Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BOARD MEETING - PUBLIC

BOARD MEETING - PUBLIC

26 September 2023

09:30 GMT+1 Europe/London

Virtual -TEAMS

Click here to join the meeting

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2309 - A MEETING BUSINESS

Standing item | Suzy Brain England OBE, Chair of the Board | 09:30

REFERENCES

Only PDFs are attached

00 - Board of Directors Public Agenda 26 September 2023 v7.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 26 September at 09:30
Via MS Teams

Enc		Purpose	Page	Time
A	**MEETING BUSINESS**			**09:30**
A1	Welcome, apologies for absence and declarations of interest *Suzy Brain England OBE, Chair of the Board* *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*			10
A2	Actions from previous meeting **(no active actions)** *Suzy Brain England OBE, Chair of the Board*	*Review*		
B	**PRESENTATION**			**09:40**
B1	Domestic Abuse Liaison Officers *Karen Jessop, Chief Nurse* *Denise Phillip, Head of Safeguarding*	*Note*		15
C	**True North SA1 - QUALITY AND EFFECTIVENESS**			**09:55**
C1	Chair's Assurance Log – Quality & Effectiveness Committee *Emyr Jones, Non-executive Director*	*Assurance*		5
C2	Executive Medical Director Update *Dr Nick Mallaband, Medical Director for Workforce & Specialty Development*	*Assurance*		10
C3	Chief Nurse Update *Karen Jessop, Chief Nurse*	*Assurance*		10
C4	Nursing, Midwifery & Allied Health Professionals (NMAHPs) Quality Strategy *Karen Jessop, Chief Nurse*	*Approve*		10
C5	Domestic Abuse & Sexual Violence – Launch of the first NHS Sexual Safety Charter *Karen Jessop, Chief Nurse*	*Approve*		5

C6	Maternity & Neonatal Update *Lois Mellor, Director of Midwifery*	*Assurance*		10
D	**True North SA2 & 3- PEOPLE AND CULTURE**			**10:45**
D1	Chair's Assurance Log – People Committee *Mark Bailey, Non-executive Director*	*Assurance*		5
D2	People Update *Zoe Lintin, Chief People Officer*	*Assurance*		10
D3	Guardian of Safe Working Quarterly Report *Dr Anna Pryce, Guardian of Safe Working* *Zoe Lintin, Chief People Officer*	*Assurance*		10
BREAK 11:10 – 11:20				
E	**True North SA4 - FINANCE AND PERFORMANCE**			**11:20**
E1	Chair's Assurance Log – Finance & Performance Committee *Mark Day, Non-executive Director*	*Assurance*		**5**
E2	Finance Update *Jon Sargeant, Chief Financial Officer*	*Note*		10
E3	Directorate of Recovery, Innovation & Transformation Update *Jon Sargeant, Director of Recovery, Innovation & Transformation*	*Assurance*		10
E4	Operational Performance Update *Denise Smith, Chief Operating Officer*	*Assurance*		10
E5	Delivering Operational Resilience across the NHS - 2023/24 Winter Plans (PRN00645) *Denise Smith, Chief Operating Officer*	*Approve*		10
E6	Protecting and Expanding Elective Capacity – Self Certification (PRN00673) **(verbal)** *Denise Smith, Chief Operating Officer*	*Assurance*		10
E7	Reinforced Aerated Autoclaved Concrete (RAAC) (PRN00777) **(verbal)** *Dr Kirsty Edmondson-Jones, Director of Innovation & Infrastructure* *Jon Sargeant, Chief Financial Officer*	*Note*		5
F	**GOVERNANCE AND ASSURANCE**			**12:20**
F1	Lucy Letby – Freedom to Speak Up *Richard Parker, Chief Executive, Zoe Lintin, Chief People Officer & Fiona Dunn, Director Corporate Affairs / Company Secretary*	*Assurance*		15
F2	Board of Directors Register of Interest & Fit & Proper Person Annual Review (incorporating a summary of FPP changes from 30/9/2023) *Fiona Dunn, Director Corporate Affairs / Company Secretary*	*Note*		5

G	**INFORMATION ITEMS (To be taken as read)**			**12:40**
G1	Chair and NEDs Report *Suzy Brain England OBE, Chair of the Board*	*Information*		
G2	Chief Executive's Report *Richard Parker OBE, Chief Executive*	*Information*		
G3	Integrated Quality & Performance Report *Executive Directors*	*Information/ Assurance*		
G4	Minutes of the Finance and Performance Committee – 26 June 2023 *Mark Day, Non-executive Director*	*Information*		
G5	Minutes of the People Committee – 4 July 2023 *Mark Bailey, Non-executive Director*	*Information*		
G6	Minutes of the Quality & Effectiveness Committee – 6 June 2023 *Emyr Jones, Non-executive Director*	*Information*		
G7	Minutes of the Trust Executive Meeting – 10 July & 14 August 2023 *Richard Parker OBE, Chief Executive*	*Information*		
H	**OTHER ITEMS**			**12:40**
H1	Minutes of the meeting held on 25 July 2023 *Suzy Brain England OBE, Chair of the Board*	*Approval*		5
H2	Any other business (to be agreed with the Chair prior to the meeting) *Suzy Brain England OBE, Chair of the Board*	*Discussion*		
H3	Governor questions regarding the business of the meeting (10 minutes) * *Suzy Brain England OBE, Chair of the Board*	*Discussion*		10
H4	**Date and time of next meeting:** **Date:** Tuesday 31 October 2023 **Time:** 9:30 **Venue:** MS Teams	*Information*		
H5	**Withdrawal of Press and Public** Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. *Suzy Brain England OBE, Chair of the Board*	*Note*		
I	**MEETING CLOSE**			**12:55**

***Governor Questions**

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

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

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

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

Suzy Brain England OBE
Chair of the Board

2309 - A1 WELCOME, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Standing item | Suzy Brain England OBE, 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

REFERENCES

Only PDFs are attached

A1 - Register of Interests & FPP (31.08.23).pdf

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Register of Directors' Interests

Register of Interests

Suzy Brain England OBE, Chair of the Board

Chair at Keep Britain Tidy
Lead Examiner for Chartered Director by the Institute of Directors
Founder and Chair of Cloud Talking, Aspirational Mentoring
Co-opted Board member Doncaster Chamber of Commerce
Trustee of NHS Retirement Fund (until October 2023)
Advisory Committee on Clinical Impact Awards (ACCIA)
Facilitate/Chair NHS Providers training & development session as required

Kath Smart, Non-Executive Director

Chair – Acis Group, Gainsborough (Housing provider)
Court Secretary – Foresters Friendly Society, Sheffield (Mutual Society)
Senior Trust Associate Manager (TAM – or 'Hospital Manager' under the Mental Health Act) – Rotherham, Doncaster & South Humber NHS FT

Mark Bailey, Non-Executive Director

Non-Executive Chair, Doncaster and Bassetlaw Healthcare Services Ltd
Non-Executive Director – Derbyshire Community Health Services Foundation Trust
Executive Coach – NHS Leadership Academy (voluntary)
Non-Executive Director for MEDQP Ltd (Voluntary)

Jo Gander, Non-Executive Director

Managing Director Gander Healthcare Solutions (Dormant business)
Head of Programmes, Innovation, Research and Life Sciences (IRLS), Accelerated Access Collaborative, NHS England – Until 11 September 2023
Membership of Advisory Committee on Clinical Impact Awards (ACCIA) Yorkshire and Humber Sub-Committee

Mark Day , Non-Executive Director

Health Development Director, Equity Solutions Group - (Investment and development organisation that specialises in partnerships with the public sector and the Design, Build, Finance and Operation (DBFO) of bespoke buildings)
Non-Executive Chair, Summerhill Service Limited (SSL)- SSL is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust providing a range of support services to the Trust and other customers

Hazel Brand , Non-Executive Director

Councillor, Bassetlaw District Council (independent) In this role, member of the Council's Appointments and Planning Committees
Parish Councillor, Misterton

(as at 31st August 2023)

Lucy Nickson , Non-Executive Director
Chief Executive for Day One Trauma Support, national charity

Richard Parker OBE, Chief Executive Officer
Member of the South Yorkshire Integrated Care Board
Spouse is a senior Nurse at Sheffield Health and Social Care Trust

Dr Tim Noble, Executive Medical Director
Spouse is a Consultant Physician at DBTH

Jon Sargeant, Interim Director of Recovery, Innovation & Transformation
Director, Doncaster and Bassetlaw Healthcare Services Ltd

Zoe Lintin, Chief People Officer
Trustee on the Board of Sheffied Academy Trust

Denise Smith, Chief Operating Officer
Various family members work in NHS. None working in SYB network

Emma Shaheen, Director Communication & Engagement
Sister is Deputy Director of Involvement, South Yorkshire ICB

Fiona Dunn, Director Corporate Affairs/Company Secretary
Animal Ranger, Yorkshire Wildlife Park

The following have no relevant interests to declare:

Karen Jessop	Chief Nurse
Emyr Jones	Non-Executive Director

(as at 31st August 2023)

Fit and Proper Person Declarations

The Trust can confirm that every director currently in post has declared that they:

(i) am not an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(ii) am not the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(iii) am not a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(iv) have not made a composition or arrangement with, or granted a trust deed for, my creditors and not been discharged in respect of it;

(v) have not within the preceding five years been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on me;

(vi) am not subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986;

(vii) have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which I am employed;

(viii) am able by reason of my health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which I am appointed or to the work for which I am employed;

(ix) have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;

(x) am not included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland; and

(xi) am not prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Directors are requested to note the above and to declare any changes to their position as appropriate in order to keep their declaration up to date.

(as at 31st August 2023)

2309 - A2 ACTIONS FROM PREVIOUS MEETING (NO ACTIVE ACTIONS)

Standing item

Suzy Brain England OBE, Chair of the Board

No active actions

PRESENTATION

Information Item 09:40

2309 - B1 DOMESTIC ABUSE LIAISON OFFICERS

Information Item | Karen Jessop, Chief Nurse | 09:40

Denise Phillip, Head of Safeguarding

15 minutes

REFERENCES

Only PDFs are attached

B1 - Domestic Abuse Liaison Officers.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**B1**
Report Title:	**Domestic Abuse Liaison Officers**		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Denise Phillip, Head of Safeguarding Sean Humphrey and Caitlyn Porter, Domestic Abuse Liaison Officers		
Appendices:	None		

Report Summary

This presentation summaries the early work undertaken by our Domestic Abuse Liaison Officers and the impact this had had on our workforce and our patients.

Key Points

- At DBTH we have 2 full-time Domestic Abuse (DA) Liaison Officer's in our team
- They sit within the wider context of Trust Safeguarding arrangements that include Adults, Children's and Maternity safeguarding work streams.
- The funding is granted until 31st March 2025 by SY Police and Crime Commissioner (Doncaster), following a successful business case (supported by ICB).We are already evidencing impact for our patients and organisation. This will support future funding streams being secured.
- Our DA officers have been in post since March / April 2023 and supporting survivors of domestic abuse when they present in the Emergency Department, when they are referred by people working at DBTH or when they have disclosed during hospital appointments, and then ensuring they are receiving the support they need.
- Provide time to listen to the survivor's disclosures, ensuring that DASH risk assessments have been completed where appropriate and referrals on to outside agencies such as the police, Domestic abuse Hubs and social care where needed.
- Supporting people working within the Trust who disclose domestic abuse in their own lives.
- Promoting & encouraging all people who work at DBTH to undertake third party reporting to the police and to exercise professional curiosity.

Recommendation:	To note the presentation.			
Action Required:	~~Approval~~	~~Review and discussion/ give guidance~~	~~Take assurance~~	Information only
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes /~~No/ NA~~		**Yes /~~No/ NA~~**	

Implications	
Board assurance framework:	BAF updated in new template
Risk register:	None
Regulation:	CQC (reg 12) - Safe Care and Treatment NHSE - National Quality Board staffing reporting requirements
Legal:	N/A
Resources:	None

Assurance Route	
Previously considered by:	N/A
Date:	N/A
Any outcomes/next steps	N/A
Previously circulated reports to supplement this paper:	N/A

DBTH Safeguarding Team

DENISE PHILLIP – HEAD OF SAFEGUARDING

The Wider Context & Funding

- At DBTH we have 2 full-time Domestic Abuse (DA) Liaison Officer's in our team
- They sit within the wider context of Trust Safeguarding arrangements that include Adults, Children's and Maternity safeguarding work streams.
- Funding for these posts has been granted by SY Police and Crime Commissioner (Doncaster), following a successful business case (supported by ICB).
- The funding is granted until 31st March 2025, we are already evidencing impact for our patients and organisation. This will support future funding streams being secured.
- Our DA officer's have been in post since March / April 2023

The Domestic Abuse Liaison Officers

CAITLYN PORTER & SEAN HUMPHREYS

Introductions

Caitlyn Porter

Commenced post: 24/04/2023

- Family Engagement Worker at HMP Lindholme
- Domestic Abuse Community Worker
- Degree in Education with Psychology and Counselling
- Always had an interest in domestic abuse, how to break cycles of abuse and to increase knowledge and understanding to enable survivors to reach out for support

Sean Humphrey

Commenced post: 06/03/2023

- Domestic abuse caseworker (Doncaster council)
- Prison officer HMP Lincoln

Our role as a DA Liaison Officer

- Supporting survivors of domestic abuse when they present in the Emergency Department, when they are referred by people working at DBTH or when they have disclosed during hospital appointments, and then ensuring they are receiving the support they need.
- Provide time to listen to the survivor's disclosures, ensuring that DASH risk assessments have been completed where appropriate and referrals on to outside agencies such as the police, Domestic abuse Hubs and social care where needed.
- Supporting people working within the Trust who disclose domestic abuse in their own lives.
- Promoting & encouraging all people who work at DBTH to undertake third party reporting to the police and to exercise professional curiosity.
- Attending all MARAC's, representing the Acute Health sector and ensuring all High Risk survivors that access DBTH services discussed are supported appropriately.
- Providing training for DBTH colleagues on domestic abuse awareness & recruiting domestic abuse champions.
- Representing the Trust as part of local partnership arrangements.

Key Achievements

- Commenced 10 at 10 within the Emergency Department
- Supported 129 patients and 7 staff members between 07/03/2023 and 31/08/2023.
- Successful development of a clear domestic abuse reporting flowchart which has been circulated throughout DRI.
- 94 DA champions recruited up to 31/08/2023.
- 4 successful DA champions update sessions completed.
- Multiple training presentations delivered to different arenas (preceptorships, international nurses, junior doctors)
- Created relevant resources to improve awareness of DA topics

Referral Pathways

We receive referrals from many different pathways including:

- Datix (Trust internal reporting system)
- Attendances in the Emergency Department
- Inpatient wards – including children's wards & adult areas
- Maternity services
- Safeguarding Huddles
- Outpatients departments – Jasmine Centre, Fracture Clinic etc
- Partnership agencies – social care, DA Hub, community support, police etc
- Mental Health & Substance Misuse Liaison Teams within DBTH
- Staff members

Key Priorities

- Increasing visibility of Domestic Abuse Liaison Officers across the trust.
- Ensuring the safety and well-being of patients we support
- Continued recruitment of DA champions
- Improve staff reach
- Continue training
- Encouraging staff to third party report to the police and empowering them to complete referrals themselves when out of hours

Example Case

Presentation

- The DA Liaison Officers receive referrals from many different areas of the Trust.

Intervention

- DA Liaison Officer makes contact, meets with the survivor and completes a DASH Risk Assessment.
- DA Liaison Officer liaises with all teams in the Trust involved with the survivor & encourages third party reporting to the Police.
- May complete a refuge referral or refer to the DA Hub.
- Following discharge, the survivor will be provided with information, where it is safe to do so, to offer them further information about support services whilst they are not in attendance at the Trust.

Outcomes

- Survivor's safety significantly improved – support in community.
- Multi agency approach for the survivor so they have support from different agencies.

Impact of Intervention

- The DA Liaison Officers take the time to sit with the survivors and build up rapport and trust ensuring that are able to offer the survivor the best support possible.

- Continued community support for survivor.

- As a result of the identification of abuse and the involvement of the DA liaison officer, this can result in the cycle of abuse being disrupted, immediate risk factors escalated and the survivor potentially being discharged from hospital to a safe place, out of area, with ongoing support available from specialised DA agencies.

Impact (Voice of the Survivors)

The abuse is so hard to admit, but I know now that I need the support.

I feel much safer now following support from the domestic abuse liaison officer – I have a marker on my property and was provided with a personal alarm. There has been no further domestic abuse incidents & I thank the DA liaison team for this support.

Thank you for the effort you put into speaking to me, organising a BSL translator. I felt so much more involved & listened to because of this.

I can really tell that you care and are listening to what I am saying to help me get support.

I finally feel as though I am being listened to and like someone is trying to help me.

We care

Any Questions?

Abbreviations

- DBTH – Doncaster and Bassetlaw Teaching Hospitals
- DA – Domestic Abuse
- DASH – Domestic Abuse Stalking & Honour Based Abuse
- MARAC – Multi Agency Risk Assessment Conference
- HMP – His Majesty's Prison
- DA Champions – Domestic Abuse Champions
- IDVA – Independent Domestic Violence Advocate
- BSL – British Sign Language
- CSC – Children's Social Care

2309 - C TRUE NORTH SA1 QUALITY & EFFECTIVENESS

2309 - C1 CHAIR'S ASSURANCE LOG - QUALITY & EFFECTIVENESS COMMITTEE

Jo Gander, Non-executive Director

09:55

5 minutes

REFERENCES

Only PDFs are attached

C1 - Chair's Assurance Log - Quality & Effectiveness Committee.pdf

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Subject:	Quality & Effectiveness Committee Meeting	**Board Date:** September 2023
Prepared By:	Jo Gander, Non-executive Director & Committee Chair	
Approved By:	Quality & Effectiveness Committee Members	
Presented By:	Dr Emyr Jones, Non-executive Director & Committee Deputy Chair	
Purpose	The paper summaries the key highlights from the Quality & Effectiveness Committee meeting held on 1 August 2023	

Matters of Concern / Key Risks to Escalate

- Limited Assurance received from 360 Assurance for Clinical Audit, with concerns raised by QEC around ToR for the Clinical Governance Committee (CGC) specifically regarding monitoring, ongoing reporting and escalation to QEC.
- Concerns raised about the quality and content of the Audit & Effectiveness Annual report which had been planned to be presented at the Clinical Quality Review Group (CQRG), an ICS meeting on the 8th August.
- Ability for DBTH to be fully compliant with CNST standards by December '23 due to current challenges in meeting training delivery requirements.

Major Actions Commissioned / Work Underway

- Mortality action plan to come to QEC October following Learning from deaths discussion.
- BAF Risk 1 development.
- Three-year delivery plan for Maternity and Neonatal services - QEC noted the new requirements of the national 'Single Delivery Plan' and the assessment of the current Trust position against those requirements. QEC will continue to oversee progress towards achievement of those requirements.
- QEC Workplan to be reviewed and updated for approval at October QEC meeting.

Positive Assurances to Provide

- Performance of DBTH in the National End of Life Care Audit results along with work in progress to further improve the experience of patients and their families/carers moving forward.
- Progress recognised on development of BAF Risk 1 which was presented by the Chief Nurse and Medical Director to QEC.
- Progress on the achievement of compliance for CNST and DBTH position against three-year delivery plan for Maternity and Neonatal services plus Ockendon and East Kent recommendations

Decisions Made

- Deep dive to be arranged between Executives and NEDs relating to Clinical Audit delivery in response to the limited assurance received from 360 Assurance report. Agenda to cover delivery plan to deliver recommendations outlined in 360 Assurance report, Clinical Quality Governance structure, ToR for CGC and Audit & Effectiveness Forum, process for ensuring reliability and validity of audit results and any risks associated with current non-compliance.
- Audit & Effectiveness Annual Report requires further work before QEC assured.

2309 - C2 EXECUTIVE MEDICAL DIRECTOR UPDATE

Discussion Item

Dr Nick Mallaband, Medical Director for Workforce & Specialty Development

10 minutes

REFERENCES

Only PDFs are attached

C2 - Executive Medical Director.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**C2**
Report Title:	**Executive Medical Director Update**		
Sponsor:	Dr Tim Noble, Executive Medical Director		
Author:	Julie Butler, Senior Manager		
Appendices:			

Report Summary

Executive Summary

The clinical update provides an overview as well as some specific examples within each of the team's work-strands, presenting a summary of the work being undertaken and future plans.

Recommendation:	The Board is asked to note and take assurance from the content of the report.			
Action Required:	~~Approval~~	~~Discussion~~	**Take assurance**	~~Information only~~
Link to True North Objectives: *Highlight which SAs this report provides assurance for:*	**TN SA1:** ***To provide outstanding care and improve patient experience***	**TN SA2:** *Everybody knows their role in achieving the vision*	**TN SA3:** *Feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes ~~/No/ NA~~		**Yes ~~/No/ NA~~**	

Implications	
Board assurance framework:	*No changes made*
Risk register:	N/A
Regulation:	
Legal:	
Resources:	

Assurance Route	
Previously considered by:	
Date :	
Any outcomes/next steps	
Previously circulated	

reports to supplement this paper:	

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 Job Planning Overview

The Executive Medical Director and Medical Director for Workforce and Specialty Development are responsible for:

a) ensuring a robust process exists around the job planning of senior medical staff (Consultants and SAS doctors) within the organisation, and

b) that the senior medical workforce are engaged in the process in accordance with the 2003 Consultant Contract.

A job planning framework has been established to support the above.

2.2 Job Planning Performance

As shown below, as at 31 August 2023, there are 373 job plans Consultant and Senior Doctors who undertake yearly job plans (denominator has increased through successful recruitment) 208 are agreed and signed off. A further 70 are awaiting a signoff by either the manager or consultant. Of those that remain in discussion 35 currently have a signed off or recently expired job plan.

This leaves the Trust with 70 (19%) job plans that are in discussion but have not been signed off electronically[1].

Job Plan Status	**No.**
Job Plans agreed and signed off	208
Job Plans agreed and waiting Clinician or Manager sign off	70
Job Plans agreed /re-published	35
Total	**303**
Job Plans in Discussion Not Previously Agreed/ signed off electronically	70
Total To Have Been Completed	**373**

Trajectories have been set at Trust and Divisional level, to achieve a target of 85% of job plans having an annual review and being signed off on the electronic job planning system. These were discussed at the Clinical Director (CD) leadership development forum in June 2023, and added to the job planning programme on Monday.com at the end of quarter one.

The percentages in the following table represent the fully signed off and in date figures from Allocate, however as a job plan comes to the end of their year's validity a new job plan is published for the Consultant/CD to start working on. This means there are a proportion of doctors that have an in-date, signed job plan which are not counted in 'agreed and signed off' figures as it has been republished in anticipation of the new job planning round. A better measure of Trust attainment is to measure doctors that have a current signed-off job plan or one that has expired within the last 2 months. This however requires a manual count.

[1] This position fluctuates on a daily basis as job plans are signed off and others are republished.

The Divisional Director vacancy in Surgery has had a negative impact on the ability of the division to complete the job planning process. Following the recruitment of a new Divisional Director the MD office, will support to the incoming Divisional Director to recover the position. Of the job plans that have never previously been formally signed off, almost half are within the Division of Surgery.

Division	Apr 23		May 23		June 23		July 23		Aug 23	
	Plan %	Actual %	Plan %	Actual %	Plan %	Actual %	Plan %	Actual %	Plan %	Actual %
Children and Families	-	60	-	57.8	54	58	54	61.7	59	61.7
Clinical Specialities Services	-	62.2	-	44.6	61	49	66	61.45	71	62.65
Medicine	-	62.4	-	59.8	65	65	76	75.5	81	74.6
Surgery and cancer	-	21.5	-	29.9	-	28..07	35	32.41	42	31.85

2.3 Quality Improvement (QI) Project

A QI project has commenced with the aim of improving efficiencies around the job planning process, particularly as we move to a business as usual state and crucially to ensure it becomes integrated within the divisional business planning cycle.

The QI team supporting the project have drafted their initial findings based on meetings with stakeholders, commencing with Medical HR and Medical Directors office, a session with General Managers, Business Managers and then Clinical Directors workshop in September. Following this, next steps will be agreed with actions, timescales and responsible leads to enable progress to be made through the improvement process.

2.4 Job Planning Assurance

The Medical Director has established a Job Plan Consistency Committee, which he chairs, with divisional and Medical HR representation and an agreed Terms of Reference This committee provides a forum to ensure job planning is in line with Trust policy and that job plans are consistent between specialties and divisions.

2.5 Workforce Planning

Work continues with divisions and the Chief People Officer's team on medical workforce challenges, supporting divisions and specialties to understand demand analysis, to ensure efforts are focussed on work that needs to be delivered, strategically scaling specialties to enable delivery of Trust objectives.

2.6 Workforce Development and Engagement

There are a number of forums for medical staff which offer opportunities to engage, share communications and leadership development offers, as follows:

- The series of leadership development sessions for CDs are working well and receiving positive feedback. The September workshop has been extended to include all senior medical staff in leadership roles.

- The New Consultant forum has been established and continues to offer advice and support for new senior medical staff to the Trust, with sessions scheduled throughout this financial year.

- The Medical Advisory Committee meets monthly and the agenda includes items of interest from the consultant body along with topical themes. September's meeting included an introduction from Lucy Nickson recently appointed Non-Executive Director, a Trust-wide overview and update from the Chief Executive, plus:
    - Patient Safety Incident Response Framework (PSIRF)/Just Culture
    - Patient Pathway Tracker demonstration

3. MEDICAL DIRECTOR FOR OPERATIONAL STABILITY AND OPTIMISATION

3.1 Getting It Right First Time (GIRFT)

Work commenced with Divisions at the beginning of September to benchmark progress against the recommendations and actions identified during the regional GIRFT visits in January. These sessions are due to be completed by the end of the month.

Actions that have been delayed or not started are being reviewed and a scoring mechanism used to prioritise these. Divisions also have the opportunity to highlight quality issues resulting from delayed progress of actions or schemes that have been unable to commence which will be escalated through the clinical governance framework. Finance business partners are also in attendance to give consideration to opportunities where efficiencies have the potential to release cost savings.

Once prioritisation of actions has been completed formal reporting will be established to ensure Board level visibility of performance, which will be through the Finance and Performance Committee.

3.2 Virtual Ward

Following good progress on virtual ward utilisation the number of patients who are able to be successfully cared for in Virtual Ward have reduced. There has been good clinical engagement enabling virtual ward pathways to be developed and criteria extended beyond the initial scope of frailty and respiratory. There are daily capacity meetings between DBTH and RDASH, activity, capacity and demand is reported daily into the Trust-wide operational meeting.

The aim is to increase utilisation of virtual ward capacity making full use of community resource to relieve pressure in the system ahead of winter, aligned to the national recovery of urgent and emergency care measures.

3.3 Risk Stratification, Clinical Validation and Prioritisation

Work continues on the development of a Policy which combines Risk Stratification and Clinical Harm Review processes, in collaboration with the Chief Operating Officer. The Policy and associated Standard Operating Procedure will incorporate evidenced-based best practice and be in line with NHS England latest guidance.

In terms of clinical validation, plans are being developed for the management of patients awaiting clinical reviews at specialty level. The position will be risk assessed and escalated for further discussion through Risk Management Board.

3.4 Radiology

As the demand for CT scans continues to rise for patients on urgent and emergency pathways, further discussions are planned with consultants in order to manage this appropriately.

4. ASSOCIATE MEDICAL DIRECTOR PROFESSIONAL STANDARDS AND REVALIDATION

4.1 Appraisal Performance and Revalidation

4.1.1 Medical Appraisal

Medical appraisal performance in 2022/23 achieved 91% of appraisals being completed above the national target of 85%.

For 2023/24, there have been 66 medical appraisals completed up to the end of August 2023. Scheduling of appraisal meetings is ongoing to ensure the majority are complete ahead of the winter period.

4.1.2 Revalidation

Medical revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. All doctors who wish to retain their licence to practise need to participate in revalidation on a 5 yearly cycle.

For the revalidation period August 2023:

- 4 recommendations for revalidation approved
- 1 recommendation for deferral approved
- 1 doctor on hold pending GMC investigation

4.2 Electronic Appraisal Platform

Work has commenced on implementation of a web based medical appraisal system with the preferred supplier L2P. Weekly implementation meetings are running, a data cleanse has been undertaken and the project plan being monitored and managed on Monday.com.

The L2P Digital Technology Assessment Criteria (DTAC) and Data Protection Impact Assessment (DPIA) have been submitted to the Trust's Information Governance Committee for sign off at their next meeting on the 25 September 2023. Once formal sign off has been received the export of information to L2P will commence with test data transfer in the first instance.

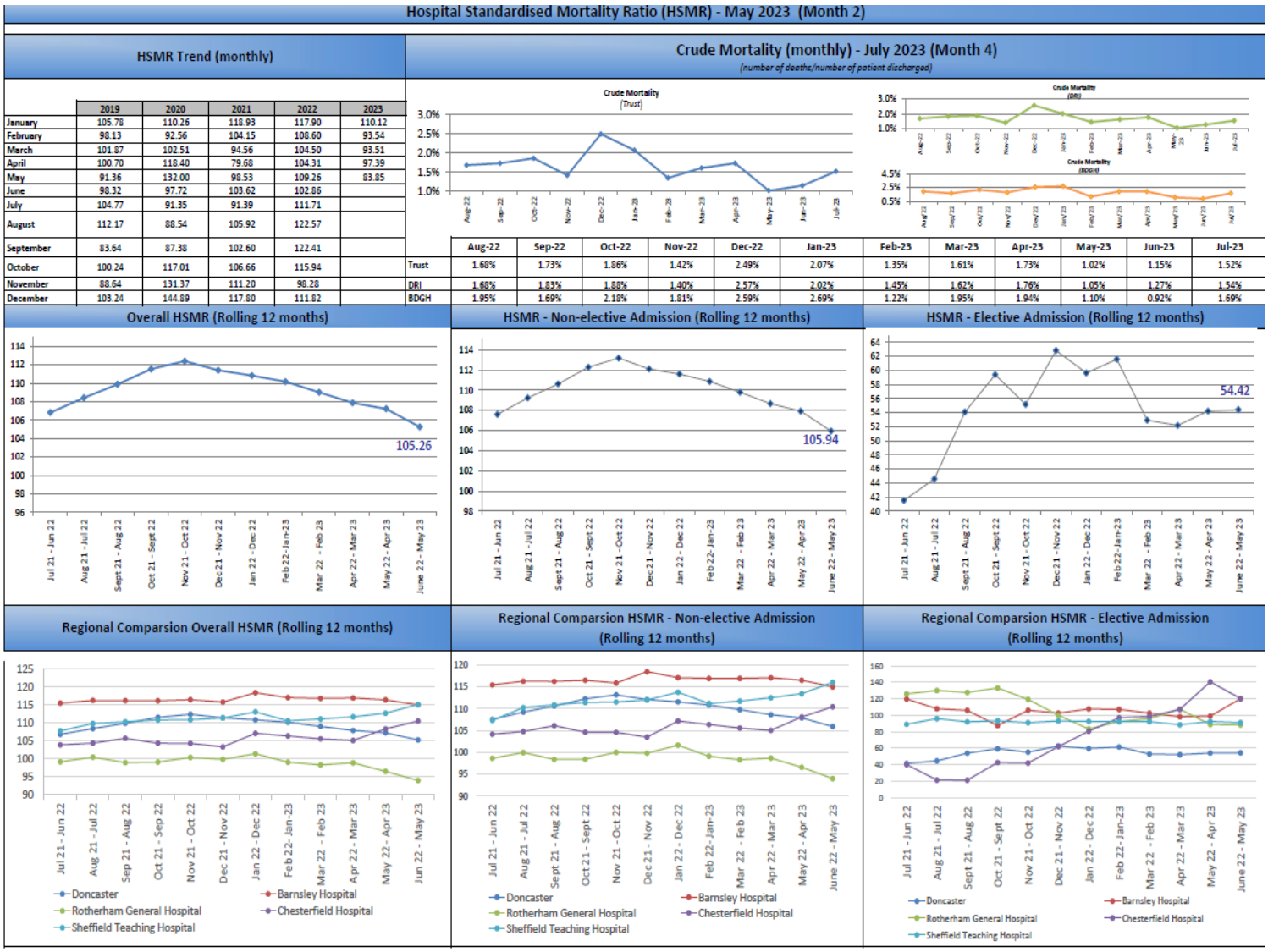
The planned go live date is 30 October 2023 with full roll out including transfer of data and staff training to be completed by 31 March 2024.

5. ASSOCIATE MEDICAL DIRECTOR CLINICAL GOVERNANCE/PATIENT SAFETY

5.1 Hospital Standardised Mortality Ratio (HSMR)

HSMR data has shown a reduction for 6 consecutive months as the Trust's mortality performance improves.

Below is the HSMR report which includes April and May data, discussed at the Mortality Governance Group on the 11 August 2023.



	2019	2020	2021	2022	2023
January	105.78	110.26	118.93	117.90	110.12
February	98.13	92.56	104.15	108.60	93.54
March	101.87	102.51	94.56	104.50	93.51
April	100.70	118.40	79.68	104.31	97.39
May	91.36	132.00	98.53	109.26	83.85
June	98.32	97.72	103.62	102.86	
July	104.77	91.35	91.39	111.71	
August	112.17	88.54	105.92	122.57	
September	83.64	87.38	102.60	122.41	
October	100.24	117.01	106.66	115.94	
November	88.64	131.37	111.20	98.28	
December	103.24	144.89	117.80	111.82	

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Trust	1.68%	1.73%	1.86%	1.42%	2.49%	2.07%	1.35%	1.61%	1.73%	1.02%	1.15%	1.52%
DRI	1.68%	1.83%	1.88%	1.40%	2.57%	2.02%	1.45%	1.62%	1.76%	1.05%	1.27%	1.54%
BDGH	1.95%	1.69%	2.18%	1.81%	2.59%	2.69%	1.22%	1.95%	1.94%	1.10%	0.92%	1.69%

5.2 Summary Hospital-Level Mortality Indicator (SHMI)

Hospital SHMI remains high and shows the Trust as an outlier nationally and against peers. However, this data lags behind HSMR as it records deaths which occur 30 days post discharge from hospital. We are closely monitoring this to ensure the trend seen in HSMR data is reflected in SHMI.

Breakdown of data by diagnosis group, shows the Trust is higher than expected for pneumonia. All other conditions treated are as expected including septicaemia, which is the second highest cause of death.

For primary diagnosis coding, the percentage of provider spells with a primary diagnosis which is a symptom or sign is below the national average at 10.1%, which is a sign of good documentation of diagnosis. The depth of coding is low compared to the England average for both elective and non-elective admissions.

SHMI will be reported alongside HSMR in future Executive Medical Director's clinical updates.

5.3 Mortality Data Assurance Project

The Executive Medical Director established an investigatory team 'Mortality Data Assurance Group' to undertake a time-limited piece of work analysing key areas that underpin mortality rates, both in terms of data, informatics, quality and patient safety.

This recently identified issues within the robustness of the Structured Judgement Review process, which we are taking remedial steps to address and the Medical Examiners process continues to review 100% of all deaths.

The actions from this project are underway, although at the early stages, and we will keep the Board updated on progress with future reports.

5.4 Clinical Governance (CG) Framework Implementation

A project team has been established to move forward with implementation of the new CG framework. An initiation meeting was held at the beginning of September with key stakeholders where a project plan was agreed, with leads and timescales. This will be monitored using Monday.com.

6. EXECUTIVE MEDICAL DIRECTOR'S CLOSING SUMMARY

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

- Job Planning is progressing well in 4 out of the 5 Divisions. Further focus is being brought on the Surgical Division to improve their performance. The appointment of the new Divisional Director is key to ensure job planning is completed across the division.

- We are working with Chief Operating Officer and Chief People Officer to improve the leadership development offer for the Trust's clinical leaders. This is building on the success of the Clinical Directors' leadership development programme that has been running over the past 12 months.

- There are a series of Divisional meetings ongoing throughout September to discuss progress against their GIRFT actions. This follows the successful events that took place in January this year with national and regional GIRFT leads who commended the Trust for its effective medical leadership supporting GIRFT processes internally, and that the Trust was leading the way in South Yorkshire.

- Medical appraisal going well attaining higher than expected national standard. We will build on this success with the implementation of medical appraisal software L2P.

- Work on mortality, governance and risk continues. There are ongoing concerns about the Trust's SHMI outlier status, however the expectation is that this will start to show an improving trend in the coming months in line with HSMR performance.

2309 - C3 CHIEF NURSE UPDATE

Discussion Item | Karen Jessop, Chief Nurse | 10:10

10 minutes

REFERENCES

Only PDFs are attached

C3 - Chief Nurse Report.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**C3**
Report Title:	**Chief Nurse Report**		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Simon Brown, Deputy Chief Nurse		
Appendices:	Appendix 1 - CQC outcome letter		

Report Summary

Executive Summary

The paper outlines the June and July 2023 outcomes in relation to the key patient safety measures identifying areas of good practice and improvement in:

- Falls prevention
- Prevention of hospital acquired pressure ulcers
- Infection prevention and control

The paper also details any reportable serious incidents and immediate safety actions.

The paper highlights patient experience, focused on the effectiveness of the complaints procedures, themes of complaints and how we evidence learning.

This paper reflects the national reporting requirements for safe staffing in relation to care hours per patient day for the months of June and July 2023 and the overall nursing and midwifery workforce vacancy position.

A brief update is included on the recent CQC unannounced inspection and the initial feedback letter received from the CQC is included as an appendix.

Key Points

Good progress has been made with Patient Safety Incident Response Framework (PSIRF) implementation and we remain in line with the national implementation plan for transition to the PSIRF model.

There were seven serious Incidents logged across June and July 2023.

At the time of this report the Trust Clostridium difficile numbers remain within normal variation, however, the threshold of 42 this year is noted as a significant challenge.

Progress continues to be made on Registered Nurse (RN) and Registered Midwife (RM) recruitment.

Recommendation:	To note the report and assurance provided			
Action Required:	~~Approval~~	~~Discussion~~	**Take assurance**	~~Information only~~

Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes /~~No/ NA~~		**Yes /~~No/ NA~~**	

Implications	
Board assurance framework:	BAF Risk 1 - no change
Risk register:	None
Regulation:	CQC (reg 12) - Safe Care and Treatment NHSE - National Quality Board staffing reporting requirements
Legal:	N/A
Resources:	None

Assurance Route	
Previously considered by:	Trust Executive Group
Date:	11 September 2023
Any outcomes/next steps	N/A
Previously circulated reports to supplement this paper:	N/A

Chief Nurse Report - September 2023

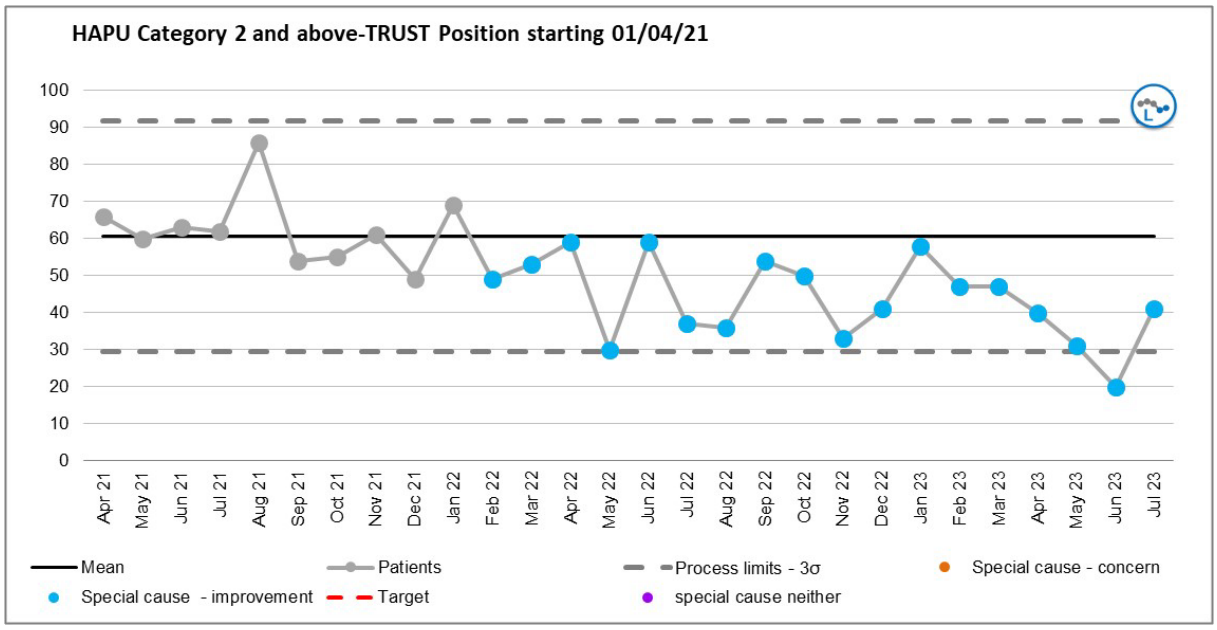
Introduction

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

Patient Safety Incident Response Framework (PSIRF) Implementation
The Patient Safety Incident Response Framework (PSIRF) was published on 16 August 2022, it is a major piece of guidance on how NHS organisations respond to patient safety incidents and ensure compassionate engagement with those affected. All providers contracted under the NHS standard contract are required to transition to PSIRF during the autumn of 2023. The PSIRF implementation group continue to meet monthly. A full implementation action plan has been created and is monitored via Monday.com. The Chief Nurse is pleased to report that amendments are being made to a final draft of both the Patient Safety Incident Response Plan (PSIRP) and the Patient Safety Incident Response Policy. This will progress through the various governance routes over the coming months. Progress remains in line with the schedule and the national timelines, but it is important to note, that the phases of implementation run concurrently so actions from different phases may continue to be progressed alongside each other. The PSIRF implementation group continue to monitor progress monthly.

Patient Safety Reporting

Serious Incidents



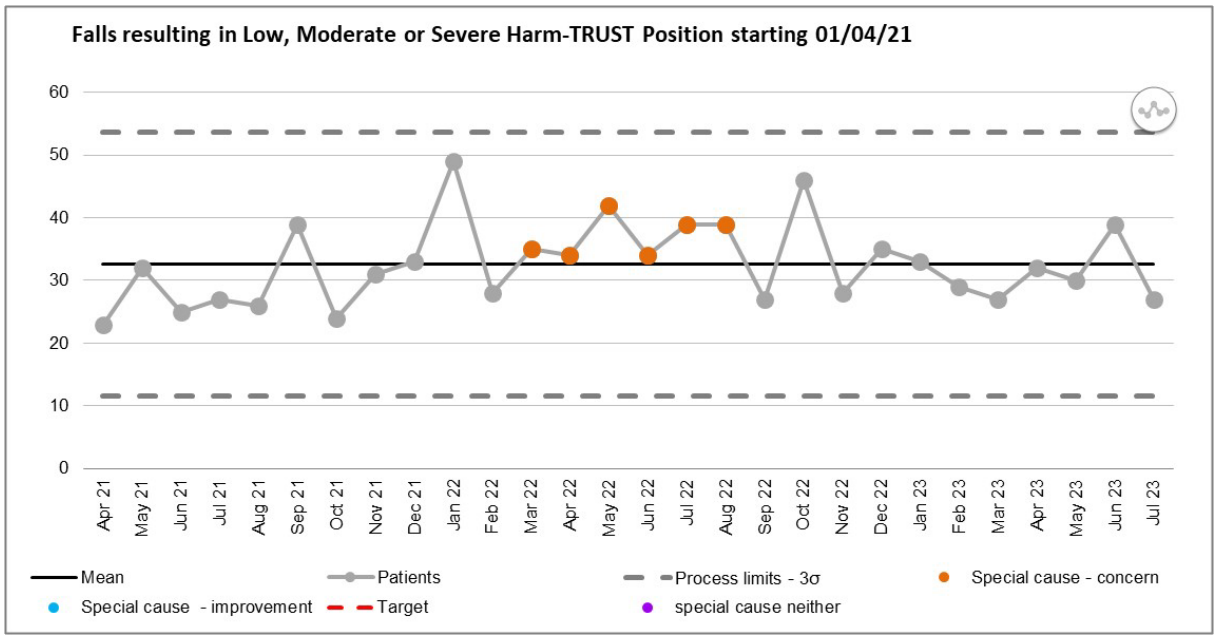
There were six Serious Incidents logged in June 2023 and one in July 2023.

Serious Incident Detail	Immediate Safety Actions
Delayed diagnosis of Pancreatic Cancer	ICE referral system to MDT's is now in place. This system supports clinicians to complete a prompt MDT referral. Failsafe process in place may not pick up incidental finding from non-cancer pathway patient. For urgent review by teams.
Suboptimal assessment of Acute Coronary Syndrome (ACS).	ACS guidelines shared widely with ED team.
Incorrect initial management of pleural effusion. Lung mass identified on CT scan and positive histology not red flagged or referred to Lung MDT.	Second check process of 2 consultants to agree pre chest drain insertion.
Known Aortic Aneurysm and Valve problem delayed referral to tertiary centre.	Cardiology administration team analysing why the referral process failed, to ensure safety netting can be actioned.
Suboptimal management of a Head Injury.	Case already presented as case of the week in ED education session to share immediate learning.
Management of a patient presenting to ED with groin swelling and raised inflammatory markers.	Sepsis awareness - ongoing.

The Trust has one serious incident paused due to the incident involving a police investigation and the investigation will commence as soon as police conclude.

Healthcare Safety Investigation Branch (HSIB) Investigations
There has been one new referral to and accepted by HSIB in June 2023 relating to an Intrapartum stillbirth. Immediate change to local policy following this moderate harm incident was made to the CTG monitoring process, to ensure a repeat CTG is within a least one hour prior to any induction of labour.

Falls
There were 134 patient falls reported in June and 135 in July 2023, of these, 200 resulted in no harm, 65 resulted in low harm, and three moderate harm and one in severe harm. It is to note information and data reported today may change in subsequent reporting following the incident reviews at falls panel.



TENDABLE audits in the falls and enhanced care question sets are carried out weekly. In July's audit, consistent compliance is reported with a score of 98%. This visual assessment audit focuses on the five principles for falls prevention.

Learning identified through the falls improvement panel:

- Recording of Lying and Standing BP. This is now being launched on Nerve centre for all inpatients over 65 years old.
- Completion of the post fall head injury pro-forma and consideration of anticoagulation risks. This is now redesigned and has been added to Nerve centre.
- Raised awareness of where and how to access a spinal board if required.

The DBTH Falls and Bone Health Group has been reconvened.

Hospital Acquired Pressure Ulcers (HAPU)

There were 57 HAPUs recorded across June and July 2023. There were no reported category four HAPUs, three were category three HAPUs, eight were unstageable HAPU and one was a Mucosal Pressure Ulcer.

The following points are the key learning themes identified and for which wards have action plans for:

Skin Inspections

- There is a delay in skin inspections being documented on admission and transfer

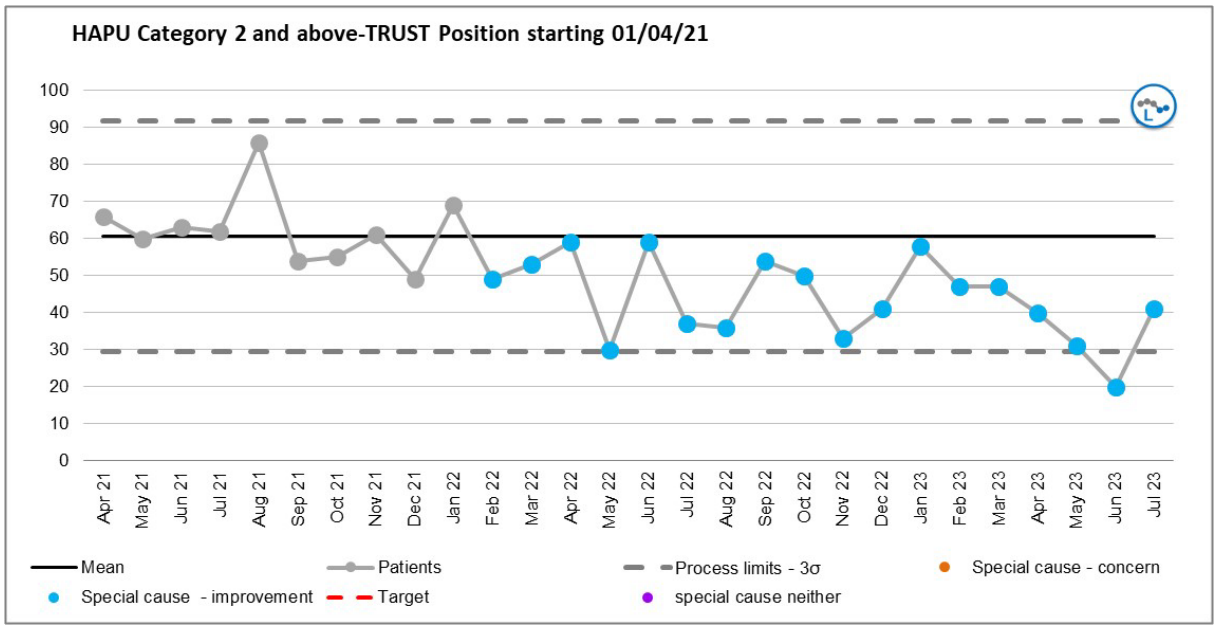
Heel prevention

- Heel prevention having heels offloaded is not being documented consistently. Ensure heel prevention is documented within the repositioning documentation when they are actioned and in place to capture all prevention techniques used.
- Slide sheets - Ensure that all patients' assessed as requiring assistance with manual handling have 2 slide sheets readily available.

Wound assessments/SIT referrals

- Delay in a reassessment of wound to identify if the area is healing or deteriorating and a change in plan of care Non-compliance/ non concordance.
- No consistent documentation being provided for patients showing non-compliance or non-concordance is documented. Ensure all aspects or care are explained in full to the patient and any non-compliance or non-concordance is documented.

