achievement of CNST/Ockenden/East Kent standards at both sites (now covered by the Single Delivery Plan).**

The Chief Nurse confirmed the risk applied across the Trust, staffing levels were reviewed regularly throughout the day and mitigating actions implemented, including cross site movement of staff. Despite these challenges the level of one to one care in labour was high. The shortage of midwives was a national issue and not unique to the Trust; on a positive, expressions of interest from newly qualified midwives was encouraging.

As Chair of the Local Maternity & Neonatal System, the Chief Executive confirmed that staffing levels for the two largest maternity units (the Trust and Sheffield Teaching Hospitals) remained challenged, with more complex presentations seen across its population.

**Nottingham & Nottinghamshire Provider Collaborative - this paper provides helpful detail on the intent and modus operandi of the Nottinghamshire System provider collaborative. Should there be a role for governors in the planned developments, in view of their key new responsibility as governors to be assured of effective system**

**collaboration? (This issue is currently the subject of debate and correspondence between governors within the National Lead Governors Association).**

The Chair of the Board was proactively engaged with both integrated care systems in championing the governor role, with large scale governor events having taken place and invitations extended to Partner Assembly events. Public meetings, including citizen panels were advertised via the respective Integrated Care System websites, available via the governor portal.

**What assurances is the Board able to provide should co-ordinated strike action (between Royal College of Nursing and British Medical Association members and/or ambulance staff) be voted for?**

The Chief Operating Officer provided assurance that whilst a safe service could be maintained, she could only offer limited assurance with regards to delivery of an elective service. This situation would not be unique to the Trust, with a co-ordinated approach expected to be extremely difficult for all providers.

The Chief Executive reminded colleagues that the Royal College of Nursing ballot locally had not reached the required threshold. Board members were informed that the consultant workforce would be balloted shortly and the Chief People Officer confirmed that ballots for wider professional bodies were outstanding. Co-ordinated industrial action by nurses, junior doctors and consultants would be unlikely due to probable intervention by the Secretary of State for Health. A negotiated settlement would be welcomed for the benefit of patients and staff.

The Chair encouraged proactive public messaging to raise awareness of alternate healthcare provisions and reminded the public to continue to attend appointments, unless advised otherwise.

***The Board:***

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

**P23/04/G3 Minutes of the meeting held on 28 March**

***The Board:***

- ***Approved the minutes of the meeting held on 28 March 2023***

**P23/04/G4 Date and time of next meeting (Verbal)**

**Date:** Tuesday 23 May 2023

**Time:** 09:30am

**Venue:** MS Teams

**P23/04/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.*

P23/04/H

**Close of meeting (Verbal)**

The meeting closed at 10.50

2305 - H2 ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIR PRIOR TO THE MEETING)


● Discussion Item


👤 Kath Smart, Deputy Chair of the Board

🕒 12:10

2305 - H3 GOVERNOR QUESTIONS REGARDING THE BUSINESS OF THE  
MEETING

 Discussion Item

 Kath Smart, Deputy Chair of the Board

 12:10

10 minutes



## 2305 - H4 DATE AND TIME OF NEXT MEETING

● Information Item

👤 Kath Smart, Deputy Chair of the Board

🕒 12:20

Date: 27 June 2023

Time: 9:30

MS Teams