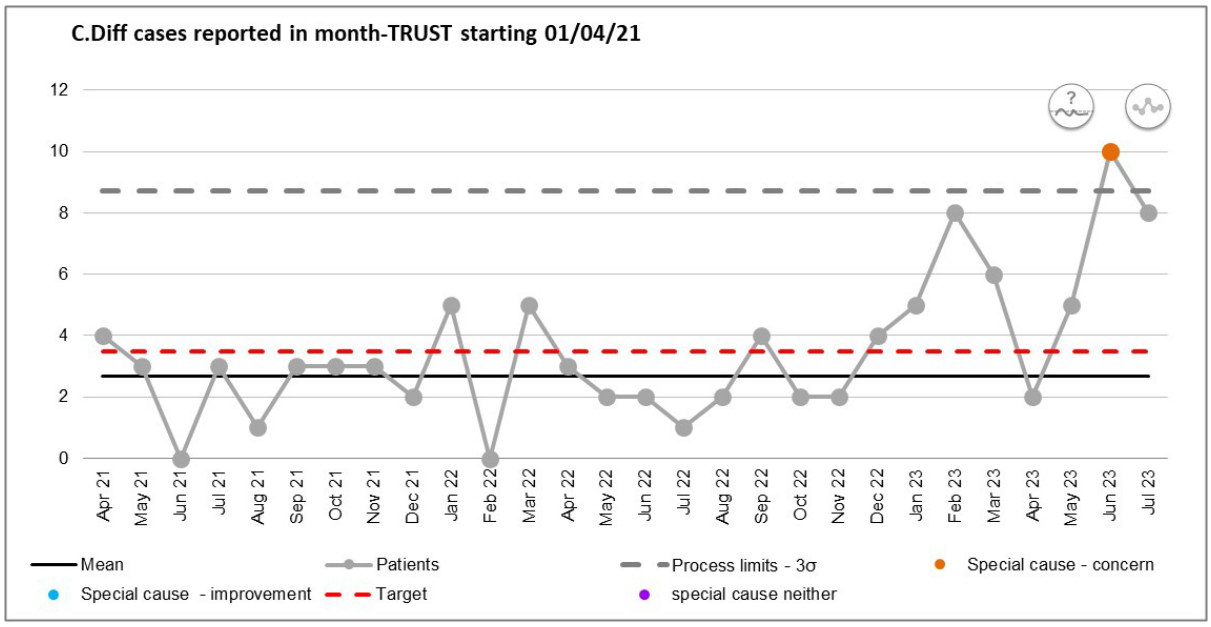
The Skin Integrity Team continue their Quality Improvement programme with the aim of working towards a 50% reduction across the Trust of category two and above HAPUs by the end of financial year 2024/2025.



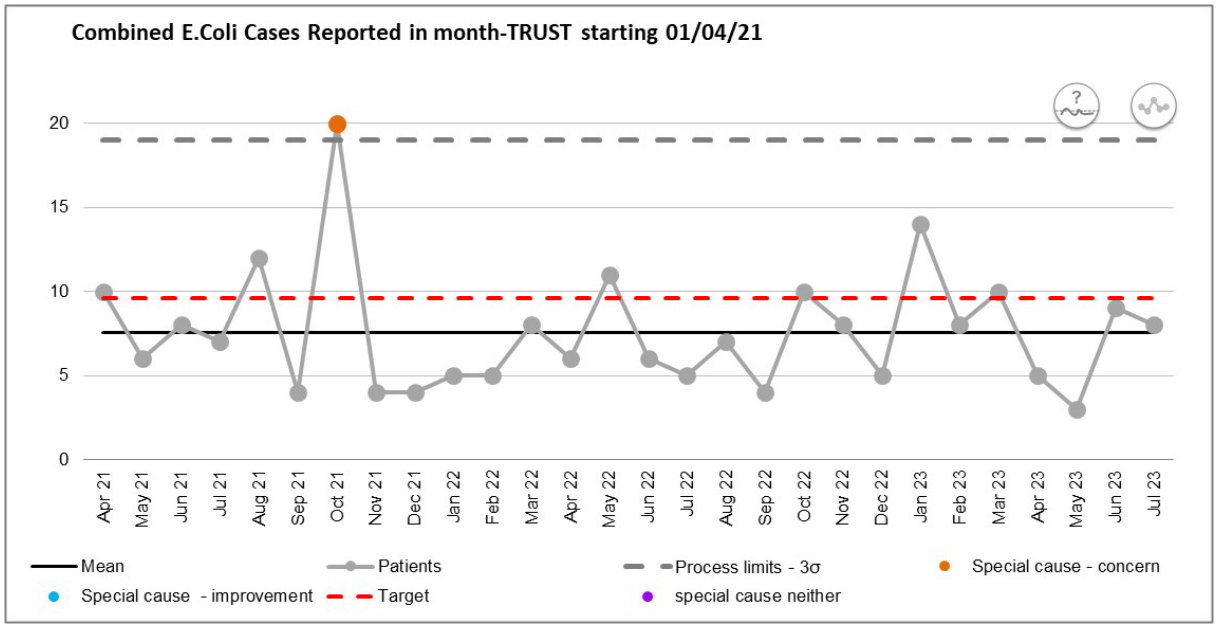
Infection Prevention and Control (IPC)

Clostridium difficile (C.diff): There were 18 cases of Clostridium difficile across June and July 2023. Sixteen of these were Hospital Onset, Hospital Associated (HOHA) infections, and two were Community Onset, Hospital Associated infections (COHA). The total number of cases of Clostridium difficile for the financial year is now 25, against a reduced trajectory of 42.

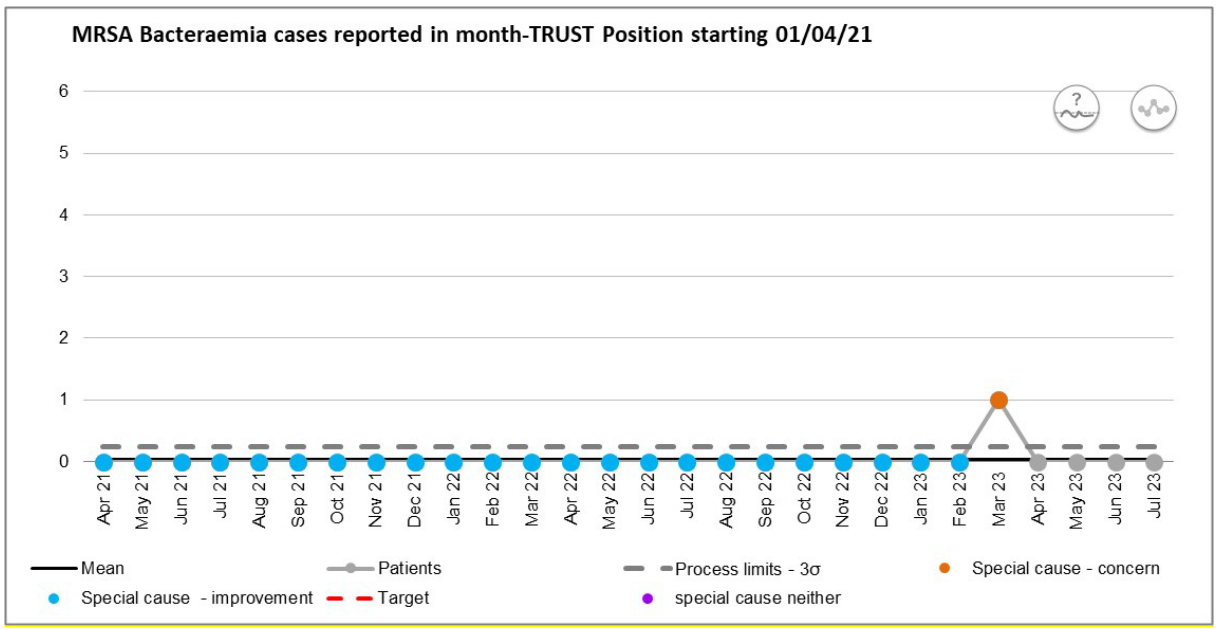
It is to note the figures remain just within normal variation, but the nationally set thresholds will be a challenge this financial year. Each division has a specific action plan and will present to Infection Control Committee who will maintain oversight.



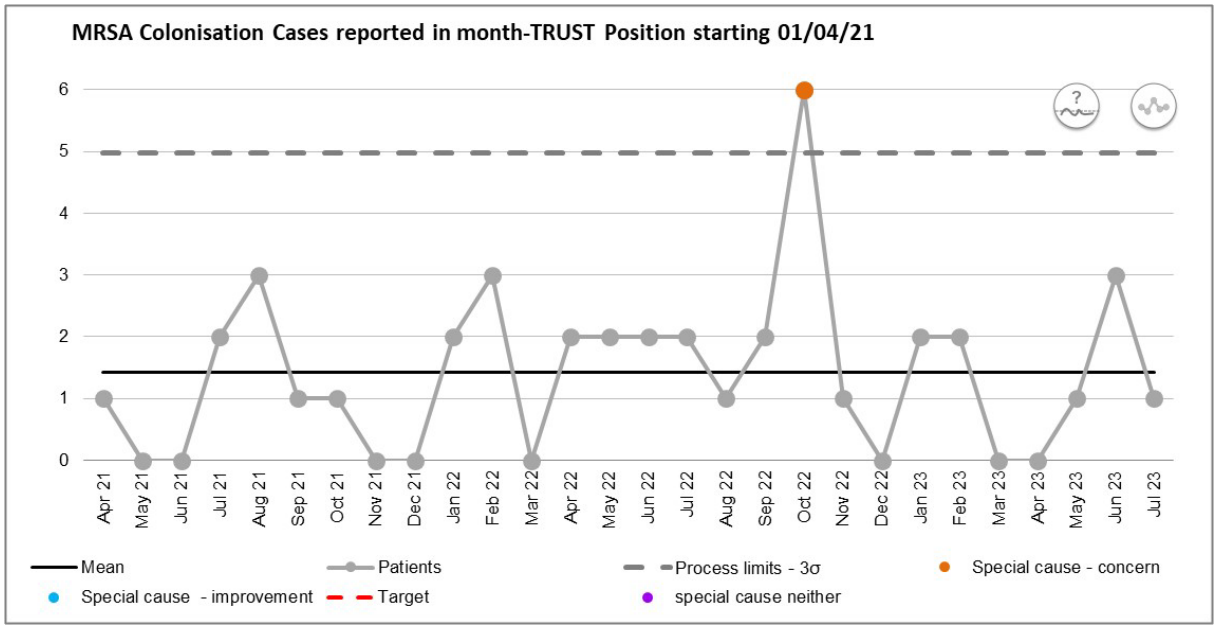
E-Coli Bacteraemia: There were 17 cases of E.coli bacteraemia across June and July 2023, nine are classified as HOHA and eight as COHA. The total for the year so far is twenty four with a trajectory of 80.



MRSA bacteraemia: There were Zero MRSA bacteraemia reported in across June and July 2023.



MRSA Colonisation: There was four reported MRSA colonisation across June and July 2023.



Glycopeptide Resistant Enterococci: The number of cases remain static at 27. The Director of Infection Prevention of Control has assured the Chief Nurse the numbers appear to be reducing as would be expected with this infection. Additional control measures remain in place in addition to regular oversight meetings.

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 relating to learning from an incident and to share and cascade with wider clinical teams through governance processes.

At July's PSRG, learning was shared from an incident relating to the inappropriate discharge of a patient from the Emergency Department. Contributory factors included patient identification, communication, handover and documentation. Learning included correctly identifying the patient prior to discharge, refresher training around the discharge policy within the Trust and ensuring staff are aware of the checks which need to be completed and that everything is done to ensure names and details have been checked, confirming plans for discharge/admittance with doctors on the ward, supporting the handover process – currently this is done with a paper document but rollout of the electronic version is imminent.

Patient Experience

In August 2023 Picker (CQC) maternity, inpatient and urgent and emergency care survey results were presented to the Trust's Quality and Effectiveness Committee, having been presented at Patient Experience and Involvement Committee.

The CQC Inpatient Survey was published on 12 September 2023. The Trust performed about the same as other trusts in all 45 questions. In comparison to last year's results, the Trust performed better on one question: Patients being asked to give their views on the quality of their care. There was no change on 39 questions and there was a deterioration in the Trust performance on three questions:

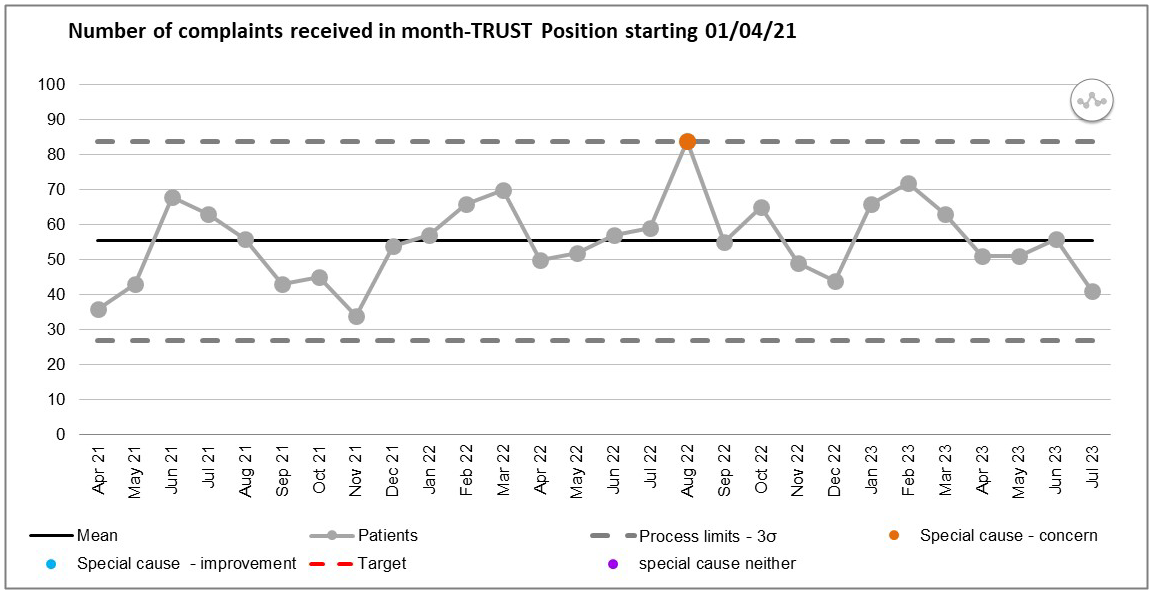
- Patients' understanding of information they were given about what they should do or not do after leaving the hospital
- Patients' rating of the hospital food
- How long they would feel they had to wait to get a bed on a ward after they arrived in hospital.

The overall experience score for the Trust was 8.1 which was about the same as other trusts. For contrast, the highest scoring trusts in the region scored 8.4 for overall experience. An action plan has already been developed by the Trust to address the areas of improvement.

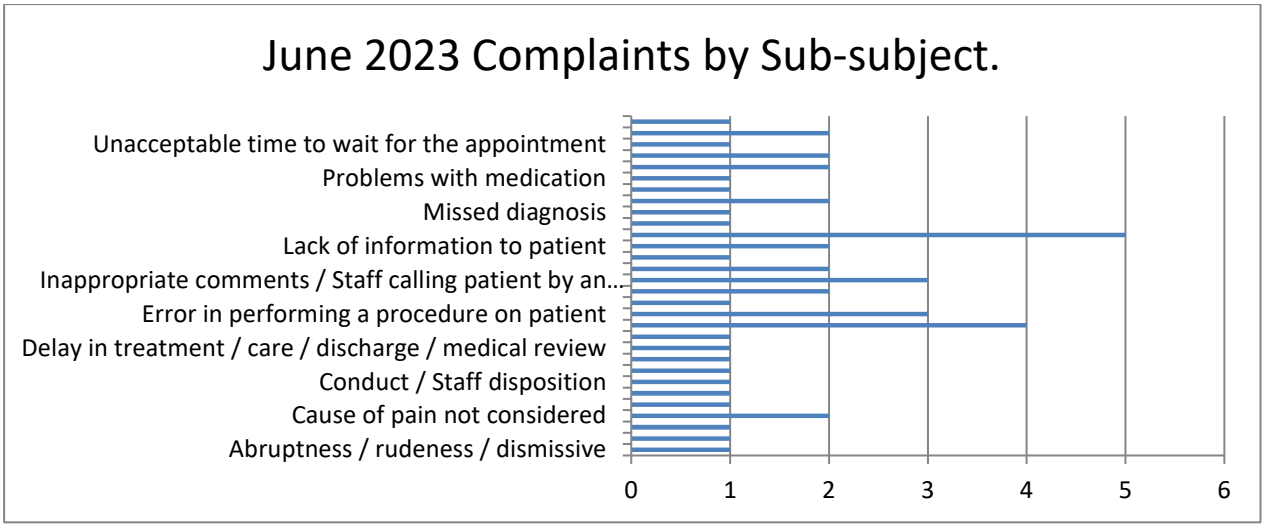
The Trust has commissioned Picker to support action planning sessions with department and ward leaders. Action plans will be monitored via the Patient Experience and Involvement Committee.

Complaints July 2023

In July 2023, 55 complaints were received in line with numbers seen in June 2023. This brings the year to date (2023/2024) total to 211.

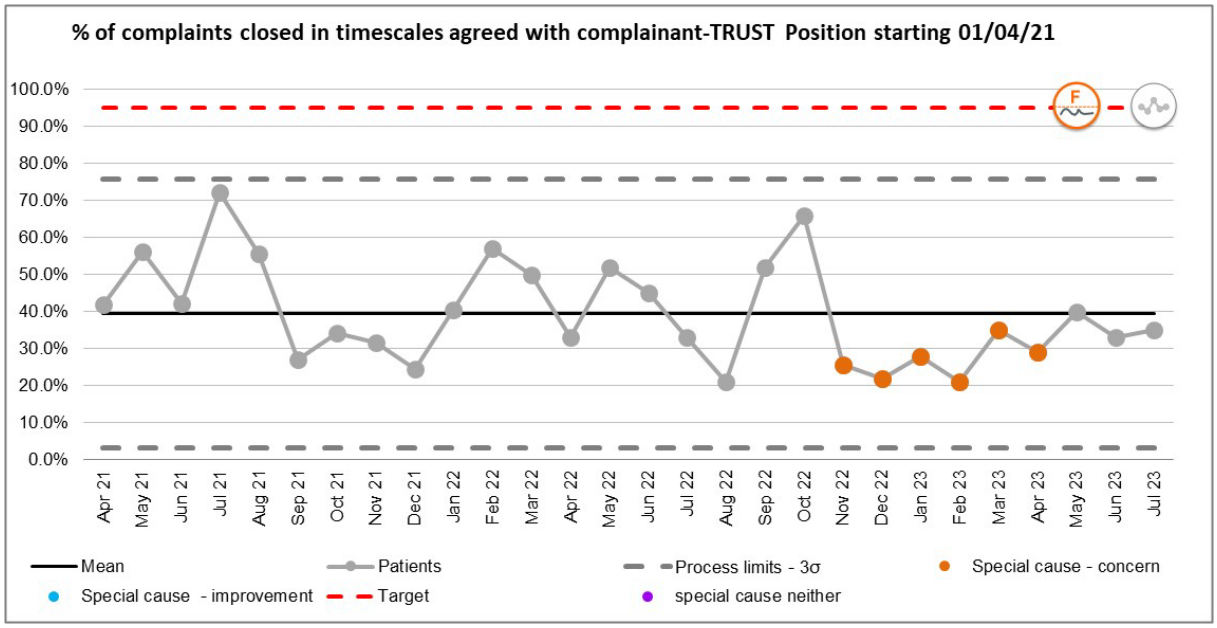


Complaint Themes



Complaints closed in agreed timescale

A total of 53 complaints were closed in July 2023 an increase from 48 complaints closed in June 2023, of these 40% met the timeframe for closure.

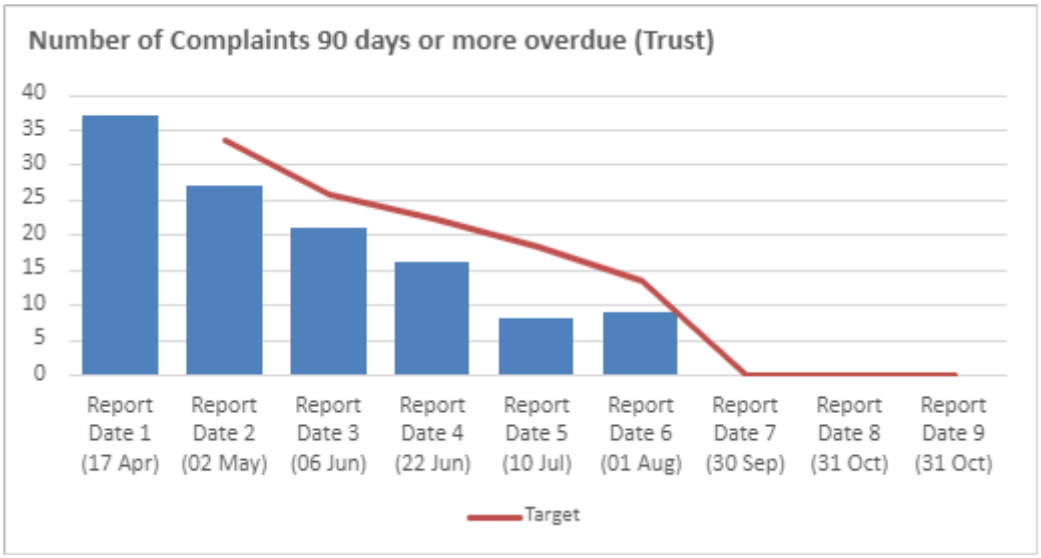


Trajectories have been agreed with Divisions to recover the Trusts position in managing complaints in the agreed timeframe by 31 October 2023.

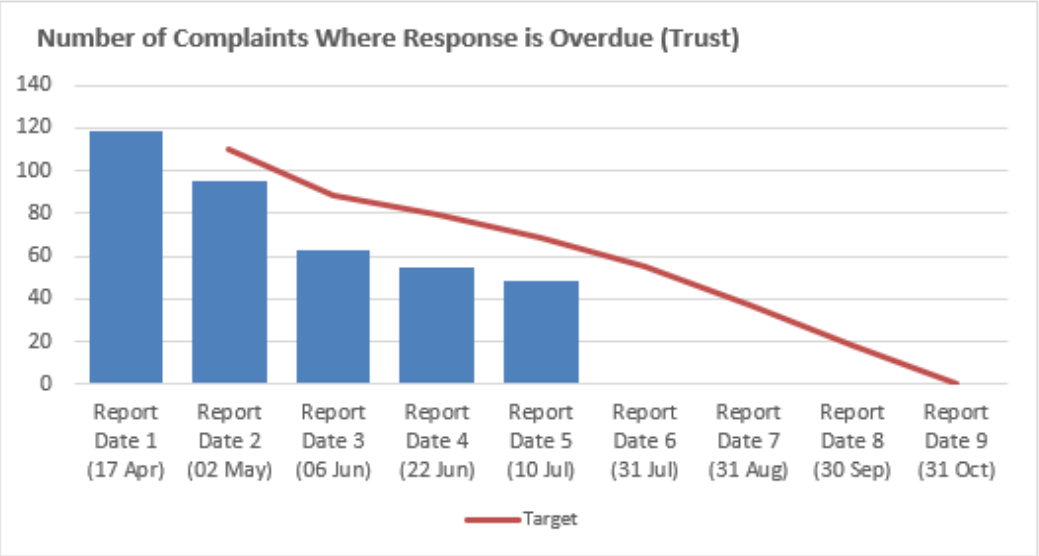
The agreed trajectories and current performance are highlighted in the following charts:

Number of Complaints 90 Days or more overdue

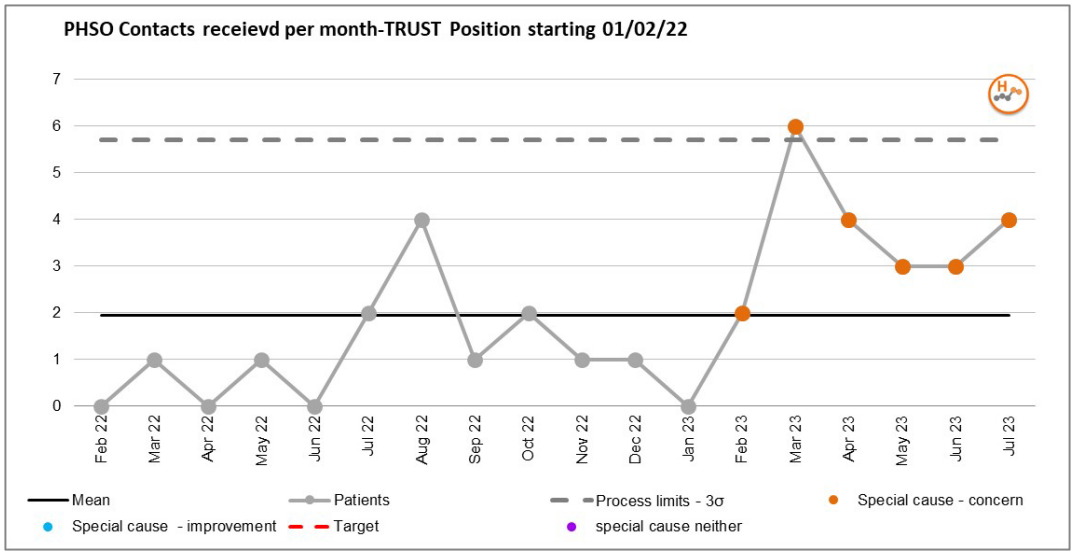
Target: Zero complaints exceeding three months by 31 August 2023.



Target: Zero complaints exceeding agreed timeframe by 31 October 2023



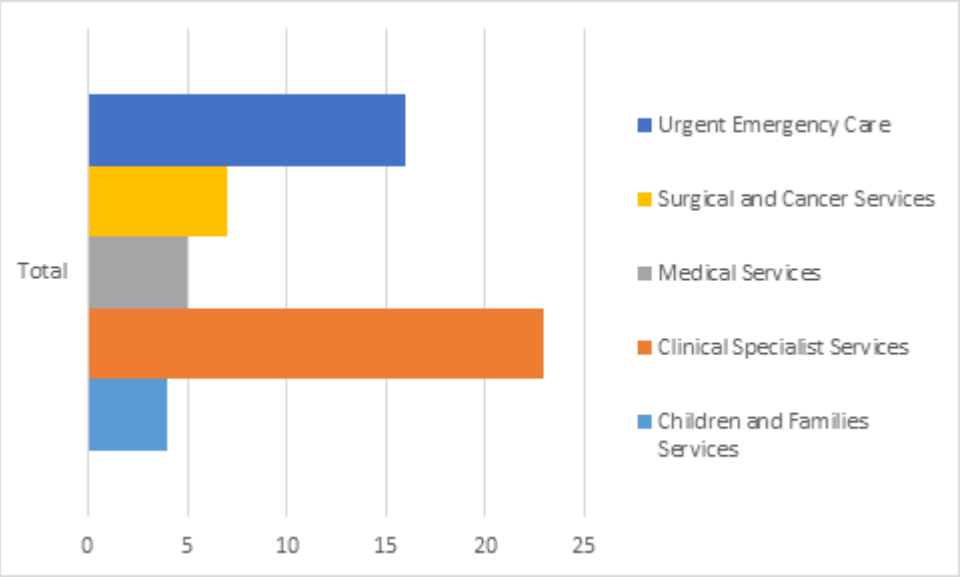
Parliamentary Health Service Ombudsman (PHSO)



There was a marginal increase in the number of contacts from the PHSO.

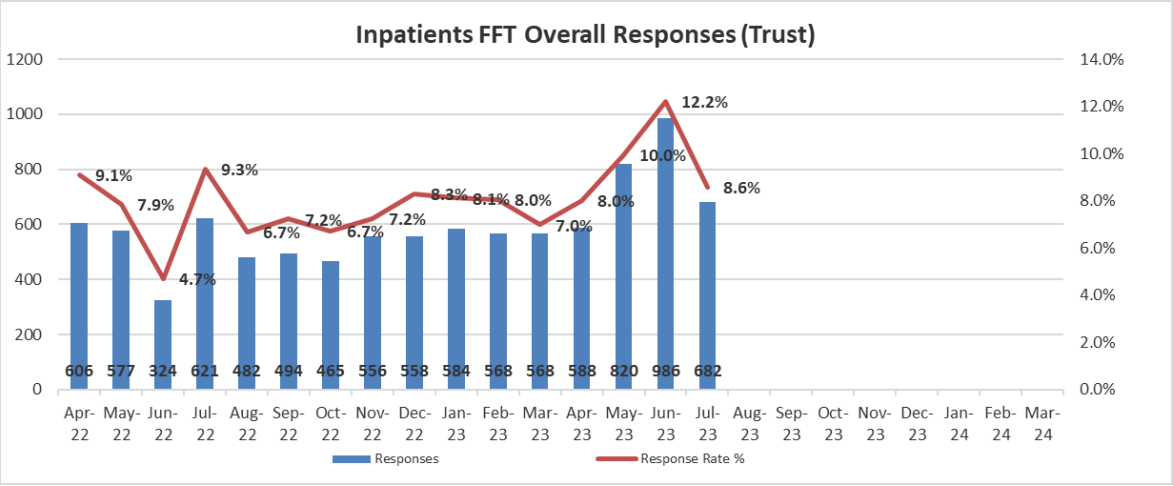
Compliments

The majority of compliments are inputted by the ward staff however, PALS are also currently uploading the FFT cards which have been received from the various areas throughout the Trust. PALS will send the cards back to the relevant areas.



Friends and Family Test (FFT)

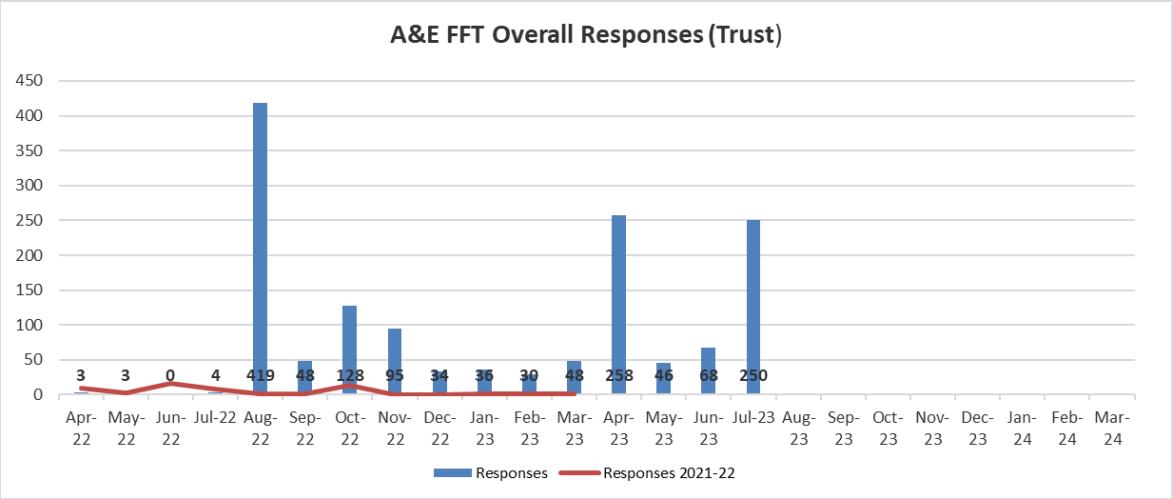
Inpatient FFT



There has been a significant reduction in responses in July 2023 with 682 responses received compared to 986 responses received in June 2023. This reduced the overall Inpatient FFT response rate to 8.6% from the 12.2% in June. Further analysis also identifies there is significant variation among the Trust sites with Doncaster Royal Infirmary having a response rate of 6.9%, Bassetlaw 12.3% and Montagu 25.2%. Staff are continuing to encourage feedback and information regarding ward level performance is being shared with divisions. There has been feedback from divisions regarding collection of cards and it is anticipated this will improve with a new process once we have an independent provider managing the survey for the Trust.

The proportion of positive feedback was consistent with June at 97.8%. This was above the national positive rate which was 95% in February 2023 (most recent data).

Accidents and Emergency FFT

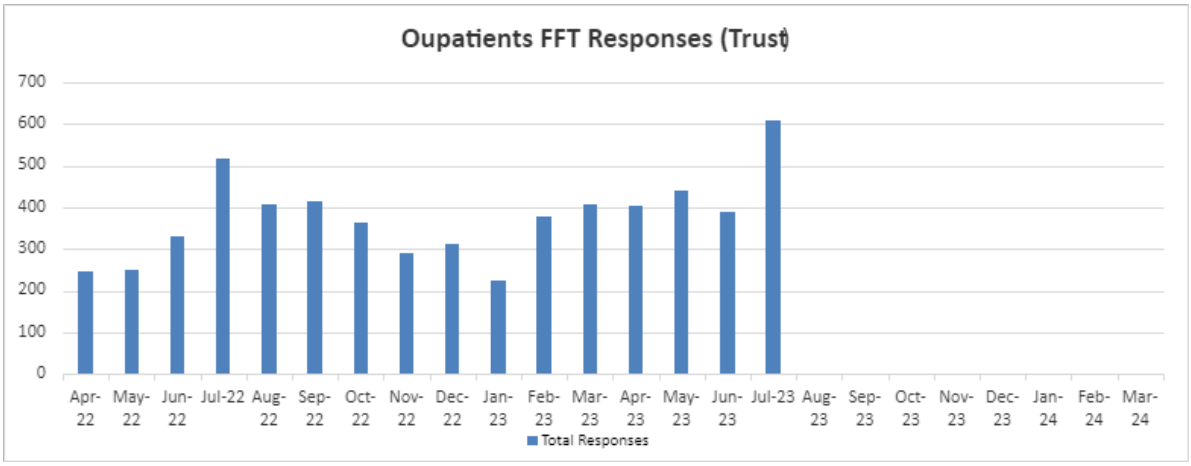


In July 2023, there was further increase in responses with 250 responses received compared to 68 responses received in June 2023. This resulted in an increase in the proportion of responses back to 1.7% from 0.5% in June 2023. There is variation between the sites with Bassetlaw site having a 4.1% response rate compared to Doncaster Royal Infirmary with 0.7%. This is significantly below the national average.

The proportion of positive feedback reduced 84% compared to 89.7% in June. This was above the national average of positive feedback February 2023 (most recent data) was 80%.

Work continues to support to department to improve their responses as well as sustain the changes.

Outpatients Friends and Family Test



In July 610 responses were received from outpatients a 56% increase from the 390 responses which were received in June 2023. Analysis of the data shows 94.4%, in line with the national average positive rate which was 94% in February 2023 (most recent data).

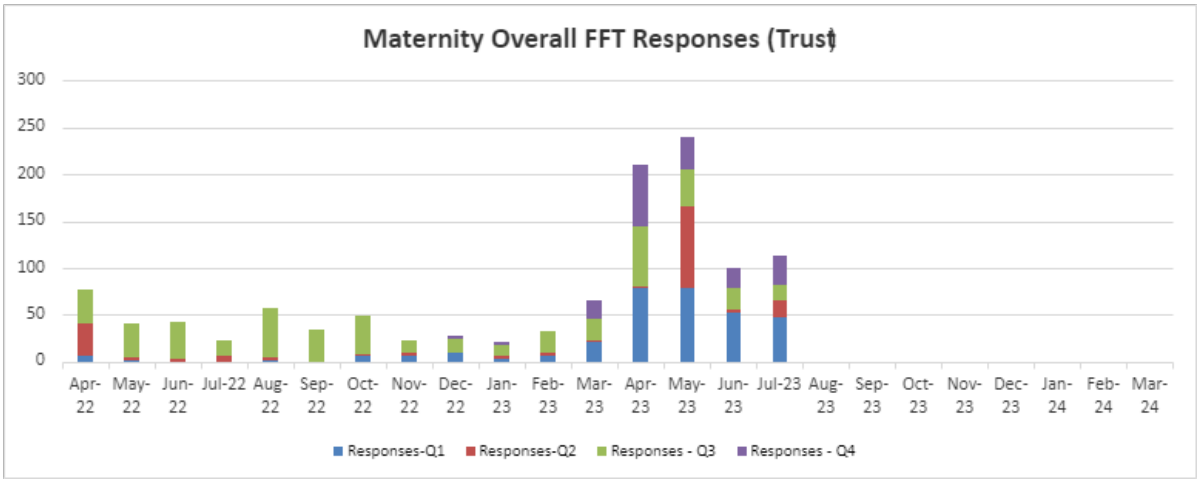
Maternity Friends and Family Test

The maternity friends and family test responses are captured at four points: (Antenatal Care setting; Birth setting, postnatal ward setting, Postnatal and community setting). The overall number of responses received for Maternity increased slightly to 113 in July compared to 100 responses received in June 2023. The proportion of positive responses at touch point one were 97.8% consistent with June 2023.

The number of responses at touch point two increased to 19 in July 2023 from the three responses received in June 2023. All the responses received at touch point two were positive.

There was a reduction of responses received at touch point three in July 2023 with 16 responses received compared to 24 responses received in June 2023. All the responses received at touch point three in June 2023 were positive.

There was also an increase in the responses received at touch point four in July 2023 with 31 responses received compared to 21 responses received in June 2023. All the responses were positive.



There have been delays in the procurement process to engage an independent company to support the data capture of our friends and family test. The FFT Implementation Group continue to meet to discuss processes during the pilot. This service will include text message surveys alongside the paper responses and QR codes. The implementation date of the independent company is anticipated to be September to facilitate training and engagement of staff involved.

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 June and July 2023.

Nurse Staffing levels - Planned versus actual CHPPD
The Trust has submitted the planned versus actual (CHPPD) return to NHSE/I on time for the months of June and July 2023.

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 2023	Jan	Feb	March	April	May	June	July
Total CHPPD	7.79	7.93	8.00	8.1	8.3	8.1	8.3

An overview of CHPPD data for 2023 is provided below is provided within Table 3 and split by Registered Nurse (RN) and Registered Midwifery (RM).

Table 3. DBTH Total CHPPD Nursing and Midwifery specific data

	Month Trust CHPPD	Jan 7.79	Feb 7.93	March 8.00	April 8.1	May 8.3	June 8.1	July 8.3
Registered Nurse CHPPD	CHPPD	4.11	4.05	3.99	4.03	4.03	4.1	4.1
	Planned V Actual %	97.31%	93.91%	91.77%	92.63%	91.34%	90.28%	90.60%
Registered Midwife CHPPD	CHPPD	9.89	9.68	12.29	11.39	14.86	8.7	9.4
	Planned V Actual %	95.07%	90.73%	95.35%	92.61%	92.15%	90.22%	96.96%

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 June 2023 three wards were rated red for an actual staffing deficit of >10% below planned staffing levels, as highlighted in the below tables and in July four wards were rated red.

Table 4. June 2023 CHPPD data - inpatient 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
32	7.5	80%	82%	108%	100%	74%	85%
CHW	8.2	83%	85%	84%	81%	84%	84%
M1	9.0	83%	92%	77%	74%	87%	74%

Table 5. July 2023 CHPPD data - inpatient 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
Ward 1&3	7.2	89.1%	88%	98%	97%	100%	86%
Ward C1	7.0	85.3%	88%	100%	91%	101%	85%
CHW	10.4	89.6%	90%	95%	84%	94%	69%
M1	9.1	85%	94%	77%	85%	85%	74%

The above tables provide the data for ward areas where actual staffing levels were >10% below planned staffing requirements. Only inpatient ward areas have been included, as CHPPD is too crude a measure to use for certain areas, such as critical care, neonatal unit, short stay units or labour ward.

Bed occupancy to some extent may have mitigated risk associated with lower staffing levels than planned particularly within Maternity and Paediatric services (M1 and CHW). It should also be noted that within Paediatric services at DRI staffing resource is utilised across the Children's Ward (CHW) and the Children's observation unit (CHOU). CHOU is an ambulatory care service 24/7. This is not reflected within the planned versus actual or CHPPD data as CHOU is not a 24/7 inpatient service and staffing planned separately from CHW.

The above does not reflect acuity and dependency on the wards for the specified time, which along with bed occupancy plays an important part of staff deployment decisions that are not reflected in planned versus actual data. Daily safe staffing meetings support redeployment of staffing resource to areas in need and include reviews of planned versus actual staff, bed occupancy, acuity / dependency, delayed assessments, learners and supernumerary staff in the clinical area, staff on non-clinical duties to direct staff movement between areas. No unfunded beds were open during this reporting period.

During June 2023, Ward 32 have reported 3 cases of C Difficile, post incident reviews confirmed the cases were not connected, although there was learning for the ward including

cleanliness of equipment. During July 2023, Wards 1&3 have reported two hospital acquired pressure ulcers (HAPU) however, none were severe or moderate harm categorisation and one e coli bacteraemia. C1 reported one HAPU during July 2023; this was not of a severe or moderate harm categorisation and this was an improvement from previous months.

Nursing & Midwifery Recruitment and Retention

Utilising provider workforce return (PWR) data the below tables illustrate the vacancy position for nursing and midwifery for January to May 2023 across Registered, Unregistered and Midwifery staffing groups.

Bands 2/3
Healthcare assistant (HCA) recruitment continues to be challenging Nationally, Regionally, and locally with DBTH recruitment and nursing teams fully engaged in national and regional developments and networks specific to this work stream.

The vacancy position for June and July 2023 has shown an improving position even with budget increases that occurred in April 2023, which is as shown in table 6.

Table 6. Trust wide* Band2/3 Support Worker vacancy whole time equivalent (wte) position

Month	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23**
Funded	957.32	963.32	953.67	1013.6	1043.2	1033.5	1044.9
Contracted	865.91	872.63	874.99	910.61	914.24	934.78	947.52
Vacancy%	9.60%	9.50%	8.3%	10%	12%	9.5%	9%

*Excludes Midwifery

** At the end of July, there were approximately 43 candidates within the HCA pipeline at varying stages of the recruitment process, (23 of these had start dates already confirmed) they are not included in Table 6 data.

Registered Nurse / Theatre Practitioner / Registered Midwifery
As shown in table 7, the registered nurse / theatre practitioner vacancy position showed an improving position towards the end of 2022/2023 with the overall vacancy position dropping below 10%. The contracted position shows a continued improving position across registered nurse / theatre practitioner posts despite the increasing budgets noted as a consequence of headroom uplift and funding of some winter beds. It is noted some of the funded and contracted position data has altered significantly between months and this is being explored in more detail.

Table 7. Trust wide* Band 4 to 7 Nursing / Theatre Practitioner vacancy wte position

Month	Jan	Feb	March	April	May	June	July
Funded	1703.72	1724.88	1797.2	1779.8	1797.39	1804.09	1817.59
Contracted	1530.46	1598.26	1638.8	1554.48	1563.08	1563.16	1655.68
Vacancy%	10.2%	7.31%	9.8%	12.5%	13%	13%	9%

*Excludes Midwifery

Table 8. Trust wide Midwifery Band 5 to 7 vacancy position

Month	Jan **	Feb**	March	April	May	June	July
Funded	193.45	193.45	191.85	191.03	201.3	201.4	202.6
Contracted	172.94	170.09	168.79	157.71	170.14	171.73	171.22
Vacancy%	11%	12%	12%	17%	16%	15%	15.5%

** January and February included Bands 8

A number of recruitment work streams are underway aimed at further reducing the vacancies across registered nurse and midwifery workforces including international recruitment and newly qualified recruitment.

It is to note detailed reports in relation to the Nursing and Midwifery workforce is provided to the People Committee.

Care Quality Commission

The CQC commenced an unannounced core service review of Urgent and Emergency Care, Medicine, Maternity and Surgery on 22 August 2023, over the course of 3 days inspectors visited these services at Doncaster Royal Infirmary, Bassetlaw District General Hospital and Montagu Hospital. Immediate feedback at the end of each day was received by the Chief Nurse and actions put into place to address identified issues. At the close of the 3 days the Chief Nurse responded formally to the issues identified by the CQC outlining actions that would be taken. Actions are in progress according to timescales, will be monitored via Monday.com. and will be submitted to the Quality and Effectiveness Committee at the meeting on 2 October for assurance. The initial feedback letter received from the CQC highlighting where action was required, and also the positive findings is attached as an appendix to this paper. The inspection window remains open until 4 October, with Well led inspections planned from 2 to 4 October 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 and patient experience.

Care Quality Commission
Citygate
Gallowgate
Newcastle-Upon-Tyne
NE1 4PA

Mr Richard Parker
Chief Executive
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Armthorpe Road
Doncaster
South Yorkshire
DN2 5LT

06/09/2023

Care Quality Commission
Health and Social Care Act 2008

RE: Inspection Feedback

Trust name: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Provider ID: RP5
Inspection ID: INS2-15523930491

Dear Richard Parker,

Following our feedback discussions with Karen Jessop on 22-24 August 2023, please find below confirmation of the high-level feedback shared during these meetings. This letter does not replace the draft reports we will send to you, but simply confirms the feedback we provided during our meeting.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the reports.

Provider Name:	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Locations inspected:	Doncaster Royal Infirmary Armthorpe Road Doncaster South Yorkshire DN2 5LT Bassetlaw District General Hospital Blyth Road, Worksop,

	Nottinghamshire, S81 0BD
Inspection lead:	Chris Storton
Dates of Inspection:	22-24 August 2023
Organisation representatives present at the feedback session:	Karen Jessop, Chief Nurse
Other attendees present at the feedback session (with designation)	Cheryl Howarth (CQC Inspection / Trust RO)
Initial feedback	Areas for improvement **Resuscitation Checks** We found staff did not always check resuscitation equipment to ensure it was available and safe for use. Emergency medication was not always available or stored appropriately. Resuscitation trolleys were not always clean. **Equipment / environment** We consistently found significant numbers of out of date / expired equipment in all core services inspected, although this issue was particularly evident in medicine and urgent and emergency care. We found this across all locations. Equipment checks were not always evident. Some equipment had been damaged and not replaced, with the damage making it difficult to appropriately clean the equipment. In most areas we found equipment and some environments were not always kept clean. Staff told us there were equipment shortages which were impacting on the safe delivery of care. Staff told us they did not always report faulty equipment, and where reports had been completed, there were often long delays to replace or repair the damaged items. **Medication Management** We found medicines were not always managed safely. In all core services we found examples of out of date medication which had not been disposed of. Clinic room and fridge temperatures were not always recorded appropriately, and there was limited evidence of appropriate action taken to respond to potentially unsafe temperatures. Intravenous fluids were not always stored appropriately and we raised concerns about staff practice in relation to intravenous fluids during the course of the inspection. Controlled drugs records

	were not consistently maintained, and we found examples of out of date controlled drugs which had not been disposed of. Oxygen cylinders were not always appropriately and safely stored and did not have appropriate signage. In maternity we found TTO (To Take Out) bags with prescribed medication which patients had not taken. This raised concerns about medications disposal and whether patients had received all of their prescribed medication. We also identified concerns in practice in relation to fentanyl in maternity services. In urgent and emergency care, staff did not always appropriately label in-use stock medication (e.g. liquid medicines). **Hand hygiene** We did not find consistent good practice in hand hygiene. Some hand washing sinks were damaged. Hand sanitisers were not always available or restocked. Staff were observed to not always be bare below the elbow in clinical areas including staff engaged in direct patient care. Staff did not always wash their hands between patients or remove gloves between patients or between clinical areas. This was an area of concerns raised in our previous inspection in 2017 in some services. **Unlocked clinic rooms / storage areas** We found significant numbers of unlocked storage rooms including those used to store COSHH products. We found clinic rooms were not always locked appropriately. Medication cupboards and storage areas were not always locked appropriately. **Complete and secure records** We found inconsistent practice in relation to secure storage of patient records. In some areas, records were not stored securely and were accessible to the public. In urgent and emergency care we found inconsistent quality of record keeping. This included gaps in nursing risk assessments, records of pressure care and records of nutrition and hydration. **Minor Injuries Unit** We are concerned about the safety of the Minor Injuries Unit. The unit has one fire exit which leads back into the urgent treatment centre. The unit does not have appropriate resuscitation equipment within the unit and no signage to indicate where the nearest equipment is stored. The unit does not have a call bell, and staff have access only to an air horn to seek assistance. **Learning from incidents**

	In urgent and emergency care and in maternity staff have not demonstrated an understanding of lessons learnt from incidents. Staff were aware of serious incidents which had occurred in the services, although could not identify lessons learnt. In maternity, we have reviewed a recent incident meeting criteria for HSIB referral. The review of this incident has not been completed to identify initial learning and staff could not evidence changes in practice because of the incident, including potential improvements to risk management processes.
	Positive findings
	Surgery • Managers and newly qualified staff nurses told us how much they appreciated and benefitted from the trust's preceptorship programme. • We observed good standards of care being delivered to patients. Patients told us that they had been looked after well and were complimentary about the care they received. • Staff told us that they felt supported by managers. They had had regular appraisals, were up to date with training and given opportunities to progress and develop. • We saw many examples of good teamwork across staff groups. Staff worked well together and told us that they 'loved' or 'really enjoyed' their jobs. • Patients were given a variety of meal options. Staff ensured that patients were served food outside of regular mealtimes if returning from surgery, offered alternative food if they did not want a choice from the menu and given help to eat if needed. • At Montague Hospital, staff had arranged a teaching session for men on prostate cancer following queries received by contractors working on site. As a result of this, one gentleman had attended his GP and received treatment for prostate cancer. **Urgent and emergency care** • Staff knew how to identify adults and children at risk of, or suffering, significant harm. They worked with other agencies to protect them. We saw paediatric nursing staff documented safeguarding concerns in patient notes, such as unexplained bruising for a looked after child. ED staff could access a safeguarding adults and children team based onsite who visited the department daily to check and support staff. We observed them attending the department to

	support ED staff and ask if they had any children to refer. • The service used falls kits for patients at high risk of falls which contained yellow socks and a blanket. We saw staff administering these and they worked well as a visual prompt. Signs asked staff to see yellow and think falls risk. ED staff also had access to a falls holistic care team and their therapy assistant practitioner. • The nursing staff at all sites felt well supported and were very complimentary about their lead nurse. They told us this manager was having a positive impact on cross-department working, relationships and engagement with focus on staff opportunities. This made staff feel they now had a voice. • The trust's main patient records management software worked well and included all relevant patient observations and results on one system. This kept patient records paper-light. **Maternity** • The Trust had recently invested in a new bereavement suite based on level 3 which we hope will be operational soon. • The Trust had refurbished its central delivery suite and triage area which were based on level 6. However, we did observe that mothers were out of the line of site of midwifes in the new triage unit. • The specialist midwifes have close working relationships to support both the community and hospital midwifery services. **Medicine** • Nursing and medical records were completed comprehensively. • Risk assessments were mainly completed on time, and the care being received corresponded to the risk assessment findings. • Elevated NEWS2 were escalated appropriately, and were mainly completed when due. • Sepsis screens were completed when appropriate. • Patients we spoke with talked positively about the care they were receiving. • Relatives we spoke with talked positively about the care their family member was receiving. • Examples of caring interactions between staff and patients. • Examples of effective MDT working.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to:

CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Chris Storton
Operations Manager

2309 - C4 NURSING, MIDWIFERY & ALLIED HEALTH PROFESSIONALS (NMAHPS) QUALITY STRATEGY

Decision Item | Karen Jessop, Chief Nurse | 10:20

10 minutes

REFERENCES

Only PDFs are attached

C4 - NMAHP Quality Strategy 2023-2027.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**C4**
Report Title:	**Nursing, Midwifery and Allied Health Professionals Quality Strategy 2023-2027**		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Simon Brown, Deputy Chief Nurse		
Appendices:	None		

Report Summary

Executive Summary

This is the final draft of the Nursing, Midwifery and Allied Health Professional (NMAHP) quality strategy, which has now completed its wider consultation with Nursing, Midwifery, Allied Health Professionals and patient groups. The strategy has passed through the relevant committees within the Trust and is presented to Board of Directors for final sign off.

The strategy has been developed with collaboration of the Nursing Midwifery and Allied Health Professional teams and sharing across the Trust has led to this final version.

The NMAHPs quality strategy is supported by a robust quality architecture, quality assurance framework and governance processes. A children and young people delivery plan and a maternity delivery plan will support the strategy. Following Board approval of the strategy, each team will create a more detailed delivery plan and a Senior Responsible Officer (SRO) and Deputy SRO will lead each strategic theme.

In this 2023-2027 Nursing, Midwifery and Allied Health Professional (NMAHP) quality strategy, quality and patient experience are the 'golden thread' running through all that we do as a Trust, which is in line with the NHS Long Term Plan (2019).

A collectively agreed "we will" statement outlines the ambition of the underlying objectives, which supports each strategic theme of the strategy.

The strategy is focused around six strategic themes aligned to the True North objectives. The six themes are:

- Patient safety
- Patient experience
- Clinical effectiveness
- Fundamentals of care
- Care of most vulnerable patient
- Care planning and documentation.

Recommendation:	Trust Board of Directors are asked to approve this Nursing, Midwifery and Allied Health Professional (NMAHP) quality strategy

Action Required:	**Approval**	~~Discussion~~	~~Take assurance~~	~~Information only~~
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes /~~No/ NA~~		**Yes /~~No/ NA~~**	

Implications	
Board assurance framework:	Supports achievement of strategic objectives BAF risk 1
Risk register:	None
Regulation:	CQC (reg 12) - Safe Care and Treatment NHSE - National Quality Board staffing reporting requirements
Legal:	N/A
Resources:	None

Assurance Route	
Previously considered by:	Quality Effectiveness Committee and Trust Executive Group
Date:	June 2023 (QEC) July 2023 (TEG)
Any outcomes/next steps	N/A
Previously circulated reports to supplement this paper:	N/A

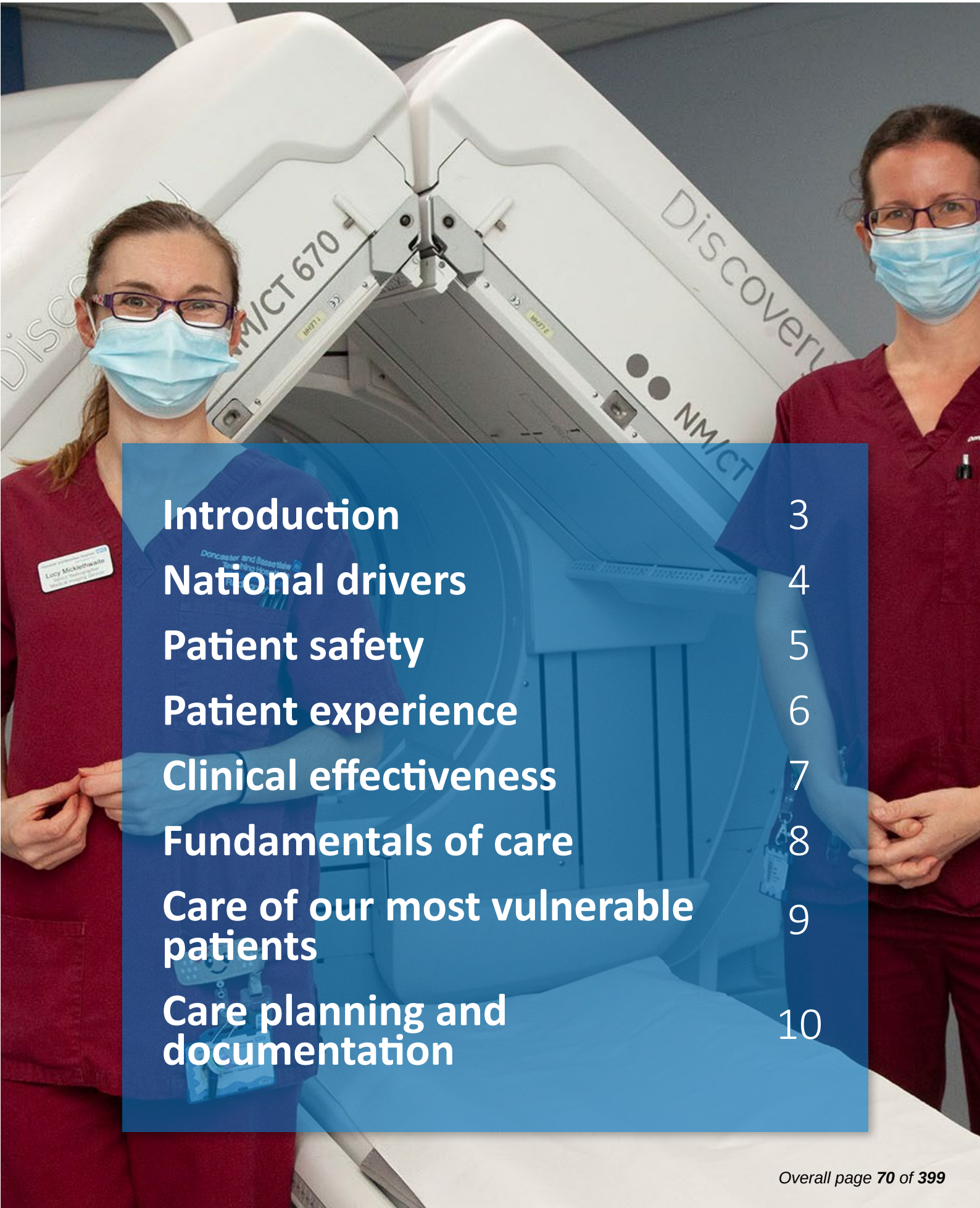
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Patients
People
Performance
Partners
Prevention

Nursing, Midwifery and Allied Health Professionals Quality Strategy

2023 – 2027

Contents



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Introduction

Welcome to our new NMAHPS Quality Strategy for all colleagues at DBTH!

Karen Jessop, Chief Nurse

Our NMAHPS Quality Strategy 2023-27 has been developed over several months at the start of 2023 commencing with a Senior nursing/midwifery and AHP time out to develop the first draft. The strategy builds on previous engagement taken prior to the COVID19 pandemic. Collaboration of the Nursing, Midwifery and AHP teams and sharing across the Trust has led to this final version.

This strategy supports the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trusts vision to be the safest trust in the country, outstanding in all we do, which in turn supports our true north objective to provide outstanding care and improve patient experience. Each strategic theme of the strategy is supported by a collectively agreed "we will" statement outlining the ambition of the underlying objectives.

The Strategy will be supported by a robust quality architecture, quality assurance framework and governance processes. The strategy will be supported by a children and young people delivery plan and a maternity delivery plan. Each strategic objective will have a detailed delivery plan with a dedicated senior responsible person aligned to each strategic aim.

As a multi-site Trust, we work collaboratively with partners in both the South Yorkshire and Nottinghamshire systems. We are also proud of our role working with and supporting our local communities as an Anchor organisation and a Cornerstone employer.

I'd like to thank everyone for their hard work developing this strategy and I'm looking forward to seeing it's objectives come to fruition over the next few years.

Our vision

The ambition of the Trust

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

We care

- **W**e always put the patient first
- **E**veryone counts – we treat each other with courtesy, honest, respect and dignity
- **C**ommitted to quality and continuously improving patient experience
- **A**lways caring and compassionate
- **R**esponsible and accountable for our actions – taking pride in our work
- **E**ncouraging and valuing our diverse staff and rewarding ability and innovation

National drivers

NHS Long Term Plan 2019

National Quality Board Shared view of Quality 2021

Patient Safety Strategy 2019

Patient Safety Incident Response Framework supporting guidance Engaging and involving patients, families and staff following a patient safety incident 2022

Patient Safety Incident Response Framework 2022

South Yorkshire Integrated Care System Five Year Plan

Just Culture

Health and Social Care Act 2022. Establishment of Integrated Care Boards and Integrated Care Systems

Strategic theme 1: Patient Safety

We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

Objectives:

- Implement the Patient Safety Incident Response Framework and embed its principles.
- Implement learning from patient safety events (LFPSE).
- We will review and learn from incidents and patient deaths.
- Implement national patient safety initiatives.
- Reduce healthcare acquired infections.
- Increase the numbers of patients screened for, and where relevant, treated for sepsis.
- Patients who deteriorate will be recognised and treated promptly.
- Professional ownership of ward and department modelling and annual workforce review process to meet acuity and dependency requirements.
- Evidence of embedded practice and utilisation of Safe Staffing decision support tools to monitor compliance and professional judgement in regards to maintaining safe staffing.
- Embed Just culture principles.
- Review patient safety governance structures, ensuring board oversight of patient safety risks.
- Ensure staff have appropriate Patient Safety training.
- Recruit Patient safety partners.
- Ensure safeguarding policies in place and implemented.
- Develop and implement a 'Care Excellence' quality framework which increases oversight and accountability.
- Increase the number of no harm incidents reported to identify greater learning.
- Ensure procedures in place to acknowledge, review and act on National safety alerts

Success measures

- Increased proportion of staff reporting increasing safety culture in local and national surveys.
- Increased proportion of staff who would recommend the Trust as a place to work or receive care in staff survey.
- Consistently achieving peer median care hours per patient day and submitting nationally required safe staffing reports. Aligning AHP workforce against recommended guidance in specialist areas.
- Proportion of staff who have undertaken the patient safety syllabus training.
- Evidence of shared learning from incidents.
- Patient Safety Partners in post.
- Increase in proportion of clinical incidents with no harm or minimum harm reported.
- Safeguarding policies in place and practice embedded.
- Quality Framework in place.
- Reduced number of patient harms/impact of harm.
- Reporting feedback.
- Establishment/Workforce reduction in vacancy/ skill mix reviews.
- Learning from feedback/outcomes.
- CARE and Excellence review meetings.
- Audit and Compliance with Emergency Care Standards.
- Introduction of Quality and Safety seminars

Strategic theme 2: Patient Experience

We will provide compassionate and personalised care which meets the individual needs of our patients. We will listen to and engage with our patients and their families ensuring their feedback is reflected in new or changes to services.

Objectives:

- Provide a wide variety of ways for patients to feedback to us.
- Hold community engagement events and work with Health-watch and Voluntary Sector organisations in the community to gain insight and feedback from the community including those groups who are seldom heard or affected by health inequalities.
- Launch carers charter/contract.
- Relaunch of the DBTH commitment to John's campaign John's Campaign which recognises the important role of family members who care for people living with dementia and people with complex needs, including learning disabilities and or autism, and welcomes carers into our hospital.
- Embed, patient involvement and co-design into our organisations policies, procedures and Governance. Integrating the patient, family and carer voice within our everyday business.
- Review our complaint handling process for opportunities to provide swifter resolution for people when they raise concerns.
- Review Patient Experience reporting and escalation procedures to ensure the Chief Nurse and Board have oversight of patient experience.
- Establish patient forums and engagement panel.
- Achieve compliance with Accessible Information Standard.
- Implement "we care to talk" across all inpatient areas.
- Introduction of Family Liaison Officers.
- Introduce "relative ward rounds" across inpatient areas.
- Celebrate success stories when we've engaged with patients/families to change services and feedback on changes is positive.

Success measures

- Continued increase in Trust's response rates in Friends and Family Test.
- Where services utilise additional patient satisfaction/ feedback, that results are audited and actioned.
- CQC patient survey results.
- Establish a youth forum and develop a patient engagement programme to include parental experience post discharge from neonatal services.
- Earlier resolution of complaints.
- Incremental reduction in complaint resolution times until most are resolved within 40 days and only the most complex take up to 90 days to resolve.
- Support our teams to resolve concerns at the earliest opportunity, through improved processes and training opportunities.
- Co-produced complaints policy developed and in place.
- Increasing positive score in patient satisfaction survey data including recommending DBTH as a place to receive care.
- Evidence of Board oversight of patient experience feedback and reports.
- Policy and processes in place to ensure patient/ users/carers are involved in every service change.
- Citizens panel in place.
- Evidence that Accessible Information Standard requirements are met and SMART Action Plan in place to address any areas of non-compliance.
- Developing greater insight into patient, family and carer experience, including real-time feedback, and acting on trends in all care delivery areas.

Strategic theme 3: Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve patient outcomes and health, based on evidence based practice, continuous improvement and the monitoring of clinical outcomes.

Objectives:

- Participating in National audits and create a programme of local audits.
- Use of Quality Improvement (QI) methodology to improve care.
- Procedures in place for implementation of Nice Guidance and technology appraisals within 6 months of implementation.
- Plan and implement care in all settings in line with national guidance and evidence base.
- Fulfil our responsibilities in line with the Trust research and innovation strategy.
- Use our digital systems to ensure we gather and use data to inform improvements in care, by the use of Tendable, quality dashboard and other technology.
- Roll out ward accreditation across all inpatient wards.
- Develop and monitor quality measures across outpatient and community services
- Explore opportunities (external and internal) to promote contribution and leadership to practice transformation and research impacting on patient care.
- Establish a shared governance framework in line with the Magnet for Europe (M4E) principles.
- Implement M4E Shared Governance and Nurse, Midwife, Allied Health Professions Council model.
- Contribute to the financial stability of the Trust by ensuring services are effective and outcome driven.
- Individual accountability, capability and competence to be factored into the development of a framework for professional practice at both fundamental and advanced levels.
- Links to leadership and relevant competencies.
- link with partners (patient/ carers/ communities/ voluntary/health and social care sectors across Place and System to maximise resources

Success measures

- Evidence of Quality Improvement methodology being implemented and improvements in quality.
- Roll out of audit and NICE dashboard.
- Agree the principles of ward accreditation programme
- Utilising digital information and technology enabling triangulation of both data and narrative.
- Agree criteria for Shared Governance Councils remit and responsibilities.
- Number of developed shared governance councils.
- Develop and agree the principles of a framework for professional practice.
- Launch the Framework for Professional Practice and embed into practice
- Audit and Compliance with Emergency Care Standards.

Strategic theme 4: Fundamentals of Care

We will recognise and deliver fundamentals of care to ensure our patients receive the quality of care we would wish for our own loved ones.

Objectives:

- Implement evidence based approaches to reducing the numbers of inpatient falls.
- Implement evidence based approaches to continue to reduce the number of hospital acquired pressure ulcers.
- Reduce the number of hospital acquired infections.
- Evaluate safe transfer of care, both internally and externally.
- Provide person centred care involving patients and their carers / families within across all of our settings (inpatient, outpatient and community).
- In all of our contacts encourage, support and promote patients to maintain independence to avoid deconditioning.
- Follow best practice and evidence based principles of care to ensure the fundamentals of care are embedded, particularly:

  - Continence
  - Nutrition and Hydration
  - Oral Care
  - Medicines Management
  - Hygiene Care
  - Medicines Management
  - Pain Management
  - Falls
  - Skin Integrity
  - Psychological support.

Success measures

- CARE & Excellence Review Meetings as part of the ward to board assurance and quality framework.
- Improved patient experience and outcomes.
- Reduction in complaints concerning the fundamentals of care.
- Reduction in incidents due to failure to implement fundamentals of care.
- Reduced length of stay.
- Quality Dashboard implementation improvements in metrics.
- Roll of out deconditioning QI project Trust-wide.
- Reduction in falls, pressure ulcers, VTE and infections.
- Reduced number of medication incidents.

Strategic theme 5: Care of our most vulnerable patients

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues and other health inequalities.

Objectives:

- Work with experts through experience to determine and further develop flagging of vulnerabilities including clinical vulnerabilities.
- Improve the recording of vulnerabilities within patient administration and incident reporting systems.
- In partnership with Education colleagues, develop a training strategy to support staff in recognising and assessing vulnerabilities of our patients across all settings.
- Ensure reasonable adjustments are implemented and documented.
- Embed the role of the Named Practitioner Safety in Caring.
- Understand and apply the relevant principles of the Mental Capacity Act, Deprivation of Liberty Safeguards, Mental Health Act and the Best Interest process including the least restrictive options and safeguarding principles.
- Assess, plan, implement and review personalised plans of care for the vulnerable patient.
- Review and embed Violence Prevention and Reduction Standards to support risk management maximise safe and secure working environments.
- Ensure our people have access to the resources and specialist inputs required in a timely way.
- Monitor incidents and complaints. Collating themes to promote shared learning and improve patient outcomes.
- Implement evidence based approaches to reduce the number of incidents related to behaviour that challenges.
- To reduce health inequalities by promoting equitable access to healthcare.

Success measures

- Robust flagging system across all systems to support identification of vulnerabilities.
- Robust care planning documentation audits.
- Learning needs analysis and training programme for vulnerable patient skills.
- Completion of Oliver McGeown mandatory training.
- Launch Vulnerable Patient Steering Group.
- Audit results from clinical effectiveness.
- Reduced number of incidents of violence towards staff.
- Audit of enhanced care request by wards.
- Reduced number of incidents of restraint used on patients.
- Engagement and feedback from people using services and colleagues.
- Reduced number of incidents related to behaviour that challenges.
- Reduced number of staff who experience physical violence at work.

Strategic theme 6: Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care, and that their care plans reflect the latest care needs. Our documentation will always be in line with professional standards and support continuity of care for our patients.

Objectives:

- Ensure care plans feature person centred care goals agreed with the patient – 'what matters to you'.
- Embrace and embed digital technology such as electronic patient record.
- Patient and Carer involvement in planning and evaluation.
- Nothing about you, without you approach to factual documentation.
- Care planning from initial consultation/ appointment and at the bedside - contemporaneous records.
- Discharge planning from initial consultation/ appointment and point of admission.
- Meaningful documentation/respectful/factual.
- Supportive of innovation, eg. clinical photography.
- Implement National documentation standard guidance to ensure consistent and accurate recording of patient information and care plans incorporating Information governance and GDPR principles.
- To facilitate the timely and efficient delivery of care by streamlining documentation processes and reducing unnecessary paperwork.
- Effective handover and Transitions across pathways (Therapies)
- Effective "board rounds".
- Effective "safety huddles".
- Effective Multi- Disciplinary meetings / approaches.

Success measures

- Personalised care plan review/evaluate once per shift.
- Audit - Quality of plans.
- Completion of assessments within the agreed timeframes.
- To ensure that all nurses, midwives and AHPS are trained in best practices related to care planning and documentation and have access to ongoing education and support.
- Robust documentation audit.
- Transition to digital.
- Reduction in patient harms due to lack of handover/transfer/care planning processes.
- Reduce length of stay.
- Improved staff and patient satisfaction.
- Reduction in complaints around care planning/ involvement.

NHS

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

We care

2309 - C5 SEXUAL SAFETY CHARTER

Decision Item | Karen Jessop, Chief Nurse | 10:30

5 minutes

REFERENCES

Only PDFs are attached

- C5 - Sexual Safety Charter.pdf
- C5 - Appendix 1 - DBTH Sexual Safety Charter.pdf
- C5 - Appendix 2 -nhs-sexual-safety-charter-letter.pdf
- C5 - Appendix 3 - NHS England » Sexual safety in healthcare ? organisational charter.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**C5**
Report Title:	**Launch of the first NHS Sexual Safety Charter - Domestic Abuse and Sexual Violence**		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Karen Jessop, Chief Nurse		
Appendices:	Appendix 1 - DBTH sexual safety charter - summary on a page Appendix 2 - NHS sexual safety charter letter Appendix 3- NHS sexual safety in healthcare - organisational charter		

Report Summary

Executive Summary

NHS England wrote to all NHS Trusts and ICB teams in June 2023, highlighting the importance of sexual safety for NHS staff and patients, following reports of sexual harassment and abuse in the NHS. A request was made to designate an executive team member to lead the agenda both internally and working with ICBs, as this is aligned with the Chief Nurse Safeguarding portfolio, the Chief Nurse was designated.

Further to this, NHS England has launched its first ever sexual safety charter, NHS England will support with an expert advisory group to share model guidance, eLearning and other materials as they are developed. Quarterly seminars are being planned to support implementation over the coming months. Further to this a new question will appear in the staff survey for October 2023, specifically about sexual safety to inform next steps.

DBTH have 2 Domestic Abuse Liaison officers who have a role supporting our patients and our people as outlined in the presentation at the start of this Board meeting and our Head of Safeguarding will work collaboratively across the Trust to ensure our policies and training meet any changing requirements.

Included is a proposed DBTH charter that reflects the national charter, but focuses on our patients and our people, this approach has been discussed with the National team by the Head of Safeguarding and commended. Signing up to the charter as a Trust board demonstrates our commitment to implementing the principles of the Charter.

Recommendation:	The Chief Nurse recommends that the Trust Board approve the commitment to sign the sexual safety charter and support the ongoing implementation to ensure the Trust is a safe place for staff and patients with a zero tolerance approach to sexual misconduct, violence, harassment or abuse.			
Action Require:	**Approval**	~~Discussion~~	~~Take assurance~~	~~Information only~~
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
	South Yorkshire ICS		**NHS Nottingham & Nottinghamshire ICS**	

We believe this paper is aligned to the strategic direction of:	**Yes /~~No/ NA~~**	**Yes ~~/No/ NA~~**

Implications	
Board assurance framework:	N/A
Risk register:	No Changes
Regulation:	CQC overall regulations
Legal:	*No changes*
Resources:	N/A

Assurance Route	
Previously considered by:	*N/A*
Date:	
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	

DBTH Sexual Safety Charter

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Our Vision:

We commit to a zero-tolerance approach to any unwanted, inappropriate and harmful sexual behaviours towards our **workforce** and **patients** that access our services. We commit to the following principles and actions to achieve this:

What we will do:

1. We will actively work to eradicate sexual harassment and abuse within DBTH for our colleagues and patients.
2. We will promote a culture that fosters openness and transparency that does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to sexual safety at DBTH, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for patients and colleagues at DBTH who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators and identified support pathways.
7. We will ensure appropriate, specific, and clear training is in place to support our workforce.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

How will we do this:

- Sign up to the charter via england.domesticabusesexualviolence@nhs.net
- Executive steer for Trust identified (supported in Chief Nurse Portfolio)
- Develop an action plan based on the above 10 charter principles, the current position at DBTH and be clear on what action is needed to address any gaps for our workforce and patients.
- Visible presence from DBTH Safeguarding team and DA liaison officers to support DBTH workforce and patients
- Review Domestic Abuse (DA) policies and develop a Sexual Safety policy with expected behaviour standards
- Sign up to EIDA (Employers initiative on Domestic Abuse)
- Review training content and share e-lfh (identifying and responding to sexual assault and abuse) training link Trust wide
- Safeguarding team / PNA / Freedom to speak up guardian available to support colleagues across the workforce
- Communications initiative to outline the available Trust support to speak up and seek help, reinforcing appropriate reporting methods (including support to report any crimes, progress safeguarding referrals, linking to health and well-being and signposting patients and colleagues to local specialist services)

When will we do this:

As a trust we are committed to ensuring the above 10 principles are in place by July 2024, as recommended by NHS England.

We care

To:
- ICB:
  - Domestic abuse and sexual violence leads
  - Chief nursing officers
  - Medical directors
  - Human resources and organisational development directors
- NHS Trust and Foundation Trust:
  - Domestic abuse and sexual violence leads
  - Chief nursing officers
  - Medical directors
  - Human resources and organisational development directors
- Regional human resources and organisational development directors

cc.
- ICB:
  - Chief executives
  - Chairs
- NHS Trust and Foundation Trust:
  - Chief executives
  - Chairs
- NHS England Regional
  - Directors
  - Chief nursing officers
  - Medical directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

4 September 2023

Dear colleague,

Domestic abuse and sexual violence leadership update – launch of the first NHS sexual safety charter

In my letter to you of 23 June 2023, I emphasised the importance of redoubling and strengthening our efforts to ensure that every part of the NHS takes a systematic zero-tolerance approach to sexual misconduct and violence, keeping our patients and staff safe.

Sexual misconduct can happen to anyone anywhere – it is crucial that when our staff come to work, they feel safe and supported. Thank you to the many of you who have risen to that challenge and agreed to lead work for your organisation on tackling domestic abuse and sexual violence (DASV).

I'm writing to you with the next steps on how this critical work can support NHS staff.

Today NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system.

Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. Signatories to the charter commit to implementing all ten commitments by July 2024.

The NHS Chief Executive Amanda Pritchard has signed the charter on behalf of NHS England, I urge all Trusts and ICBs to join us as signatories.

How NHS England will assist NHS organisations implement the charter

We all need to ensure that the NHS is taking the right action to identify, safeguard and care for individuals who have been or are being sexually assaulted or abused. Signing up to this charter will send a powerful message to NHS staff that we take their experiences seriously. But these actions will require close collaboration where we learn from each other and solve problems together.

NHS England will use the new network of NHS DASV leads across the system to help share and promote good practice, identify issues and develop practical solutions in relation to implementation of the charter as quickly and effectively as possible.

My letter of 23 June asked you to review your policies, support and training for staff and this showed that there is already good work in this area across the NHS. NHS England has set up an expert advisory group who have been tasked with reviewing our policies, training and support, and we will share with you model guidance, e-learning and other products, as they are developed.

Data capture is a key commitment in the charter. To help you and your teams have a clearer view of the situation in your organisation, NHS England has included a new question in the NHS Staff Survey which will published in October 2023:

'*In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.'*

The anonymous data gathered from this question will help us understand the potential prevalence of sexual misconduct in your organisation and inform further action to protect and support staff across the NHS.

We understand the conversations you and your teams will be having with staff will be sensitive and complicated. Alongside this letter we have cascaded a toolkit with the information you and your teams will need to support conversations in relation to sexual safety in the workplace.

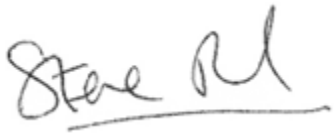
Although the responsibility for making progress in this area lies with all of us, I am conscious that our new network of DASV leads across the system will need support as they take forward this important work. To assist them, and learn from their feedback, I will be hosting quarterly webinars. The first one will take place on 17 October as an introduction to the

DASV programme and the network, as well as discussing sexual safety and charter implementation. Over the coming weeks, my team will be contacting NHS organisations who are still identifying DASV leads.

You can sign the charter on behalf of your organisation by emailing england.domesticabusesexualviolence@nhs.net. Please also get in touch with the team if you have questions about this programme.

Thank you for your support to help ensure the NHS is a safe space for staff and patients, and a place in which sexual misconduct, violence, harassment or abuse will not be tolerated and I am certain that by working together, we will achieve this.

Yours faithfully,



Steve Russell
Chief Delivery Officer
NHS England

Date published: 4 September, 2023
Date last updated: 7 September, 2023

Sexual safety in healthcare – organisational charter

Publication (/publication)

Content

- Organisations that have signed the charter

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.

8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

Where any of the above is not currently in place, we commit to work towards ensuring it is in place by **July 2024.**

Organisations that have signed the charter

- NHS England
- NHS Employers
- Royal College of Nursing (RCN)
- Royal College of General Practitioners (RCGP)
- Royal College of Anaesthetists (RCoA)
- Association of Ambulance Chief Executives (AACE)
- Health Services Safety Investigations Body (HSSIB)
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust
- The University of Manchester (Faculty of Biology Medicine and Health)

Date published: 4 September, 2023
Date last updated: 7 September, 2023

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2309 - C5 MATERNITY & NEONATAL UPDATE

Discussion Item | Lois Mellor, Director of Midwifery | 10:35

10 minutes

REFERENCES

Only PDFs are attached

- C6 - Maternity & Neonatal Update.pdf
- C6 - Q1 2023 - 2024 PMRT Report.pdf
- C6 - Perinatal Surveillance Dashboard.pdf
- C6 - Glossary of Terms - Maternity.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**C6**
Report Title:	**Maternity & Neonatal Update**		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Lois Mellor, Director of Midwifery & Laura Churm, Divisional Nurse, Paediatrics		
Appendices:	Q1 PMRT Report Perinatal Surveillance Dashboard		

Report Summary

Executive Summary

This report gives an overview on the progress within the maternity and neonatal services against the national standards. The report details the outcomes for mothers and babies in the service together with a number of initiatives to improve quality and safety.

Training requirements and compliance remains an issue, and this is being closely managed at the Ockenden and CNST Oversight Committee. There remains several issues which are:

- The change of qualifications required to deliver newborn life support training in the CNST standards, mitigation is in place and a plan to ensure that more members of the team put forward to be considered for instructor training
- Compliance is improving but will need to be managed closely to achieve > 90% in elements by 5 Dec 2023

Work against the current year 5 clinical negligence scheme for trusts (CNST) is ongoing, and progress is encouraging in all safety actions except the training requirement (safety action 8) as described above.

The board level safety champion and non-executive directors undertake an active role in the maternity service.

The quarter 1 perinatal mortality review tool report is positive, and results are in line with the expected ranges.

Midwifery staffing remains stable, and all the quality metrics related to the maternity service are good. Obstetric staffing is stable, and there is work ongoing to review the compensatory rest guidance for medical staff. Quality metrics such as consultant attendance in an emergency remain good.

The neonatal outcomes in the service remain within expected limits, and there are ongoing reviews of all stillbirths, and neonatal deaths.

A formal establishment review of the Neonatal service is currently in progress and it has identified that the neonatal service is not always in line with the British Association of Perinatal Medicine (BAPM) standards, as the current funded establishment does not always allow for a 24/7 supernumerary co-ordinator. Mitigations are in place and once the review is complete the detail will be presented through the relevant Trust committee structures.

The maternity and neonatal service are working together to improve the provision of transitional care within the organisation, this enables more babies to remain with their mothers in the transitional care

area. Overall, the service remains stable with just one are of concern which is training, however there is comprehensive work ongoing to address this area.				
Recommendation:	For the Trust Board of Directors to take assurance from the detail provided within this Maternity report.			
Action Required:	~~Approval~~	~~Discussion~~	**Take assurance**	~~Information only~~
Link to True North Objectives:	**TN SA1:** *To provide outstanding care and improve patient experience*	**TN SA2:** *Everybody knows their role in achieving the vision*	**TN SA3:** *Feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes /~~No/ NA~~		**Yes /~~No/ NA~~**	

Implications	
Board assurance framework:	BAF risk 1 - No Changes
Risk register:	ID 16 - Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs
Regulation:	CQC - Regulation 12 Potential high impact
Legal:	Clinical Negligence Scheme for Trusts - High impact
Resources:	

Assurance Route	
Previously considered by:	Governance Meeting in Children's & Families Division Children & Families Board
Date :	12 July 2023
Any outcomes/next steps	Support to continue improvements in maternity & neonatal service, and achieve year 5 CNST standards
Previously circulated reports to supplement this paper:	

Monthly Board Report

September 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 2 stillbirths reported in July, one report is currently being written, and the other has been reviewed and graded.

There were no stillbirths reported in August.

1.2 Neonatal Deaths

No neonatal deaths have been reported > 24 weeks

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

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

1.4 Quarter 1 PMRT Report (April to June 2023) summary

Stillbirths

During the first quarter of 2023-2024, from 1st April 2023 to 30th June 2023 there has been **1** stillbirth of the 1,103 births across both sites. 718 births being at DRI and 384 births being at BDGH. There was also 1 birth registered (homebirth) by an independent midwife.

There have been **0** late fetal losses between 22+0-23+6 weeks gestation during this quarter. During the same timescale, there have been **0** Medical Termination of Pregnancy (MTOP).

This provides a Trust adjusted stillbirth rate of **0.91 per 1000 births for this quarter 1**, from 24 weeks gestation; which is a reduction from last quarter (quarter 4 2022-2023 adjusted stillbirth rate of 2.71 per 1000 births).

Combining the figures from Quarters 2, 3, 4 of 2022-2023 and quarter 1 of 2023-2024 the rolling adjusted stillbirth rate is **3.55** per 1000 births. This equates to 16 stillbirths from 24 weeks of gestation (total births for this period is 4,505 for both sites). This rate excludes 1 late fetal loss between 22+0 and 23+6 weeks gestation, and 4 MTOPs (all between 22+0 and 23+6 gestation) during the same time period. This is line with the most recent national figure from 2020 which is 3.54 per 1,000 births.

Neonatal Deaths

During the first quarter of 2023-2024, from 1st April 2023 to 30th June 2023 there have been 2 Neonatal and post-Neonatal deaths of the 1,103 births across both sites (excluding 1 neonatal death following MTOP). 718 births being at DRI and 384 births being at BDGH. There was also one birth registered by an independent midwife.

This provides the Trust with a stabilised and adjusted rate for this quarter 1 of 2023-2024 of 1.81 per 1,000. This is slightly above the latest national figures from 2020 of 1.65 per 1,000 births.

Combining the figures from Quarters 2, 3, 4 of 2022-2023 and quarter 1 of 2023-2024 (excluding the deaths under 22+0 and MTOP resulting in neonatal death) the rolling adjusted neonatal and post-neonatal deaths rates of 2 equates to a rate of **0.44** per 1000 births from 24 weeks of gestation (total births for this period is 4,505 for both sites).

2. Neonatal Services

Neonatal staffing is 90% recruited with 79% of establishment at work, with 12% maternity leave. The Qualified in Speciality ratio remains at 70% averaged across both units but Neonatal Unit (NNU) is 64% standalone over the last 12 months. During June we had 92% of shifts resourced within British Association of Perinatal Medicine (BAPM) standards compared to 55% over the last few months, of these all shifts had the number of Registered nurses for clinical care but were missing a co-ordinator. A workforce review and 3 year plan to meet BAPM standards will be submitted in October for review.

No new serious incidents 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 June 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 we have met the local ambition target (5%) in April, May and June with an average of 2.6%. Work is still ongoing looking at Respiratory Distress Syndrome and if this is linked to an increase in C-section rates and the need to increase the temperature of theatres to reduced neonatal admissions due to low temperature. More recent data was not available at the time of writing this report.

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

In August there was one qualifying incident HSIB/Early notification scheme (ENS). The parent's declined HSIB referral after counselling. The case was discussed with HSIB, and the case referred but without parental consent HSIB will not investigate. The parents have been informed regarding ENS and they declined this level of investigation also. Verbal duty of

candour and duty of candour letter 1 has been completed including information around HSIB and ENS to the family.

Cases to date	
Total referrals	23
Referrals / cases rejected (1 declined by parents)	5
Total investigations to date	18
Total investigations completed	18
Current active cases	1
Exception reporting	0

3.1 Reports Received since last report

None.

3.2 Current investigations

There is one case that has been referred after an induction of labour, resulting in an emergency caesarean section and a poor outcome for the baby. Interviews with staff are being undertaken currently.

3.3 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.

4. Serious Incident Investigations (Internal)

No new cases.

5. Training Compliance

The service has met with the education team to discuss training requirements going forward. A new learning needs analysis is being undertaken to map the requirements for training in the next year, and a draft has been circulated and is expected to be completed at the endo of September 2023.

A review of the year 5 CNST safety actions has identified that the required training qualifications for delivery of neonatal life support training has changed. There is a limited number of the team who can deliver training currently, and work is ongoing to update and train other members of the team. This has been discussed at the Children's & Families Board at length, and plans are in place to meet this requirement.

The service has sought clarification about the training requirements in safety action 8 of the CNST standards, and confirmation has been received that the requirement remains that over 90% of all staff groups are required to have completed their training at the end of the designated year, prior to submission to the incentive scheme.

The training requirements are significant and plans are being proactively developed by the education, maternity, neonatal and anaesthetic teams. Progress is being monitored by the Ockenden and CNST Oversight Committee which is held monthly, and progress is shared at the Children's & Families Board and issues are escalated to the trust executive group.

K2 E learning package and Cardiotocograph (CTG) Study Day

The training position on 31st August 2023 was:

Staff Group	K2 CTG Compliance	Study Day Compliance
90% of Obstetric Consultants	**100 % ↑**	**84.6% ↑**
90% of All other Obstetric Doctors including trainees	**78.9 % ↑**	**73.6%↓**
90% of Midwives	**80.9% ↓**	**79.3% ↓**
90% of NHSP Midwives	**83.3% ↑**	**56.25% ↓**

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

Staff Group	Prompt Compliance
90% of Obstetric Consultants	**84.6% ↑**
90% of All other Obstetric Doctors including trainees	**81.4% ↑**
90% of Midwives	**76.4% ↑**
90% of NHSP Midwives	**88.9% ↑**
90% of Maternity Support Workers	**68% ↑**
90% of Obstetric Anaesthetic Consultants	**100% ↑**

Newborn Life Support Training

Staff Group	NLS Compliance
90% of Midwives	**90.2 % ↑**
90% of NHSP Midwives	**100% →**

6. Service User Feedback

The next MNVP meeting is on 21st September 2023, a number of the midwifery staff from DBTH will attend.

The MNVP have received negative feedback from several women accessing services before, during and after miscarriage. The service has already recruited a number of nurses in gynaecology to support women experiencing miscarriage but further work is still required.

There is work to be undertaken about the environment, and pathway for women and their families a plan is currently being devoted with the MNVP.

The service has undertaken a lot of work with the MNVP about the induction of labour process and information provided to be able to make an informed decision about induction.

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

None.

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

Progress is continuing with the CNST Year 5 standards, the standards that are at risk are safety action 4 (Obstetric Workforce) due to a number of elements that need action plans completing and sending to the board for approval. These will be completed in the next two months.

Safety Action 8 (training) is being actively managed but remains at risk until the 90% of staff in all groups have completed their training by 5 December 2023.

A review of safety action 6 has demonstrated that we are compliant with the requirements for saving babies lives care bundle 3.

For safety action 2 (maternity dataset submission) the Trust continues to demonstrate compliance by meeting 10/11 clinical quality improvement metrics (CIQMS) in the maternity services monthly statistics publication series, and continues to have sustained engagement with NHS England using the Data Quality Submission Tool supplied by NHS England monthly.

9. Board Level Safety Champion

The safety champion visit was undertaken on 20th July 2023 on the Bassetlaw site. There were no issues raised at this visit.

A number of concerns have been addressed including:

- A heavily soiled carpet in the community hub at BDGH is now on the replacement plan
- A phone waiting handling system has been purchased for triage
- A notice has been placed in the triage area telling service users to contact a member of staff if they have been waiting > 30 mins

A suggestion was made that a second non-executive director should be identified to support Jo Gander. The person identified for this role is Emyr Jones, who will work with maternity services going forward.

The three year delivery plan was discussed, and the document that will be used to collate the evidence to demonstrate assurance with the recommendations.

The safety champions also discussed the use of the NHS futures platform and how this information can be used within the maternity service.

10. Perinatal Surveillance dashboard

For this month we have seen improvement in:

- The rate of smoking at delivery has improved
- Improvement in datix incidents open > 30 days

Delays in continuing induction of labour has been an issue for the service, these have been managed by the teams internally, and escalated within the local maternity and neonatal system where required. These are managed on a case by case risk basis, and regularly assessed by the senior medical and midwifery team. A monthly audit of the performance and outcomes of inductions is undertaken and presented at the maternity governance meeting.

A compliance review of the new saving babies lives care bundle 3 has been undertaken, and the initial compliance is looking positive. Work will be ongoing to achieve all elements of the bundle by March 2024.

11. Midwifery staffing

Midwifery staffing remains stable at present, currently 34.2 Whole Time Equivalent (WTE) newly qualified midwives are expected to commence in October 2023. This will bring the recruitment to beyond the current funded position and closer to the birthrate plus recommended level. The pastoral team are regularly in touch with the candidates. The service continues to recruit a small but steady number of more experienced midwives, and continues to advertise opportunities where appropriate vacancies exist.

One to one care in labour remains stable, and for the month of June is:

Doncaster - 100%
Bassetlaw - 100 %

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

Doncaster

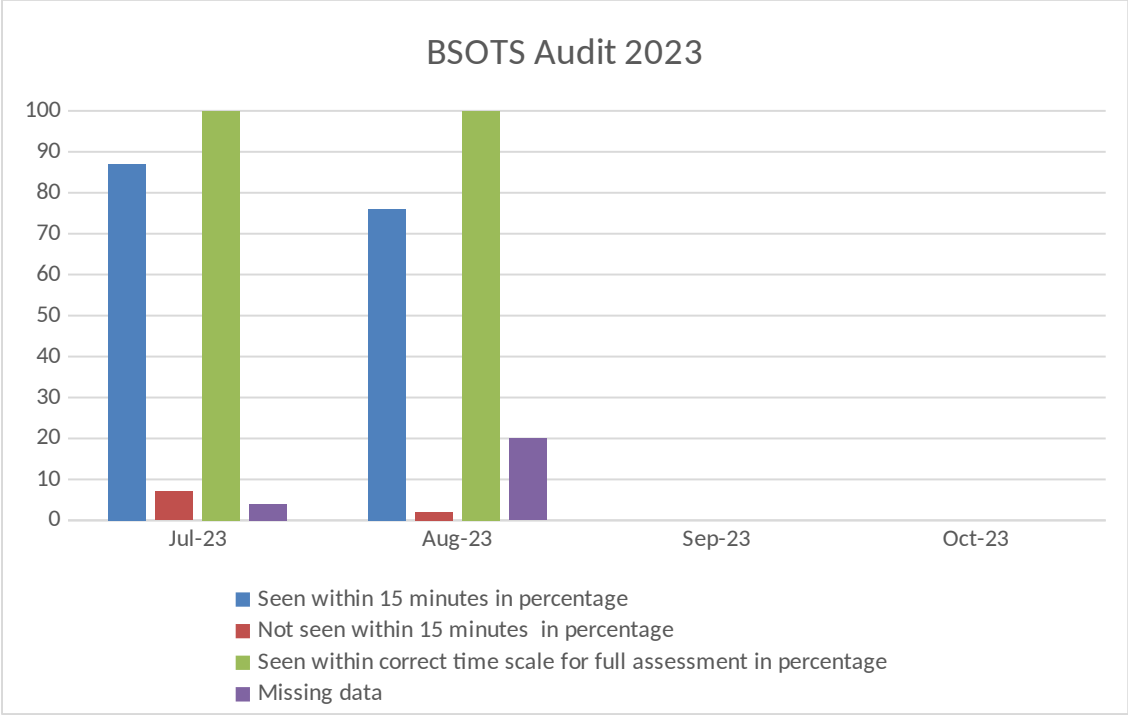
Red Flag	**Number of times**
Delayed or cancelled critical time activity	4
Missed or delayed care	1
Delay between admission and commencing induction	2
Any occasion when 1 midwife is not able to provide continuous 1:1 care and support a woman in established labour	1
Management Actions taken	
Redeploy staff internally	18
Matron or manager working clinically	1
Staff unable to take allocated breaks	2
Unit on divert	7
Escalate to Manager on call	3

Bassetlaw

Red Flag	Number of times
Delay between admission for induction and beginning the process	1
Coordinator and unable to be supernumery - providing 1:1 care	2
Management Actions taken	
Redeploy staff internally	8
Staff unable to take allocated breaks	3
Utilise on call midwife	1
Unit of divert	14
Escalate to Manager on call	2

The Triage Service

The triage service at DBTH utilises the Birmingham Symptom Specific Triage System (BSOTS), and this sets time limits for assessment of women attending the service according to clinical risk assessment. The service audits their performance against these standards on a monthly basis, and puts plans in place to improve the service.



The service has identified that staffing levels directly impact the ability to meet the gold standard of all women being assessed within 15 minutes of arrival. To improve this position the following actions have been undertaken:

- All vacant shifts advertised on NHSP
- Escalation of staffing challenges to the manager of the day for risk assessment and redeployment of staff if safe
- An advertisement for more core triage midwives to support the service

12. Medical Workforce

The divisional director and clinical director have been working together to ensure that the guidance related to the Royal College of Obstetricians and Gynaecologist guidance on the roles and responsibilities of Consultant obstetricians and gynaecologists is continuing to be implemented.

There has been several discussions at the consultant meeting about the guidance on compensatory rest and an action plan needs to be developed to meet this guidance.

There has been no recorded incidents of consultant non-attendance in an emergency in this month.

13. 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 assessment of compliance with meeting the new CNST standards is detailed, the Trust Board of Directors are asked to consider the assurance provided in this report.

PMRT - Perinatal Mortality Reviews Summary Report

This report has been generated following mortality reviews which were carried out using the national Perinatal Mortality Review Tool Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Report of perinatal mortality reviews completed for deaths which occurred in the period:

1/4/2023 to 30/6/2023

1. Introduction

This is a quarterly report produced by the Children and Families Division and will be reported to the Perinatal Mortality and Morbidity Divisional Meeting, the Trust Mortality Governance Committee and the Trust Board. The report details the use of the National Perinatal Mortality Tool (PMRT) in the review of all:-

- Late Fetal losses 22+0 to 23+6
- All antepartum and intrapartum stillbirths from 24+0 onwards
- All neonatal deaths from 22+0 to 28 days after birth
- All post-neonatal deaths where the baby is born alive from 22+0 but dies after 28 days following care in a neonatal unit; the baby may be receiving planned palliative care elsewhere (including at home) when they die.

(Termination of pregnancies (TOP) for abnormality and babies with a birth weight under 500gms if gestation is not known at birth, are excluded.)

In accordance with the requirements of the Clinical Negligence Scheme for Trusts (CNST) – NHS Resolution, all stillbirths and Neonatal deaths eligible for review using the PMRT from 30th May 2023 up to and including the 7th December 2023 will be part of Quarterly Reports submitted to the Trust board and will include details of all deaths reviewed and consequent action plans**.**

This report also documents whether the required standards within Safety Action standard 1 have been met. See summary below.

The Health Care Safety Investigation Branch (HSIB) will also review cases where a specific criteria has been met following consent from the family. Where the review has been accepted by HSIB this will be highlighted within the quarterly report.

Babies who meet HSIB criteria include all babies born at least 37 completed weeks of gestation, who have one of the following outcomes:

- **Intrapartum stillbirth**: where the baby was thought to be alive at the start of labour but was born with no signs of life.
- **Early neonatal death**: when the baby died within the first week of life (0-6) days of any cause.

The definition of labour used by HSIB is

- Any labour diagnosed by a health professional, including the latent phase of labour at less than 4cm cervical dilatation.

- When the mother called the maternity unit to report any concerns of being in labour, for example (but not limited to) abdominal pains, contractions, or suspected ruptured membranes (waters breaking).
- Induction of labour (when labour is started artificially).

This report focuses on births from 24+0 weeks' gestational age, with the exception of the chapter on mortality rates by gestational age, which includes information on births at 22+0 to 23+6 weeks' gestational age. This avoids the influence of the wide disparity in the classification of babies born before 24+0 weeks' gestational age as a neonatal death or a fetal loss. **All terminations of pregnancy have been excluded from the mortality rates reported.**

2. Trust Stillbirths And Late Fetal Losses From 22 Weeks Gestation

The latest MBRRACE Report for births 2020 gives a national stillbirth rate of 3.33 per 1000, a minimal decrease from the 3.35 figure for 2019 births. This figure is calculated from births at 24 weeks or over, and excluding terminations of pregnancy.

The Trust annual stillbirth rate for 2022 **from 24+0 weeks** of pregnancy and above across both sites is to 4.45 stillbirths per 1,000 births. In numerical values this was 20 stillbirths. During this same period from **22 weeks of pregnancy to full term** there were in addition to the 20 stillbirths there was 1 late fetal loss, and 6 terminations of pregnancy (TOP).

The annual statistic is recorded in each quarterly report to identify any rising trends in a timely manner, however this is the crude, and not adjusted and stabilised figure.

During the first quarter of 2023-2024, from 1st April 2023 to 30th June 2023 there has been **1** stillbirth of the 1,103 births across both sites. 718 births being at DRI and 384 Births being at BDGH. There was also 1 birth registered (homebirth) by an independent midwife.

There have been **0** late fetal losses between 22+0-23+6 weeks gestation during this quarter. During the same timescale, there have been **0** MTOP's.

This provides a trust adjusted stillbirth rate of **0.91 per 1000 births for this quarter 1**, from 24 weeks gestation; which is a reduction from last quarter (quarter 4 2022-2023 adjusted stillbirth rate of 2.71 per 1000 births).

Combining the figures from Quarters 2, 3, 4 of 2022-2023 and quarter 1 of 2023-2024 the rolling adjusted stillbirth rate is **3.55** per 1000 births. This equates to 16 stillbirths from 24 weeks of gestation (total births for this period is 4,505 for both sites). This rate excludes 1 late fetal loss between 22+0 and 23+6 weeks gestation, and 4 MTOP (all between 22+0 and 23+6 gestation) during the same time period.

3. NEONATAL DEATHS

The latest MBRRACE Report for births 2020 gives a national neonatal death rate of 1.53 deaths per 1,000, a reduced rate compared to the 2018 rate of 1.53 per 1000 the previous year. The rate is calculated for births over 24 weeks and includes deaths to 28 days.

Deaths that are included in the Trust rates are those of babies that were born and died within the trust. The Trust annual 2022 stabilised and adjusted rate for 2022 was 1.81 per 1000.

During the first quarter of 2023-2024, from 1st April 2023 to 30th June 2023 there have been 2 Neonatal and post-Neonatal deaths of the 1,103 births across both sites (excluding 1 NND's following MTOP). 718 births being at DRI and 384 Births being at BDGH. There was also one birth registered by an independent midwife.

This provides the Trust with a stabilised and adjusted rate for this quarter 1 of 2023-2024 of 1.81 per 1,000.

Combining the figures from Quarters 2, 3, 4 of 2022-2023 and quarter 1 of 2023-2024 (excluding the deaths under 22+0 and MTOP resulting in NND) the rolling adjusted neonatal and post-neonatal deaths rates of 2 equates to a rate of **0.44** per 1000 births from 24 weeks of gestation (total births for this period is 4,505 for both sites).

MBRRACE is informed of all neonatal deaths from 20 weeks gestation, only those above 22+0 weeks and weighing more than 500g meet the criteria for PMRT review however during this quarter the PMRT members felt the review of two babies that did not meet this criteria was for review, these are not including in the trusts annual or quarterly statistics. The Team felt that because the trust was in front of projected timescales (for those that met the criteria) that there was sufficient time to review these cases.

Monthly Board Report		
September 2023		
Additional information in support of this report is provided in conjunction with the Board Surveillance PowerPoint Presentation.		
Findings of review of all perinatal deaths		

The following pages are regarding the details, themes and grading's of the cases discussed through PMRT

Summary of perinatal deaths*

Total perinatal* deaths reported to the MBRRACE-UK perinatal mortality surveillance in this period: *3*

Summary of reviews**

Stillbirths and late fetal losses

Number of stillbirths and late fetal losses reported	Not supported for Review	Reviews in Progress	Reviews Completed ***	Grading of care: number of stillbirths and late fetal losses with issues with care likely to have made a difference to the outcome for the baby
1	0	1	0	1 (review still in progress)

Neonatal and post-neonatal deaths

Number of neonatal and post-neonatal death reported	Not supported for Review	Reviews in Progress	Reviews Completed ***	Grading of care: number of neonatal and post-neonatal deaths with issues with care likely to have made a difference to the outcome for the baby
2	0	0	2****	0

*Late fetal losses, stillbirths and neonatal deaths (does not include post-neonatal deaths which are not eligible for MBRRACEUK surveillance) – these are the total deaths reported and may not be all deaths which occurred in the reporting period if notification to MBRRACE-UK is delayed. Deaths following termination of pregnancy are excluded.

** Post-neonatal deaths can also be reviewed using the PMRT

*** Reviews completed and have report published

**** Cases reviewed when clinically not supported for review

Case ID **(SB)**	Date	Gestation	Antenatal/ Intrapartum	Initial review findings	PMRT and investigation /review outcome
87782	02/06/2023	37+1	Intrapartum	G5P2 white British. 28YO. BMI 46 [redacted] Serial scans – reduced growth. DFM. IOL at 37/40.	C, B Referral accepted to HSIB, and Awaiting report Accepted full PM and awaiting report. In depth PMRT discussion around delay in emergency delivery and concerns over fetal heart rate, cord gasses not unusual to be seen in acute events such as this.
[redacted]					
Case ID **(NND)**	Date	Gestation / age	Initial review findings care until the birth of the baby	Initial review findings of care of the baby	PMRT and investigation /review outcome
86879*	[redacted]	21+4 gestation	Spontaneous labour, birth weight 382g	[redacted]	Care graded B, B Review outcome: Appropriately managed, and prompted good case discussed about gynaecology cervical suture prenatally.

86968*	[redacted]	21+0 gestation	Spontaneous labour, birth weight 374g	[redacted]	Care graded B,B Review outcome: Service to Service review completed. GP accepts this should have been reviewed in 7 days and was not. Have now employed a nurse to review results in a more timely fashion.

*cases did not meet normal parameters for a PMRT review

Social, economic and deprivation data (SB)		**Gestational age at birth**						
		Unknown	**22-23**	**24-27**	**28-31**	**32-36**	**37+**	**Total**
Age	<18							
	19-25							
	26-35						1	
	36-45							
	46+							
Smoking status	Never smoked						1	
	Non-smoker stopped before conception							
	Non-smoker stopped after conception							
	Smoker							
Ethnicity	White						1	
	Black							

	Asian							
	Chinese/other							
	Mixed							
IMDD	1-4							
	5-8						1	
	8-10							
Employment	Employed						1	
	Not employed							
	Homemaker							
	Sick							
Marital status	Married							
	Single							
	Cohabiting						1	
Learning or communication difficulties	Yes							
	No						1	

Social, economic and deprivation data (NND)		**Gestational age at birth**						
		Unknown	**22-23**	**24-27**	**28-31**	**32-36**	**37+**	**Total**
Age	<18							
	19-25		1					
	26-35		1					
	36-45							
	46+							
Smoking status	Never smoked		1					
	Non-smoker stopped before conception							
	Non-smoker stopped after conception							

	Smoker		1					
Ethnicity	White		2					
	Black							
	Asian							
	Chinese/other							
	Mixed							
IMDD	1-4		1					
	5-8		1					
	8-10							
Employment	Employed		1					
	Not employed							
	Homemaker							
	Sick							
	Not stated		1					
Marital status	Married		1					
	Single		1					
	Cohabiting							
Learning or communication difficulties	Yes							
	No		2					

Table 1: Summary information for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
Late Fetal Losses (<24 weeks)	0	0	--	--	--	--	0
Stillbirths total (24+ weeks)	0	0	0	0	0	0	0
Antepartum stillbirths	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Intrapartum stillbirths	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Timing of stillbirth unknown	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Early neonatal deaths (1-7 days)*	0	2	0	0	0	0	2
Late neonatal deaths (8-28 days)*	0	0	0	0	0	0	0
Post-neonatal deaths (29 days +)*	0	0	0	0	0	0	0
Total deaths reviewed	0	2	0	0	0	0	2
Small for gestational age at birth:							
IUGR identified prenatally and management was appropriate	0	0	0	0	0	0	0
IUGR identified prenatally but not managed appropriately	0	0	0	0	0	0	0
IUGR not identified prenatally	0	0	0	0	0	0	0
Not Applicable	0	2	0	0	0	0	2
Mother gave birth in a setting appropriate to her and/or her baby's clinical needs:							
Yes	0	2	0	0	0	0	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Parental perspective of care sought and considered in the review process:							
Yes	0	2	0	0	0	0	2
No	0	0	0	0	0	0	0
Missing	0	0	0	0	0	0	0
Booked for care in-house	0	2	0	0	0	0	2
Mother transferred before birth	0	0	0	0	0	0	0
Baby transferred after birth	0	0	0	0	0	0	0
Neonatal palliative care planned prenatally	0	2	0	0	0	0	2
Neonatal care re-orientated	0	0	0	0	0	0	0

*Neonatal deaths are defined as the death within the first 28 days of birth of a baby born alive at any gestational age; early neonatal deaths are those where death occurs when the baby is 1-7 days old and late neonatal death are those where the baby dies on days 8-28 after birth. Post-neonatal deaths are those deaths occurring from 28 days up to one year after birth

Table 2: Placental histology and post-mortems conducted for the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
Late fetal losses and stillbirths							
Placental histology carried out							
Yes	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0
Hospital post-mortem offered	0	0	0	0	0	0	0
Hospital post-mortem declined	0	0	0	0	0	0	0
Hospital post-mortem carried out:							
Full post-mortem	0	0	0	0	0	0	0
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive post-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	0	0	0	0	0
Neonatal and post-neonatal deaths:							
Placental histology carried out							
Yes	0	2	0	0	0	0	2
No	0	0	0	0	0	0	0
Death discussed with the coroner/procurator fiscal	0	2	0	0	0	0	2
Coroner/procurator fiscal PM performed	0	0	0	0	0	0	0
Hospital post-mortem offered	0	2	0	0	0	0	2
Hospital post-mortem declined	0	1	0	0	0	0	1
Hospital post-mortem carried out:							
Full post-mortem	0	1	0	0	0	0	1
Limited and targeted post-mortem	0	0	0	0	0	0	0
Minimally invasive PMpost-mortem	0	0	0	0	0	0	0
External review	0	0	0	0	0	0	0
Virtual post-mortem using CT/MR	0	0	0	0	0	0	0
All deaths:							
Post-mortem performed by paediatric/perinatal pathologist*							
Yes	0	1	0	0	0	0	0
No	0	0	0	0	0	0	0
Placental histology carried out by paediatric/perinatal pathologist*:							
Yes	0	2	0	0	0	0	0
No	0	0	0	0	0	0	0

*Includes coronial/procurator fiscal post-mortems

Table 3: Number of participants involved in the reviews of late fetal losses and stillbirths without resuscitation

Role	Total Review sessions	Reviews with at least one
Chair	0	0%
Vice Chair	0	0%
Admin/Clerical	0	0%
Bereavement Team	0	0%
Community Midwife	0	0%
External	0	0%
Management Team	0	0%
Midwife	0	0%
Neonatal Nurse	0	0%
Neonatologist	0	0%
Obstetrician	0	0%
Other	0	0%
Risk Manager or Governance Team	0	0%
Safety Champion	0	0%

Table 4: Number of participants involved in the reviews of stillbirths with resuscitation and neonatal deaths

Role	Total Review sessions	Reviews with at least one
Chair	2	100% (2)
Vice Chair	2	100% (2)
Admin/Clerical	7	100% (2)
Bereavement Team	7	100% (2)
Community Midwife	0	0%
External	6	100% (2)
Management Team	4	100% (2)
Midwife	26	100% (2)
Neonatal Nurse	5	100% (2)
Neonatologist	12	100% (2)
Obstetrician	30	100% (2)
Other	6	100% (2)
Risk Manager or Governance Team	22	100% (2)
Safety Champion	4	100% (2)

Table 5: Grading of care relating to the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Perinatal deaths reviewed	Gestational age at birth						
	Ukn	22-23	24-27	28-31	32-36	37+	Total
STILLBIRTHS & LATE FETAL LOSSES							
Grading of care of the mother and baby up to the point that the baby was confirmed as having died:							
A - The review group concluded that there were no issues with care identified up the point that the baby was confirmed as having died	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	1	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the mother following confirmation of the death of her baby:							
A - The review group concluded that there were no issues with care identified for the mother following confirmation of the death of her baby	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	0	0	0	0	1	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
NEONATAL AND POST-NEONATAL DEATHS							
Grading of care of the mother and baby up to the point of birth of the baby:							
A - The review group concluded that there were no issues with care identified up the point that the baby was born	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	2	0	0	0	0	2
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the baby from birth up to the death of the baby:							
A - The review group concluded that there were no issues with care identified from birth up the point that the baby died	0	2	0	0	0	0	2
B - The review group identified care issues which they considered would have made no difference to the outcome for the baby	0	0	0	0	0	0	0
C - The review group identified care issues which they considered may have made a difference to the outcome for the baby	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the baby	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0
Grading of care of the mother following the death of her baby:							
A - The review group concluded that there were no issues with care identified for the mother following the death of her baby	0	0	0	0	0	0	0
B - The review group identified care issues which they considered would have made no difference to the outcome for the mother	0	2	0	0	0	0	2
C - The review group identified care issues which they considered may have made a difference to the outcome for the mother	0	0	0	0	0	0	0
D - The review group identified care issues which they considered were likely to have made a difference to the outcome for the mother	0	0	0	0	0	0	0
Not graded	0	0	0	0	0	0	0

Table 6: Cause of death of the babies who died in this period and for whom a review of care has been completed – number of babies (N = 2)

Timing of death	Cause of death
Late fetal losses	**0 causes of death out of 0 reviews**
Stillbirths	**0 causes of death out of 0 reviews**
Neonatal deaths	**2 causes of death out of 2 reviews**
	Extreme Prematurity
	Extreme prematurity
Post-neonatal deaths	**0 causes of death out of 0 reviews**

Table 7:Issues raised by the reviews identified as relevant to the deaths reviewed, by the number of deaths affected by each issue* and the actions planned

Issues raised which were identified as relevant to the deaths	Number of deaths	Actions planned

None – highlighted

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Table 8: Issues raised by the reviews which are of concern but not directly relevant to the deaths reviewed, by the number of deaths in which this issue was identified* and the actions planned

Issues raised which were identified as not relevant to the deaths	Number of deaths	Actions planned
The baby had to be transferred elsewhere for the Post-mortem	1	No Action required – all babies transferred to an appropriate tertiary centre for Post-Mortem
There were no specific contraindications to organ donation but this was not parents as part of end of life care for their baby	1	No action required as extreme prematurity wouldn't offer organ donation at this age
This mother booked early enough but her mid- trimester anomaly scan was carried out after 20+6 Weeks	1	
This mother had a history of recurrent miscarriage but she did not receive appropriate pre-conceptional management	1	

*Note - depending upon the circumstances in individual cases the same issue can be raised as relevant to the deaths reviewed and also not relevant to the deaths reviewed.

Table 9: Top 5 contributory factors related to issues identified as relevant to the deaths reviewed, by the frequency of the contributory factor and the issues to which the contributory factors related

Issue Factor	Number of deaths	Issues raised for which these were the contributory factors

None – highlighted

NE&Y Regional Perinatal Quality Oversight Group
Highlight Report

MW to birth ratio : BR+ recommendation	Vacancy rate (MW)	LW co-ordinator supernumerary (%)
1::28.25		

LMNS: South Yorkshire and Bassetlaw

Reporting period: July 2023 – September 2023

Overall System RAG:
(Please refer to key next slide)

Maternity unit: DBTH – Doncaster

KPI (see slide 4)	Measurement / Target		Doncaster Rate		
			July	Aug	Sept
Caesarean Section rate	Elective	<13.2 %	17.5%	14.4%	
	Emergency	<15.2 %	30.5%	31.1%	
Preterm birth rate	≤26+6 weeks	0	1	0	
	≤36+6 weeks	<6%	9.85	7.5%	
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	3.3%	4.9%	
Term admissions to NICU		<6%	5.3%	3.78%	
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	0.8% / 5.5%	0.8% / 0.75%	
	Instrumental (assisted)	<6.05 %	4.5%	3.8%	
Right place of birth		95%	99%	100%	
Smoking at time of delivery		<11%	9.6%	8.6%	
Percentage of women placed on CoC pathway		35%	0%	0%	
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0% / 0 %	0% / 0%	
	Area of deprivation		0%	0%	

Month/Quarter		Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)			HIE cases (2 or3)	Neonatal Deaths Early	Neonatal Deaths Late	Notification to ENS	Maternal Mortality (direct / indirect)	
2022/2023	July	30	105	0	0	0	0	1	0	0	0	0	0	0	0	0
	Aug	30	86	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sept															
	Q2															

Maternity Red Flags (NICE 2015)

		July	Aug	Sept
1	Delay in commencing/continuing IOL process	25	24	
2	Delay in elective work	0	0	
3	Unable to give 1-1 care in labour	2	1	
4	Missed/delayed care for > 60 minutes	3	5	
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0	

NE&Y Regional Perinatal Quality Oversight Group
Highlight Report

LMNS: South Yorkshire and Bassetlaw

Reporting period: July 2023 – September 2023

Overall System RAG:
(Please refer to key next slide)

Maternity unit: DBTH – Bassetlaw

KPI (see slide 4)3.9%	Measurement / Target		Bassetlaw Rate		
			July	Aug	Sept
Caesarean Section rate	Elective		12.4%	12.8%	
	Emergency		32.6%	39.1%	
Preterm birth rate	≤26+6 weeks	0	0	0	
	≤36+6 weeks	**<6%**	5.46%	4.5%	
Massive Obstetric Haemorrhage	**≥1.5l**	<2.9%	4.7%	2.3%	
Term admissions to NICU		<6%	1.65%	3.96%	
3rd & 4th degree tear	SVD (unassist'd)	<2.8%	0%	0.74 %	2.0%	1.5%
	Instrumental (assisted)	<6.06 %	7.1%		6.7%	
Right place of birth		95%	100%	100%	
Smoking at time of delivery		<11%	12.5%	11.4%	
Percentage of women placed on CoC pathway		35%	0	0	
Percentage of women on CoC pathway: BAME / areas of deprivation	**BAME**	75%	0	0	0	0
	Area of deprivation		0		0	

Month/Quarter		Red flag alert	Open > 30 days	Unactioned Datix	Maternity Serious Incidents	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)			HIE cases (2 or3)	Neonatal Deaths (Early / Late)		Notification to ENS	Maternal Mortality (direct / indirect)	
2020/2021	July	18	**34**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Aug	9	**31**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Sept															

Maternity Red Flags (NICE 2015)

		July	Aug	Sept
1	Delay in commencing/continuing IOL process	11	8	
2	Delay in elective work	0	0	
3	Unable to give 1-1 care in labour	4	1	
4	Missed/delayed care for > 60 minutes	3	0	
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	0	

Assessed compliance with10 Steps-to-Safety

		July	Aug	Sept
1	Perinatal review tool			
2	MSDS			
3	ATAIN			
4	Medical Workforce			
5	Midwifery Workforce			
6	SBLCB V3	Predicted Green, awaiting evidence		
7	Patient Feedback			
8	Multi-professional training			
9	Safety Champions			
10	Early notification scheme (HSIB)			

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

Evidence of SBLCB V3 Compliance

Element		July		Aug		Sept
		CURRENT %	CNST 50%	CURRENT %	CNST 50%	
1	Reducing smoking	60%		60%		
2	Fetal Growth Restriction	70%		70%		
3	Reduced Fetal Movements	100%		100%		
4	Fetal monitoring during labour	80%		80%		
5	Reducing pre-term birth	66.6%		66.6%		
6	Diabetes	50%		50%		

Assessment against Ockenden Immediate and Essential Action (IEA)

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

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

Maternity unit	JULY	AUGUST	SEPTEMBER
Freedom to speak up / Whistle blowing themes	None		
Themes from Datix (to include top 5 reported incidents/ frequently occurring)	Weight unexpectedly below the 10th centile PPH Shoulder dystocia Unexpected admission to NNU Staffing	Weight unexpectedly below the 10th centile PPH Unexpected admission to NNU PH <7.1 Injury to baby during CS	
Themes from Maternity Serious Incidents (Sis)	No serious Incidents in July June SI (HSIB ongoing) initial review highlighted 3 hour interval between CTG and IOL – guidance changed immediately IOL must be started within 1 hour of CTG – awaiting HSIB draft report	No Serious Incidents declared in August	Serious Incident declared in September Incident occurred in July 31+5 week delay in treatment. MRI changes to baby profound acute hypoxic insult
Themes arising from Perinatal Mortality Review Tool	July meeting graded 3 cases	August meeting graded 2 cases B and B B and B	
Themes / main areas from complaints	Anaesthetic concerns Care delivery Treatment / observations neonate Investigation report Medicines management Delayed bloods been taken Attitude, behaviours and communication of staff Placental histology	Care delivery Attitude, behaviours and communication of staff	
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience	MNVP invited to governance meetings, guideline meeting and being involved in guideline and patient leaflets - Patient experience	MNVP invited to governance meetings, guideline meeting and being involved in guideline and patient leaflets - Patient experience	
Evidence of co-production			
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Ongoing OCR meeting Ongoing skills and drills scenarios Education lead now back in post supporting education needs of staff PROMPT going back to face to face in August	Ongoing OCR meeting Ongoing skills and drills scenarios PROMPT back to face to face Debrief being conducted with staff following incidents	
Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	WHATS HOT and safety brief Ward briefs and emails Face to face discussions with staff Closing the loop proformas LMNS meetings	WHATS HOT and safety brief Ward briefs and emails Face to face discussions with staff Closing the loop proformas LMNS meetings	

KPIs: Targets & Thresholds

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

Glossary of terms / 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 fours 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)

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

2309 - D TRUE NORTH SA2 & SA3 - PEOPLE & CULTURE

2309 - D1 CHAIR'S ASSURANCE LOG - PEOPLE COMMITTEE

Discussion Item | Mark Bailey, Non-Executive Director | 10:45

5 minutes

REFERENCES

Only PDFs are attached

D1 - Chair's Assurance Log - People Committee.pdf

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

People Board Committee - Chair's Highlight Report to Trust Board

Subject:	People Committee Meeting	**Board Date: September 2023**
Prepared By:	Mark Bailey, Non-executive Director & Committee Chair	
Approved By:	People Committee Members	
Presented By:	Mark Bailey, Non-executive Director & Committee Chair	
Purpose	The paper summarises the key highlights from the People Committee meeting held on Tuesday 5th September 2023	

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
Workforce Supply & Demand Deferral and postponement of strategic deep dive workshops due to operational demands and the draw on resource and time to plan and run. Shorter more focussed sessions being introduced to complement this approach to look at key challenges. Work experience opportunities High level of 'did not attend' in work experience placements including clinical attachments. New framework and guidelines developed to address reasons for non-attendance and assure return on investment of scarce resource.	Board Assurance Framework (BAF) - refresh of strategic objectives complete. Whilst discussed at the People Committee, a further collective review of the overall BAF is requested as to whether words used in the key actions & progress can be refined further so that when read in isolation, they are unambiguous as to the status of the desired outcome. People Strategy - Implementation & effectiveness Effectiveness of the strategy is to be measured in many aspects against the outcomes of the Staff Survey. Further assurance is sought by sharing (at the PC) the linkage of delivery plan actions (individually or grouped) against the different areas within the survey once results are available. Can the Operational Performance dashboard used executively to show this routinely?
Positive Assurances to Provide	**Decisions Made**
People Strategy - Implementation & effectiveness Comprehensive high-level summary of progress against key actions in the strategy and its delivery plan. Forward view of activity. Linkage to operational performance measures and in year targets. Recent NHS Long Term workforce plan review confirms alignment of principles and ethos. Engagement & Leadership Assurance from progress to launch and / or embed: the 'DBTH Way' - expectations for leadership behaviours; reward and recognition – long service award programme and number of internal and external award nominations; communication and engagement channel statistics; and flexible working arrangements. Annual Staff Survey preparations are well advanced. Education Preceptorship programme for newly qualified Nurses, Nursing Associates, Midwifes and Allied Health Professionals awarded National Gold Standard – first Trust in region. Statutory compliance at 85% (amber rating). Some data concerns. Executive review scheduled on increasing capacity in delivery of resuscitation, noting assurance that direct patient care areas remain compliant. Noted that training quality data from General Medical	Board Assurance Framework 2023/4 Board Committee confirmation of the approach and content of the refreshed Board Assurance Framework for People - Strategic Risk 2. (delegated action from the July 2023 Board). Note: refinement action above. Workforce supply and demand Terms of reference approval for the newly combined Workforce & Education Committee. This brings together workforce requirement planning with education, training, and development.

Council national survey and other assessment records is being used to drive continued improvement. Just Culture Governance to ensure alignment with patient safety (PSIRF) implementation. Actions continue to be taken to embed. Evidence presented on communications and engagement, employee relations and policy development work. Appraisals Completion rate for 2023 was 87.4% (83.4% in 2022)- below 90% target. Understanding of performance at Trust and individual areas evident with specific improvement areas identified. Executive focus on achievement of 90% in 2024 clear. Widening Participation Evidence of continued high levels of school engagement and positive feedback. Virtual tour innovation being supported by South Yorkshire Local Authorities. Apprentice programme growth with extension of roles and opportunities including initiation of medical degree apprenticeship. Improvement Projects – Occupational Health Progress report noted – external review on capacity improvement options complete, actions agreed with the Executive Group; implementation monitored through Monday.com Safe Staffing - compliance with national guidance for nursing and midwifery staffing - with evidence of processes and outcomes / actions taken to ensure safe staffing. Noted continued focus on pastoral and practice development, promotion of well-being solutions and development of Professional Advocate roles along with launch of Safe Staffing Red Flags for nursing via DATIX. Job Planning Confirmation of original audit action close-out progress, attained performance levels and on-going management and executive oversight. Bank & Agency Controls (360 Assurance report) Agreed management actions noted. Close out reporting via Audit & Risk Committee.	

2309 - D2 PEOPLE UPDATE

Discussion Item | Zoe Lintin, Chief People Officer | 10:50

10 minutes

REFERENCES

Only PDFs are attached

D2 - People Update.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**D2**
Report Title:	**People Update**		
Sponsor:	Zoe Lintin, Chief People Officer		
Author:	Zoe Lintin, Chief People Officer Sam Debbage, Director of Education & Research (section 9)		
Appendices:	N/A		

Report Summary

Executive Summary

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 and to ensure everyone knows their role in achieving the vision.

This paper highlights some of the recent developments at DBTH and progress being made against our People Strategy and plans in relation to cultural improvement, colleague experience, supporting our people and workforce development, including:

- The DBTH Way behaviours framework
- Staff survey 2023
- Appraisal season
- Reward and recognition
- Kark review
- Freedom to Speak Up
- Just Culture
- University Technical College in Doncaster

The People Committee receives regular detailed progress reports on all these areas and there are detailed delivery plans in place to support the People Strategy 2023-27.

Recommendation:	The Board is asked to note the actions being taken, the progress being made and to continue to support the work programmes described.			
Action Required:	~~Approval~~	**Review and discussion**	**Take assurance**	~~Information only~~
Link to True North Objectives:	**TN SA1:** ***To provide outstanding care and improve patient experience***	**TN SA2:** ***Everybody knows their role in achieving the vision***	**TN SA3:** ***Feedback from colleagues and learners is in the top 10% in the UK***	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes		**Yes**	

Implications	
Board assurance framework:	New BAF format for July 2023 reports, updated version presented to People Committee in September 2023
Risk register:	Existing workforce-related risks
Regulation:	-
Legal:	-
Resources:	-

Assurance Route		
Previously considered by:		Aspects considered within reports to Executive team, People Committee and Trust Executive Group
Date :	July/August/September 2023	
Any outcomes/next steps		-
Previously circulated reports to supplement this paper:		-

1. Introduction

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

This report provides updates in relation to the following:

- The DBTH Way behaviours framework – phase two of the launch and communications plan, following the initial launch from June/July 2023
- Staff survey 2023 – preparations for the launch of the survey on 27 September, as part of our approach to embedding a year-round cycle of engagement
- Appraisal season – final position at the end of the 2023 season
- Reward and recognition – including the new Long Service Awards programme and awards nominations
- Kark review – the revised Fit and Proper Person Test (FPPT) Framework
- Freedom to Speak Up – overview of Speaking Up engagement and plans
- Just Culture – update on the Just Culture workstream, which is jointly led by the People & OD and Patient Safety teams
- University Technical College (UTC) in Doncaster – approval of the application to introduce a Health and Care focused UTC in Doncaster

2. The DBTH Way

Following approval at the Board meeting on 23 May 2023, the DBTH Way framework has been launched and communicated across the Trust regularly since late June and throughout the summer months. It features in each of our weekly communication updates and is accessible on the Hive, our intranet site. Consideration has been given to public-facing communications and the DBTH Way is also accessible on the DBTH main website.

A further communications campaign has been planned from late September and during October 2023 as a second phase launch. This will include the introduction of large visual displays at the three main sites as well as posters for display across different areas, showing the True North vision and Breakthrough objectives as well as the DBTH Way. An email footer has been designed and will be available for colleagues to add to their email signatures from late September.

Following the initial launch and communication period, the plan to introduce and embed The DBTH Way into working life at the Trust is being finalised, for example recruitment, appraisals, learning and development, recognition etc. It is recognised that it will take a period of time for this to be achieved across all aspects and regular update reports will continue to be provided to the People Committee.

The corporate induction has been amended to include a session on the DBTH Way and it is being incorporated within our in-house leadership development programmes. Work is underway to review the overall leadership development offer. Facilitated sessions are also being arranged with the Trust Executive

Group and senior leaders to explore what the DBTH Way means for individuals in their leadership roles at the Trust.

3. Staff survey 2023

The 2023 national staff survey goes live on 27 September and plans are in place and being enacted to support the delivery of this year's survey. The People Business Partnering team and the Leadership & OD team are working closely together and an overview has been developed showing key dates and activities across the year–round cycle of engagement for the staff survey, to support both the People & OD team and managers/leaders across the Trust.

Conversations have been ongoing between the People Business Partnering team and managers about team structures to ensure they understand and are happy with how their reports will be constructed when the survey data is reported. Smaller teams will need to have combined survey reports, in order to meet the requirements of a minimum of 11 survey respondents.

We are striving to exceed our Trust record of a 65% response rate for the 2022 survey, which was one of the highest for acute trusts in the country last year. We are ambitious in this regard. At a Trust-wide level, we will be encouraging participation throughout the survey period and regularly reporting response rates by division/directorate. As last year, there will be a number of spot prizes and vouchers available as a thank you to people for taking the time to participate and these will be allocated randomly and based on trust when confirmation is received that the survey has been completed.

We will continue with the approach of engagement sessions and action planning which commenced in 2022, with positive feedback being received from managers and teams about this approach. The People & OD team developed a suite of resources and template documents to support managers with facilitating the engagement sessions and with action planning and these will continue to be available.

Further Trust-wide communications are planned in the coming weeks on some of the specific actions and improvements which have been seen on the back of feedback given in the 2022 survey, which is also intended to encourage participation by demonstrating that feedback is listened to and improvement actions are taken.

4. Appraisal season

The appraisal season was live between 1 April and 31 July 2023. As in previous years, medical colleagues continue to have appraisals in line with the annual cycle rather than within a season. Positive feedback has been received on the new appraisal form, which is shorter and focused on providing a framework for a quality conversation.

The final position for our 2023 appraisal season was 87.76% against a target of 90% and the breakdown by division/directorate has been presented at Trust Executive Group. It is encouraging to see an improvement from the 83.43% completion rate achieved last year, which was an improvement on the recent previous years, however it is disappointing that we have been unable to achieve our desired standard of at least 90% of our colleagues having a quality appraisal conversation within the season. Senior leaders have been asked to continue to ensure they understand the barriers or issues in their areas and to support resolution of these in good time for next year's appraisal season. Improvement ideas are also being identified for next year's appraisal season and a detailed report was presented to People Committee on 5 September 2023.

5. Reward and recognition

The People Strategy 2023-27 sets out our intention to launch a new Long Service Award programme, together with an ambition to increase the number of award nominations internally and for external awards in order to celebrate and recognise the achievements of Team DBTH.

5.1 Long Service Awards

The Trust's refreshed Long Service Award programme officially relaunched in late August 2023, with the start of a 'badge and certificate amnesty'. Following initial communications, the new approach has been well received and has generated positive feedback. This approach recognises NHS service at 10, 20, 30, 40 and 50 years with badges, certificates and celebratory events.

Colleagues who have marked 10, 20, 30, 40 or 50 years in 2022 or 2023 will be invited to a special end-of-year celebration afternoon tea, with three dates held in December for colleagues from DRI, Bassetlaw and Montagu. These will take place in external venues.

5.2 Award nominations

At the time of writing, colleagues have been nominated for the following accolades:

- HPMA Excellence in People Awards – Health and Wellbeing (result in September)
- Innovate Health Care Awards – Best Workforce Innovation (result in September)
- HSJ Awards – Wound Care Alliance (result in November)
- Nursing Times Workforce Awards – Preceptorship Programme of the Year (result in November)
- Nursing Times Workforce Awards – Best Employer for Staff Recognition and Engagement

- Doncaster Chamber – Employer of the Year (result in December)
- Doncaster Chamber – Innovator of the Year (Communications improvements since 2016)
- Doncaster Chamber – Apprentice of the Year
- Doncaster Chamber – Charity of the Year
- Doncaster Chamber – Campaign of the Year (Serenity Appeal)
- Doncaster Chamber – Educator of the Year

5.3 Star Awards 2023

This year's Star Awards ceremony will take place on 2 November 2023 at the Doncaster Dome. Nominations closed mid-July, with an incredible 801 submissions – a new record for the Trust. Following a judging process, the shortlist was announced in September.

6 Kark review

The revised Fit and Proper Person Test (FPPT) Framework was published by NHS England in August 2023, in response to the recommendations made by Tom Kark KC in his 2019 review of FPPT. The Framework applies to Executive and Non-Executive Directors of NHS organisations and takes into account the requirements of the Care Quality Commission in relation to directors being fit and proper in their roles.

The Director of Corporate Affairs/Company Secretary and the Chief People Officer have been working together to assess the impact of the enhanced requirements and more detailed information is provided within both the Lucy Letby – Freedom to Speak Up paper and FPPT annual report presented to Board in September.

7 Freedom to Speak Up

October is Freedom to Speak Up (FTSU) month and plans are in place for further engagement sessions and communications, as part of our wider work on Speaking Up at DBTH. This also links with and complements the ongoing work programme on Just Culture, as described in section 8 below.

The National Guardian for the NHS has written to Chairs following a survey amongst FTSU Guardians nationally which raised some issues regarding support, time, training and wellbeing for individuals in these roles. The Board can be assured that the FTSU Guardian feels well supported in her role, including access to and regular catch-ups with the Chief People Officer (as the Executive Lead), the Non-Executive Lead for FTSU and the Chief Executive as well as other senior leaders on request.

The FTSU Guardian has recently been supported to work additional hours on a fixed term basis, to support this period of enhanced engagement and Speaking Up strategy development. She is up-to-date with the required training and is satisfied with the wellbeing support in place for the role. The Speaking Up partners and champions model at DBTH, together with the Speak Up Forum, provides additional routes for resource and for people to raise concerns in different ways.

Further details are provided in the Lucy Letby – Freedom to Speak Up paper presented to Board in September, including in relation to the specific points raised within the recent NHS England letter following this tragic case.

8 Just Culture

As previously reported at Board, the Just Culture workstream is jointly led by the People & OD and Patient Safety teams and is a strand within our People Strategy. The Just Culture Steering Group is now well-established with regular meetings chaired by the Chief People Officer and with representatives from the Patient Safety team and People & OD team, including the FTSU Guardian to ensure connectivity with the Speaking Up strategic work.

There are six themes within the workstream, with a Steering Group member taking the lead on each one:

- Vision and strategic approach
- Patient safety (links to the PSIRF implementation plan, which is led by the Chief Nurse)
- Employee relations
- Data
- Training and development
- Engagement and feedback

Recent and planned actions and developments include:

- Board pledge wording agreed and all Board meetings are completing their individual pledges, alongside other senior leaders. These pledges will then be rolled out further across the organisation.

- Planned communications campaign including the pledges, a short animation on Just Culture/PSIRF and regular articles through our usual channels.

- Several workshops have been held with divisional and department teams with the Head of Nursing – Corporate Services as the Patient Safety lead, Senior People Business Partner and Freedom to Speak Up Guardian to cover Just Culture as well as associated cultural themes such as Speaking Up. These have included sharing stories and examples from our organisation and have been very well received. Further visits to deliver this workshop to different areas are being planned on a rolling basis.

- As key HR policies are being reviewed, this includes a review of language, tone and approach in line with the Just Culture approach. Future planned actions include reviewing all template letters and other documentation. This is a large piece of work and will take a little time to work through.

- A training session is being developed to be delivered by our legal advisor for employment matters. There is no additional charge as this forms part of our contract with them as new providers.

- Actions focused specifically on patient safety are covered within the PSIRF implementation plan, to prevent duplication whilst ensuring alignment.

- Individuals who can contribute to case studies or videos to share their personal stories and experiences are starting to be identified and discussions are being held.

- Ongoing work on data analysis, collation of themes and making best use of the ER tracker.

- Support network to be in place for trained mediators, as needed.

- Two Just Culture development sessions planned for October 2023 – one with Leadership Assembly and one with Speaking Up champions and other partners.

The project plan is being monitored through the Steering Group meetings and on Monday.com.

9 Health and Care University Technical College (UTC) in Doncaster

Following the success of the first Doncaster University Technical College (UTC), the application to open a second UTC specialising in Health and Care has been approved. The Doncaster UTCs form part of the Brighter Futures Learning Partnership Trust, formed to focus on more meaningful collaborations between schools for the benefit of all the children and young people in our local communities.

As a key partner, DBTH will build on the existing close working relationships formed with the first UTC and our wider schools engagement activity, supporting strategic alignment with our People Strategy. The new UTC provides an opportunity to promote, engage and 'bring to life' the diverse range of health and care careers available within DBTH and across our wider Health and Care partners within the borough. This is an exciting opportunity and DBTH will be key to helping shape the deliverables.

The Trust Executive Group and People Committee will continue to be briefed by the Director of Education and Research as the plans develop.

10 Recommendations

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

2309 - D3 GUARDIAN OF SAFE WORKING QUARTERLY REPORT

Discussion Item | Zoe Lintin, Chief People Officer | 11:00

Dr Anna Pryce, Guardian of Safe Working

10 minutes

REFERENCES

Only PDFs are attached

D3 -Guardian of Safe Working Quarterly Report.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26th September 2023	**Agenda Reference:**	**D3**
Report Title:	**Guardian of Safe Working Quarterly Report**		
Sponsor:	Zoe Lintin, Chief People Officer		
Author:	Dr Anna Pryce, Guardian of Safe Working		
Appendices:	-		

Report Summary

Executive Summary

The number of Exception Reports remains low, but there has been a small increase in August 2023 compared with previous months which is likely due to a new intake of Junior Doctors. Over the past 12 months, the majority of reports have been submitted by Trainees working in General Medicine and in General Surgery. It should be noted that there are far more Trainees working in General Medicine than in any other hospital specialty. The majority of ERs are submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors and unpredictable emergency care. There have been very few recent reports in relation to missed educational opportunities.

The cost of 'locum' cover has remained fairly stable over the past 6 months despite Junior Doctor strike action. A decrease in 'locum' costs observed in August 2023 coincides with a significant recent decrease in Junior Doctor rota gaps. With the new intake of Junior Doctors in August, rota vacancies now stand at 10% overall, which is a significant improvement. Medical specialties now have only 3.6% of posts unfilled. Junior doctor strike action has resulted in 742 locum shifts being provided between February 2023 and August 2023. The Junior medical workforce will continue to be affected due to ongoing industrial action, however there does not appear to be a correlation between Exception Reporting and Junior Doctor strike dates.

The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. General Medicine remains a concern with regards high workloads for Junior Doctors and there is a high number of exception reports from this specialty despite there being few rota gaps. However, there are many more Trainees working in Medicine than in any other hospital specialty. In addition, the number of training posts has increased and the proportion of training post that have been appointed has increased significantly since August 2023.

Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload precludes attendance at educational sessions. This requires local resolution within those affected specialties and Junior Doctors are encouraged to discuss this issue with their Educational Supervisors for additional support.

Recommendation:	The Board is asked to note and take assurance from the quarterly report.			
Action Required:	Approval	**Review and discussion**	**Take assurance**	Information only

Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	***Feedback from colleagues and learners is in the top 10% in the UK***	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	NA		**NA**	

Implications	
Board assurance framework:	New BAF format for July 2023
Risk register:	-
Regulation:	-
Legal:	-
Resources:	-

Assurance Route	
Previously considered by:	N/A
Date:	
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	

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

Author: Dr Anna Pryce, Guardian of Safe Working

Report date: September 2023

Executive summary

The number of Exception Reports remains low, but there has been a small increase in August 2023 compared with previous months which is likely due to a new intake of Junior Doctors. Over the past 12 months, the majority of reports have been submitted by Trainees working in General Medicine and in General Surgery. It should be noted that there are far more Trainees working in General Medicine than in any other hospital specialty. The majority of ERs are submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors and unpredictable emergency care. There have been very few recent reports in relation to missed educational opportunities.

The cost of 'locum' cover has remained fairly stable over the past 6 months despite Junior Doctor strike action. A decrease in 'locum' costs observed in August 2023 coincides with a significant recent decrease in Junior Doctor rota gaps. With the new intake of Junior Doctors in August, rota vacancies now stand at only 10% overall. Medical specialties now have only 3.6% of posts unfilled. Junior doctor strike action has resulted in 742 locum shifts being provided since February 2023. This is likely to continue to lead to additional locum shifts being worked as the Junior Doctor industrial action continues.

The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. General Medicine remains a concern with regards high workloads for Junior Doctors and there is a high number of exception reports from this specialty despite there being few rota gaps. However, there are many more Trainees working in Medicine than in any other hospital specialty. In addition, the number of training posts has increased and the proportion of training post that have been appointed has increased significantly since August 2023.

Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload precludes attendance at educational sessions. This requires local resolution within those affected specialties and Junior Doctors are encouraged to discuss this issue with their Educational Supervisors for additional support.

Introduction

This report sets out the information from the Guardian of Safe Working with regards the 2016 Terms and Conditions for Junior Doctors to assure the Board of the safe working of junior doctors. This report is for the period 1 March 2023 to 31st August 2023. The Board should receive a quarterly report from the Guardian as per the 2016 contract, which will include:

• Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade

• Details of fines levied against departments with safety issues

• Data on rota gaps, vacancies and locum usage

• A qualitative narrative highlighting areas of good practice and / or persistent concern.

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

Table 1. Number of exception reports by month, 1 Sept 2022 to 31 August 2023

Month	Complete	Pending	Total
September 2022	29		29
October 2022	20		20
November 2022	12		12
December 2022	1		1
January 2023	2		2
February 2023	10		10
March 2023	0		0
April 2023	5		5
May 2023	11		11
June 2023	4	8	12
July 2023		2	2
August 2023	6	7	13
Grand Total	**100**	**17**	**117**

There has previously been seasonal variation in Exception Reporting (ER) with the highest number of monthly reports usually occurring during the winter months. The number of reports submitted historically also increases in August as the new Foundation Doctors (FY1s) commence work and this is likely due to a combination of raised awareness of reporting from Trust induction and adjusting to the demands of their workloads. In August 2022, there was also a high proportion of unfilled posts that may have contributed to a high number of ERs. The number of reports has increased in August 2023 compared with previous months, and September's data is awaited in order to determine if this is a trend that may reflect difficult underlying working conditions. However, there has been a significant improvement in rota gaps from August 2023 unlike last August.

Table 2. Number of exception reports by specialty, 1 Sept 2022 to 31 August 2023

Specialty	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Grand Total
Gastro-enterology						7				2			9
General medicine	7	11	4		1	3		3	10	6		4	49
General surgery	17	5	5	1	1							6	35
Cardiology													0
Geriatric medicine										2			2
Renal Medicine		1											1
Accident and emergency	3	3										2	8
Obstetrics and gynaecology	2		3					1				1	7
Paediatrics										2			2
Palliative Medicine								1	1				2
Vascular											2		2
Grand Total	**29**	**20**	**12**	**1**	**2**	**10**	**0**	**5**	**11**	**12**	**2**	**13**	**117**

Over the past 12 months, the majority of ERs have been submitted by Trainees working in General Medicine and in General Surgery. In the most recent 4 months, 53% of exception reports were from Trainees working in General Medicine. Over the same time period, there have also been reports submitted by Trainees working in General Surgery (6), Gastroenterology (2), Geriatric Medicine (2), A+E (2), Paediatrics (2), Vascular (2), Obstetrics and Gynaecology (1) and Palliative Medicine (1). It should be noted that there are far more Trainees working in General Medicine than in any other hospital specialty (72 posts out of a total of 309 posts are for Trainees in General Medicine).

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

Table 3. Reason for submission of Exception Report, November 2022 to end of August 2023.

Additional Hours Worked	37
Change in pattern of work	1
Service Support	11
Educational opportunities	9
Breaks	5
Total	**63**

Over the past 10 months, the majority of ERs were submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors and unpredictable emergency care requiring Juniors to stay late to ensure patient safety.

In the most recent 2 months, there have been 2 reports in relation to missed educational opportunities from Junior Doctors working in Vascular Surgery, 4 reports were due to missed breaks from Junior Doctors working in General Surgery and 9 were from Junior Doctors who were working additional hours across a range of specialties including General Medicine, A+E, General Surgery and O+G.

b) Work schedule reviews

No work schedule reviews were requested within the last quarter.

c) Locum bookings

Locum and bank usage.

The data below details bank and agency shifts covered by training grade doctors.

Table 4. Cost of locum and bank usage, June 2023 to August 2023

Agency/Internal Bank

Specialty	Jun-23	Jul-23	Aug-23	Grand Total
Acute Medicine	£148,481.34	£164,054.63	£102,314.92	£414,850.89
Anaesthetics and Critical Care	£11,651.24	£17,755.14	£20,391.42	£49,797.80
Anaesthetics and Theatres	£6,404.08		£4,911.38	£11,315.46
Cardiology (Medical)	£11,680.83	£8,886.04	£2,373.26	£22,940.13
Care of the Elderly	£32,621.47	£38,246.60	£22,716.50	£93,584.57
Clinical Haematology	£1,200.00	£2,200.00	£2,160.00	£5,560.00
Emergency Medicine	£268,656.05	£291,299.65	£274,301.56	£834,257.26
Endocrinology and Diabetes	£27,776.78	£26,730.70	£20,359.74	£74,867.22
Endoscopy - Medicine		£800.00		£800.00
Endoscopy - Surgical	£1,600.00	£2,400.00	£400.00	£4,400.00
ENT	£36,022.76	£31,861.06	£31,485.44	£99,369.26
Gastroenterology	£4,515.20	£20,826.95	£26,785.73	£52,127.88
General Medicine	£12,867.98	£10,315.20	£6,569.60	£29,752.78
General Surgery	£46,909.98	£54,476.31	£45,672.08	£147,058.37
Intensive Care	£1,091.58	£3,021.00	£1,013.61	£5,126.19
Microbiology (Medical)	£1,600.00	£3,200.00		£4,800.00
Obstetrics and Gynaecology	£91,036.23	£108,151.93	£101,629.45	£300,817.61
Orthopaedic & Trauma for Emed	£7,521.71	£8,549.80	£9,976.41	£26,047.92
Orthopaedic and Trauma Surgery	£152,690.52	£148,465.98	£138,644.03	£439,800.53
Paediatrics and Neonates	£113,034.78	£112,205.10	£88,902.94	£314,142.82
Renal Medicine			£9,025.00	£9,025.00
Respiratory Medicine	£22,506.98	£28,340.06	£14,645.01	£65,492.05
Stroke Medicine	£39,024.18	£33,709.92	£17,619.34	£90,353.44
Urology	£19,095.02	£32,491.37	£21,512.08	£73,098.47
Vascular Surgery	£8,000.00	£19,022.10	£7,739.50	£34,761.60
Haematology		£1,499.58		£1,499.58
Diabetes		£0.00		£0.00
Rehabilitation Medicine	£9,804.96	£9,359.28	£12,981.28	£32,145.52
Rheumatology	£800.00		£2,769.13	£3,569.13
Grand Total	**£1,076,593.67**	**£1,177,868.40**	**£986,899.41**	**£3,241,361.48**

The cost of 'locum' cover has remained fairly stable over the past 6 months until July 2023, despite the Junior Doctor strike action. There was a decrease observed in August 2023 which coincided with fewer gaps in Junior Doctor rotas.

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

Reason	Nov-22	Dec-22	Jan-23	Feb-23	Marc-23	April-23	May-23	Jun-23	Jul-23	Aug-23
Additional session Endoscopy	10	11	12		15	6	7	4	8	1
Additional session Outpatients	57	42	23	18	9	13	2	6	1	7
Additional session Theatres	22	10	12	11	15	12	8	1	2	
Annual Leave	49	55	69	95	151	85	59	34	50	8
Compassionate/Special leave	3	7	5	11	4	10	6	4	1	3
Extra Cover	**105**	**163**	**204**	**170**	**133**	**103**	**116**	**125**	**124**	**91**
Induction		1	2	7	4	3				27
Maternity/Pregnancy leave	27	20	21	25	11	5	7	49	49	16
Paternity Leave	3	8	8	4	16	13	8	2	3	7
Restricted Duties	10	22	22	25	11	5	7	17	15	26
Seasonal Pressures	27	64	45	53	6	3				2
Sick	**150**	**172**	**155**	**146**	**128**	**78**	**99**	**70**	**93**	**88**
Sickness - Covid-19	5	7	18	4	8	13	15	17	17	21
Study Leave	2	10	9	8	7	5		3	2	11
Vacancy	**1611**	**1586**	**1636**	**1413**	**1421**	**1420**	**1355**	**1342**	**1191**	**864**
Strike				2	88	111	2	146	195	177
Post strike cover					1	2		3	2	2
Pre strike cover					1	10				
LTFT trainee gap				13	25	18	21	29	87	51
Grand Total	***2081***	***2178***	***2241***	***2005***	***2054***	***1915***	***1712***	**1852**	**1840**	**1402**

The majority of locum cover was required for rota vacancies and the number of locum shifts covering vacancies has, in general, decreased steadily over the past 8 months to a currently low figure of 864 (this is almost half that in January 2023). A comparable number of locum shifts were required for both extra cover and for sickness absence over the past 10 months.

Junior doctor strike action has resulted in 742 locum shifts being provided between February 2023 and August 2023. The Junior medical workforce will continue to be affected due to ongoing industrial action, however there does not appear to be a correlation between Exception Reporting and Junior Doctor strike dates. Additional locum cover has increased for rota gaps due to LTFT trainees over the past 6 months.

d) Vacancies

Rota vacancies have fluctuated over the course of the year, with the highest number of monthly vacancies occurring in July 2023 (52.6 WTE, or 17% of posts unfilled). The number of rota vacancies increased and remained high from March 2023 until the end of July 2023. With the new intake of Junior Doctors in August, there has been a significant decrease in rota vacancies, and they now stand at only 10%. Of the current rota vacancies in August 2023, 30% of posts were unfilled in Trauma and Orthopaedics (3.0 WTE), 25% of posts were unfilled in Genitourinary Medicine (GUM) (0.5 WTE), 24% in O+G (6.2 WTE) and 22% in Paediatrics (7.4 WTE). It should be noted that GUM and Trauma and Orthopaedic specialties have only 2 WTE and 10 WTE posts respectively and therefore if a small number of posts remain unfilled the percentage unfilled will be high.

Medical specialties now have only 3.6% of posts unfilled, although a high number of ERs are submitted by Trainees in this specialty, reflecting the large number of Trainess overall working in Medicine (72 WTE posts are allocated to Medicine out of a total of 309 posts).

In previous years, monthly rota vacancies have varied between 30.9 WTE and 41.6 WTE (in 2022) and between 19.2 WTE to 31.4 WTE (in 2021). Overall, the monthly rota vacancies to date in 2023 exceed those of previous years with a range of 36.9 WTE to 52.6 WTE, with the highest number occurring in July 2023. The number of current rota vacancies in August 2023 (30.9 WTE) is significantly lower than in the preceding 6 months.

Table 6. Trainee vacancies by specialty, Aug 2022 to Aug 2023.

	VACANCIES (WTE)	Total posts	August 2022	Sept	Oct	Nov	Dec	Jan 2023	Feb	March	April	May	June	July	Aug	% unfilled
Medicine	Medicine (all sub-specialties)	**72**	7	6	5.4	6.6	10.8	10.2	7.8	8.4	8.4	8.4	8.4	8.0	2.6	**3.6%**
	Emergency medicine	**27**	4	3	3	3	3.2	3.2	7.4	8.2	7.2	7.2	7.2	7.2	3.8	**14%**
	Elderly Medicine	**21**	4	3.4	3.4	3.6	2.6	2.4	2.4	2.4	4.4	3.8	3.8	5.2	0.4	**1.9%**
	Renal	**7**	1.2	1.2	1.2	1.2	1.2	0.4	0.2	0	0	0	0	0	0.2	**2.9%**
Children & Family	Obstetrics & Gynaecology	**26**	7.2	7.2	7.2	5.4	5.4	6.0	7.4	6.4	7.4	7.4	8.4	9.8	6.2	**24%**
	Paediatrics	**33**	7.8	7.8	7.8	4.7	4.7	4.7	4.7	9.2	9.2	9.2	9.2	8.4	7.4	**22%**
	GU Medicine	**2**	0	0	0	0	0	0	0.4	0.4	0.4	0.4	0.4	0.4	0.5	**25%**
Surgery & Cancer	ENT	**8**	0	0	0	1.4	1.4	1.4	1.4	2.4	2.4	2.4	2.4	3.0	1	**13%**
	General Surgery	**21**	2	3	3	0	2	2	5	4	2	2	2	3.0	2.2	**10%**
	Urology	**6**	2	2	2	3	3	2.2	2.2	1	1	1	1	21	1	**17%**
	Trauma & Orthopaedics	**10**	2.2	2.2	1.2	1.2	1.2	1.2	3.2	3.2	3	3	3	3	3	**30%**
	Vascular	**6**	1	1	1	1	1	1	0	0	0	0	0	0	0	**0%**
Clinical Specialties	Anaesthetics	**14**	1.8	1.8	1.8	3	2	2	0.2	2	2	2	2	1	1.4	**10%**
	ICT	**13**	1.4	1.4	1.4	1.4	0.2	0.2	2.2	2.4	2.4	2.4	2.4	2.4	1.2	**9%**
	Total	**309**	**41.6**	**40.0**	**38.4**	**35.5**	**38.7**	**36.9**	**44.5**	**50**	**49.8**	**49.2**	**50.2**	**52.6**	**30.9**	**10%**

e) **Fines**

No fines have been levied within the last quarter.

Qualitative information

The most recent Junior Doctor Forum was not well attended, therefore qualitative information is currently lacking. A high proportion of ERs are submitted due to acutely ill patients requiring unpredictable emergency care resulting in individual doctors staying late in order to ensure patient safety. Improved out of hours cover and handover arrangements could help alleviate this. The number of training posts has increased, particularly in Medicine, and the proportion of post filled has also increased. Therefore, as the new Junior Doctors settle into their posts, the JDF will create a good opportunity for feedback from junior colleagues on their working conditions.

Summary

Ongoing exception reports highlight high workloads for Junior Doctors, especially in Medicine. At times, this impact on the ability of Junior Doctors to undertake educational opportunities. The huge improvement in unfilled posts observed in August 2023 and the concurrent increase in the total number of training posts will both improve staffing and help to alleviate high workloads in those specialties with historically high numbers of Exception Reports. The seasonal increase in reports observed as Junior colleagues join the Trust in August has been observed, and data presented to the Board at the next Board Meeting will identify if there is a sustained increase in reporting indicative of any underlying and ongoing challenges.

Engagement

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

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

Induction with new FY1s and additional teaching sessions to reinforce the importance of Exception Reporting and addressing any underlying barriers to submitting ERs.

Working collaboratively with the Freedom to Speak Up Guardian and Trust SuppoRTT Champions, with engagement sessions planned to take place during future Junior Doctor Forums.

Guardian drop in sessions in the Junior Doctors Mess, a poster campaign and utilising Toolbox to disseminate information about Exception Reporting and the JDF to junior colleagues.

Discussion at the September JDF to canvass ideas from Trainees regarding increasing attendance at the JDF, barriers to Exception Reporting and effective ways of disseminating information.

Recommendation

The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. General Medicine remains a concern with regards high workloads for Junior Doctors and there is a disparity between the high number of exception reports from this specialty and the low proportion of rota gaps. However, there are many more Trainees working in Medicine than in any other hospital specialty. In addition, the number of training posts has increased and the proportion of training post that have been appointed has increased significantly since August 2023 and now only 3.6% of Medicine posts are unfilled.

Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload precludes attendance at educational sessions. This requires local resolution within those affected specialties and Junior Doctors are encouraged to discuss this issue with their Educational Supervisors for additional support.

BREAK 11:10 - 11:20

2309 - E TRUE NORTH SA4 - FINANCE & PERFORMANCE

2309 - E1 CHAIR'S ASSURANCE LOG - FINANCE & PERFORMANCE COMMITTEE

Discussion Item | Mark Day, Non-Executive Director | 11:20

Meeting took place on 21 September 2023
5 minutes

REFERENCES

Only PDFs are attached

E1 - F&P Committee - Quadrant Highlight Report for 2023.07.26.pdf

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Finance and Performance Committee - Chair's Highlight Report to Trust Board

Subject:	Finance and Performance Committee Meeting	**Board Date: 26 September 2023**
Prepared By:	Mark Day	
Approved By:		
Presented By:	Mark Day	
Purpose	The paper summaries the key highlights from the Finance and Performance Committee meeting held on 21 September 2023	

The size of the agenda and the need to devote a considerable amount of attention to the new Board Assurance Framework(s) meant that not all the planned business for the meeting could be concluded in the time available. Where is it felt necessary to provide feedback on those items not fully discussed at the meeting they are marked with a '*' which indicates summary provided by the Chair.

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
Winter Planning/Urgent and Emergency Care (UEC) Improvement Plan – Given the critical dependency of Winter planning on urgent and emergency care capability these two items are seen as inextricably linked by the Committee. Although reassured by management's understanding of the challenges, the desire to work with partners, clear understanding of national requirements, and reprioritisation of work the Committee is only able to provide Partial Assurance to the Board in both these areas. UEC planning is well advanced but there is a lack of substantive progress given resource constraints and the need for greater tangible commitment from partners at place level. The capacity provided by Virtual Wards is a key component of capacity and currently only partial assurance can be given to Board in this area at this time. The Board should consider the identification of additional resource including through the further reprioritisation of projects and deployment of staff. Cost Improvement Programme – The Committee remains assured by the framework being used to manage the programme and notes that work is underway to better integrate CIP reporting with the reporting of the overall financial position. As stated previously Senior Responsible Owners need to be more ambitious in the targets they set for respective areas and to insist on action. In year financial management is good and significant assurance can be given at this stage on achievement of 2023/24 financial targets but there is material risk to the underlying financial position if CIP plans are not fully developed and or wider system expectations and planning parameters are not modified for future years. Diagnostics – performance on diagnostics remains an area of concern given the reported reduction in performance against targets and the key role played in treatment pathways. Committee was reassured by the insight provided by the recent 'deep dive' work and received a positive update on work to reduce demand for CT scanning providing partial assurance in that area but asks the Board to note that management has been asked to review plans, improvement trajectories, and performance reporting and to apprise this Committee of progress.	Health Inequalities – draft Health Inequalities Strategy received providing an encouraging start to this important piece of work. The Committee is encouraging a focused approach on priority areas where impact can be measured. Getting it Right First Time – Paper deferred to October meeting to review how 'compliance' and progress are monitored and reported. *Access Standards – the quality of reporting has improved considerably allowing the identification of key trends. Given the range and complexity of activity is necessary for the Committee to focus on selected areas and management has been asked to apprise the Committee on the apparent deterioration in Ambulance Handovers, the short- and long-term impact of industrial action, and progress on the deployment of Virtual Wards *Elective Activity Plan – Deteriorating position on elective day cases and outpatients noted in some specialities with Committee asking for an in-depth review on those furthest away from plan. *Clinical Site Strategy – the work to date can be commended. Further development is required, and Board should consider whether that is reviewed at this Committee or full Board and within what timeframe. Virtual Wards – Committee has asked for a report on the provisioning of virtual wards for its October 2023 meeting.

Positive Assurances to Provide	Decisions Made
Board Assurance framework (BAF) – the Committee critically reviewed BAFs 3, 4, 5, 6, and 7 devoting significant time to the discussion. The new approach was welcomed as was the considered work that had gone onto their production and the Committee was assured that when fully developed the BAFs would support delivery of Trust Strategy. It is recommended to Board that the four-stage approach to defined levels of assurance be adopted and consistently applied across the identified risk areas and that feedback from the Committee is reflected in the next iteration of the framework. *Financial Performance – Month 5 financial position on plan but with risks to the forecast position linked to performance and financial improvement programmes. *Recovery, Innovation & Transformation Update – assured on progress across a range of initiatives including the revision of Mexborough Elective Orthopaedic Centre (MEOC) and Bassetlaw Emergency Village. Self-certification Protecting and Expanding Elective Activity – Committee assured on the transparency of the approach being taken to self-certification but given this is work in progress it cannot provide assurance to Board on substantive content ahead of submission – this is something that will be undertaken by the management team. *Performance Assurance Framework - noted as approved by Trust Executive Group, this Committee will monitor delivery and compliance with the framework	Doncaster Royal Infirmary Update – the Committee supports the proposed new strategy to progressively developing the DRI site now that funding for a replacement hospital is highly unlikely in medium to long term. If agreed by the Board, it is recommended that further development of the plan and the associated management of infrastructure risk is monitored by the Committee. *Cash Position – cash submission supported and recommended to Board.

2309 - E2 FINANCE UPDATE

Information Item | Jon Sargeant, Chief Financial Officer | 11:25

10 minutes

REFERENCES

Only PDFs are attached

E2 - Finance Update - Month 5.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**E2**
Report Title:	**Financial Update – Month 5 (August) 2023**		
Sponsor:	Jon Sargeant, Chief Financial Officer		
Author:	Alex Crickmar, Deputy Director of Finance Finance Team		
Appendices:			

Executive Summary	
Purpose of report:	To set out to the Board an update with regards to the Trust's financial position at Month 5.
Summary of key issues:	The Trust's reported deficit for month 5 (August 2023) was £3.4m, which was in line with plan. Year to Date (YTD) the Trust's reported deficit at month 5 was £19.8m, which again was in line with plan. This position includes an estimated over-performance against the Elective Recovery Fund, in line with national reporting guidance. Recent guidance on ERF has indicated a 2% target reduction to take into consideration the impact of the Industrial Action in April. The YTD ERF position is £393k favourable to the ERF target, which includes the 2% adjustment which is positive. It should however be noted that apart from April the Trust has missed the ERF target each month and the Trust is overspending significantly on independent sector usage of £1.1m year to date in order to achieve level of performance. No further adjustments for other industrial action since April have been agreed by the national team at this point. Pay spend is favourable to plan by c.£1.4m YTD (on plan in month), mainly driven by Nursing which was underspent across all Divisions except Surgery, reflecting the reduction in agency rates and usage and bank incentive rates which is positive news. Whilst there are a few nursing overspends which are driven by price pressures, most of the underspends are volume driven, due to vacancies. Medical staff have overspent by £1.0m (including reserves and recharges), which includes junior doctor strike costs of £1.3m. It is increasingly worrying that temporary staffing spend has not reduced further following good gains in March and April. This is especially noticeable for medical staff and therefore the effectiveness of grip and control meetings needs to be picked up as part of the temporary staffing CIP workstream. It is also concerning that the pay run rate has increased over the last couple of months, with an increase in spend of c£0.5m from Month 4 to Month 5, split across Medics and Nursing. Some of this may be due to extra cover for annual leave, but this needs to be closely monitored over the coming months. The expected pay award costs and the matched income have been included in the position including £1.3m for the Medics pay award which will be paid in September. Non-pay spend is £2.9m adverse to plan YTD (£1.0m in month), driven by continued overspends related to the independent sector (£1.1m), drugs (£0.8m) and Medical and Surgical equipment (£0.7m) which are under review with Divisions. Utilities are also overspent by £0.3m YTD. The level of independent sector overspend also indicates core activity is not being delivered in line with plan given the current ERF performance. Financing costs are favourable to plan by £0.4m due to higher interest receivable than plan. This is because of a higher-than-expected cash balance in the first quarter of the year, with cash being tightly controlled and the delays in the capital

	programme. However, this is not expected to continue into future months as the Trust draws down on national cash support which comes at a cost of 3.5% interest. **Capital** Capital expenditure in month 5 was £4.0m against a plan of £3.5m giving an in-month over-performance of £0.5m. The YTD position is £7.7m against a plan of £16.1m showing an under-performance of £8.4m. The main underspends are against MEOC of £1.3m and BEV of £5.9m. A revised cashflow for both MEOC and BEV shows current spend is in line with expectations. **Cash** The cash balance at the end of August was £14.9m (July: £17.9m), meaning cash has decreased by £3.0m in the month driven by the Trust's deficit position offset by delays in the Trust's capital programme. This month there has been continued focus on maximising available cash and deferring levels of payment by one week which has impacted on the Trust's performance against Better Payment Practice Code (BPPC). The Trust is due to receive in September its first request of central cash of £6.3m. The Quarter 3 request for national cash support was submitted on the 13 September in line with the national timetable. This includes a total cash request of £25m in line with the Trust's deficit to the end of January. The Board is asked to formally agree its support for this national request which requires Board approval/support. If the financial plan is not achieved including ERF this would impact on the amount of funding needed from the central team. We will keep this position under review and keep the Board updated on this throughout the year. **CIPs** In month, the Trust has delivered £2.2m of savings versus the plan submitted to NHSE of £1.8m and therefore is £0.4m favourable to plan. YTD the Trust has delivered £6.4m of savings versus the plan submitted to NHSE of £4.9m and is therefore favourable to plan by £1.5m. Whilst the Trust is ahead of plan at this point, the phasing of the CIP programme has started to increase in Q2 and will significantly increase in Q3. Significant work is underway to identify further opportunities to meet the full year target of £22.1m. **Forecast** As we come towards the middle of the budget year, we have commissioned a bottom-up forecast from Divisions working with finance over the next month. The results of this are planned to be presented to Finance & Performance Committee at its October meeting. Whilst this more detailed work is being completed, a top-level draft forecast based on the current year to date financial position has been completed. Overall whilst this top-level forecast shows the Trust is currently forecasting to deliver plan at a £26.8m deficit, this is not without significant risk as shown in the worst case with a potential position of a £38.9m deficit. Key assumptions including the unknown position on ERF income and adjustments for industrial action or not. Therefore, increased focus needs to continue delivery of the CIP programme, grip and control and delivery of the Trust's activity plan. For without this the Trust is at risk of not delivering its financial plan. It should also be noted this is a top-level forecast at this point before the more detailed work is undertaken.
Recommendation:	The Board is asked to note: • The Trust's deficit YTD at month 5 (August 2023) was £19.8m, which was in line with plan.

	• Support the Trust's national cash submission of £25m to the end of January.				
Action Required:	~~Approval~~	**Information**	**Discussion**	~~Assurance~~	~~Review~~

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	***The Trust is in recurrent surplus to invest in improving patient care***

Implications	
Board assurance framework:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.
Corporate risk register:	See above
Regulation:	No issues
Legal:	No issues
Resources:	No issues

Assurance Route			
Previously considered by:	N/A		
Date:		**Decision:**	
Next Steps:			
Previously circulated reports to supplement this paper:			

FINANCIAL PERFORMANCE

Month 5 – August 2023

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

M5 August 2023

1. Income and Expenditure vs. Budget

Performance Indicator	Monthly Performance			YTD Performance		
	Actual £'000	Variance to budget £'000		Actual £'000	Variance to budget £'000	
Income	(46,808)	(1,396)	F	(223,799)	(1,120)	F
Pay	31,941	55	A	154,365	(1,427)	F
Non Pay	17,817	1,398	A	86,943	2,987	A
Financing Costs	539	(44)	F	2,481	(434)	F
(Profit)/Loss on Asset Disposals	0	0	A	0	0	A
(Surplus)/Deficit for the period	**3,489**	**13**	**A**	**19,989**	**5**	**A**
Adj. for donated assets	(42)	(8)	F	(206)	(35)	F
Adjusted (Surplus)/Deficit for the purposes of system achievement	**3,447**	**5**	**A**	**19,783**	**(30)**	**F**

Income: Over-achieved F | Under-achieved A

Key

F = Favourable **A** = Adverse

Expenditure: Underspent F | Overspent A

2. CIPs

Performance Indicator	Monthly Performance			YTD Performance			Annual
	Plan £'000	Actual £'000		Plan £'000	Actual £'000		Plan £'000
Local / Unidentified	947	909	A	2,312	4,025	F	3,780
Cross Cutting - Pay - Job Plans / Ag	217	1,222	F	1,083	1,978	F	500
Cross Cutting - Elective - Theatres/	365	44	A	742	249	A	6,000
Cross Cutting - Procurement	61	39	A	192	136	A	720
Cross Cutting - Major Contracts	111	16	A	237	37	A	2,750
Cross Cutting - RPA	56	0	A	111	0	A	500
Cross Cutting - Corp Pay/Benefits f	42	0	A	208	0	A	7,850
Total CIP	**1,798**	**2,229**	F	**4,885**	**6,427**	F	**22,100**

3. Statement of Financial Position

	Opening balance £'000	Closing balance £'000	Movement £'000
Non Current Assets	**294,170**	**296,302**	**2,132**
Current Assets	61,665	53,533	**-8,132**
Current Liabilities	-103,661	-101,397	**2,264**
Non Current liabilities	-16,764	-16,375	**389**
Total Assets Employed	**235,410**	**232,063**	**-3,347**
Total Tax Payers Equity	**-235,410**	**-232,063**	**3,347**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance		14,972		14,972	1,900
Capital Expenditure	3,460	3,936	16,101	7,423	65,051

5. Workforce

	Funded WTE	Substantive WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	6,782.94	5,903.98	389.06	144.87	6,437.91
Previous Month	6,777.81	5,956.15	386.74	147.50	6,490.39
Movement	5.13	-52.17	2.32	-2.63	-52.48

1. Month 5 Financial Position Highlights

Income and Expenditure

The Trust's reported deficit for month 5 (August 2023) was £3.4m, which was in line with plan. Year to Date (YTD) the Trust's reported deficit at month 5 was £19.8m, which again was in line with plan.

This position includes an estimated over-performance against the Elective Recovery Fund (ERF), in line with national reporting guidance. Recent guidance on ERF has indicated a 2% target reduction to take into consideration the impact of the Industrial Action in April. The YTD ERF position is £393k favourable to the ERF target, which includes the 2% adjustment which is positive. It should however be noted that apart from April the Trust has missed the ERF target each month and the Trust is overspending significantly on independent sector usage of £1.1m year to date in order to achieve level of performance. No further adjustments for other industrial action since April have been agreed by the national team at this point.

Pay spend is favourable to plan by c.£1.4m YTD (on plan in month), mainly driven by Nursing which was underspent across all Divisions except Surgery, reflecting the reduction in agency rates and usage and bank incentive rates which is positive news. Whilst there are a few nursing overspends which are driven by price pressures, most of the underspends are volume driven, due to vacancies. Medical staff have overspent by £1.0m (including reserves and recharges), which includes junior doctor strike costs of £1.3m. It is increasingly worrying that temporary staffing spend has not reduced further following good gains in March and April. This is especially noticeable for medical staff and therefore the effectiveness of grip and control meetings needs to be picked up as part of the temporary staffing CIP workstream. It is also concerning that the pay run rate has increased over the last couple of months, with an increase in spend of c£0.5m from Month 4 to Month 5, split across Medics and Nursing. Some of this may be due to extra cover for annual leave, but this needs to be closely monitored over the coming months.

The expected pay award costs and the matched income have been included in the position including £1.3m for the Medics pay award which will be paid in September.

Non-pay spend is £2.9m adverse to plan YTD (£1.0m in month), driven by continued overspends related to the independent sector (£1.1m), drugs (£0.8m) and Medical and Surgical equipment (£0.7m) which are under review with Divisions. Utilities are also overspent by £0.3m YTD. The level of independent sector overspend also indicates core activity is not being delivered in line with plan given the current ERF performance.

Financing costs are favourable to plan by £0.4m due to higher interest receivable than plan. This is because of a higher-than-expected cash balance in the first quarter of the year, with cash being tightly controlled and the delays in the capital programme. However, this is not expected to continue into future months as the Trust draws down on national cash support which comes at a cost of 3.5% interest.

Capital

Capital expenditure in month 5 was £4.0m against a plan of £3.5m giving an in-month over-performance of £0.5m. The YTD position is £7.7m against a plan of £16.1m showing an under-performance of £8.4m. The main underspends are against MEOC of £1.3m and BEV of £5.9m. A revised cashflow for both MEOC and BEV shows current spend is in line with expectations.

Cash

The cash balance at the end of August was £14.9m (July: £17.9m), meaning cash has decreased by £3.0m in the month driven by the Trust's deficit position offset by delays in the Trust's capital

programme. This month there has been continued focus on maximising available cash and deferring levels of payment by one week which has impacted on the Trust's performance against Better Payment Practice Code (BPPC).

The Trust is due to receive in September its first request of central cash of £6.3m. The Quarter 3 request for national cash support was submitted on the 13 September in line with the national timetable. This includes a total cash request of £25m in line with the Trust's deficit to the end of January. The Board is asked to formally agree its support for this national request which requires Board approval/support.

If the financial plan is not achieved including ERF this would impact on the amount of funding needed from the central team. We will keep this position under review and keep the Board updated on this throughout the year.

CIPs

In month, the Trust has delivered £2.2m of savings versus the plan submitted to NHSE of £1.8m and therefore is £0.4m favourable to plan. YTD the Trust has delivered £6.4m of savings versus the plan submitted to NHSE of £4.9m and is therefore favourable to plan by £1.5m. Whilst the Trust is ahead of plan at this point, the phasing of the CIP programme has started to increase in Q2 and will significantly increase in Q3. Significant work is underway to identify further opportunities to meet the full year target of £22.1m.

Forecast

As we come towards the middle of the budget year, we have commissioned a bottom-up forecast from Divisions working with finance over the next month. The results of this are planned to be presented to F&P at its October meeting. Whilst this more detailed work is being completed, a top-level draft forecast based on the current year to date financial position has been completed.

Overall whilst this top-level forecast shows the Trust is currently forecasting to deliver plan at a £26.8m deficit, this is not without significant risk as shown in the worst case with a potential position of a £38.9m deficit. Key assumptions including the unknown position on ERF income and adjustments for industrial action or not. Therefore, increased focus needs to continue delivery of the CIP programme, grip and control and delivery of the Trust's activity plan. For without this the Trust is at risk of not delivering its financial plan. It should also be noted this is a top-level forecast at this point before the more detailed work is undertaken.

2309 - E3 DIRECTORATE OF RECOVERY, INNOVATION & TRANSFORMATION UPDATE

Discussion Item | Jon Sargeant, Director of Recovery, Innovation & Transformation | 11

10 minutes

REFERENCES

Only PDFs are attached

E3 - Directorate of Recovery, Innovation & Transformation Update.pdf

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page					
Meeting Title:	**Board of Directors**				
Meeting Date:	26 September 2023	**Agenda Reference:**	**E3**		
Report Title:	Recovery, Innovation & Transformation Update				
Sponsor:	Jon Sargeant, DCEO, CFO & Director Recovery, Innovation & Transformation (RIT)				
Author:	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure				
Appendices:	None				
Executive Summary					
Purpose of report:	To provide an update on the progress by the Recovery, Innovation and Transformation Directorate.				
Summary of key issues:	This report provides an update on the work of the RIT Directorate including: • Quality Improvement & Innovation • Capital inc Complex Schemes • Green Plan • Health Inequalities • Performance/POSM				
Recommendation:	Members are asked to receive this report.				
Action Require:	~~Approval~~	**Information**	~~Discussion~~	**Assurance**	~~Review~~
Link to True North Objectives:	**TN SA1:** ***To provide outstanding care for our patients***	**TN SA2:** ***Everybody knows their role in achieving our vision***	**TN SA3:** *Team DBTH feels valued and feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*	

Implications			
Board assurance framework:			
Corporate risk register:			
Regulation:	None		
Legal:	None		
Resources:	None		
Assurance Route			
Previously considered by:	These papers have previously been considered by TEG		
Date:	N/A	**Decision:**	N/A
Next Steps:	N/A		
Previously circulated reports to supplement this paper:	N/A		

1. INTRODUCTION

This paper outlines the progress with the work of the RIT Directorate since the last update. Work on complex capital schemes continues at pace with updates provided for Bassetlaw Emergency Village and Montagu Elective Orthopaedic Centre (MEOC). Updates are provided relating to the Green Plan and Health Inequalities Strategy development progress, alongside Quality Improvement and Innovation,

2. QUALITY IMPROVEMENT & INNOVATION

The Improvement team engaged with 874 people (45 from outside DBTH) and worked with 28 teams on improvement projects in 2022-23. The projects detailed on this report 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. Since April 2023 the team have engaged in Qii conversations with **629 people** (including training) and across **14** new teams / projects. There are currently **67 active Qi projects** registered on the DBTH Qi database with 13 new requests.

Quality Improvement & Innovation Strategy

The previous Qii Strategy was due to be refreshed after 2022. The current draft Qii Strategy is being realigned to incorporate the newly published NHS approach to improvement (published 19th April 2023).

3. CAPITAL INC. COMPLEX SCHEMES

Bassetlaw Emergency Village (BEV)

The BEV scheme received approval on the 27 June with the Memorandum of Understanding (MOU) and cash approvals being agreed and signed on the 30 June.

Progress on BEV interior design work continues and includes detailed designs for the Children's Assessment Unit area which are now being discussed with staff stakeholder groups. The interior design theme is also now being applied to the emergency village areas and we await detailed graphics to be presented by the architect's design team. Work is ongoing to programme the decant, mobilisation and operationalisation of the BEV once built, and the second phase of the scheme which is to refurbish the existing ED areas. A further phase will be to establish Same Day Emergency Care (SDEC), although funding for this falls outside of the BEV project.

Key Events and milestones in period:

- Final notification of approval of Full Business Case received on 27th June 2023
- Groundworks and steel erection are well underway.
- Blue light route re-located and live on 26th June 23
- The ground breaking ceremony took place on 13th July 23
- New build due for completion 5th August 2024

Montague Elective Orthopaedic Centre (MEOC)

Whilst population of the overall governance structure was delayed, the project team which prepared the business case have continued to make progress where possible. Key areas include:

- The construction and commissioning of the MEOC facility are on track for completion by 18 December 2023 and 22 December 2023, respectively. We aim to officially open and admit our first patient on 8 January 2024. However, logistical challenges during the Christmas break, combined with delays in establishing our governance structure and project team, together with complexities relating to theatre rota planning and staffing model agreement might impact this target date.

- We have secured appointments for the Operations and Human Resources Lead roles, but delays have arisen due to annual leave and start dates.
- Our theatre rotas, categorised by surgeon, limb, procedure, day, and theatre, are near completion but are roughly four weeks behind schedule. Finalising these rotas is essential as it directly affects our instrument procurement process. This is a complex process as it requires agreement of the rotas across the three trusts both in terms of theatre slots within MEOC and the impact of this on the host trust's theatre planning.
- A primary concern is timely recruitment of clinical staff to ensure they are trained and ready by the January 2024 opening date. Our staffing model is well underway but senior clinicians have registered concerns regarding the safety of delivering surgical procedures on a cold site with an overnight stay without on-site medical cover. This has impacted on the type and number of staff we plan to recruit, which in turn affects our forecast operating budget. Work is progressing to address these issues with job descriptions being developed and initial posts being put through vacancy control.

The main risk to the project remains recruitment of anaesthetic and theatre scrub staff without destabilisation of existing host services. Overseas recruitment of nurses is being implemented with potential to include nurses with theatre training.

4. GREEN PLAN

Climate Change Risk Assessment & Adaptation Planning

Climate change has the potential to cause significant disruption to the way in which many organisations operate in the future. The severity of this risk is evident by the legal requirement that the Climate Change Act (2008) places on the UK Government to 'assess the risks for the UK from the current and predicted impacts of climate change'.

The NHS is one of the organisations most at risk of the adverse effects of climate change. Consequently, climate change risk assessment forms a key part of the national sustainability agenda and the Trust's own Green Plan. Evidence of the changing climate in England is detailed below.

Variable	Observed Change (England)
Average annual temperature	+ 0.9°C from 1970's to present day
Average mean rainfall	+ 4.5% from 1970's to present day
Sunshine	+9.2% from 1970's to present day
Sea level rises	UK wide increase of 16cm from 1901

Table 1: Climate Change in England (From the UK Climate Change Risk Assessment Technical Report)

There is also evidence of an increased prevalence of extreme weather events such as heatwaves and flooding, and examples of both such events have adversely affected the Trust in recent years. The age of DBTH's estate, particularly at DRI, exacerbates the impact of these events and limits the ability of the Trust to respond.

As a result, it is essential that adaptation planning also forms part of the climate change risk assessment process. Adaptation refers to the adjustment of processes, systems, and infrastructure to limit the adverse impact of a changing climate to ensure the continuity of essential services and a safe environment for patients, visitors, and staff.

The Trust recently participated in a pilot scheme with NHS England on the introduction of a new climate change risk assessment and adaptation tool, providing templates and guidance that target a uniform data driven approach to climate change risk assessment and adaption planning throughout the NHS. Estates and Facilities are currently populating the tool with as much data as they can before linking in with the Trust's Emergency Planning Preparedness Resilience and Response (EPRR) team other key stakeholders to finalise the assessment.

Once complete, the risk assessment and adaptation plan are anticipated to act as an important resource to help influence future investment and operational decision making within the Trust.

Green Champions

As part of the communication strategy for the Trust's Green Plan, colleagues with a passion for sustainability have been asked to volunteer as Green Champions. The intention of this initiative is to help colleagues understand practical changes that they can implement at a local level that have a genuine positive impact on the Trust's approach to sustainability.

The aim is also to demonstrate that whilst the Green Plan is a comprehensive document encompassing several strategic initiatives, individuals and small teams can also have a significant impact on sustainability.

Examples of people who have already demonstrated this are now being published on the Hive to encourage others to come forward and share examples of initiatives that they may already be working on or that they would like to introduce within their own departments. Further information on Green Champions is available on the Hive https://extranet.dbth.nhs.uk/the-dbth-green-plan/

5. HEALTH INEQUALITIES

We have been working on amending the DBTH Tackling Health Inequalities Strategy based on the feedback we received during the Finance & Performance Committee and from partners in both Doncaster and Bassetlaw place. We are currently also in the process of developing an Action Plan which will sit alongside the strategy document. We are aiming for the final version of the strategy and the action plan to be completed by the end of Q2, for approval by Trust Board.

The team have met with the Director of Education and Research to explore the opportunities for developing a DBTH health inequalities training package in line with one of our three key actions which we have committed to take over the next 12 months as requested by Doncaster Place Committee.

We have also been involved in conversations about the current alcohol and substance misuse offer at DBTH, how this can be improved within the current financial envelope and how the Healthy Hospitals Programme team and alcohol and substance misuse team can work more collaboratively. There are plans to set-up a DBTH steering group (which the HI (Health Inequalities) team will be represented) once the ICB (Integrated Care Board) offer has been clarified.

6. PERFORMANCE/POSM MEETINGS

Discussions over the last month have focussed on the following areas:

Children and Families

Issue – Under performance of diagnostic standard in urodynamics
Next steps – Division to provide a trajectory for improvement.

Medicine

Issue – Relocation of wards 25 and 17 to support patient flow.
Next steps – Chief Operating Officer and Chief Nurse to meet and discuss the proposal.

Issue – Expected decline in echo diagnostic performance due to reduced staffing from September 2023.
Next Steps – Plan to recover to be taken to the additional session forum.

UEC (Urgent and Emergency Care)

Issue – Services aligned with Medicine division are included in UEC financial information leading to an incorrect financial position for UEC.
Next steps – Finance to recalculate position.

Issue – Significant changes due in leadership / senior management team
Next steps – Executive team to monitor and support.

7. CONCLUSION

The committee is asked to note the progress across the work of the RIT directorate.

Jon Sargeant
CFO and Director Of RIT
September 2023.

2309 - E4 OPERATIONAL PERFORMANCE UPDATE

Discussion Item | Denise Smith, Chief Operating Officer | 11:45

10 minutes

REFERENCES

Only PDFs are attached

E4 - Operational Performance Update.pdf

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**E4**
Report Title:	**Operational Performance Update**		
Sponsor:	Denise Smith, Chief Operating Officer		
Author:	Paul Mapley, Efficiency Director Suzanne Stubbs, Deputy Chief Operating Officer		
Appendices:			
Purpose of report:	This report details Trust performance against the national access standards, summarises the key factors driving any underperformance, the actions in place to improve performance and any risks to delivery.		
Summary of key issues:	**Operational Context – Headlines of data trend analysis** • ED activity remains high in comparison to the previous 4 years with most of the increase in the minors and paediatric pathways • The Trust was impacted by the Junior Doctor strike (11th to 15th August) and Consultant strike (24th to 26th August). Elective activity was cancelled during this time in a number of areas to support the provision of safe services. • The performance report is presented in this operational context. **Emergency Care** • **4 Hour access –** in August 2023 the Trust delivered 67.9% performance against national standard of 95%; a decrease from the July 2023 position of 68.2%. • **12 Hour waits –** in August 2023 3.2% of patients waited in the Emergency Department > 12 hour waits from time of arrival • **Ambulance handover –** In August 2023 55.30% of ambulance handovers took place within 15 minutes, 81.45% took place within 30 minutes and 93.86% took place within 60 minutes. **Elective Care** • **65 Week Breaches –** In August 2023, the Trust reported 299 breaches, an increase from 244 in July 2023. • **104 week waits –** At the end of August 2023, there were 0 patients waiting over 104 weeks. • **Referral To Treatment (RTT) -** In August 2023, the Trust delivered 62.8% performance within 18 weeks, below the 92% standard. This position is an deterioration from July 2023 (64.1%) and is still being affected by staffing issues. • The total waiting list increased during August 2023 to 54,176. The previous position in July was 53,177. **Diagnostics -** In August 2023, the Trust achieved 61.4% against a target of 99%. This is a decrease in performance from 72.6% in July 2023. The Trust remains an outlier in Diagnostic waiting times. **Cancer waiting times**		

	• **Faster Diagnosis Standard –** In March 2023 the Trust achieved the FDS standard with performance of 80.5% • **31 Day Standard –** in March 2023 3 out of 3 nationally reported measures were achieved. • **62 Day Standard –** in March 2023 0 out of 2 nationally reported measures were achieved. • **2 Week Wait –** In March 2023 0 out of 2 nationally reported measures were achieved

Action Required:	~~Approval~~	~~Information~~	**Discussion**	**Assurance**	~~Review~~

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*

Implications	
Board assurance framework:	
Corporate risk register:	
Regulation:	
Legal:	
Resources:	

Assurance Route			
Previously considered by:	None		
Date:		**Decision:**	
Next Steps:	Present to Trust Board September 2023		
Previously circulated reports to supplement this paper:			

1. Introduction

This paper details Trust performance against the national access standards, summarises the key factors driving any underperformance, the actions in place to improve performance and any risks to delivery.

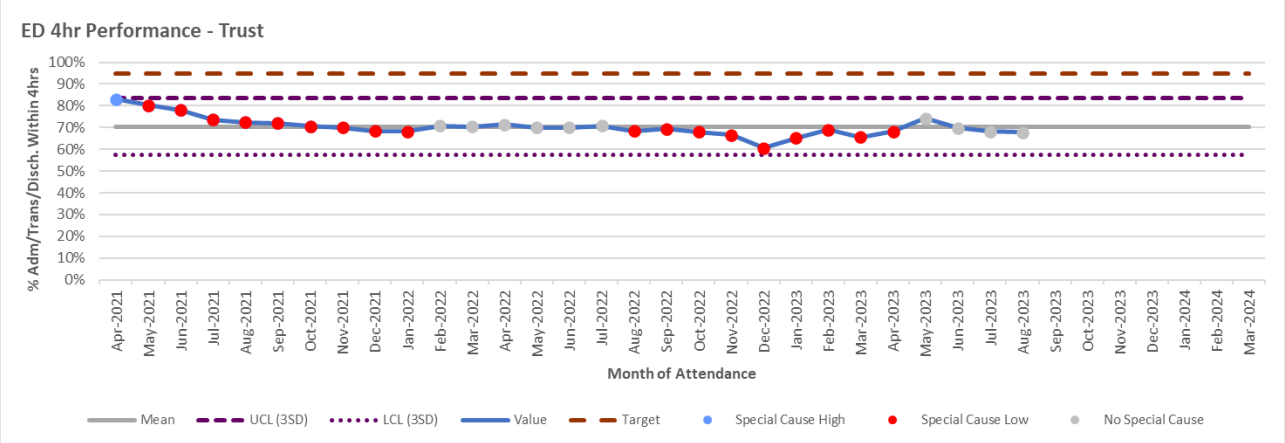
2. Background

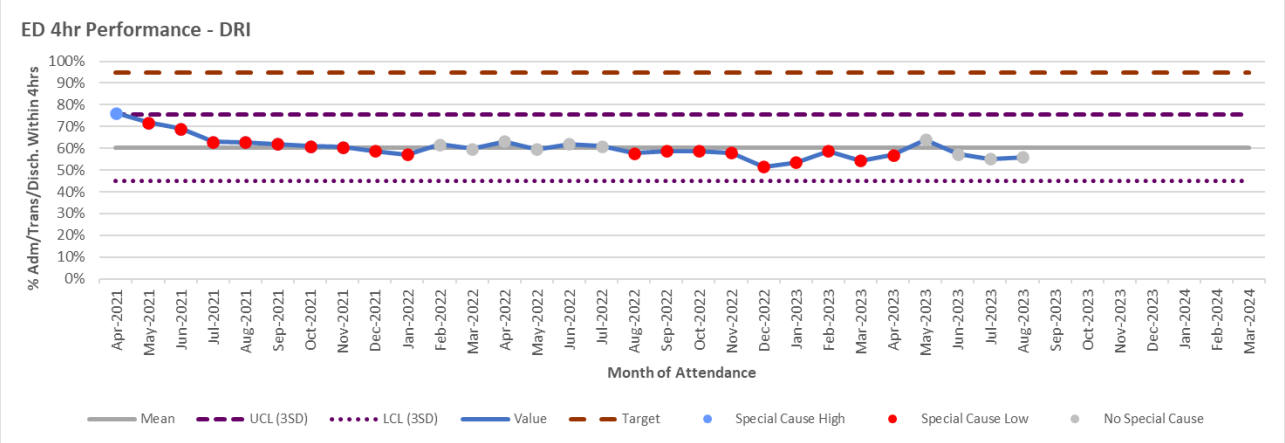
The NHS Standard Contract (2023/24) sets out the national quality requirements; these include waiting times for urgent and emergency care, diagnostics, elective care and cancer services.

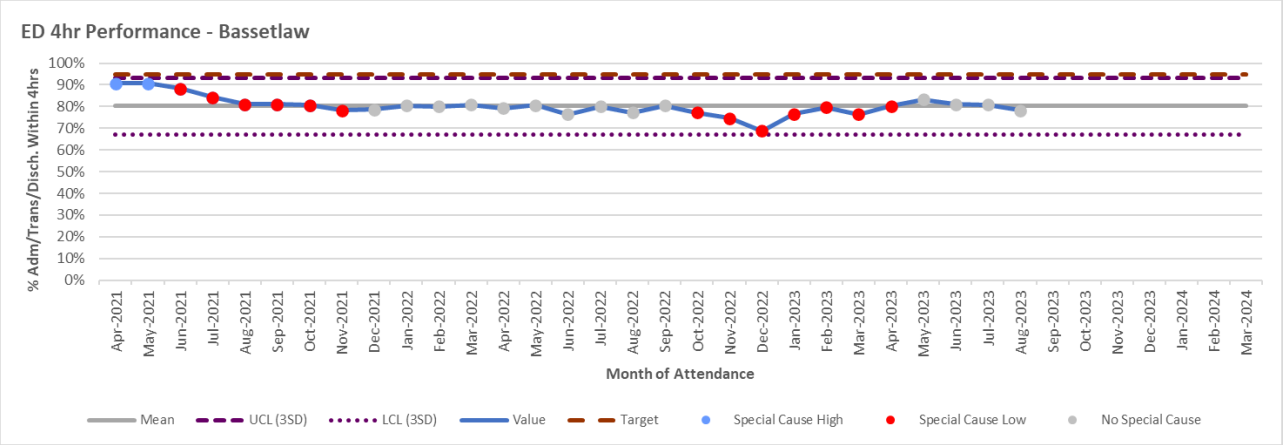
The NHS Priorities and Operational Planning Guidance summarises the national objectives for 2023/24, these include waiting time standards for urgent and emergency care, diagnostics, elective care and cancer services.

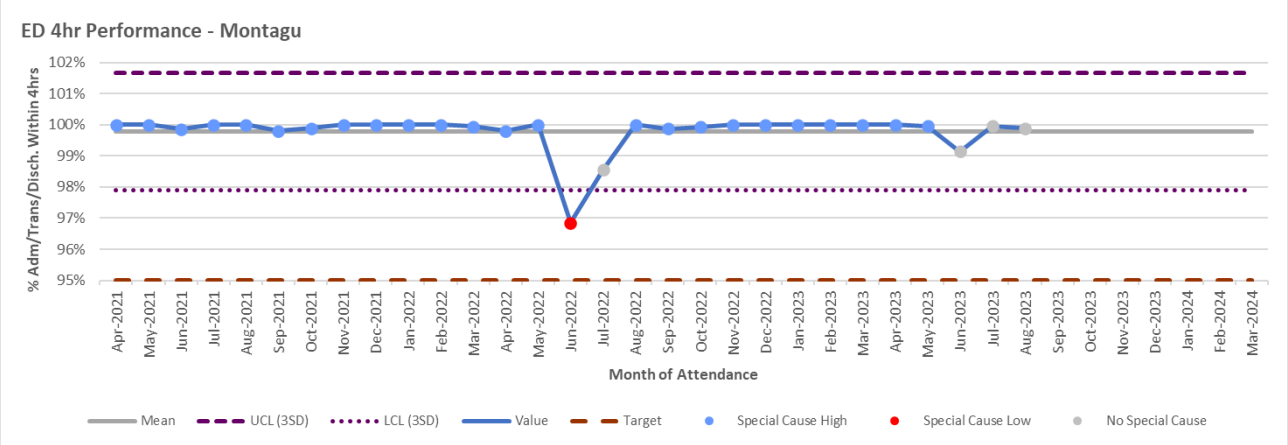
3. Emergency Care

3.1 Emergency access within 4 hours









Performance summary:

Trust wide 4-hour performance was 67.85% in August 2023, a reduction in performance from 68.22% in July 2023. The Trust's performance was second in the region and remains in the second quartile nationally with national performance of 70.8% for the month of August.
Trust - In August 2023 there were 16,262 attendances to the Trust Emergency Department (ED), of these 5,229 were in the Department over four hours before admission, discharge, or transfer. Performance was 67.85% against a standard of 95%

Bassetlaw – In August 2023 there were 5,045 attendances to BDGH ED, of these 1100 were in the Department over four hours before admission, discharge, or transfer. Performance was 78.20%.

Doncaster – In August 2023 there were 9,389 attendances to DRI ED, of these 4,127 were in the Department over four hours before admission, discharge, or transfer. Performance was 56.02%.

Montagu – In August 2023 there were 1,834 attendances to Montagu Minor Injuries Unit, of these 2 were in the Department over four hours before admission, discharge, or transfer. Performance was 99.89%.

Key issues (new issues in red):

- Waiting for assessment in ED continues to be the reason patients wait longer than 4 hours in August 2023 (69%, of breaches) with the second highest cause being the delay in patients leaving the department to be admitted to a bed (19% of breaches).
- Multiple factors are causing delays associated with waiting for assessment; including a change in skill mix of the medical and nursing workforce due to newly recruited staff following a period of high vacancies and agency usage and multiple processes in patient pathways on arrival.

- Reduced streaming: streaming to alternative disposition including the urgent treatment centre has decreased to 12.89% in August 2023, and remains below the target of 20%. This is primarily due to the change in skill mix of the nursing workforce and patients returning to ED after streaming.
- Staffing challenges due to consultant and junior doctor industrial action and high levels of sickness also impacted performance in August 2023.

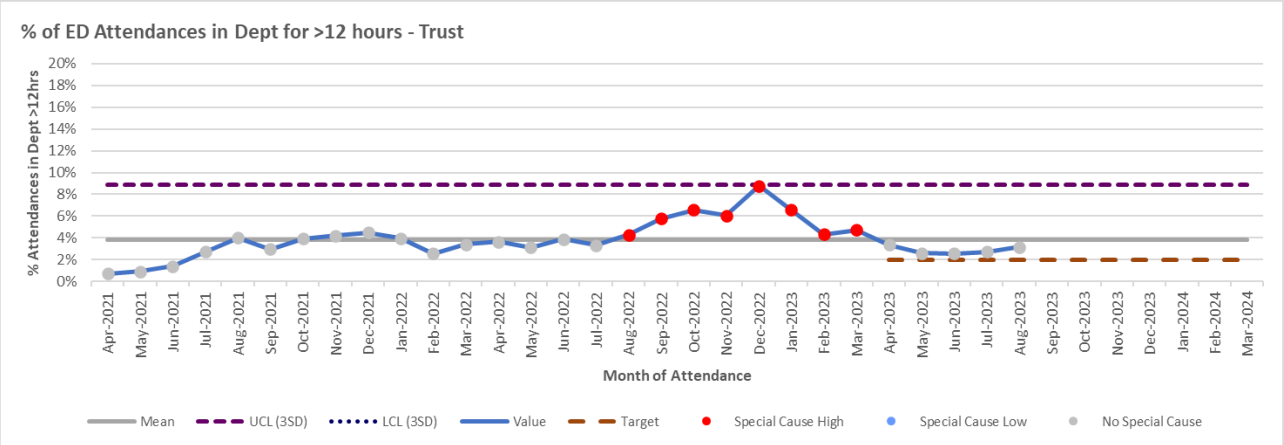
Key actions (new actions in green):

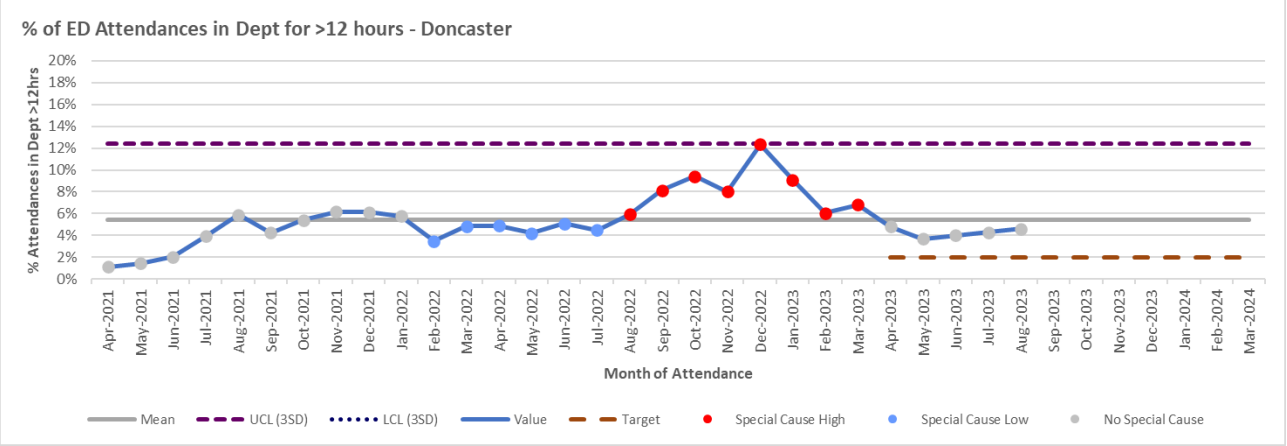
- Mitigation is in place to reduce the delays, where possible, through 2 hourly board rounds led by the Emergency Consultant in Charge and Nurse in Charge. This allows the team to be reallocated across the department according to demand, and 'surge' senior staffing in areas where a surge in activity occurs.
- A key priority in the UEC improvement programme is the redesign of the front door to ensure a streamlined, simple and consistent offer to patients.
- Planning for September 2023, industrial action has already commenced with lessons taken forward from previous planning processes.

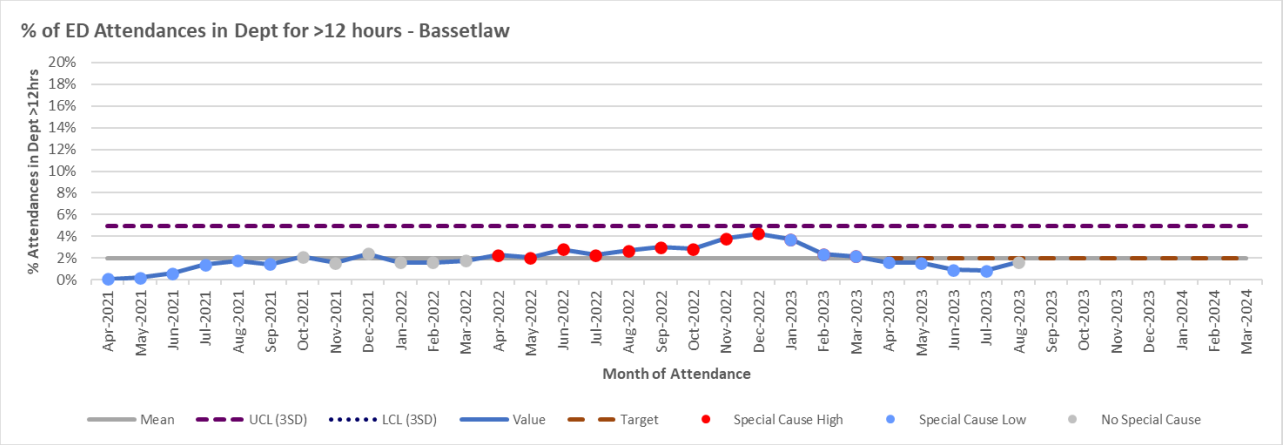
Key risks to delivery:

- Recruitment, retention and training of ED workforce to ensure the department achieves the level of skill required to see and treat patients in a timely manner.
- Continued periods of industrial action
- Delays to the delivery of the UEC improvement programme

3.2 Emergency access within 12 hours







Performance summary:

Trust wide 12-hour performance was 3.17% in August 2023, a slight reduction in performance from 2.73% in July 2023. The Trust's is in the first quartile nationally with national performance of 6.1% for the month of August.
Trust - In June 2023, there were 515 patients in ED > 12 hours from arrival (3.17% of attendances).

Bassetlaw – In June 2023, there were 83 patients in ED > 12 hours from arrival at Bassetlaw ED (1.65% of attendances)

Doncaster – In June 2023, there were 432 patients in ED > 12 hours from arrival to Doncaster ED (4.60% of attendances)

Montagu – in August 2023, there were 0 (zero) patients in ED > 12 hours from arrival to Montague Minor Injuries Department (0% of attendances).

Key issues (new issues in red):

- 26.7% of patients waiting over 12 hours in ED were waiting for a medical bed.
- Time to see an ED doctor and time taken for a review by ED doctor are the next two contributing factors on performance.

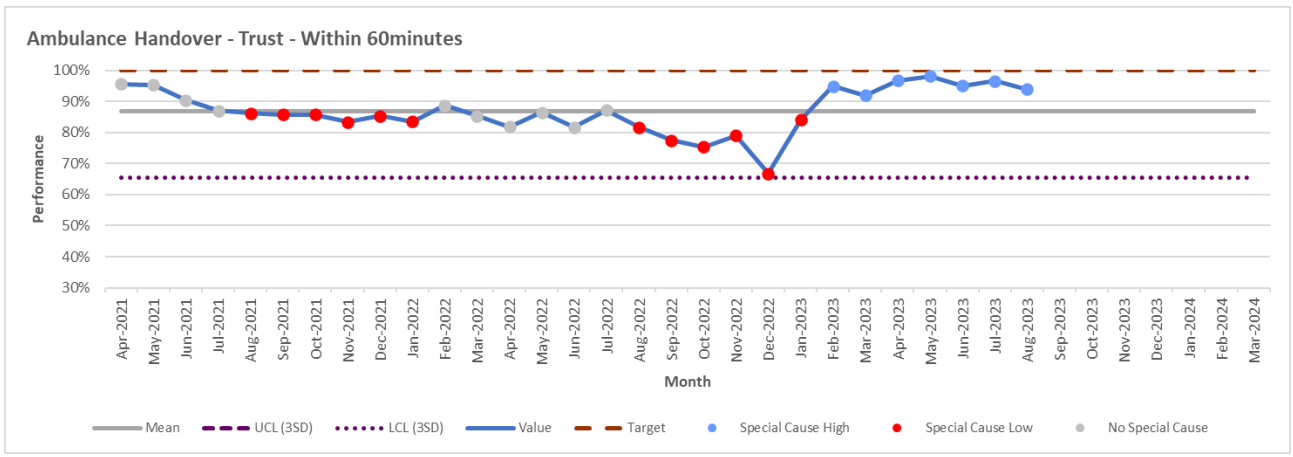
Key actions (new actions in green):

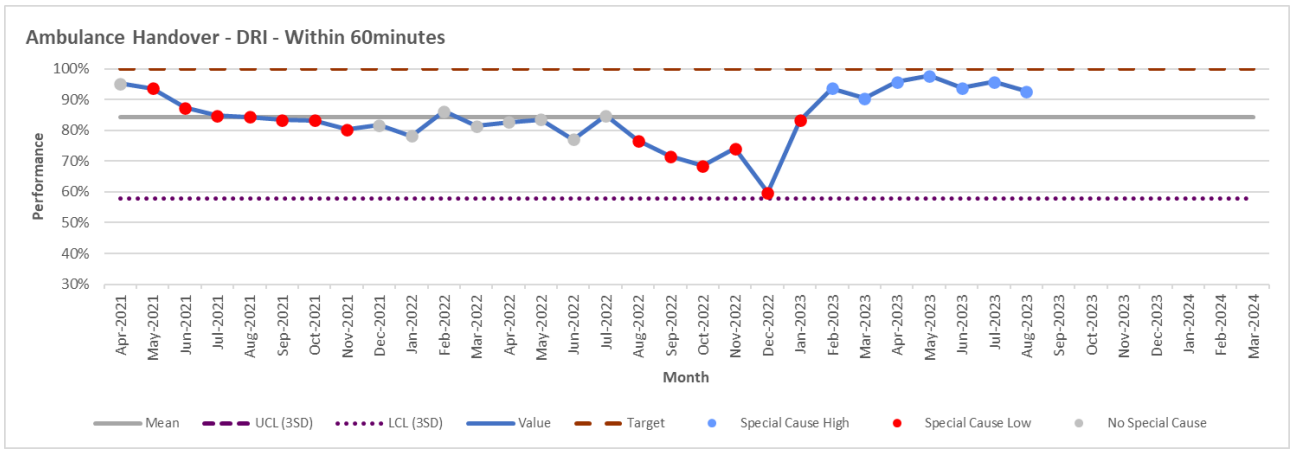
- Increase in patient flow team in ED, to support timely requests and reviews of tests, support discharges from the department and to link with assessment areas.
- A review of roles and responsibilities between Emergency Department and Acute Medical Unit has taken place to ensure patients move to assessment units in a timely manner rather than wait for assessment in ED.
- The UEC improvement programme will include improvement initiatives for ward / board rounds and discharge processes across key wards.

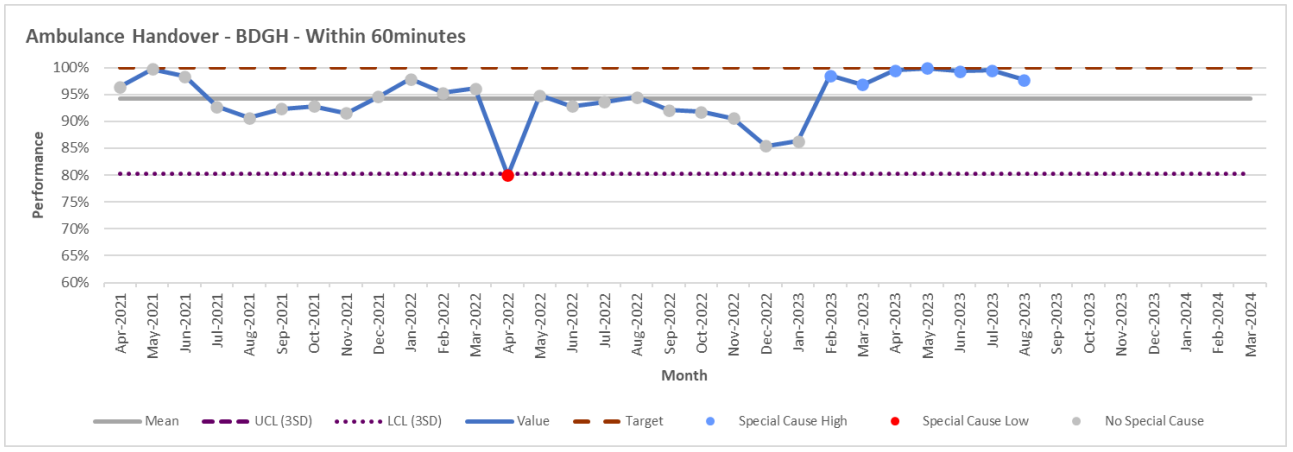
Key risks to delivery:

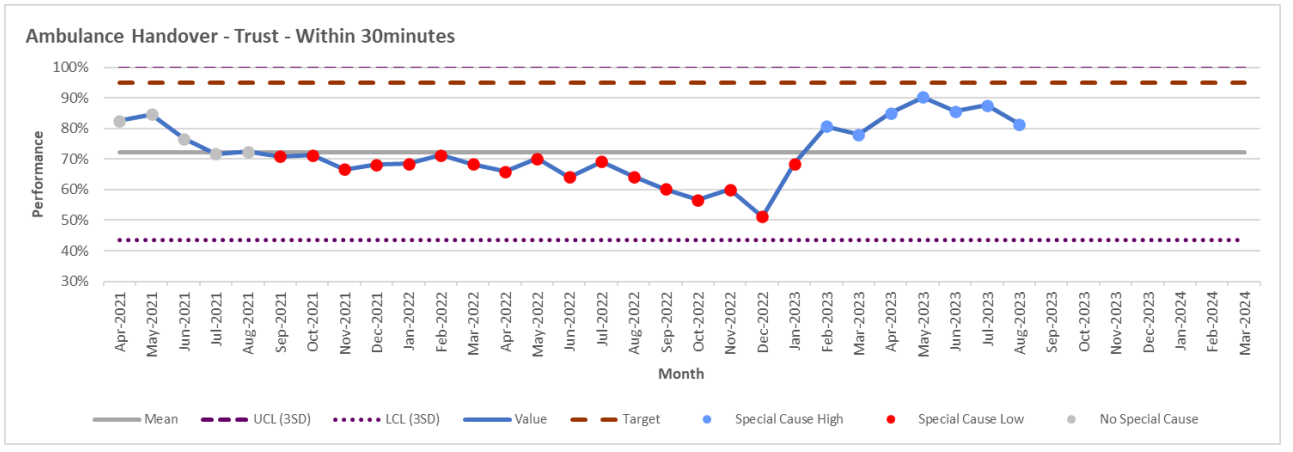
- Continued periods of industrial action
- Delays to the delivery of the UEC improvement programme

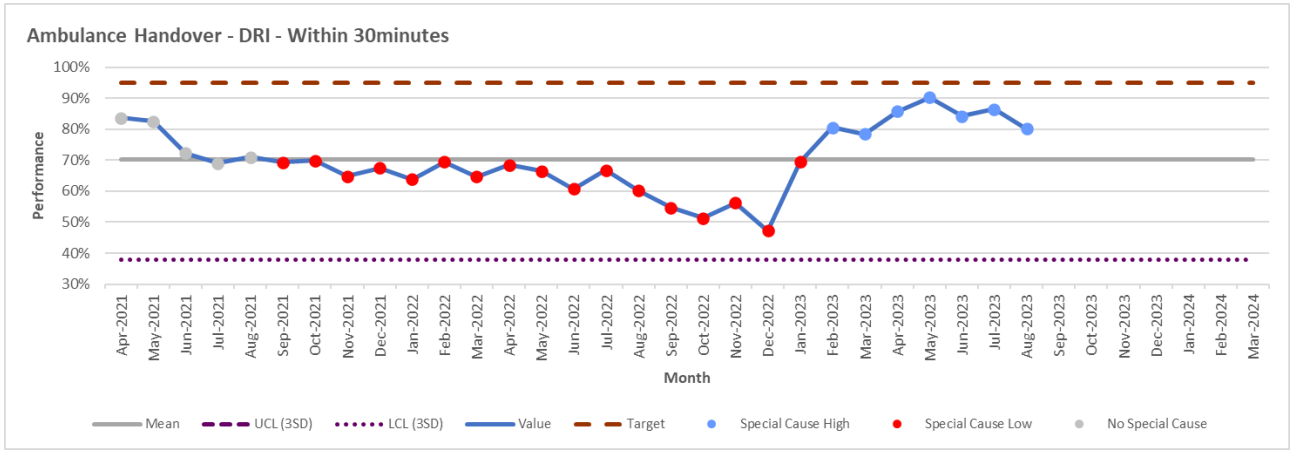
3.3 Ambulance handover

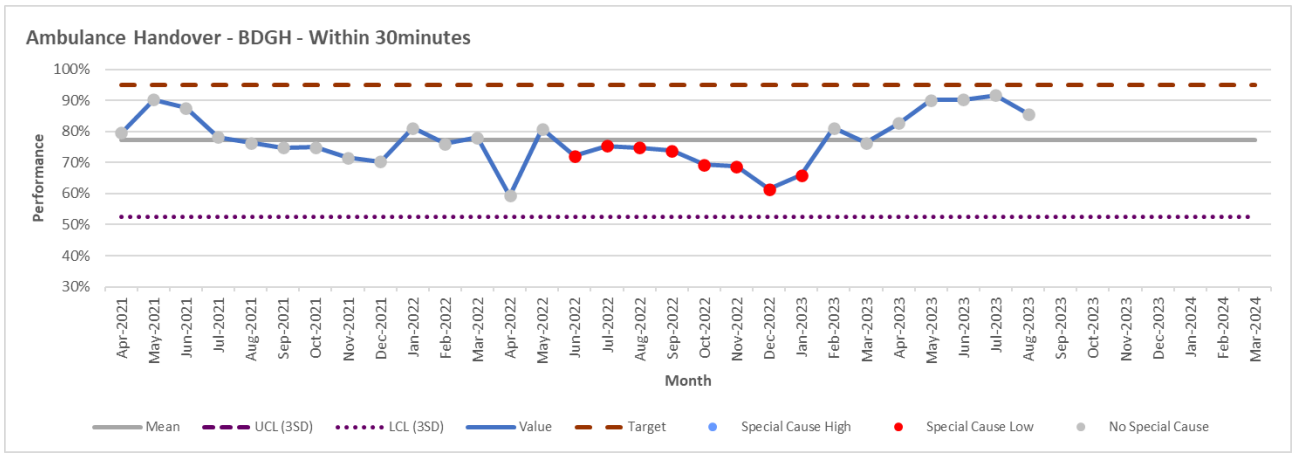

Ambulance Handover - Trust - Within 60minutes
Performance
100%
90%
80%
70%
60%
50%
40%
30%
Apr-2021 May-2021 Jun-2021 Jul-2021 Aug-2021 Sep-2021 Oct-2021 Nov-2021 Dec-2021 Jan-2022 Feb-2022 Mar-2022 Apr-2022 May-2022 Jun-2022 Jul-2022 Aug-2022 Sep-2022 Oct-2022 Nov-2022 Dec-2022 Jan-2023 Feb-2023 Mar-2023 Apr-2023 May-2023 Jun-2023 Jul-2023 Aug-2023 Sep-2023 Oct-2023 Nov-2023 Dec-2023 Jan-2024 Feb-2024 Mar-2024
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause

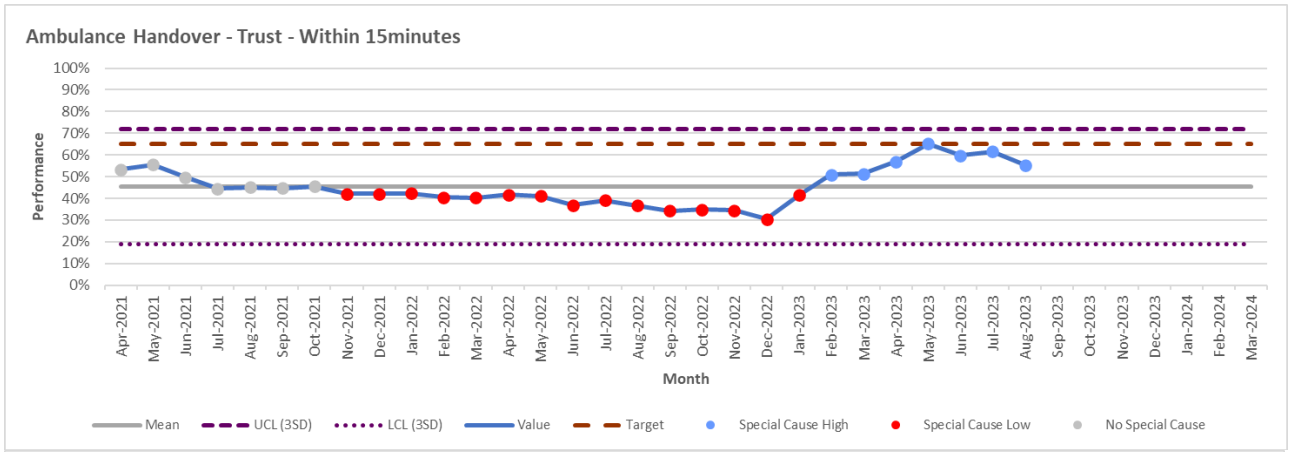

Ambulance Handover - DRI - Within 60minutes
Performance
100%
90%
80%
70%
60%
50%
40%
30%
Apr-2021 May-2021 Jun-2021 Jul-2021 Aug-2021 Sep-2021 Oct-2021 Nov-2021 Dec-2021 Jan-2022 Feb-2022 Mar-2022 Apr-2022 May-2022 Jun-2022 Jul-2022 Aug-2022 Sep-2022 Oct-2022 Nov-2022 Dec-2022 Jan-2023 Feb-2023 Mar-2023 Apr-2023 May-2023 Jun-2023 Jul-2023 Aug-2023 Sep-2023 Oct-2023 Nov-2023 Dec-2023 Jan-2024 Feb-2024 Mar-2024
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause

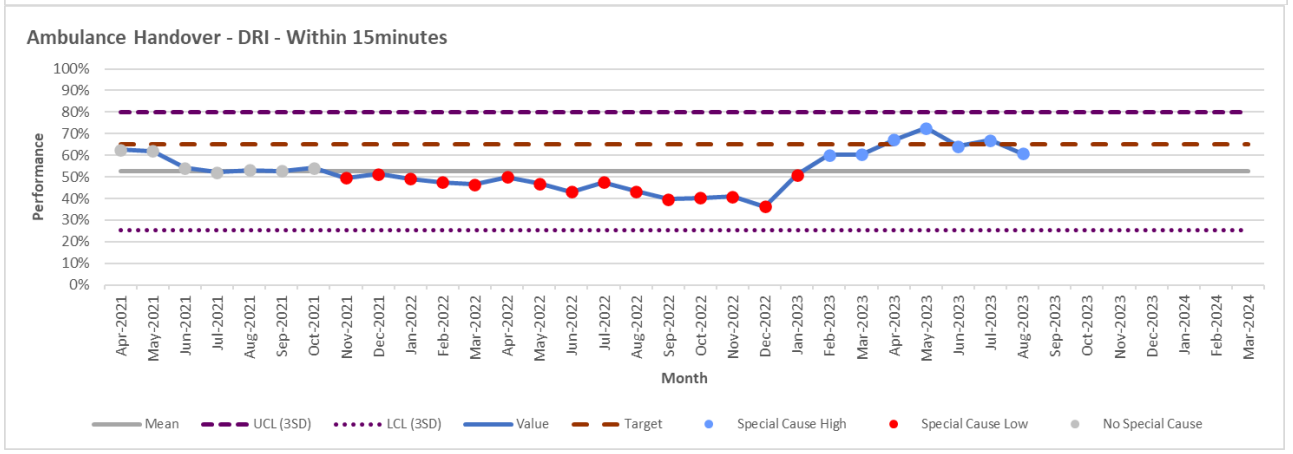

Ambulance Handover - BDGH - Within 60minutes
Performance
100%
95%
90%
85%
80%
75%
70%
65%
60%
Apr-2021 May-2021 Jun-2021 Jul-2021 Aug-2021 Sep-2021 Oct-2021 Nov-2021 Dec-2021 Jan-2022 Feb-2022 Mar-2022 Apr-2022 May-2022 Jun-2022 Jul-2022 Aug-2022 Sep-2022 Oct-2022 Nov-2022 Dec-2022 Jan-2023 Feb-2023 Mar-2023 Apr-2023 May-2023 Jun-2023 Jul-2023 Aug-2023 Sep-2023 Oct-2023 Nov-2023 Dec-2023 Jan-2024 Feb-2024 Mar-2024
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause

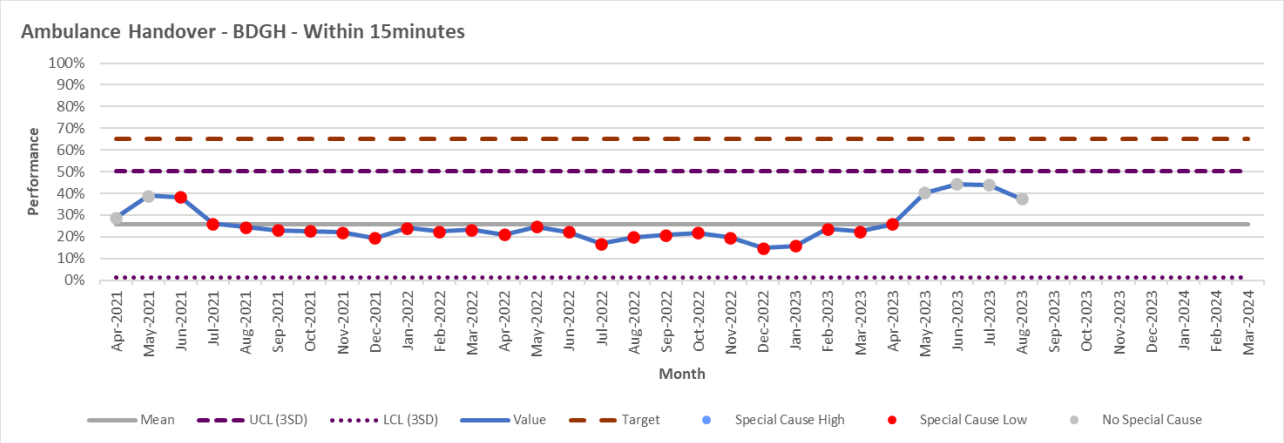

Ambulance Handover - Trust - Within 30minutes
Performance
100%
90%
80%
70%
60%
50%
40%
30%
Apr-2021 May-2021 Jun-2021 Jul-2021 Aug-2021 Sep-2021 Oct-2021 Nov-2021 Dec-2021 Jan-2022 Feb-2022 Mar-2022 Apr-2022 May-2022 Jun-2022 Jul-2022 Aug-2022 Sep-2022 Oct-2022 Nov-2022 Dec-2022 Jan-2023 Feb-2023 Mar-2023 Apr-2023 May-2023 Jun-2023 Jul-2023 Aug-2023 Sep-2023 Oct-2023 Nov-2023 Dec-2023 Jan-2024 Feb-2024 Mar-2024
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause


Ambulance Handover - DRI - Within 30minutes
Performance
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause


Ambulance Handover - BDGH - Within 30minutes
Performance
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause


Ambulance Handover - Trust - Within 15minutes
Performance
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause


Ambulance Handover - DRI - Within 15minutes
Performance
Month
Mean
UCL (3SD)
LCL (3SD)
Value
Target
Special Cause High
Special Cause Low
No Special Cause



Ambulance handover within 15 minutes deteriorated from 61.55% in July 2023 to 55.30% in August 2023.

Ambulance handover within 30 minutes deteriorated from 87.62% in July 2023 to 81.45% in June 2023.

Ambulance handover within 60 minutes deteriorated from 96.64% in July 2023 to 93.86 in August 2023.

Key issues (new issues in red):

- The performance analysis shows the impact on ambulance delays are at times when the department is over capacity.
- Bassetlaw's lack of capacity to off load ambulances is a limiting factor in turnaround times as well as continuing delays in crews pinning out.

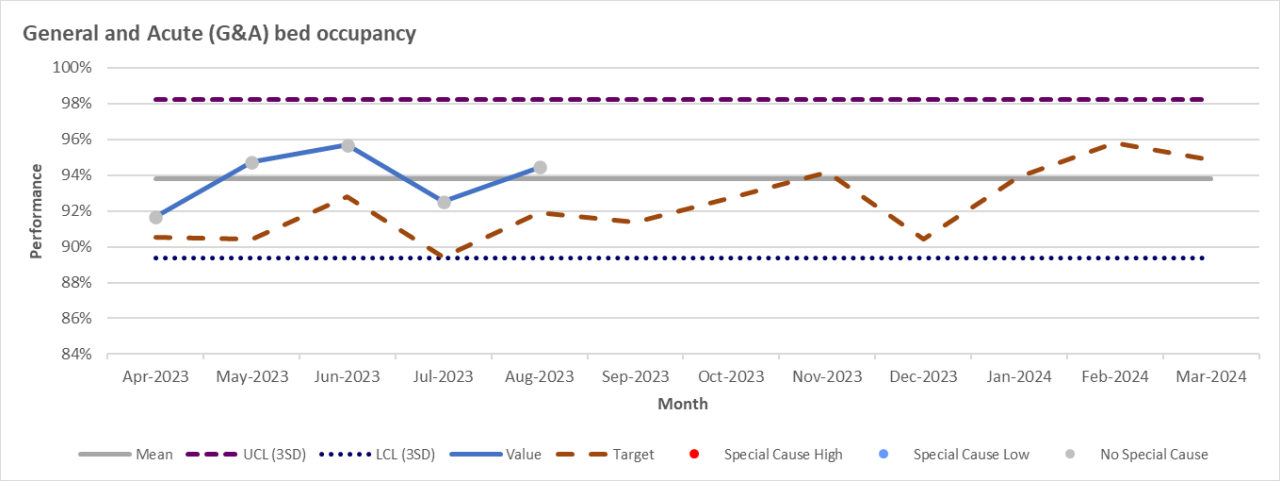
Key actions (new actions in green):

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

Key risks to delivery:

- Continued periods of industrial action
- Delays to the delivery of the UEC improvement programme

3.4 General and Acute (G&A) bed occupancy



Performance summary:

Bed occupancy increased to 94.4% in month an increase from 92.5% in July. This is 2.5% higher than trajectory.

Key issues (new issues in red):

- Low numbers of patients on virtual wards, 46 patients were admitted to the virtual ward in August.
- Delays in supported discharges due to lack of capacity and process delays.

Key actions (new actions in green):

- Joint virtual ward meeting structure with RDASH, chaired by Deputy Chief Operating Officer
- Capacity and demand review looking at gaps in service and capacity in social care workforce

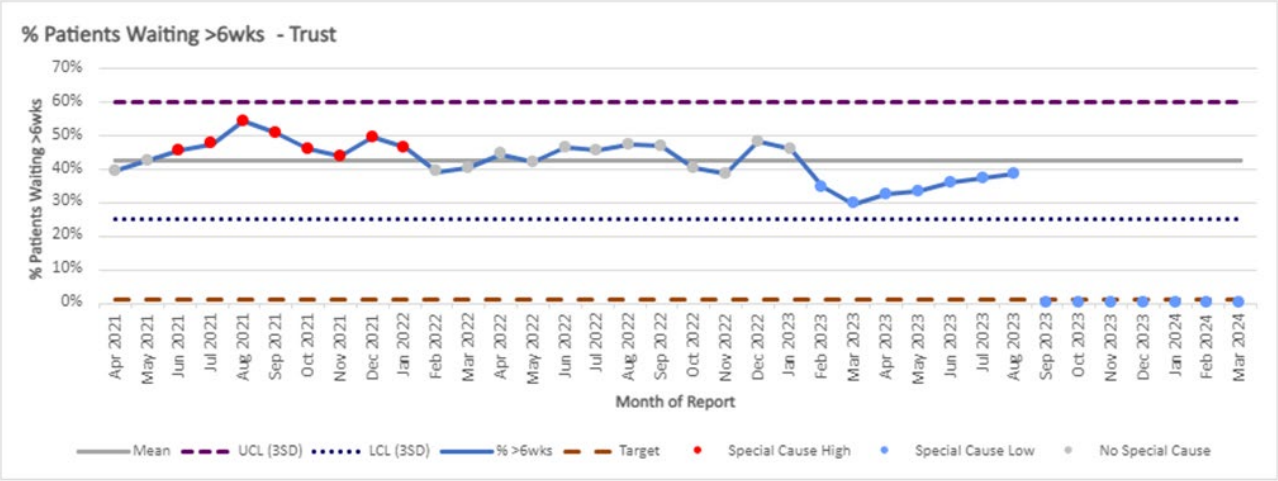
Recovery forecast:

As shown in the trajectory above.

Key risks to delivery:

- Under utilisation of virtual ward capacity
- Delays to discharge for patients on discharge pathways 1 – 3

4. Diagnostic waiting times



	Mar 2023			Apr 2023			May 2023			Jun 2023			Jul 2023			Aug 2023		
	WL	>6wks	%>6wks	WL	>6wks	%>6wks	WL	>6wks	%>6wks	WL	>6wks	%>6wks	WL	>6wks	%>6wks	WL	>6wks	%>6wks
Magnetic Resonance Imaging	2,923	950	32.5%	2,881	1,201	41.7%	3,279	1,424	43.4%	3,663	1,679	45.8%	3,577	1,721	48.1%	3,683	1,815	49.3%
Computed Tomography	1,316	16	1.2%	2,297	74	3.2%	2,830	395	14.0%	3,207	880	27.4%	3,179	1,203	37.8%	3,203	1,508	47.1%
Non-Obstetric Ultrasound	3,093	354	11.4%	2,095	249	11.9%	2,003	182	9.1%	2,271	86	3.8%	2,451	44	1.8%	3,055	38	1.2%
Barium Enema	0	0		0	0		0	0		0	0		0	0		0	0	
Dexa Scan	981	557	56.8%	972	552	56.8%	952	566	59.5%	909	490	53.9%	798	361	45.2%	842	415	49.3%
Audiology - Audiology Assessments	1,806	1,428	79.1%	1,860	1,521	81.8%	1,888	1,496	79.2%	1,921	1,648	85.8%	1,856	1,659	89.4%	2,082	1,745	83.8%
Cardiology - Echocardiography	378	35	9.3%	396	49	12.4%	395	70	17.7%	371	22	5.9%	367	11	3.0%	324	15	4.6%
Cardiology - Electrophysiology	0	0		0	0		0	0		0	0		0	0		0	0	
Neurophysiology - Peripheral Neurophysiology	164	13	7.9%	201	31	15.4%	209	52	24.9%	229	83	36.2%	229	63	27.5%	178	56	31.5%
Respiratory Physiology - Sleep Studies	25	0	0.0%	33	0	0.0%	19	0	0.0%	24	0	0.0%	25	1	4.0%	32	3	9.4%
Urodynamics - Pressures & Flows*	51	13	25.5%	62	9	14.5%	60	11	18.3%	63	10	15.9%	81	14	17.3%	96	10	10.4%
Colonoscopy	402	100	24.9%	335	70	20.9%	298	35	11.7%	331	8	2.4%	326	0	0.0%	300	0	0.0%
Flexi Sigmoidoscopy	159	54	34.0%	149	44	29.5%	112	18	16.1%	110	3	2.7%	113	1	0.9%	95	0	0.0%
Cystoscopy	386	1	0.3%	418	15	3.6%	386	13	3.4%	361	30	8.3%	349	17	4.9%	394	14	3.6%
Gastroscopy	597	128	21.4%	517	136	26.3%	416	35	8.4%	327	2	0.6%	281	1	0.4%	290	0	0.0%
Total	12,281	3,649	29.7%	12,216	3,951	32.3%	12,847	4,297	33.4%	13,787	4,941	35.8%	13,632	5,096	37.4%	14,574	5,619	38.6%

Performance summary:

Trust level performance against the DM01 target at the end of August (61.4%) compared to 62.6% in July.

The three modalities with the highest DM01 performance were Flexible Sigmoidoscopy (100%), Gastroscopy (100%) and Colonoscopy (100%); whilst the modalities with the lowest DM01 performance are Audiology - Audiology Assessments (16.2%), Dexa Scan (50.7%) and Magnetic Resonance Imaging (50.7%).

The three modalities with the largest increase in the number of waiters waiting more than 6wks in August 2023 compared to the previous month are CT (+305 waiters waiting >6wks), MRI (+94) and audiology (+86).

The modalities with the biggest adverse changes in percentage of patients waiting more than six weeks are CT and Dexa scan.

The modalities with the biggest positive changes are Urodynamics and Audiology assessments.

Key issues (new issues in red):

- Growth in demand for CT scans.
- Workforce gaps in Echocardiography
- Endoscopy (gastroscopy) activity has reduced due to strike days/sickness/consultant vacancies

Key actions (new actions in green):

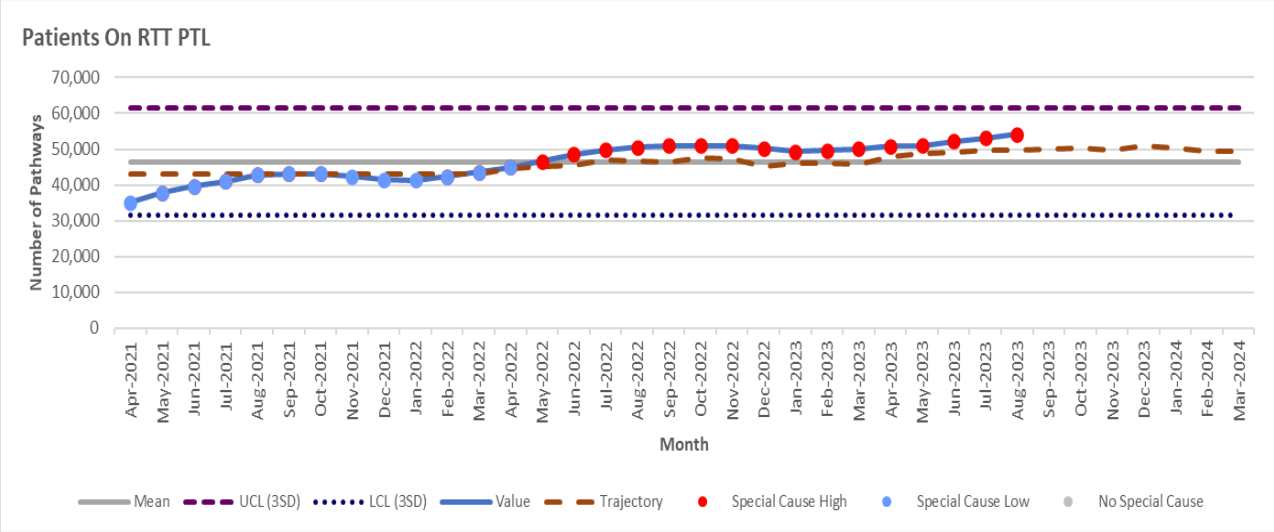
- A diagnostic improvement programme is in place, two of the key priorities are demand management of CT in line with clinical guidelines and effective utilisation of all diagnostic capacity
- iRefer, a software tool designed to support appropriate imaging investigations, has gone live in CT.

Key risks to delivery:

- Continued periods of industrial action
- Continued high demand in some modalities

5. Elective Care

5.1 18 weeks referral to treatment



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	35,189	37,818	39,728	40,952	42,790	43,125	43,156	42,372	41,503	41,310	42,324	43,592
2022/23	44,961	46,609	48,517	49,727	50,601	50,983	51,066	50,960	50,232	49,408	49,709	50,052
2023/24	50,826	51,036	52,270	53,177	54,176							

Top five specialties (number of pathways in most recent month)

	Mar 2023			Apr 2023			May 2023			Jun 2023			Jul 2023			Aug 2023		
Specialty	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+
T&O	8,106	3,566	44.0%	8,054	3,518	43.7%	8,037	3,364	41.9%	8,122	3,373	41.5%	8,312	3,429	41.3%	8,424	3,463	41.1%
ENT	5,523	2,591	46.9%	6,118	2,698	44.1%	5,976	2,729	45.7%	6,199	2,906	46.9%	6,262	3,037	48.5%	6,401	3,242	50.6%
X02 Other - Medical Se	4,836	1,144	23.7%	5,010	1,204	24.0%	4,962	1,200	24.2%	4,969	1,350	27.2%	4,892	1,487	30.4%	4,802	1,589	33.1%
Gynaecology	4,098	1,310	32.0%	4,165	1,398	33.6%	4,377	1,338	30.6%	4,494	1,451	32.3%	4,635	1,607	34.7%	4,645	1,785	38.4%
Dermatology	3,645	1,277	35.0%	3,753	1,192	31.8%	3,867	1,163	30.1%	4,112	1,347	32.8%	4,230	1,375	32.5%	4,540	1,463	32.2%

Top five specialties (% total pathways 18wks or over in most recent month – standard 8%)

	Mar 2023			Apr 2023			May 2023			Jun 2023			Jul 2023			Aug 2023		
Specialty	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+	Total	18wks +	%18wks+
X06 Other - Other Serv	638	381	59.7%	620	368	59.4%	600	321	53.5%	629	340	54.1%	664	355	53.5%	682	346	50.7%
ENT	5,523	2,591	46.9%	6,118	2,698	44.1%	5,976	2,729	45.7%	6,199	2,906	46.9%	6,262	3,037	48.5%	6,401	3,242	50.6%
Oral Surgery	3,010	1,226	40.7%	2,982	1,260	42.3%	3,054	1,291	42.3%	3,109	1,354	43.6%	3,065	1,376	44.9%	2,952	1,361	46.1%
T&O	8,106	3,566	44.0%	8,054	3,518	43.7%	8,037	3,364	41.9%	8,122	3,373	41.5%	8,312	3,429	41.3%	8,424	3,463	41.1%
Urology	2,853	1,065	37.3%	2,800	1,066	38.1%	2,739	1,078	39.4%	2,886	1,174	40.7%	3,046	1,279	42.0%	3,137	1,278	40.7%

Performance summary:

The ***Trust level performance*** for August 2023 is 62.77%, compared to 64.07% in July.

The ***number of incomplete pathways*** in August 2023 (54,176) has increased by 999 from the number of incomplete pathways in the previous month (53,177).

Key issues (new issues in red):

- Reduced elective activity due to continued industrial action

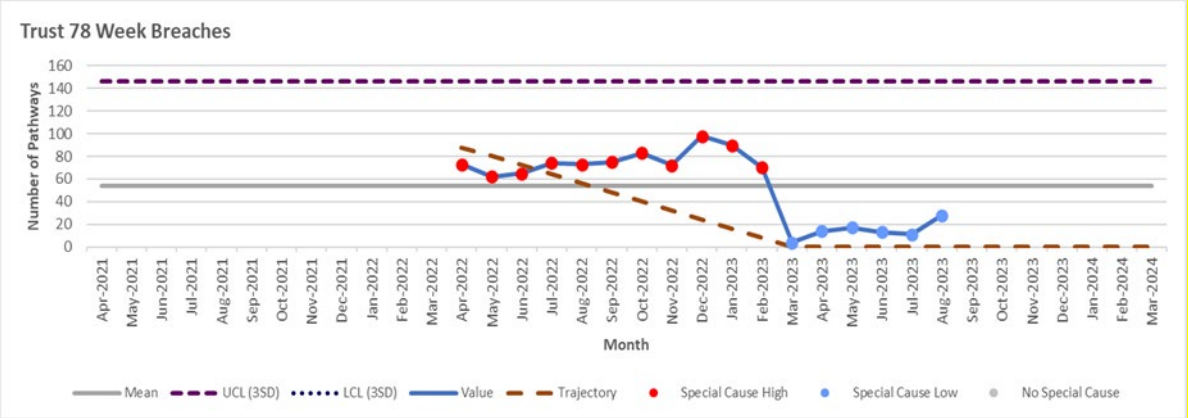
Key actions (new actions in green):

- Outpatient improvement programme in place, one of the key priorities is to reduce the 'did not attend' rates
- Continued recruitment to the validation team to support timely validation of the waiting list

Key risks to delivery:

- Continued period of industrial action

5.2 Waits over 78 weeks for incomplete pathways



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	73	62	65	74	73	75	83	72	98	90	70	4
2023/24	14	17	13	11	28							

Top five specialties (number of 78wk breaches in most recent month)

	Mar 2023			Apr 2023			May 2023			Jun 2023			Jul 2023			Aug 2023		
Specialty	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total
ENT	0	0	0	1	4	5	0	5	5	0	4	4	0	6	6	1	20	21
T&O	0	2	2	0	6	6	1	6	7	0	5	5	0	4	4	1	4	5
Ophthalmology	0	1	1	0	1	1	1	1	2	0	2	2	0	1	1	0	1	1
Oral Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1

Performance summary:

The number of incomplete pathways > 78 weeks in August was 28, compared to 11 in July. The majority of these (21) were in ENT and 7 were in Trauma & Orthopaedics.

Key issues (new issues in red):

- Lack of capacity in Rhinology services in ENT and lack of mutual aid to support
- National issue with lack of corneal transplant materials, patient selection is being directed by NHSBTS.
- Continued periods of industrial action

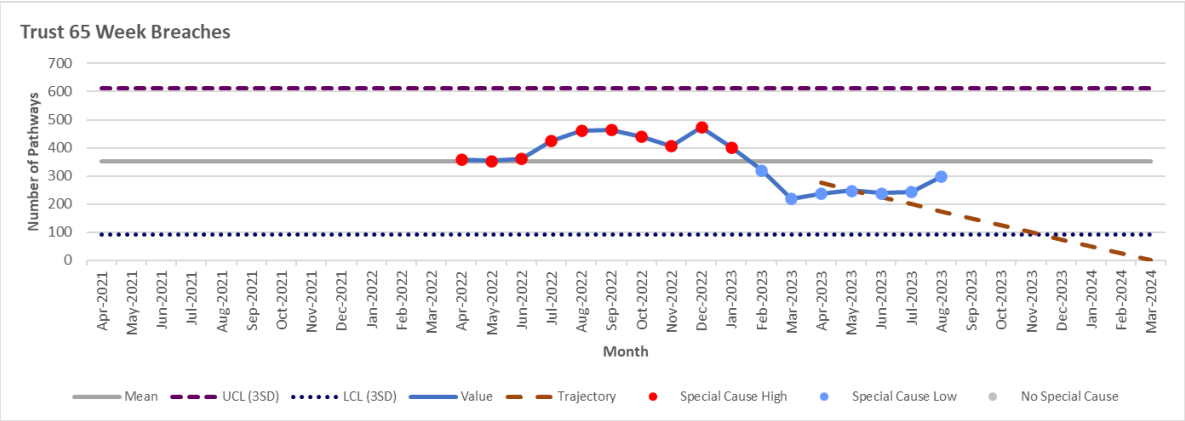
Key actions (new actions in green):

- Additional internal capacity secured for Rhinology

Key risks to delivery:

- Continued periods of industrial action
- Under delivery of the activity plan

5.3 Waits over 65 weeks for incomplete pathways



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22												
2022/23	359	354	362	425	462	464	441	407	473	403	321	220
2023/24	238	248	239	244	299							

Top five specialties (number of 65wk breaches in most recent month)

	Mar 2023			Apr 2023			May 2023			Jun 2023			Jul 2023			Aug 2023		
Specialty	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total	Without Dec. to Admit	With Dec. to Admit	Total
T&O				21	149	170	18	151	169	15	151	166	20	146	166	17	176	193
ENT				7	32	39	6	45	51	3	37	40	6	39	45	19	45	64
Urology				4	1	5	0	4	4	7	1	8	13	3	16	15	2	17
Gynaecology				7	3	10	5	3	8	3	2	5	1	0	1	4	2	6
X05 Other - Surgical Services				0	1	1	0	0	0	1	0	1	2	0	2	5	1	6

Performance summary:

There were 299 incomplete pathways > 65 weeks in August 2023 compared to 244 in July.

The specialties with the highest number of waits > 65 weeks are Trauma & Orthopaedics (193) and ENT (64).

Key issues (new issues in red):

- Lack of capacity in Rhinology services in ENT and lack of mutual aid to support
- National issue with lack of corneal transplant materials, patient selection is being directed by NHSBTS.
- Continued periods of industrial action

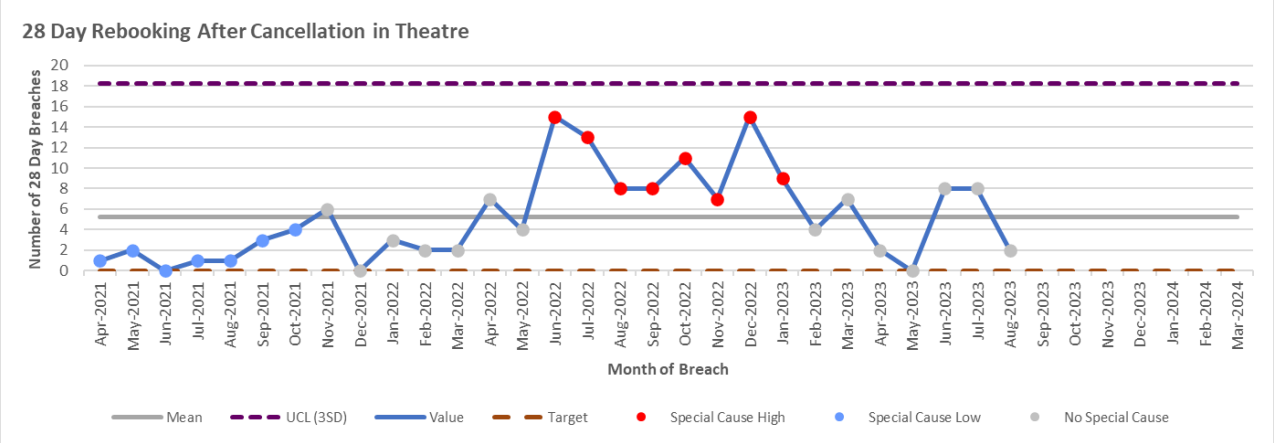
Key actions (new actions in green):

- Additional internal capacity secured for Rhinology

Key risks to delivery:

- Continued periods of industrial action
- Under delivery of the activity plan

5.4 Breaches of the 28 day guarantee



Performance summary:

There were 2 breaches of the 28-day guarantee in August 2023 compared to 8 in the previous 2 months.

Key issues (new issues in red):

None identified

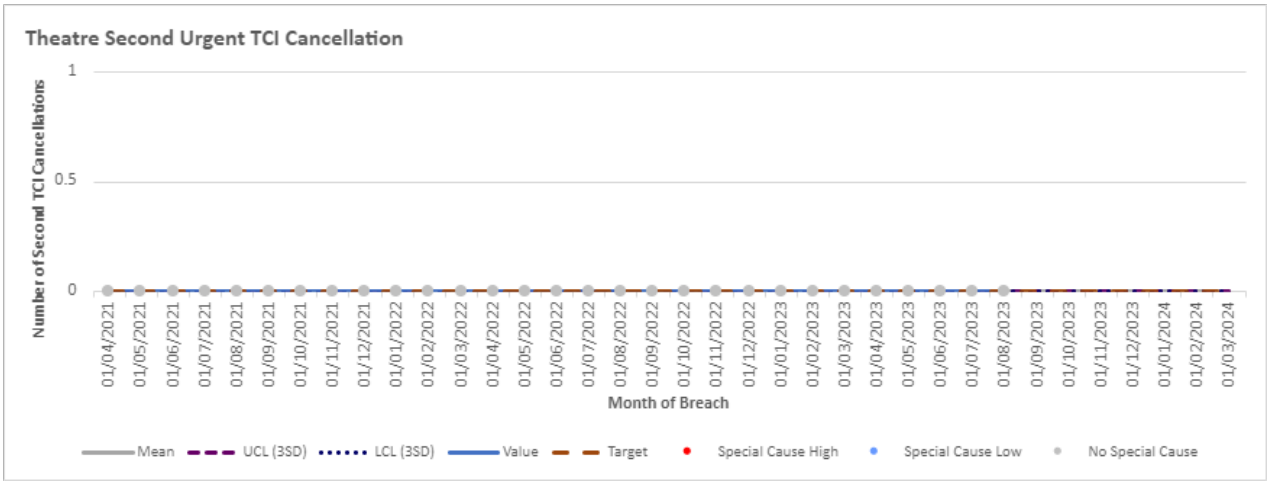
Key actions (new actions in green):

- Improved oversight of re-booking of patients within 28 days of a cancellation.

Key risks to delivery:

- Continued periods of industrial action

5.5 Urgent operations cancelled for a second time

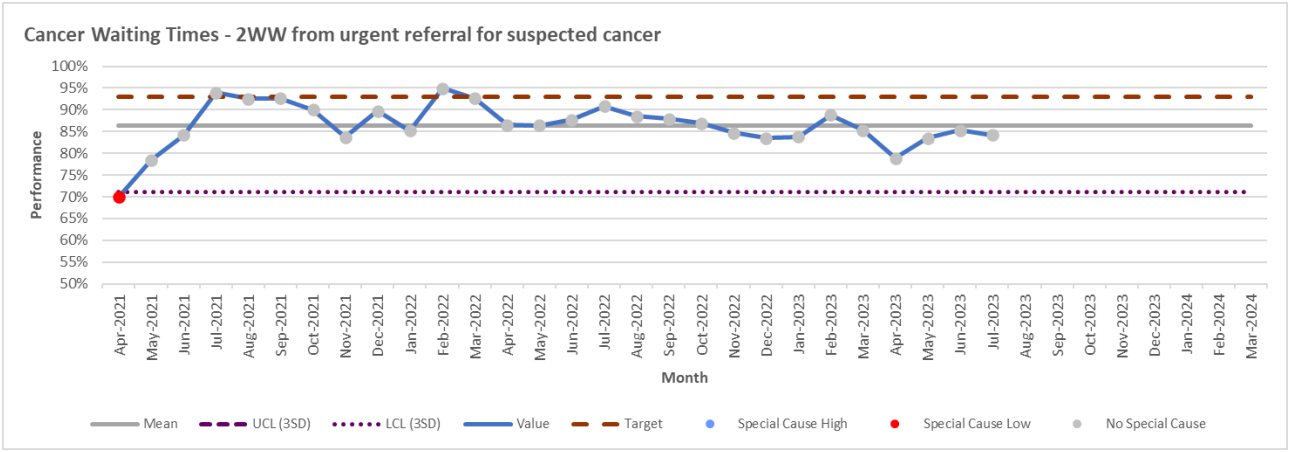


Performance summary:

There were zero urgent operations cancelled in August 2023 for a second time (no breaches year to date).

6. Cancer Waiting Times

6.1 2-week wait from urgent referral for suspected cancer to first outpatient attendance



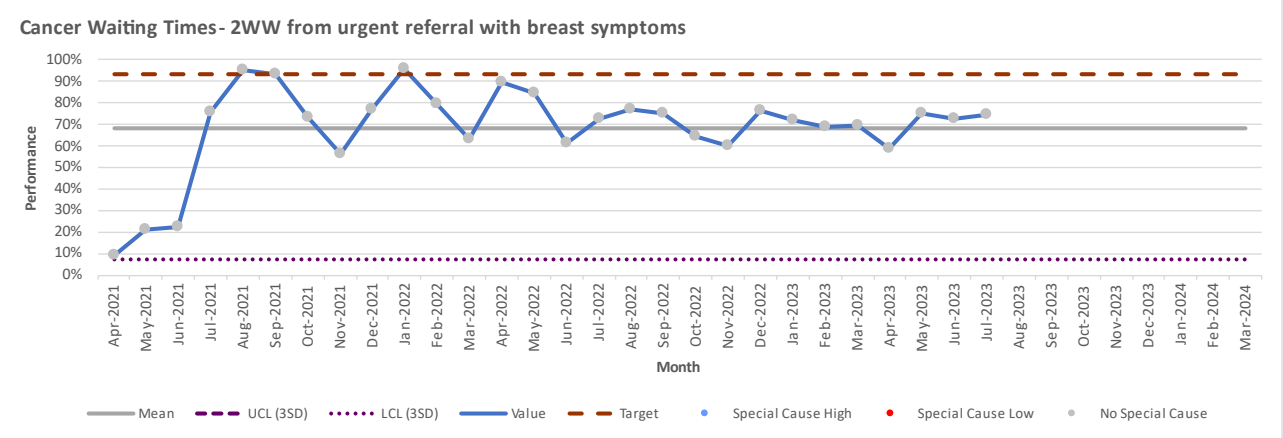
Performance summary:

In July 2023 the Trust delivered 84.2% against a target of 93%. Out of a total of 1757 attendances, 278 patients were not seen within 14 days.

It is noted that the changes to the national cancer waiting times standards come into effect on 1 October 2023. This includes the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of the standards into three core measures for the NHS, which are:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

6.2 2-week wait from urgent referral with breast symptoms (where cancer was not initially suspected) to first outpatient attendance



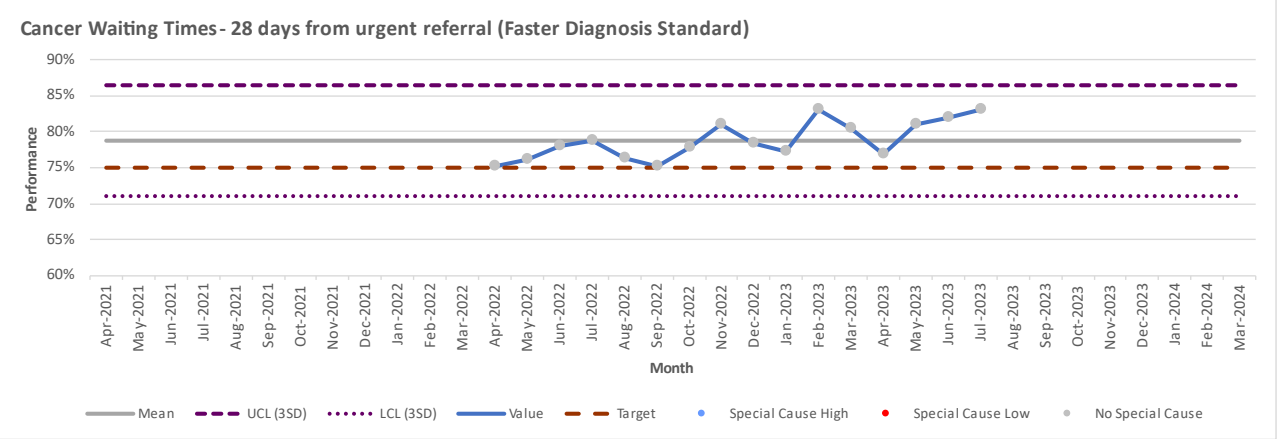
Performance summary:

In July 2023, the Trust delivered 74.4% against a target of 93%. Out of a total of 78 attendances, 20 patients were not seen within 14 days.

It is noted that the changes to the national cancer waiting times standards come into effect on 1 October 2023. This includes the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of the standards into three core measures for the NHS, which are:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

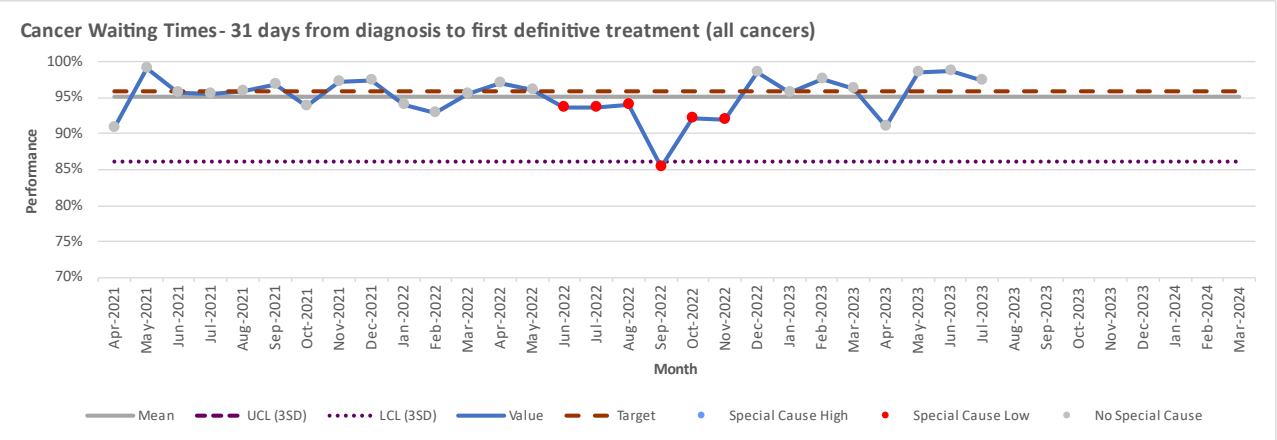
6.3 28 days from urgent referral to receiving a communication of diagnosis for cancer or ruling out of cancer



Performance summary:

In July 2023, the Trust delivered 83% against the standard of 75%.

6.4 31-day from diagnosis to first definitive treatment (all cancers)



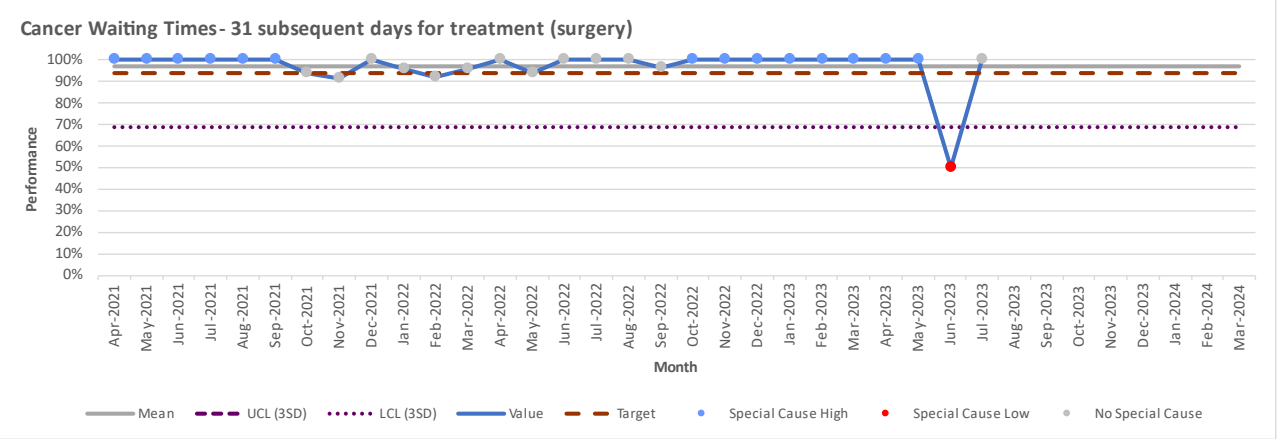
Performance summary:

In July 2023 the Trust delivered 97.4% against a target of 96%.

It is noted that the changes to the national cancer waiting times standards come into effect on 1 October 2023. This includes the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of the standards into three core measures for the NHS, which are:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

6.5 31-day for subsequent treatment (surgery)



Performance summary:

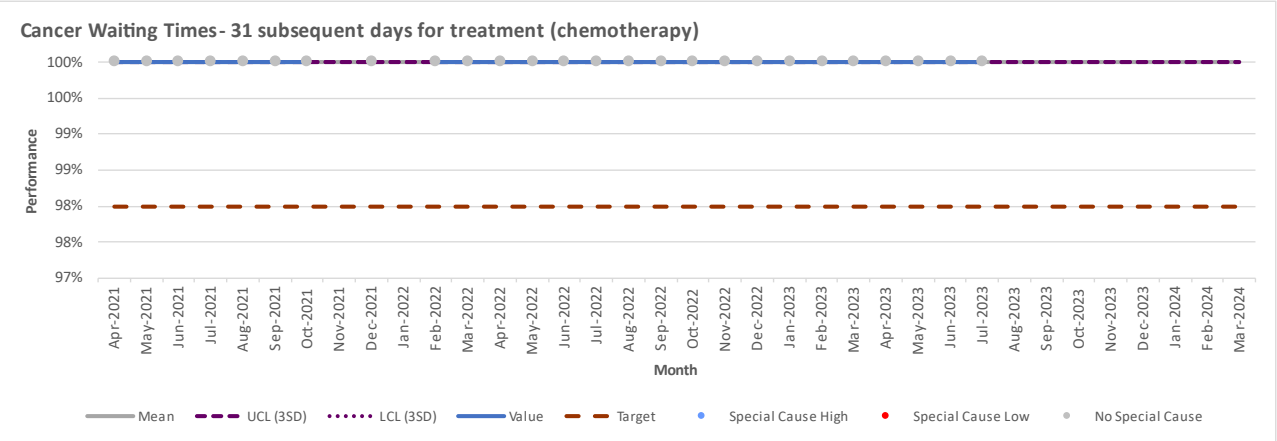
The standard has been met for July 2023 at 100%.

It is noted that the changes to the national cancer waiting times standards come into effect on 1 October 2023. This includes the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of the standards into three core measures for the NHS, which are:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)

- One headline 31-day decision to treat to treatment standard (96%)

6.6 31-day for subsequent treatment (chemotherapy)



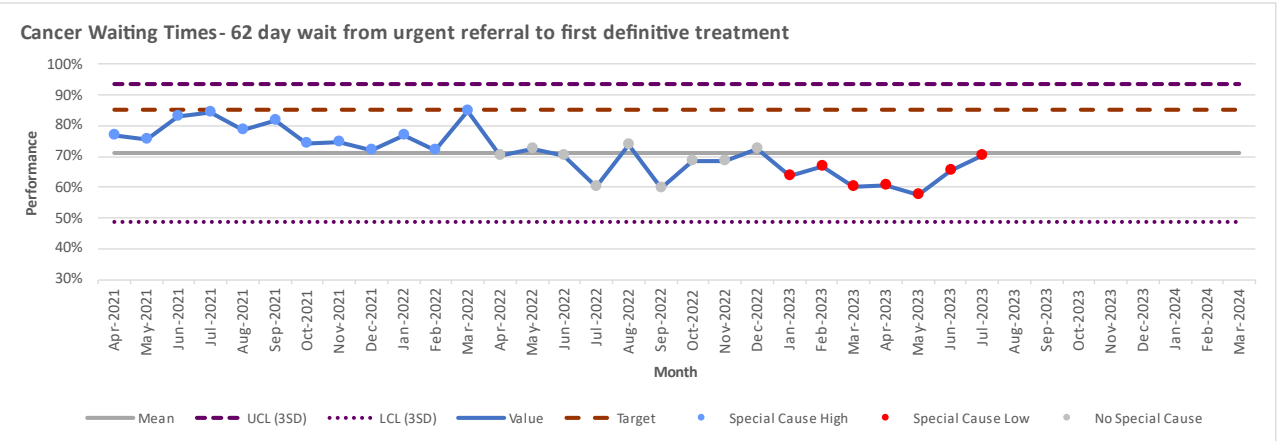
Performance summary:

The standard has been met for July 2023 (100%).

It is noted that the changes to the national cancer waiting times standards come into effect on 1 October 2023. This includes the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of the standards into three core measures for the NHS, which are:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

6.7 62 day wait from referral from urgent referral to first definitive treatment for cancer



Performance summary:

In July 2023 the Trust achieved 70.1% against a target of 85%. This is an improvement from the June position of 60.5%

Key issues (new issues in red):

- Continued periods of industrial action
- Patient choice of treatment option due to long waiting times for radical Surgical treatment at the Tertiary Centre (Prostate Cancer)
- Tertiary Centre capacity for Radical Surgical Oncology OPD access and treatment impacting on Breast NCAT pathways
- Tertiary Centre capacity for first and subsequent Clinical Oncology Treatments

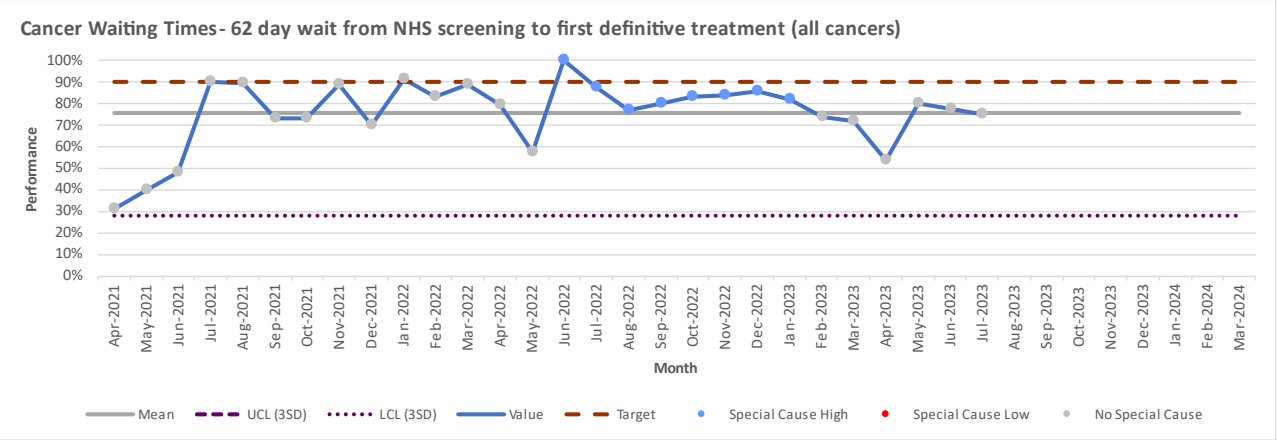
Key actions (new actions in green):

- Deep Dive work has commenced across the Cancer Alliance looking to the Prostate Pathway which includes radical surgery.
- Deep Dive work to commence on Gynaecology pathways

Key risks to delivery:

- Non-Surgical Oncology capacity
- Diagnostic capacity and demand
- Surgical capacity within the Tertiary Centre

6.8 62-day from referral from an NHS screening service to first definitive treatment (all cancers)

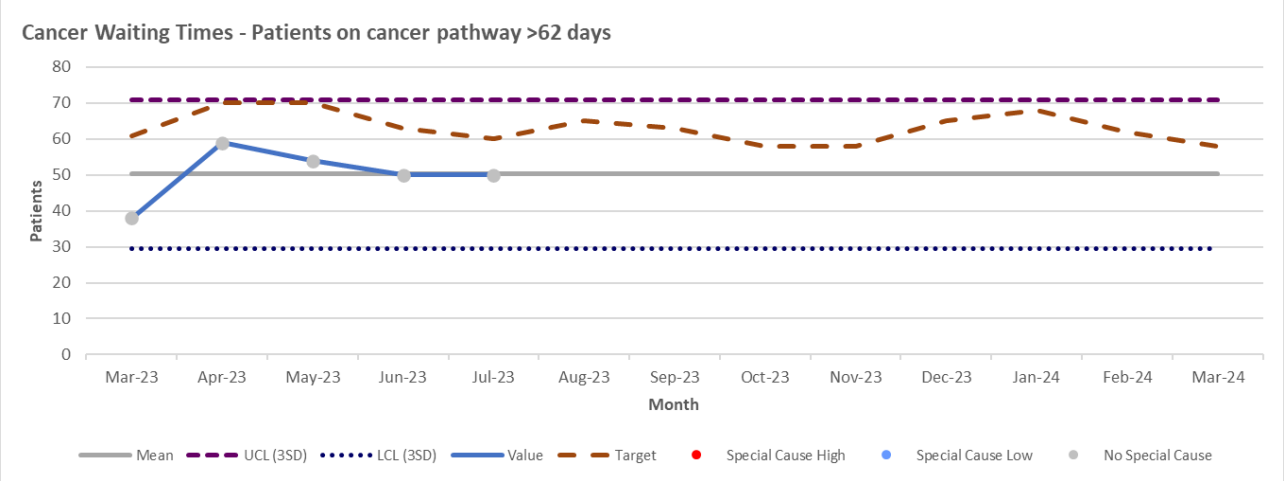


Performance summary:

Performance has improved In July 2023 and the Trust achieved 75% against a target of 90%.

There was one pathway from the Bowel Screening Programme who did not achieve the standard this month.

6.9 Patients on a cancer pathway > 62 days



Performance summary:

There were a total of 50 patients waiting over 62 days against a trajectory of 60 patients for July 2023.

7. Recommendations

The Trust Board of Directors is asked to discuss the report.

2309 - E5 DELIVERING OPERATIONAL RESILIENCE ACROSS THE NHS - 2023/24 WINTER PLANS (PRN00645)

Decision Item | Denise Smith, Chief Operating Officer | 11:55

10 minutes

REFERENCES

Only PDFs are attached

- E5 - 2023-24 Winter Plan.pdf
- E5 - Appendix A PRN00645-delivering-operational-resilience-across-the-nhs-this-winter.pdf
- E5 - Appendix B Winter Plan 2023 24 Doncaster Place.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**E5**
Report Title:	**Winter Plan**		
Sponsor:	Denise Smith, Chief Operating Officer		
Author:	Suzanne Stubbs, Deputy Chief Operating Officer		
Appendices:	Appendix A NHSE Letter PRN00645 Delivering Operational Resilience Across the NHS this Winter Appendix B Doncaster Place Winter 2023/24 Planning Submission		

Report Summary

Executive Summary

This report sets out the Trust's winter plan for 2023/24 and the Doncaster Place winter 2023/24 planning submission.

In July 2023, NHS England wrote to ICBs and NHS Trusts setting out the national approach to 2023/24 winter planning, a copy of this letter is provided at Appendix A. This letter references the delivery plan for Urgent and Emergency Care, published in January 2023, and this, together with the Primary Care Recovery Plan, Elective Recovery Plan, provide the basis of preparations for winter 2023/24.

The national approach to 2023/24 winter planning set out four areas of focus for systems to help prepare for winter:

- Continue to deliver on the UEC Recovery Plan by ensuring **high-impact interventions are in place**
- **Completing operational and surge planning** to prepare for different winter scenarios
- **ICBs should ensure effective system working across all parts of the system**
- **Supporting our workforce** to deliver over winter

The Doncaster Place UEC Improvement Plan aligns to the majority of the ten high impact interventions.

In addition, the Trust has developed a number of additional winter schemes that can be implemented should additional winter funding become available.

Recommendation:	The Trust Board of Directors is asked to APPROVE the report.			
Action Required:	**Approval**	Discussion	Take assurance	Information only
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes		Yes	

Implications	
Board assurance framework:	No changes made

Risk register:	No changes made
Regulation:	Not applicable
Legal:	Not applicable
Resources:	As detailed in the paper
Assurance Route	
Previously considered by:	Trust Executive Group
Date:	11 September 2023
Any outcomes / next steps	Trust Executive Committee noted that there is no additional winter funding available. Divisional Leadership Teams are to prioritise the winter plan schemes detailed in the report so that the Trust has a list of potential schemes for implementation, should funding become available.
Previously circulated reports to supplement this paper:	Not applicable

1. Introduction

This report sets out the Trust's winter plan for 2023/24 and the Doncaster Place winter 2023/24 planning submission.

2. Background

In July 2023, NHS England wrote to ICBs and NHS Trusts setting out the national approach to 2023/24 winter planning, a copy of this letter is provided at Appendix A. This letter references the delivery plan for Urgent and Emergency Care, published in January 2023, and this, together with the Primary Care Recovery Plan, Elective Recovery Plan, provide the basis of preparations for winter 2023/24.

The national approach to 2023/24 winter planning set out four areas of focus for systems to help prepare for winter:

- Continue to deliver on the UEC Recovery Plan by ensuring **high-impact interventions are in place**
- **Completing operational and surge planning** to prepare for different winter scenarios
- **ICBs should ensure effective system working across all parts of the system**
- **Supporting our workforce** to deliver over winter

The national two key ambitions for UEC recovery are:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24

3. Finance

The NHS England letter details the previous investment to support capacity in urgent and emergency care, capital investment to deliver additional capacity, the number of ambulance hours on the road and discharge funding.

In addition, an incentive scheme is to be launched for providers with Type 1 A&E. Providers must meet the following two thresholds to secure a share of a £150 million capital fund in 2024/25:

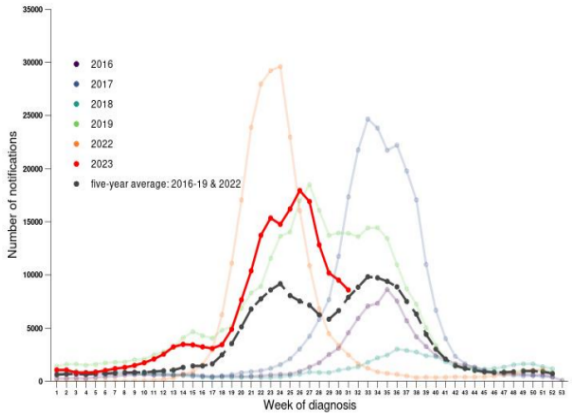
- Achieving an average of 80% A&E 4 hour performance over Q4 of 2023/24
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24

4. Demand Forecasting and Bed Modelling

4.1 National Forecasting

The early and high flu rise seen last winter was pre-figured by flu activity in the Southern hemisphere last summer. Australia and New Zealand both saw similar patterns and we used this to predict impact in the UK. The latest data from Australia (graphs below) suggests flu levels are close to normal- similar to that seen in pre-pandemic seasons. Hospitalisations are similar to that seen in 2022 but lower than that seen in 2019. It is not clear yet if the peak is going to be earlier than usual again this year- or similar to that seen in 2019. For New Zealand, GP consultations are running lower than for this time last year when activity peaked and below the average levels pre-pandemic (graph below)

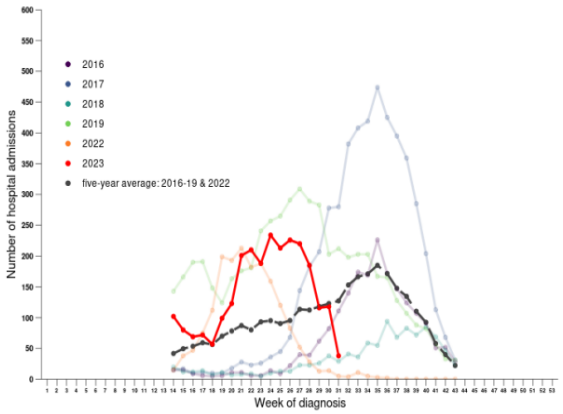
Figure 3: Notifications of laboratory-confirmed influenza, Australia, 1 January 2016 to 6 August 2023, by year and week of diagnosis*



Source: NNDSS

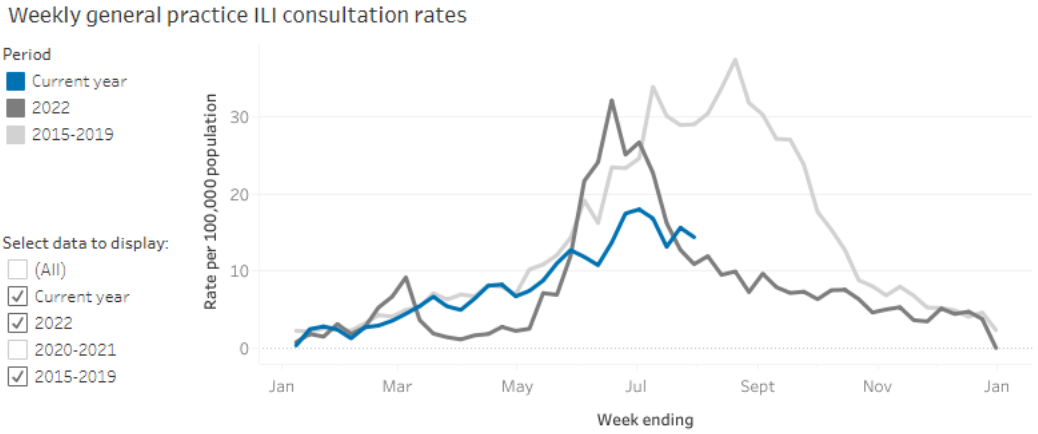
*NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. Please refer to Data considerations for interpretation of the five-year average.

Figure 6: Number of influenza hospitalisations at sentinel hospitals, from April to October, 2016 to 2023 by year and week of diagnosis*

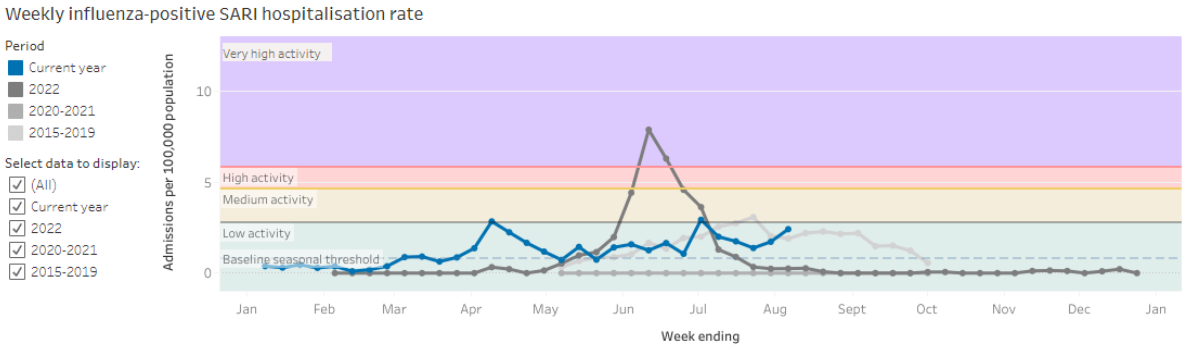


Source: FluCAN

*All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. Please refer to Data considerations for interpretation of the five-year average.



Hospitalisations for influenza positive patients are also running low and are well below the peak activity seen around the same time last year.

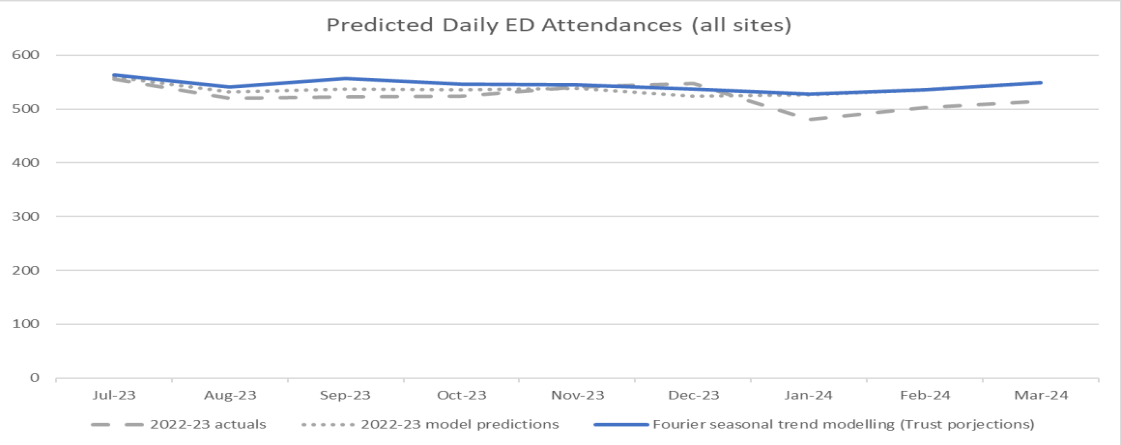


Overall, this suggests the Trust should plan for a normal flu season but be prepared for high activity in the usual time window- January to February.

On other infections, it is difficult to predict peaks in advance but there is likely to continue to be a considerable number of cases of COVID and RSV through winter. As with last year, co-incidence of peaks in infection can lead to peaks in demand which will put pressure on services.

4.2 ED Attendances

Predicted urgent care demand has been undertaken in conjunction with bed modelling work across all divisions to inform winter planning. This shows that the current increase in demand is likely to be sustained throughout the winter period. The forecast is not expecting the reduction in demand, which was seen in January 2023.



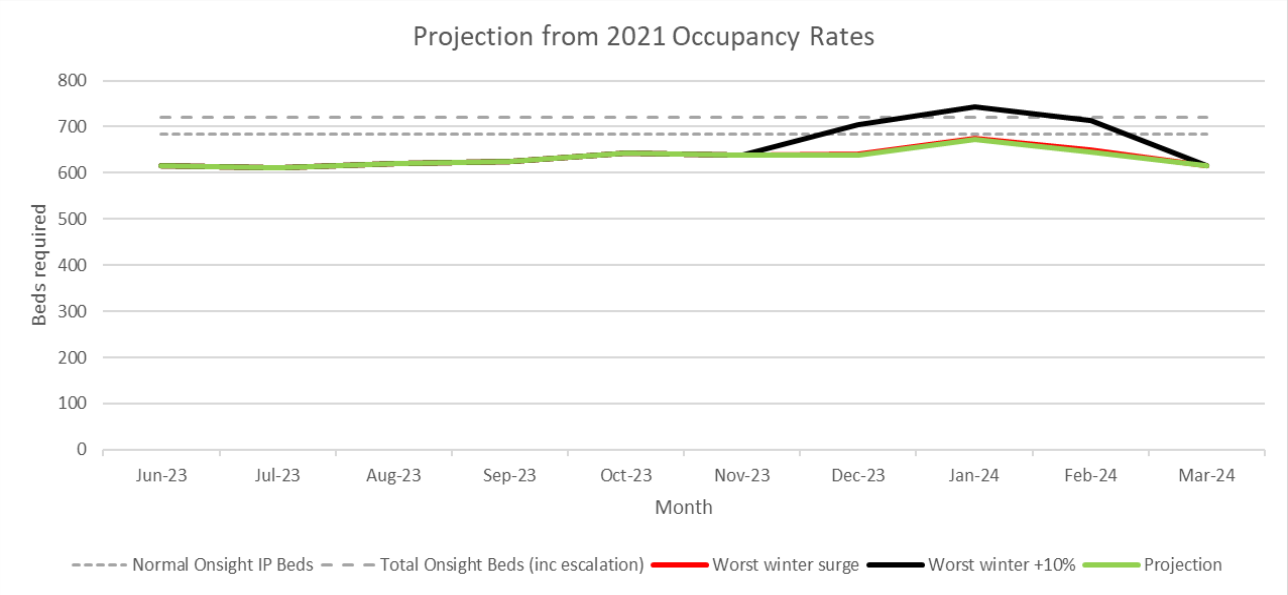
Total Monthly ED Attendances	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Fourier seasonal trend modelling (Trust porjectio	17457	16754	16716	16934	16363	16645	16355	15546	17027
2022-23 model predictions	17325	16470	16118	16612	16165	16229	16338	14999	17006
2022-23 actuals	17238	16107	15659	16238	16224	16992	14891	14092	15934

Average Daily ED Attendances	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Fourier seasonal trend modelling (Trust porjectio	563	540	557	546	545	537	528	536	549
2022-23 model predictions	559	531	537	536	539	524	527	536	549
2022-23 actuals	556	520	522	524	541	548	480	503	514

Average daily attendances are forecast to be between 20-40pts more per day compared to 2022/23 actual.

4.3 Bed Modelling

Modelling has been undertaken to map forecast ED attendance levels with admissions and subsequent bed requirements. This shows the following:



		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
2023 rates	Occupied beds	615	611	621	624	642	639	638	672	645	616
	Occupancy Percentage (non escalation beds)	89.8%	89.2%	90.7%	91.0%	93.7%	93.2%	93.1%	98.0%	94.2%	90.0%
	Elective Bed Days	1300	1300	1253	1247	1318	1255	1108	1175	1241	1292
	Non Elective Beds	17164	17643	18003	17461	18583	17908	18658	19645	17477	17809
	Average occupied beds - elective	43	42	40	42	43	42	36	38	43	42
	Average occupied beds - non-elective	572	569	581	582	599	597	602	634	603	574
2023 rates with worst winter surge	Occupied beds	615	611	621	624	642	639	641	675	649	616
	Occupancy Percentage (non escalation beds)	89.8%	89.2%	90.7%	91.0%	93.7%	93.2%	93.6%	98.6%	94.8%	90.0%
	Elective Bed Days	1300	1300	1253	1247	1318	1255	1156	1225	1294	1292
	Non Elective Beds	17164	17643	18003	17461	18583	17908	18717	19707	17532	17809
	Average occupied beds - elective	43	42	40	42	43	42	37	40	45	42
	Average occupied beds - non-elective	572	569	581	582	599	597	604	636	605	574
2023 rates with worst winter +10%	Occupied beds	615	611	621	624	642	639	705	743	714	616
	Occupancy Percentage (non escalation beds)	89.8%	89.2%	90.7%	91.0%	93.7%	93.2%	102.9%	108.4%	104.2%	90.0%
	Elective Bed Days	1300	1300	1253	1247	1318	1255	1271	1348	1424	1292
	Non Elective Beds	17164	17643	18003	17461	18583	17908	20589	21678	19285	17809
	Average occupied beds - elective	43	42	40	42	43	42	41	43	49	42
	Average occupied beds - non-elective	572	569	581	582	599	597	664	699	665	574

Occupancy predictions are following the 2022/23 trend. The forecast is showing that if length of stay is the same as 2022/23, an additional 8 – 76 beds could be required (assuming worst winter plus 10%).

5. Urgent and Emergency Care High Impact Interventions

Ten, evidence based, high impact interventions have been identified:

- Same day emergency care
- Frailty
- Inpatient flow and length of stay (acute)
- Community bed productivity and flow
- Care transfer hubs
- Intermediate care demand and capacity
- Virtual wards
- Urgent community response
- Single point of access
- Acute respiratory infection hubs

It is noted that the majority of these interventions are incorporated into the Doncaster Place Urgent and Emergency Care Improvement Plan and therefore it is imperative that focus is maintained on delivery of the improvement plan through the winter period.

NHS England recently wrote to all systems to request that they assess their maturity against these interventions and to prioritise four areas for support. Doncaster Place identified the following priority areas:

- Same day emergency care
- Frailty
- Inpatient flow and length of stay (acute)
- Care transfer hubs

6. Operational and surge planning to prepare for different winter scenarios

Partners across Doncaster Place are currently reviewing the escalation framework and actions to be taken at each level of escalation. This will include actions to respond to peaks in demand where admitted demand exceeds bed availability.

7. Effective system working across all parts of the system

A national set of recommended winter roles and responsibilities has been developed, this encompass ICBs, Acute and Specialist Trusts, Primary Care, Children and young people services, Community trusts and integrated care providers, Ambulance trusts, mental health providers, local authorities and social care.

For Acute Trusts, the key responsibilities are as follows; these align to the Doncaster Place UEC Improvement Plan:

- Same day emergency care
- Frailty
- Inpatient flow and length of stay

8. Supporting our workforce

As in previous years, flu vaccination uptake is important to protect the public and NHS workforce. The Trust has a co-ordinated approach to maximise staff flu vaccination rates.

The Trust will also review COVID-19 and flu pathways to confirm these remain robust and clearly understood by clinical and operational teams.

9. Additional schemes to support winter planning

Divisional and Corporate teams have participated in two winter planning workshops over the summer period. As part this, a number of potential schemes have been developed, should additional winter planning become available. These are summarised below:

9.1 Safely avoid admissions

Nine schemes have been identified to safely avoid admissions, at a total cost of **£467,497**, these are:

	Division	Specialty	Scheme detail
1	UEC	Acute Medicine - DRI	In reach into ED 4 hours per day from Acute Consultant to review patients waiting for a bed
2	Children and Families	Paediatrics	Additional Registrar cover for increased afternoon/evening activity in Winter (13:00 - 23:00 hrs). Needed at weekends as cover is in place on the rota during the week.
3	Surgery	T&O	Reconfiguration of B-Floor - maximise ESSU to support with maintaining elective orthopaedic pathway. B5 to be utilised to support with Trauma pathway through repats.
4	Surgery	ENT	Band 5 nurse support to ENT ambulatory pathway in ESAC
5	Surgery	T&O	TACU to remain open 7 days a week 7am 8pm only, to support with Additional trauma lists
6	Surgery	T&O	Utilise ESSU and BDGH for ambulatory trauma.
7	Surgery	T&O	Additional ACP / Reg (locum) to manage emergency flow, prevent admissions, sign pots to TACU, minor ops etc.
8	Surgery	T&O	Planned increase in activity, costing and approval to run at least 1 additional weekend of VFC activity per month
9	Clinical Support Services	Therapies	RAPT equivalent team in Bassetlaw ED for in and out of area patients

9.2 Proactive demand management

Six schemes have been identified to support with proactive demand management, at a total cost of **£623,400**

	Division	Specialty	Scheme detail
1	UEC	ED - DRI	Paramedic cover 12hrs / 7 days to support ESA
2	UEC	ED - BDGH	Paramedic cover 12hrs / 7 days to support ESA
3	UEC	ED - DRI	Pharmacy support in ED/EAU 12hrs / 7 days
4	Surgery	In Reach to ED	Registrar in reach resource to provide support in ED
5	Surgery	General Surgery	Pro-actively plan semi emergency list, i.e. renal stones / hot lap choles / Cancer lists for any lists affected by Dec/Jan leave allocated theatre team and anaesthetist - extra emergency list would support peaks and troughs seen in Dec / Jan of emergency theatre backlog.
6	Clinical Support Services	Therapies	Early supported discharge of #NOF patients to care homes

9.3 Safely reduce length of stay

Four schemes have been identified to safely reduce length of stay, at a cost of **£240,908**

	Division	Specialty	Scheme detail
1	UEC	ED - BDGH	ACP Support
2	Children and Families	Paediatrics	Twilight nursing cover for CAU at BDGH
3	Children and Families	Paediatrics	Nursing cover to staff the opening of emergency beds at DRI on CHOU/Children's Ward
4	UEC	Acute Medicine - DRI	Weekend Consultant

9.4 Maintain effective patient flow and maintain patient safety

Seven schemes have been identified to maintain effective patient flow and maintain patient safety, at a cost of **£184,945.** It is noted that the funding for schemes 6 and 7 is secured and can be drawn down as and when beds are utilised.

	Division	Specialty	Scheme detail
1	Clinical Support Services	Pharmacy	Retention of pharmacy porter to 31 March 2024
2	Estates and Facilities	Facilities	Dedicated Porter MRI / CT / Diagnostics at DRI only.
3	Estates and Facilities	Facilities	Meal Trolley -Additional meal trolley at DRI & BDGH to support decant and surge capacity
4	Estates and Facilities	Facilities	Deep Clean / HPV
5	Surgery	ESAC	Additional nursing support in ESAC for holding area and safe to wait to pull patients through form ED as appropriate
6	Medicine	Medicine	Opening of escalation beds on ward 25
7	Medicine	All	Opening of escalation beds on ward 17

10. Summary

The national approach to winter planning for 2023/24 builds on the previously published UEC recovery plan and ten high impact interventions. The Doncaster Place UEC Improvement Plan aligns to the majority of the ten high impact interventions.

In addition, the Trust has developed a number of additional winter schemes that can be implemented should additional winter funding become available.

11. Recommendations

The Trust Board of Directors is asked to APPROVE the report.

NHS England

To:
- ICB:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- NHS acute, community and mental health trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- Primary care networks

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

27 July 2023

Dear Colleagues,

Delivering operational resilience across the NHS this winter

This letter sets out our national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead.

In January, we published our delivery plan for recovering Urgent and Emergency Care (UEC) services: an ambitious two-year plan to deliver improvements for patients across the integrated Urgent and Emergency Care (iUEC) pathway. This plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provides a strong basis to prepare for this winter.

The publication of the UEC Recovery Plan followed an incredibly challenging winter – with high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care. We know these challenges have continued but want to thank you for the work you have done in the face of this to ensure that there have nonetheless been significant improvements in performance. Thanks

to these improvements, we are in a significantly better place compared to last summer. Compared to last June, A&E performance has improved and Category 2 performance is 14 minutes faster.

This progress and the plan we are today setting out for winter preparedness are key steps in helping us achieve our two key ambitions for UEC recovery of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

To help achieve these ambitions, we have ensured that systems have had clarity over finances well before winter to allow them to plan effectively and further roll-out the measures that we know will improve services for patients. We have invested extensively in this, including:

- £1 billion of dedicated funding to support capacity in urgent and emergency services, building on the £500 million used last winter.
- £250 million worth of capital investment to deliver additional capacity.
- £200 million for ambulance services to increase the number of ambulance hours on the road.
- Together with DHSC, an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund.

While we are making good progress towards achieving our overall ambitions, we want to encourage providers to achieve even better performance over the second half of the year. We will therefore be launching an **incentive scheme** for those providers with a Type 1 A&E department to overachieve on their planned performance in return for receiving a share of a £150 million capital fund in 2024/25. We are asking providers to meet two thresholds to secure a share of this money:

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

We recognise that these are stretching targets but know that many providers will be able to achieve these to help the NHS as a whole make greater headway towards improving care for patients. Providers should already be putting measures in place which will contribute towards reaching these, including a greater focus on the longest times in department, particularly those spending longer than 12-hours, and wider system flow. We will communicate more details on this shortly, including how we will be working with you to improve data quality.

Turning to our wider planning for winter, we are clear that the challenges are not just in ambulance services or emergency departments, and recovery requires all types of providers to work together to provide joined-up care for patients. ICBs will play a vital role in system leadership but the actions we take need to extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community and social enterprise (VCSE) sector.

We are therefore setting out four areas of focus for systems to help prepare for winter:

1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**

Together with systems, providers, and clinical and operational experts we have identified 10 evidence-based high-impact interventions. These are focused around reducing waiting times for patients and crowding in A&E departments, improving flow and reducing length of stay in hospital settings. Delivering on these will be key to improving resilience in winter. We have recently written to all systems to ask that they assess their maturity against these areas as part of the universal improvement offer for the UEC Recovery Plan. Systems will then receive dedicated support on the four areas they choose to focus their improvement for winter.

More detail on these areas can be found at Appendix A and on the NHS IMPACT website.

2. **Completing operational and surge planning** to prepare for different winter scenarios

We have already collectively carried out a detailed operational planning round for 2023/24 but we are now asking each system to review their operational plans, including whether the assumptions regarding demand and capacity remain accurate. Although this will cover surge planning for the whole winter, specific plans should be made for the Christmas/New Year/early-January period which we know is often the most challenging time of the entire year.

In addition to this, and recognising the importance of planning for multiple scenarios, we are asking systems to identify how they will mobilise additional capacity across all parts of the NHS should it be required to respond to peaks in demand driven by external factors eg, very high rates of influenza or COVID-19, potential further industrial action.

This planning is essential to ensure winter plans protect and deliver elective and cancer recovery objectives, as well as deliver the primary care access programme, and proactive care for those most at risk of hospital admission (guidance on proactive care will be published shortly).

Next week, we will be issuing each ICB with a template to capture their surge plan and overall winter plan. We will work with those areas that are facing the greatest challenges across the UEC pathway via our tiering programme to support them in completing these returns. If you think you require additional support, please contact england.uec-operations@nhs.net.

All returns should be sent to england.uec-operations@nhs.net by **11 September 2023**.

3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.

ICBs will play a vital role in system leadership and co-ordination but it is important that all parts of the system play their role. The NHS England operating framework describes the roles that NHS England, ICBs and NHS providers should play, working alongside our partners in the wider health and care system. It outlines our collective accountabilities and responsibilities to ensure we deliver a health service that maximises outcomes for patients.

To help systems plan, we have developed a set of recommended winter roles and responsibilities (**Appendix B**) to ensure clarity on what actions should be undertaken by each part of the system. These will require broad clinical leadership to implement, and systems should be using these to develop their winter planning return, reflecting how these relate to the circumstances within their individual system.

DHSC is also writing to local authorities and the adult social care sector shortly to set out priority actions for improving winter resilience and encouraging cross-system working with the NHS on winter planning.

To assist system working this winter, next week, we will also be publishing an updated specification for System Co-Ordination Centres and an updated Operational Pressures Escalation (OPEL) Framework to ensure we are taking a consistent and co-ordinated approach to managing pressures across all systems.

4. **Supporting our workforce** to deliver over winter

This year colleagues have continued to work incredibly hard in the face of increased demand. We know how much supporting your workforce matters to you, and it is crucial that employers ensure that they take steps to protect and improve the wellbeing of the workforce.

Last winter, we saw flu return at scale. It is vitally important that we protect the public and the health and care workforce against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated. Providers should also ensure that they have an

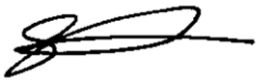
established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.

Systems and providers should also continue to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise, as set out in 2023/24 priorities and operational planning guidance and more recently in the NHS Long Term Workforce Plan, and ensure continued supply through maintaining education and training.

We want to thank you and everyone across the NHS for your continued hard work this year, we have again faced some unprecedented challenges but through strong partnership working we have once again risen to these.

The coming months will undoubtably be difficult, but we will continue to support you to ensure that we collectively deliver a high-quality of health service to patients and support our workforce. Thank you again for all your efforts as we work to build a more resilient NHS ahead of winter.

Yours sincerely,



Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Julian Kelly
Chief Financial Officer
NHS England

Appendix A: 10 High-Impact Interventions

Action	
1.	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8.	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9.	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
10.	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Winter 2023/24 Planning Submission

ICB name:	**SY Doncaster Place**
Approved for submission by:	

Notes on completion:

1. This document outlines the narrative key lines of enquiry that ICBs are asked to respond to as part of the NHS England winter planning exercise for 2023/24.
2. The purpose of this document, and the associated H2 numerical planning template, is to support ICBs to lead a system-wide planning processes ahead of winter.
3. The narrative questions in this document are designed to provide a prompt for areas that required consideration, and to provide the necessary assurance that steps have been taken at a system-level to prepare for a resilient winter period.
4. The narrative submission should be completed in conjunction with the H2 numerical planning submission, and system partners should refer to the system winter roles and responsibilities issued as part of the winter planning process on 27 July 2023.
5. Recently completed UEC Maturity Indices that were issued as part of the NHS Impact improvement offer should be considered alongside these plans to inform system thinking on which areas locally require the most focussed attention in the run up to, and during, winter.
6. ICBs are responsible for producing one comprehensive response for the system, there should be a focus on ensuring that all parts of the system, including Local Authority partners, are engaged in developing this. Updated intermediate care capacity and demand plans at HWB level will need to be agreed with local authorities and submitted in October as part of BCF quarterly reporting. The BCF plans should reflect agreed changes to capacity and demand management agreed in these ICB plans.
7. There is a total of six key lines of enquiry with associated questions across the following areas:

    a. System-working
    b. High-impact interventions
    c. Discharge, intermediate care, and social care
    d. H2 numerical planning submission
    e. Surge plans
    f. Workforce

KLOE 1: How will the system work together to deliver on its collective responsibilities?

Key question and points to consider	Response
KLOE-1.1: How has each part of the system been engaged? • How have roles and responsibilities been communicated to and agreed with each part of the system? • How has each part of the system been engaged to support the development and delivery of the winter plan? • How have local authority, social care and VCSE (voluntary, community or social enterprise) partners been engaged with developing the system winter plan?	Place & ICB *All partners have been engaged through the Place UEC Board and copies of the roles and responsibilities shared and discussed at Board meetings.* *Partners are engaged in the priority setting at place and the 1UEC improvement plan developed and communicated to all, with SRO's for each workstream across all organisations to ensure shared ownership.* *Resilience workshops are planned led by the ICB to engage ad further develop the plans and associated actions including VCSE and MH* MHLDA Collaborative included in UEC Programme Board, UEC Programme Delivery Group & Mental Health Ambulance Response Steering Group. MH Winter Planning workshop 22nd August with System partners. UECMH Steering Group 6 weekly – winter planning as agenda item
KLOE-1.2: How will you assure that each part of the system is delivering against its roles and responsibilities?	Place & ICB *Accountability for the overall delivery of actions is taken through the UEC Board, weekly meetings of partners take place via the Surge and Escalation Group (both Physical*

Key question and points to consider	Response
• What is the mechanism for system partners to hold one another to account for delivering on their roles and responsibilities? • How have key interdependencies between parts of the system been identified, and how will they be managed? • What are the key risks to delivery of the plan in each part of the system, and how will they be mitigated?	*Health and MH groups in place) and SRO's have regular meetings to discuss progress against plans.* *The workstreams within the plans have interdependencies identified and discussions on progress taken through the above governance framework.* *The key risks to delivery of the plan are:* *i.* ***Capacity of named leads*** *to progress the required activity within the agreed timescales in light of ECIST support being significantly reduced. Mitigation: Prioritisation, the Place UEC priorities and winter plan are closely aligned, with key activities for winter agreed. Assurance & monitoring will be provided via the agreed governance framework, support for the process will be provided from UEC programme resource* *ii.* ***Capacity of services*** *to deliver the plan: recruitment and retention particularly to non-recurrently funded roles. Mitigation: A whole system place approach is taken to the allocation of discharge and BCF monies. BCF monies are allocated to supporting winter initiatives across Place partners. Schemes support physical health, mental health, social care and the VCSE. Discharge monies, including the workforce monies announced in the social care winter letter will further support the workforce pressures.* *iii.* ***Insufficient funding*** *to meet mandatory requirements and local need. Mitigation: partnership approach to allocation of discharge and workforce monies. Flexible allocation of resource. However, given cost pressures*

Key question and points to consider	Response
	across the system, industrial action and continuing cost of living issues this remains a challenge. *iv.* ***Unexpected variation*** *over and above average seasonal pressures eg Covid, flu, respiratory spikes. Mitigation: forecasting, a capacity and demand model is being developed to better identify anticipated spikes in demand, with contingency plans for those over and above which will be tested in Place Partner workshops.*
KLOE-1.3: How will the system deliver on the roles and responsibilities identified by NHSE - respond for each area as below: • Integrated Care Boards • Acute and Specialist NHS Trusts • Primary Care • Children and Young People services • Community Trust and Integrated Care Providers • Ambulance Trusts (where the ICB is the lead commissioner) • Mental Health	Place – coordinate responses. ICB level responses also required for MH, PC, YAS, CYP. **Integrated Care Boards:** *Resilience plans are developed for the system and place partnership workshops to test the system response led by the ICB at Place.* *Risks and mitigations have been identified as above.* *The SCC is supported via Place ICB leads during the week and via the ICB On-Call Designated Officer during weekends and out of hours.* *Oversight of the high impact interventions is provided at Place ICB level through the UEC Board and with the identification of a iUEC Champion for the ICB.* *Data sharing is in place and cross system oversight of the pressures in the system through real time data dashboards.*
	Acute and Specialist NHS Trusts:

Key question and points to consider	Response
	Winter planning and bed capacity modelling is being undertaken, with resilience planning workshops to develop and test the plans. *Improvement plans are in place to support UEC with a focus on ED Transformation, Frailty, SDEC, in patient flow, ward and board round processes and discharge flow.* *The escalation and Opel framework guidance is being built into the planning for the Trust.* *A discharge co-ordinator is being recruited to support the transfer of care hub and discharge flow.*
	Primary Care: • Primary care capacity and demand tool embedded into weekly practice providing OPEL score for primary care. This is shared through surge meetings • Provision for a surge in demand funded through the urgent care provider • Proactive care commissioned through GP additional care contract to support early identification and management of people with complex needs • Primary Care Delivery Group developing place based plan and communication strategy to feed into wider system plan • Working with ICB pharmacy team to expand CPCS services and break down perceived barriers • Work with PCNs to identify practices wishing to undertake Modern General Practice and engagement work commenced on SLF to identify practices needing additional support • Critical list of practices identified to move to cloud based telephony being progressed and support to others being developed

Key question and points to consider	Response
	• Working with Redmoor health on digital journey planner to maximise use of online channels • Bespoke care navigation training underway locally • Measures included in capacity and access plans to improve patient experience and better understand capacity and demand • TARGET sessions used to develop primary to secondary care interface • MDT working and personalised care continuing
	Children and Young People Services: We have begun to discuss the models required for CYP Virtual ward which will support the continued work of our community teams at place level. We have re-specified our CYP Community Nursing service to ensure it meets the needs of our current community and have explored the interdependencies with other Services. As part of the CYP SDF funding we are exploring alternatives to A&E for MH presentations and hope to have this up and running by Q3 2023/24. We have extended our Early Intervention approach to Mental Health by additionally commissioning digital support for the Children and Young people of Doncaster. An all age approach to the provision of ARI hubs will be implemented to ensure it reflects the needs of of paediatric community. MH system escalation meetings are in place to review demand, capacity and system workforce and these meetings can be stepped up more frequently and expand membership as and when required. 24/7 Crisis support service to go live from September 2023 (currently 8am-8pm 7 days per week)
	Community Trusts and Integrated Care Providers: Community providers currently utilising push model for 111, and plans to integrate to community providers front end into a single CAS is underway.

Key question and points to consider	Response
	UCR is continuing to deliver the 2hr response target, and communication plans are in place to increase referrals from existing sources but also adding new ones. UCR is the local gateway to VW, our Home First offer (Bed based and community reablement) We continue to support Care Homes via proactive management via EHCH teams and we have invested in digital tech to support admission avoidance (inc react to deterioration, istumble app and they will also have access to our local Digital Care Record) Our community equipment service provides and emergency element to support discharge. VW continues to grow in Doncaster although this still provides some element of risk in achieving the level expected, although our step-up pathways have now commenced which is positive VCSE service provide support for admission avoidance and support discharge
	Ambulance Trust: *Working together on the PUSH model for cat 3 &4 dispositions and the further development of the model for alternatives to ED.* *ARC/HALO role in place within the Acute Trust to support patient flow at the front door and cohorting at times of escalation. Cohorting arrangements in place at Acute Trust and fit to sit utilised to support ambulance handovers and reduce delays.* *YAS have direct access pathways operational to SDHC, UTC and ECP services to support alternatives to ED.* *YAS actively involved in all UEC working groups as appropriate to support the UEC Improvement and Resilience Plan at Place.* *NEPTS work ongoing to ensure effective patient discharge flow and out patient appointments are maximised.*
	Mental Health: *Implementation and communications of the new 111 pathway soft launch, where calls will be directed to the Mental Health Single Point of Access*

Key question and points to consider	Response
	(SPA) will be further embedded throughout October, ensuring appropriate assessment / signposting takes place and reducing the burden on A&E. *Pathways in place via the SPA to VCSE led Crisis Alternative services and Pathways in place directly from YAS and South Yorkshire Police (SYP) to Crisis Alternative services are also now in place.* *A crisis alternatives alliance has been developed with 5 different crisis alternative VCSE led service offers collaborating to support individuals with various needs (inc. Learning disabilities and/ or autism) in a community setting, with step up / down support from Mental Health crisis services and A&E when required.* *VCSE organisations will be commissioned to support those with a Severe mental illness, learning disability or autism to uptake vaccinations.* *MH system escalation meetings are in place to review demand, capacity and system workforce and these meetings can be stepped up more frequently and expand membership as and when required.* *Step down beds and housing provision to support hospital discharges will support in flow and community integration/ care.* *A Mental Health Ambulance is already in place in Doncaster and has direct access to crisis alternative services.*
	Local authorities and social care:
KLOE-1.4: How will the ICB lead the system through the winter period?	ICB

Key question and points to consider	Response
• How will 24/7 oversight of system pressures through the System Coordination Centre (SCC) be maintained? • How will the ICB ensure the appropriate structures, systems and process are in place to maintain operational oversight and delivery? • How will executive level and senior clinical leadership be used to deliver a successful winter for the system?	
KLOE-1.5: Infection Prevention and Control (IPC) • How have IPC colleagues been involved in the development of the system Winter plan? • What plans have been put in place to promote optimisation of IPC practices and effect Healthcare Associated Infection (HCAI) prevention/reduction in hospitals and community care settings? • What support has been put in place at a system level to, ensure IPC provision to care homes and step-down intermediate care facilities in preventing and reducing infection transmission, and aid capacity to discharge patients?	Place & ICB Doncaster perspective we have integrated our IP and C team into hosted by DBTH with a shared leadership team. This covers all the support to Community settings and was established through COVID and the capacity was maintained into the new model. This team has shared leadership with the Acute Trust. This team are closely involved in any community support (care homes and Dom care especially) and DBTH IP and C plans and support As a place, there are a number or Forums that feed into IP and C. Public Health lead and Chair the Place IP and C group that has all partners as members (this includes RDaSH community and Inpatient Settings) The ICB at Place continues to lead and support the Post Infection Review group that specifically looks at areas such as Cdiff etc to look at learning and quality improvement (again the

Key question and points to consider	Response
	integrated IP and C team are part of theat group and it covers RDaSH community and inpatient areas,) Primary Care settings are responsible for their own IP and C and support comes via PCD for GP services. At SY level, there is an established system wide IP and C group that will report into QPPIE. This group will look at both assurance and service improvement, consider variance across the SY system and ensure we have reduced variance around the agenda
KLOE-1.6: Support for care homes • What is the overall offer to care homes in supporting residents to remain well, access timely support, care, treatment, and advice and to remain in the care home for their care and treatment wherever possible avoiding unnecessary hospital admission. • The recommended roles and responsibilities for each part of the system detail several areas which should support care homes and care home residents – specifically how will care homes be supported through both a proactive and reactive care approach across the following areas: ○ Enhanced health in care homes ○ Personalised care and support planning ○ Oral health ○ Falls prevention exercises	Place – YAS to comment on falls prevention CH training Locally we have a robust offer to Care Home via proactive management and personalised care planning via our EHCH team (RDaSH) who work with GP practices to deliver the framework. This includes EOL care planning We have invested in digital tech (ipads) to support Care Homes to do this and have also embedded numerous apps/tools (inc. react to deterioration istumble app (falls prevention) and they will also have access to our local Digital Care Record) This as resulted in an increased utilisations of UCR and decrease in 999. As previously mentioned UCR is the gateway for all community services and for Care Homes this will also be how they access VW (this is a pathway that is just commencing) Remote monitoring is available via VW, but our community telemedicine service is available to all, inc CH residents All elements of the oral health toolkit is in place and forms part of the induction training. Domiciliary dentist provision is available. Access to

Key question and points to consider	Response
○ Vaccination and immunisation – staff and residents ○ Remote monitoring ○ Urgent community response (including falls response) ○ Provision of enhanced clinical support 2000-0800 ○ Virtual wards ○ End of life care planning	emergency dental provision would be via pathways as the same for all our population. We have plans to utilise ECHO for further training and have a link champion programme. Vaccination ??? Care Homes have access to our community nursing unplanned service which is 24hr 7/7 and can also access GP OOH services for support.
KLOE-1.7: Christmas and New Year • Outline the steps, including commissioning actions, that are being taken or planned to ensure core services remain accessible to the public over the Christmas and New Year period – specifically between 18 December 2023 and 8 January 2024 in responding consider at a minimum: ○ General practice ○ Dentistry ○ Community pharmacy ○ Specialist helplines ○ Hospice support	Place, MH, community pharmacy team & Primary Care team *MH - Liaison with VCSE to ensure plans include their services, funding in place to support VCSE to provide additional staffing for liaison at ED and discharge support packs for both acute and MH patients, with a focus on staff cover over public holidays. Crisis alternatives in place and phone support as part of this embedded.* The MH Crisis Services will operate 24/7 across this period including the crisis telephone lines which will be accessible via 111 'Select MH Option'. Community Mental Health Services will operate as 'business as usual' across this period. The patient flow team will operate 24/7 across this period and will provide 24/7 duty flow manager cover to resolve any escalations outside of core working hours. *Local Hospice is provided via RDaSH (community provider) and is open 365 days per year. Access will be via UCR if required during Christmas and New Year as with any other time of the year* Opening hours of community pharmacy being reviewed to see if meet expected demand. All dental practices must open for their contracted hours, however any practice wishing to close over Christmas and New Year fortnight must apply

Key question and points to consider	Response
	to do so and clarify buddying arrangements with other practices to ensure urgent care needs are met. Urgent dental care services are open 7 days per week. Access is via 111. General practice provision co-ordinated across SDHC, enhanced access and core general practice appointments

KLOE 2: high-impact interventions

Key question and points to consider	Response
KLOE-2.1: How will your choices to implement the high impact initiatives from the UEC Recovery Plan support you to achieve the required 4-hour Cat 2 ambulance performance over winter? As per the Universal Improvement Offer, you have submitted self-assessments against all 10 high impact initiatives and have identified 4 of the high impact initiatives to prioritise ahead of winter. • Are there other high-impact interventions relevant to the system that are being prioritised? • Are there robust plans in place to make a material impact on these interventions ready for winter? • How will the system monitor progress against these interventions? • What executive leadership for priority interventions is in place?	Place & ICB *ARI has been identified as an area of focussed work. At Place there is not a physical ARI in operation, but all of the component parts are within the system. A review of capacity and demand based on learning from last year is being undertaken and additional capacity and pathways implemented to increase resilience capacity in the community (additional appointments at Same Day Heatlh Centre (SDHC) and rolling out the CPCS.* *There is a system wide UEC improvement plan which captures all of the actions within workstreams, governance arrangements are in place with monthly reporting to Place UEC Board and SY Alliance Board meetings.* *All plans and actions are aligned to improvement measures and metrics with regular monitoring of progress.* *Executive leadership is in place through the Boards, ownership of actions is in place with SRO's from across the system*

Key question and points to consider	Response
	leading each workstream. iUEC Champions have been aligned to each of the improvement areas. *The high impact intervention self-assessment has been completed at Place and the areas of focus identified as being:* • *SDEC* • *Frailty* • *In Patient Flow* • *Transfer of Care Hub* *Each of these areas aligns to workstreams within the UEC Improvement and Resilience Plan and have SRO's and UEC Champions identified.* *Actions are being prioritised with a focus on what can be achieved to have maximum impact ahead of winter within the resources available. The main risks and challenges that lay within the work programmes are the need to mobilise change at pace and scale.* *The withdrawal of the intensive support offered at the outset of the plan being agreed has impacted on the pace and capacity within organisations to deliver the required outcomes. There are risks to achieving the trajectories on bed capacity, flow and reduction in LoS and bed days as a result.*
KLOE-2.2: How will the system ensure adequate improvement capability and capacity is in place to deliver on the high-impact interventions? • How many Recovery Champions have you identified?	Place and ICB *At Place we have identified 6 champions from across each provider organisation and the ICB.*

Key question and points to consider	Response
• How will Recovery Champions supported to develop their improvement capability? • How will Recovery Champions supported to commit sufficient time to the priority interventions? • How will you make use of the full range of support available to all organisations in the system through tiers 1 and 2 where relevant and the universal support offer?	*Champions are engaged in the NHSE improvement offer programme and have been aligned to the HII workstreams identified as priority areas for improvement at Place.*

KLOE 3: discharge, intermediate care, and social care

Key question and points to consider	Response
KLOE-3.1: What plans have been put in place to ensure effective joint working with relevant local authorities and social care? • Do care transfer hubs have clear line of sight to capacity challenges across intermediate and social care? • Do you have a named system lead for discharge across health and social care to facilitate joint management of risk over the winter period? • Are care transfer hubs fully operational with the relevant partners working together and reviewing all available data to deliver improvements? • How will you ensure that the Discharge Ready Date field is being comprehensively completed to enable the metric to be published before winter, and subsequently used to improve local services?	Place & ICB The Transfer of Care hub has matured and works collectively together to understand the capacity and demand available and flex criteria of services where pressure occurs, and the system needs to be innovative. Investment has been made to increase capacity through P1 through additional staffing and reviewing process and practice to create efficiencies. A single coordinator role has been agreed to be funded that will oversee system wide flow, boundary spanning to influence across all partners and hold people and organisations to account for performance. The transfer of care hub continues to develop through further partnership working whilst being sighted on the need to work across in to the community to further embed the D2A approach that will support more people to return home in a timely way.

Key question and points to consider	Response
• What are the plans for escalation between the NHS, local authority, social care and VCSE providers to mitigate delays in discharging patients from general and acute and community beds over the winter period? And for step up / admission avoidance?	There is further potential to utilise therapy capacity to improve outcomes for people across Doncaster. Data shows that the number of people with NRTR has reduced as have the times that people are waiting in an acute setting for discharge. Extensive work to develop and use nerve centre has been completed and work continues to embed the use of EDD and DRD which will provide data to be reported upon and enable a proactive approach to early discharge planning. Escalation plans are in place which will continue to be built upon as we are clear on where there are further opportunities for development – A pilot has commenced with a focus on frailty from which we are taking lessons from prior to winter to ensure that we maximise joint working to reduce unnecessary admissions and create a seamless delivery to people across all partners through a joined up approach to provision.
KLOE-3.2: How will you meet any gap between demand and capacity identified in your Better Care Fund (BCF) intermediate care capacity and demand plan, or any additional gap as a result of demand that may occur over and above forecast levels: • All Health and Wellbeing Boards have submitted BCF demand and capacity plans for intermediate care (step up and step down) for 2023/24. At ICB level, is there an	*Across each service we have looked at current demand and actual capacity, which reflects number of actual cases supported not total number of referrals into service.* • *Hospital discharge rehabilitation at home (pathway 1) demand and capacity is projected to show a 42% gap in provision between November 2023 and March 2024.*

Key question and points to consider	Response
intermediate care gap between demand and capacity projected for the winter period (November 2023 - March 2024)? And is there an intermediate care gap in your Intermediate Care level surge / super surge plans? • What are the plans to meet this gap through improving productivity, e.g., through reducing length of stay (in acute or community beds), or through reducing overprescription? Are there any further plans to meet this gap through increased commissioning of bedded and non-bedded intermediate care? If so, how much will this cost? Have these plans been developed with local authorities? • How well developed are these plans and will they be in place (agreed, commissioned, and provided) by winter? Have these plans been shared with local authorities to inform the refreshed BCF plans that will be required in October?	• *Hospital discharge rehabilitation in a bedded setting (pathway 2) demand and capacity is projected to show a 13% gap in provision between November 2023 and March 2024.* *To counteract these challenges in hospital discharge settings we will increase community capacity in urgent community response, reablement at home, rehabilitation at home and rehabilitation in a bedded setting.* *Discharge pathway numbers have been developed and profiled in partnership with ICB and LA colleagues. There is a total investment of £10,356,610 in 2023/24 to support 1013 placements and 2318 individual packages of care.* *To add to the above detailed pathway 0 data is not routinely reported, for example restarting existing services within the system. Length of stays have been considered into terms of ward settings and acuity of ward settings in terms of community support.*
KLOE-3.3: Community hospital and Intermediate Care capacity • What steps will you take to deliver an improvement in the average length of stay across your community hospital beds by March 24? • How will you improve Community Bed productivity and efficiency to maximise flow?	Place NHS provided community beds have Daily Board rounds are in place 7/7 to ensure flow, Step down into home based reablement is optimised as it is provided by the same organisation Therapy provision is not available on community bed wards across 7 days to achieve the rehab plan within 24 hours of admission as admission does take place over 7 days.

Key question and points to consider	Response
• What plans do you have in place to develop a therapy-led intermediate care service for people on discharge pathways 1 and 2 to be in receipt of the service in a timely way?	Recruitment to all therapy posts is extremely challenging. Discharges occur 7 days a week and there is equal access to the resources across all pathways based on priority of need. Right to reside principles embedded but Criteria led discharge requires further work. Dedicated social worker is provided for the wards to facilitate the right support for discharge. Therapy led D2A pathways are being tested locally for patients on pathway 1 TOCH is utilised for the flow from acute Trust to intermediate care rehab beds, but not for discharge from rehab beds to home or to step up to rehab from community at this point - further work is planned.

KLOE 4: H2 numerical submission

Key question and points to consider	Response
KLOE-4.1: demand assumptions • Explain any revised demand assumptions that are captured in the template. • Is there variance against demand assumptions for year to date.	Place *Proposed Trust response* – Through the business planning process the Trust under-took modelling of the expected demand. Year to date there has not been a significant enough deviation from plan for the Trust to revise the demand assumptions.

Key question and points to consider	Response
KLOE-4.2: supply • Explain any variance in supply against the agreed 2023/24 plan.	Place The trust has closed some beds where possible during summer to support cost containment.

KLOE 5: Escalation plans

Key question and points to consider	Response
KLOE-5.1: Describe the system escalation plan • Using the anticipated non-elective demand scenario outlined in the numerical submission describe the point at which demand would outstrip the capacity profiled for surge and the steps that the system will take to respond to this. • Specifically outline the consequences of this on other services. • Describe plans in place to expand adult and paediatric critical care capacity if needed? • Describe the whole system escalation plan including primary care, social care, and local authority. • Describe how capacity, including capacity in high-impact intervention areas e.g., ARI hubs, will be expanded in the event that demand exceeds planned capacity.	Place  *At Place we have a robust escalation framework in place, which is currently being reviewed alongside the new escalation guidance, Opel Framework and SCC guidance.* *Regular system partner meetings are held 3 times a week and under times of pressure stepped up- to daily. The Health Cell group is stepped up and meet with executive leads across the system when escalation is required (e.g. when moving into high Opel level 3 or level 4).* *A new live data dashboard is in development and due to be launched during September 2023, which will provide operational leads and executives an overview of the pressures throughout the day, this is building on the SCC data but with additional information on capacity and demand across the system. This will be utilised across the system partners as a method of escalation and triggering escalation actions in line with the agreed escalation action cards.*

Key question and points to consider	Response
	Resource provided through the additional capacity funding has been invested with the SDHC to step up clinical support at times of pressure and provide ARI additional appointments. *Additional capacity has also been invested for system resilience in capacity for social care and reablement step down beds/services.* MH OPEL framework developed in South Yorkshire ICB – HNY ICB considering use in this area. 111 MH option – if demand outstrips capacity, the IVR for MH will be switched off to ensure patient safety. Regular capacity discussion takes place between inpatient and community leaders regarding bed capacity and demand at 9:15am and 4pm. At times of exceptional demand, a 2pm capacity meeting will be facilitated as required. Crisis beds will be available to use in North Lincolnshire and Doncaster as an alternative to admission. Weekend planning meetings and pre bank holiday meetings take place trustwide with attendance from senior leadership teams to resolve any capacity and demand issues prior to weekends and bank holidays.
KLOE-5.2: Early warning • Describe the system approach to monitoring demand and early warning systems in place.	Place (SCC has forecast and near real time data flow for UEC) *In addition to the SCC dashboard, a real time data dashboard is in development at Place to provide an overview of demand and capacity in the system, from UTC and ED through to*

Key question and points to consider	Response
	discharge and community capacity. This dashboard will be available to operational leads to monitor and identify pressures during the day and for the system to step up escalation and respond in line with the escalation framework as necessary.

KLOE 6: Workforce

Key question and points to consider	Response
KLOE-6.1: How will you ensure adequate staffing levels are in place to meet anticipated demand? • How have you modelled your workforce requirements for permanent clinical and non-clinical staff to deliver a resilient winter – ensure that you have considered all parts of the system. • Do you have the required level of staffing in place to deliver the planned capacity outlined in the 2023/24 operating plan for the system? • If there is a deficit in workforce what are your plans to meet this – how confident is the system in meeting this deficit? • How much temporary workforce is required to support across winter? • Have you onboarded current staff within all partner organisations to staff banks for deployment during periods of escalation?	**Place** • **Rapid Assessment Pathway Team (RAPT) extended from DBTH to support Emergency Department (ED) at Bassetlaw hospital. The RAPT service is a team of social workers and therapists who identify patients in ED that have potential to be assessed, treated and or supported at home or within the community, thereby avoiding an acute admission. They can organise community equipment or increased packages for health and social care and use a Trusted Assessors model which is competency based, to ensure that patients have a full assessment to facilitate a discharge / transfer onto the most appropriate pathway using specified assessment criteria. The Trusted Assessor is also able to refer to any of the available pathways to prevent 'hand-off'** • **Discharge to Assess (D2A) for Frailty patients - Early supported discharge for Fractured Neck of Femur patients into nursing homes – collaborative work to identify suitable patients and facilitate speedier discharge using STEPS service**

Key question and points to consider	Response
• What plans to you have to maximise the community workforce to ensure rehabilitation and reablement are delivered to all people requiring Intermediate Care services?	• **Rapid response service and Home First 7 day services are a collaboration between RDaSH, Doncaster City Council, DBTH and FCMS - assessing and supporting people who have had falls or injuries in the community to avoid admission.** • **In previous years at DBTH it has not been possible to recruit to fixed term AHP posts and therefore this cannot be relied upon. There are not available locums or agency AHPs with the necessary skills. The solution this year has been to use predicted underspend (based on previous years' turnover) to recruit substantive additional staff in Physiotherapy (5 posts) Occupational Therapy (4 posts) Speech and Language Therapy (1 post) Dietetics (1 post). These posts will provide contingency and resilience for the workforce, but are dependent on being able to recruit to the roles.** • **If any funding becomes available, Radiography are aiming to increase their capacity of emergency CT daytime provision as well as have a dedicated hot reporting radiographer to free up reporting radiographers for ED. They would also use an agency orthopaedic and trauma radiographer to increase capacity.** • **Some AHP out of hours services are currently being moved onto NHSP. Finding AHPs that want to work on bank is a challenge, and the numbers of AHPs on bank are currently too small to be a useful workforce solution.** • **Community physiotherapy teams at DBTH and RDaSH now have a shared, single point of referral. This enables referrals for rehab and reablement to be managed across a larger workforce allowing easier prioritisation and timeliness of appointments. It removes duplicated referrals to the services and increases communication between the two teams**

Key question and points to consider	Response
KLOE-6.2: How will the system work together to support one another from a workforce perspective? • Are the correct systems and processes in place to support the deployment of staff from one provider to another where necessary?	Place to comment - ICB • Cross organisation rotations of Band 5 Occupational Therapists between the Acute and Community Trusts (DBTH and RDaSH) will start in the autumn to enable occupational therapists to gain experience across the whole of the patient pathway. This involves a secondment agreement currently to manage the challenge of contracting. • At Place we are looking for other examples of cross organisation deployment, it isn't happening yet in Doncaster – but it is something we will be working towards
KLOE-6.3: How will staff wellbeing be prioritised across winter? • What initiatives are in placed to support staff wellbeing across the winter? • When is planned and unplanned absenteeism expected to be highest and are arrangements in place to ensure this is aligned with demand and capacity? • What plans are in place to support a successful vaccination programme for influenza and Covid-19 if recommended for staff and volunteers?	Place Use primary care staff survey results to agree next steps and see if any support can be extended to DOPs
KLOE-6.4: How are you maximising the role of VCSE partners?	Place & ICB & YAS

Key question and points to consider	Response
• What assumptions have been made about the role of VCSE partners in supporting the workforce this winter? • What steps have you taken to maximise the role of VCSE partners this winter? • How will the relationship with VCSE partners be managed at a system-level to ensure the greatest level of integration and joint working? • What steps has the system taken to maximise the role of NHS and Care Volunteer Responders?	*Learnings from last year (where VCSE partners worked in A&E supporting by calming patients down, making staff drinks etc.) showed that VCSE support was invaluable to patients in A&E and the staff, particularly over the Christmas and New Year period. We would like to role this out again and will work closely with VCSE partners to ensure we grow and develop the scheme that was successful last year.* *We have also created a mental health crisis alternatives alliance this year which brings a number of VCSE organisations together to support those in crisis and those who are high intensity users of emergency services. We will continue this great work ensuring the pathways to these services are used appropriately.* *VCSE organisations support Admission avoidance and discharge as part of our Home First offer* *Last year a VCSE organisation supported some patients at the point of discharge, they were funded to tailor make support packages for patients. The packages could include essentials, such as food, phones, gas and electricity cards, bedding, bus passes etc. This supported patients to leave hospital timely and reduced re-admission. These were minimal last year but outcomes of those provided were positive. Therefore, we will look to further develop the pathway, increase the usage and options across a number of VCSE providers.*

Key question and points to consider	Response
	VCSE partners are invited to planning events and escalation meetings etc. where appropriate. We also find that VCSE partners bring the lived experience role as part of planning sessions which significantly supported the programmes of work last winter. MHLDA Collab – VCSE partners are fully engaged across all programmes. Currently exploring role of VCSE in concerns for welfare checks to reduce demand on emergency services. Winter pressure plan to open a walk-in crisis offer supported by VCSE sector. Liaison and commitment from PFG, also scoping other groups. Safe Spaces will have increased contact to offer support from Crisis services to ensue staff feel supported and capacity issues raised quickly.

2309 - E6 PROTECTING AND EXPANDING ELECTIVE CAPACITY - SELF CERTIFICATION (PRN00673)

Discussion Item | Denise Smith, Chief Operating Officer | 12:05

Paper to be received on 25 September 2023
10 minutes

2309 - E7 LETTER RESPONSE - REINFORCED AERATED AUTOCLAVED CONCRETE (PRN00777)

Information Item | Chief Financial Officer | 12:15

Kirsty Edmondson-Jones, Director of Innovation & Infrastructure
Verbal update - NHSE letter attached for reference
5 minutes

REFERENCES

Only PDFs are attached

E7 - NHSE Letter PRN00777_Reinforced Aerated Autoclaved Concrete (RAAC).pdf

To:
- All NHS trusts:
  - chairs
  - chief executive officers
  - estates leads

cc.
- Integrated care boards:
  - chairs
  - chief executive officers
  - estates leads
- Regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

5 September 2023

Dear Colleagues,

Reinforced aerated autoclaved concrete (RAAC)

Last week new guidance was published by the Department for Education regarding the approach to the presence of RAAC in the school estate. This has generated heightened public interest in the presence of RAAC in the NHS estate, and a number of questions from colleagues.

You are all aware of the risks associated with RAAC as part of the extensive programme of work undertaken over recent years. We are writing to reiterate the position in the NHS estate, and to outline actions you should be taking to assure yourselves as far as possible that RAAC is identified and appropriately mitigated, to keep patients, staff and visitors safe.

To provide co-ordination to these actions, we will be communicating via regional operations centres. **Please therefore ensure that appropriate arrangements are made within your organisation to be able to respond to communication from your regional operations centre (ROC) on this subject.**

Guidance on RAAC identification, monitoring and remediation

All guidelines on RAAC are based and driven by expert advice from the Institute for Structural Engineers (IStructE). There has been no change in IStructE guidance, which government has confirmed continues to be the basis of action to manage the situation in the NHS and wider public sector. We continue to work closely with government departments and technical advisory groups and have asked to be made aware of any changes to the guidance so that we can share these with you immediately.

Following an alert issued by The Standing Committee on Structural Safety (SCOSS) in 2019, the NHS in England put in place a now well-established programme to identify RAAC, support providers to put appropriate mitigations in place, and plan for eradication. We have worked closely with the trusts managing the 27 previously identified sites, including securing funding for investigative, safety/remedial and replacement work, with three of those sites now having eradicated RAAC.

As part of this ongoing work, in May 2023 NHS England sent out additional guidance to organisations including all provider trusts (including mental health, community and ambulance) following updated national guidance from IStructE on RAAC identification, management and remediation and Further Guidance on Investigation and Assessment (April 2023).

Identification of RAAC

We asked trusts to assess their estate again based on this updated guidance. Initial assessments of additional sites identified through this process are already being undertaken and are expected to be completed by the end of this week. The national RAAC programme team are collating information from these assessments, including where appropriate mitigation plans and the steps necessary to remove this material from use.

Given the importance of this work, we ask that – in any instances where this has not already been the case – boards ensure they support their estates teams and review the returns they provided to assure themselves that the assessments made were sufficiently thorough and covered all buildings and areas on your estate (including plant/works, education and other non-clinical areas/buildings).

ICBs will want assurance about the primary care estate and should work with their local primary practices and PCNs to ensure you have confirmation that no RAAC has been identified or, where it has, on the identification and management of RAAC. Guidance for the primary care estate was circulated in January of this year, which ROCs can reshare.

Management of identified RAAC

Trusts which have previously identified RAAC will have put in place management plans in line with the IStructE guidance.

In light of the need to maintain both the safety and confidence of staff, patients and visitors, **we recommend that in those organisations where the presence of RAAC has been confirmed and is being managed, boards take steps now to assure themselves that the management plans in place for each incidence – and particularly where panels are currently subject to monitoring only – are sufficiently robust and being implemented.**

Where you think you require assistance in completing this work, please contact: england.estatesandfacilities@nhs.net.

Planning for RAAC incidents

Effective management of RAAC significantly reduces associated risks; but does not completely eliminate them. Planning for RAAC failure, including the decant of patients and services where RAAC panels are present in clinical areas, is therefore part of business continuity planning for trusts where RAAC is known to be present, or is potentially present.

A regional evacuation plan was created and tested in the East of England. Learnings from this exercise have been cascaded to the other regions.

We would recommend that all boards ensure that they are familiar with the learning from this exercise and that they are being incorporated into standard business continuity planning as a matter of good practice.

This exercise is, however, essential for those organisations with known RAAC, and should be done as a matter of priority if it has not already been completed.

Thank you to you and your teams for the work on this to date, particularly in those organisations where RAAC has been found and management/remediation plans have been enacted. As mentioned above we will communicate further information through ROCs.

Yours sincerely,

Jacqui Rock
Chief Commercial Officer

Dr Mike Prentice
National Director for Emergency Planning and Incident Response

2309 - F GOVERNANCE & ASSURANCE

2309 - F1 TRUST RESPONSE TO THE LUCY LETBY CASE

Discussion Item | Richard Parker, Chief Executive | 12:20

Zoe Lintin, Chief People Officer
Fiona Dunn, Director Corporate Affairs / Company Secretary
15 minutes

REFERENCES

Only PDFs are attached

- F1 - Lucy Letby - Freedom to Speak Up.pdf
- F1 - Appendix 1 FTSU Communication to DBTH.pdf
- F1 - Appendix 2 Pre-Registration Education Escalation Pathway.pdf
- F1 - Appendix 3 Doctor's in Training Education Escalation Pathway.pdf
- F1 - Appendix 4 Vocational Learners Education Esclation Providers.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**F1**
Report Title:	**Lucy Letby – Freedom to Speak Up**		
Sponsor:	Richard Parker OBE, Chief Executive		
Author:	Richard Parker OBE, Chief Executive Zoe Lintin, Chief People Officer Fiona Dunn, Director of Corporate Affairs / Company Secretary		
Appendices:	Appendix 1: FTSU Communication to DBTH Appendix 2: Pre-registration education escalation pathway Appendix 3: Doctors in training education escalation pathway Appendix 4: Vocational learners education escalation pathway		

Report Summary

Executive Summary

Following the conviction of Lucy Letby for the appalling crimes she committed at the Countess of Chester Hospital NHS Foundation Trust a number of issues have been raised about the way in which concerns were managed and the decisions which were taken.

This paper considers the information which is currently publicly available, and which needs to be considered to ensure colleagues and our communities' confidence in the systems and process which are in place, or which can be enhanced to improve the early identifation of concerns and unusual levels of performance.

Recommendation:	The Board is asked to note and discuss the issues highlighted by the conviction of Lucy Letby, support the recommended actions and advise on whether any additional actions are required.			
Action Required:	~~Approval~~	**Discussion**	**Take assurance**	~~Information only~~
Link to True North Objectives: *Highlight which SAs this report provides assurance for:*	**TN SA1:** ***To provide outstanding care and improve patient experience***	**TN SA2:** *Everybody knows their role in achieving the vision*	**TN SA3:** *Feedback from staff and learners is in the top 10% in the UK*	**TN SA4:** *The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes		**Yes**	

Implications	
Board assurance framework:	Paper aligned to BAF Risk 1 and 2
Risk register:	Paper aligned to BAF Risk 1 and 2
Regulation:	Compliance with Fit and Proper person criteria (Licence condition 4 and 5 of Health and Social Care Act 2008) CQC 2014
Legal:	Compliance with Fit and Proper person criteria (Licence condition 4 and 5

	of Health and Social Care Act 2008) CQC 2014
Resources:	*N/A*
Assurance Route	
Previously considered by:	Not applicable
Date :	
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	

1.0 Introduction

Following the conviction of Lucy Letby in August 2023 for the appalling crimes she committed at the Countess of Chester Hospital NHS Foundation Trust a number of issues have been raised about the way in which concerns were managed and the decisions which were taken.

This paper considers the information which is currently publicly available, and which needs to be considered to ensure colleagues and our communities can have confidence in the systems and process which are in place, or which can be enhanced, to improve the early identifation of concerns and unusual levels of performance.

2.0 Background

In August 2023, Lucy Letby, a neonatal nurse at the Countess of Chester NHS Foundation Trust, was convicted of murdering seven infants, five boys and two girls, and attempting to murder six others. Crimes which have destroyed the lives of the families involved and shocked and appalled the public and the NHS family.

During the course of the trial it was reported that a senior doctor raised suspicions about Letby in 2015 and 2016 which resulted in a number of meetings with senior managers, up to and including the Chief Executive Officer and that although the Board of Directors were aware of some of the issues the Board may not have been aware of all the information which was available.

Cheshire Constabulary launched its own investigations into the deaths in May 2017 and Lucy Letby was arrested three times on suspicion of involvement with the deaths in 2018 and 2019, before being remanded in custody in November 2020.

Once the trial had concluded and having listed the views of families of the victims, the Health and Social Care Secretary, Steve Barclay, announced that a statutory enquiry which will investigate the wider circumstances around what happened at the Trust, including the handling of concerns and governance. It will also look at what actions were taken by regulators and the wider NHS.

As a statutory enquiry is likely to take some time to conclude it is important that the immediately available information which is in the public domain is considered to ensure that any immediate actions, or lessons which can result in improvements in the quality of care and safety for the patients in the Trusts care.

3.0 Key Issues

3.1 Freedom to Speak Up

Following the conclusion of the trial NHS England (NHSE) issued specific guidance to the NHS relating to Freedom to Speak Up. As the Executive Lead for Speaking Up, the Chief People Officer has discussed the NHSE letter regarding Freedom to Speak Up (FTSU) with the FTSU Guardian and the Chief Executive to be able to provide assurance to the Board on the specific points raised by NHSE.

There has been an ongoing programme of communication and engagement in relation to Speaking Up at DBTH over the last year. Speaking Up is the Trust's recognised name and language to cover FTSU, with a trained registered Guardian supported by an increasing network of champions and partners.

The new FTSU policy has been agreed and launched in July 2023, in line with the new national template. The supporting process to complement this policy will be introduced shortly and this aims to provide a framework for how concerns are dealt with when raised to different partners to support a consistency in approach, and identification of any themes. In addition to the policy and process, the routes to seeking support and raising concerns are communicated regularly across different channels. New posters have been designed to show the range of options and available partners with details on how to contact them.

A series of engagement sessions and 'big conversations' have been held since March 2023 to help to inform the development of the new Speaking Up Strategy and this work has been supported by the Quality Improvement (Qi) team. The FTSU Guardian also visits different areas and holds drop-in sessions across the three sites for colleagues and managers. The Speaking Up Forum has representatives from a range of DBTH internal partners to bring different perspectives, for example Professional Nurse Advocate (PNA), People Business Partner, Staff Side, Patient Safety.

The People Committee receive a detailed report presented by the FTSU Guardian bi-annually and the Board also receive a bi-annual report. The reports include data and information on number of cases, themes, connections with other aspects of cultural improvement work, engagement and strategy development. Board members have completed Speaking Up pledges as part of the ongoing communications and there are quarterly catch-ups between the FTSU Guardian, the Non-Executive Director lead for FTSU and the Chief People Officer.

The FTSU Guardian and People & OD team are aware of the national Speaking Up Support Scheme and it has been offered in practice where appropriate. The national Reflection and Planning Tool has been completed and presented to Trust Executive Group and People Committee in July 2023. There is an action plan in place to support further improvement.

Speaking Up is a theme within our new People Strategy 2023-27 and is also integral to other cultural workstreams, notably Just Culture. Work continues to identify further ways to support people who may have cultural barriers to speaking up or who may be less confident or less likely to do so. The FTSU Guardian attends the Equality, Diversity & Inclusion Committee, the Heath & Wellbeing Committee and the staff networks. The FTSU Guardian and Guardian for Safe Working are now more closely connected, to ensure that doctors in training are aware and supported – as a more transient workforce. The FTSU Guardian has also been working with the pastoral team supporting our internationally educated nursing colleagues and links in with the PNAs and wellbeing counsellors.

A partnership approach to Speaking Up is used at DBTH with the aim of fostering a positive, open and inclusive culture where people are aware of the different routes and support mechanisms available, feel safe to raise concerns and where those who do speak up are treated well and fairly and learning is taken. A list of routes to speaking up has been sent to all colleagues (appendix 1) to ensure that colleagues have the information they may need to raise concerns. However, with so many different points of contact for raising concerns it is important that work is undertaken to ensure the triangulation of information and concerns with data as this may identify themes which are not directly apparent from a single contact or data point.

Supporting our learners and students

DBTH is a key education provider for a variety of learners (including our own people) across a breadth of disciplines and levels of study. The majority of our learners are covered under the NHSE Education contract, including all doctors in training and all healthcare professionals on a pre-registration including undergraduate and postgraduate professional training programme e.g., Medical, Nursing, Midwifery, Allied Health Professional students. Pharmacy learners are now also being considered as part of this contract.

DBTH colleagues on a learning programme are supported equivalently to those who join us as part of their training programme and are also supported by our standard employment terms and conditions.

DBTH embraces education as key to its function and success, and this is reflected in the overall Trust ambition, to be the Safest Trust in England, outstanding in all that we do and embedded within the breakthrough objectives. Furthermore, the Teaching Hospital Board has been formed to support the ambition to move DBTH to be recognised as a University Teaching Hospital, a model which has been endorsed by the Board.

Quality standards and escalation pathways

DBTH has a new Education Quality Framework (EQF), which will be formally launched in October 2023, reflecting national and local quality markers around the provision of education across DBTH. The EQF formalises current standards, raises the profile of the quality standards within education for all colleagues across DBTH and will complement the existing national processes to ensure individual learners and the organisation/systems support safe and effective education and learning in clinical practice. These standards and processes include:

- Self-Assessment Return (annual return to NHSE against the education quality standards)
- Regular review of all learner feedback e.g., GMC survey, PARE data, NETs data.
- Annual quality visits:
    - NHSE Yorkshire & Humber Deanery Monitoring the Learning Environment (MLE)
    - Sheffield Medical School
- Regular education reports for scrutiny at the People Committee
- Strategic engagement with external partners via the Teaching Hospital Board
- Internal Directorate engagement via the Workforce Education Committee and operational management via the Education Operational Group. Any themes or areas of concern can be highlighted.

There are also regular connections with local Higher and Further Education Institutes, including:

- Strategic 1:2 meetings
- Curriculum planning meetings
- Individual escalation and progression meetings
- Partnership meetings

The above is also supported by regional and place based NHSE partnership forums e.g., South Yorkshire Partnership Group, Doncaster Health and Care Centre of Excellence for which DBTH are key partners.

DBTH provides oversight and support for all its education through a corporate Education and Research Directorate. All learners are inducted via a corporate induction and each sub-group of learners has a corporate team to support them and their local Directorate education infrastructure e.g., Vocational Education Team, Placement Education Team, Clinical Education Team. Within the Directorates, learners are aligned with appropriately trained and supported supervisors and assessors. Our aim is to increase the number of trained supervisors and assessors to support future increasing student numbers, in line with the NHS Long Term Workforce Plan.

A specific Education Escalation pathway has been developed and noted as best practice from previous NHSE quality visits and this is shared with all learners at DBTH as part of their induction (Appendix 2 to 4). These education escalation pathways complement the Speaking Up, Guardian of Safe Working and partner escalation pathways in place and are designed to provide appropriate assurance, support and to identify any areas of concern.

Any learners needing additional support are initially identified by their supervisor/ assessor and then escalated to the corporate education team and/or appropriate external NHSE/HEI/FEI partner depending on the individual circumstances.

For postgraduate doctors in training, if any learner is identified by name in a serious incident this is notified to the Quality & Governance lead who notifies NHSE as appropriate in line with the defined processes to ensure support is provided.

3.2 Fit and Proper Persons Test (FPPT)

The FPPT was originally introduced in 2014 through Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to prevent poorly performing managers and directors from moving between health organisations. The FPPT is a key element of patient safety and good leadership in organisations. This is recognised by all board members and DBTH comply fully with the requirements.

Following the review of the FPPT by Tom Kark KC new recommendations were released in an updated Fit and Proper Persons Test (FPPT) Framework published by NHS England on 02 August 2023. It should be noted that whilst the aforementioned legislation has not changed, the new framework has been introduced to support compliance with the same.

The existing FPTT policy is currently being reviewed to ensure compliance with the new framework. The key changes to the framework are as follows:

- The framework is positioned in the wider context of good governance, leadership and board development and applies to all board members of NHS organisations, including interim appointments and non-voting members.
- The majority of the requirements echo those already in existence from the previous FPPT guidance. The core elements that continue to be assessed are, good character; possessing the qualifications, competence, skills and experience required; in addition to financial soundness.
- The framework introduces a new standardised board members reference which should be created whenever a board member leaves an NHS organisation, regardless of whether they are moving immediately to another NHS role and should be sought by employing NHS organisations when making a job offer. This will be in place from 30 September 2023

- The Electronic Staff Record (ESR) will be used to store information related to FPPT.
- A full FPPT against the core elements of the framework should be undertaken whenever new appointments are made, if a board member moves to a new board role in their current organisation and annually thereafter.
- Annual self-attestations by board members to confirm adherence to the regulations continue.
- For joint appointments, checks will be undertaken by the host/employing organisation and confirmed to the other contracting organisation.
- The Chair of the Board is accountable for taking all reasonable steps to ensure the FPPT is effectively implemented.
- Additional guidance has been published in relation to the recording on ESR element of the framework.
- The full framework should be fully implemented by 31 March 2024.

The annual review of the Board FPPT for DBTH has been completed for 2023 and will be received by the Board on 26th September 2023.

3.4 Datix/ Serious Incidents/ Clinical and Corporate Governance

Although there is limited information currently available to confirm the processes which were undertaken within the Countess of Chester NHS Foundation Trust related during its investigation into the concerns which were raised, and the changes in performance in neonatal care. It is clear that these were likely to include issues like Datix reporting, Serious Incident Investigations, Mortality and Morbidity Meetings, and Governance at a Directorate and Corporate Level. As a result, it is appropriate that work is undertaken to ensure that DBTH Board Committees, and the Board can be assured that there is a logical consideration and triangulation of all of the information which is available relating to Divisions, Directorates, departments, teams or colleagues to identify any concerns at the earliest opportunity. The newly appointed Deputy Chief Executive will undertake a fresh eyes assessment of the clinical and corporate governance systems and processes from ward to board to ensure that there is a triangulation of the qualitative and quantitative information which is available.

In addition to ensuring that information is triangulated it is also important to ensure that colleagues who are involved in systems and process which consider near misses, or incidents have the necessary training and development to ensure that all appropriate lessons are learnt, shared and acted upon. The national roll out of Patient Safety Incident Reporting is clearly a step forward, as is the awareness raising and practitioner training programmes, but work will be undertaken to review the serious incident investigations process to ensure that colleagues have the necessary skills and experience to undertake impartial and effective investigations.

3.5 Regulation of Senior Managers/ Directors

Following the conclusion of the trial the role of senior managers following the concerns being raised and their subsequent actions, the role of regulators and the use of references have been identified as a cause of some concern and while the revised FFP regulations will ensure a tightening of some standards the issue of all Board level appointees being professionally regulated is being actively considered by the Department of Health and NHS England and will also be a matter for the Statutory Enquiry.

4.0 Recommendations

The Board are asked to note the content of this paper and the actions which are, and will be taken to strengthen the Trusts FTSU, FFP and Patient Safety Culture, and advise upon any further actions which may be considered appropriate.

Lucy Letby and the Freedom to Speak Up

The conclusion of the trial involving former nurse, Lucy Letby, and the appalling nature of the crimes committed, while deeply disturbing, serve as a catalyst for us to revaluate and reinforce the values we hold dear as an organisation.

As Team DBTH, we are dedicated to caring and doing the very best for our patient and we remain committed to maintaining a safe, secure and transparent environment for our patients, colleagues and learners.

Some years ago, we established our Freedom to Speak Up (FTSU) team, led by Freedom to Speak Up Guardian, Paula Hill. This service was created to empower our colleagues to voice their concerns without fear of reprisal. In light of recent events, we want to emphasise the significance of this initiative as a vital channel for open communication, fostering a culture where colleagues feel comfortable raising issues of any scale as well as suggesting improvements to working practices or other aspects of life at DBTH.

The Speaking Up Guardian, Champions and partners play an integral role by working alongside our leadership teams to cultivate an environment of transparency, where every individual is encouraged and empowered to speak up.

We understand that it can be challenging to come forward with concerns, especially when they involve sensitive matters. That's why we have established a comprehensive network of support to ensure that no voice goes unheard:

- **Line Managers and Supervisors:** Your immediate line managers are there to listen and address your concerns.
- **Senior Independent Director (SID):** Named at the Trust as Mark Day, who can be contacted directly.
- **Board of the Directors:** Made up of 15 individuals, the Directors can be contacted to raise concerns, who will then escalate further.
- **Speak Up Guardian and Champions:** Our dedicated guardian and champions are available to provide guidance and support throughout the process.
- **Tutors or Education Leads:** For those in educational roles, your tutors and education leads are ready to assist.
- **Quality Improvement and Governance Teams:** Our teams focused on quality improvement and governance are here to ensure best practices are upheld.
- **Health and Wellbeing Team:** Your overall wellbeing matters to us, and we have resources in place to support you.
- **NHS Fraud:** To combat any fraudulent activities, our team is prepared to take action.
- **People & OD Team:** People Business Partnering team is here to address any HR-related concerns.
- **Guardian for Safe Working:** Ensuring a safe work environment is a top priority for us.
- **Trade Union:** If you are part of a trade union, they can offer guidance and advocacy.
- **EDI Team:** Our Equality, Diversity, and Inclusion team is committed to promoting a diverse and respectful workplace.
- **Professional Nurse Advocate (PNA) or Professional Midwifery Advocate (PMA):** Advocates specialised in nursing and midwifery concerns are available.

- **Patient Safety and Safeguarding Teams:** The safety of our patients is paramount, and this team is focused on maintaining that safety.
- **Medical Director Team:** Our medical directors are here to address clinical concerns.
- **Health and Safety Team:** Ensuring the wellbeing of our colleagues and patients is a shared responsibility.

If you ever find yourself needing to raise a concern, please know that you have multiple avenues for support. We encourage you to reach out initially to your line manager or supervisor. Additionally, you can utilise the Speaking Up helpline at 01302 644300 or contact the confidential email service at dbth.guardian@nhs.net.

As the NHS learns from this distressing incident, we must continue to prioritise transparency, communication, and accountability to ensure that every individual who steps through our doors receives the highest quality care in an environment of safety and trust.

The Board of Directors
Doncaster and Bassetlaw Teaching Hospitals

Escalation of Concerns for Pre-Reg Placements

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Stage 1

All concerns within your placement area should be raised with your Practice Supervisor / Assessor, Learning Environment Manager (LEM) or Ward/ Department Manager

Is the outcome resolved to your satisfaction?

Yes

No

Stage 2

Further options to raise concerns:

- Visit Placement Team Office in the Education Centre at DRI or The Hub at BDGH
- Send a confidential email to dbth.studenthelp@nhs.net (you will receive a response within three working days)

The Placement Team will meet with you to fully understand your concern. They will escalate, action, plan or record appropriately. Your University will be informed at an appropriate level and they will support in developing an action plan if appropriate.

NB: This process should be used in conjuction with the appropriate local Higher Education Institutes/University Escalation of Concerns Policy

Are you satisfied with the outcome?

Yes

No

Stage 3

Your concern should be escalated to Deputy Director of Education and University for review. Your University will follow their own policies and procedures to review audit for placement area and to consider suspension of student placements.

We care

Other Supporting Roles

Professional Nurse Advocate (PNA) Team
dbth.pnateam@nhs.net

Professional Midwifery Advocate (PMA) Team
dbth.pmateam@nhs.net

Speak Up Guardian
dbth.guardian@nhs.net

Escalation of Concerns for Doctors in Training

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Yes

Is the outcome resolved to your satisfaction?

Stage 1

All concerns within your training post should be raised first with your named Clinical Supervisor.

No

Stage 2

Further options to raise concerns:

- Email the Medical Education Team at **dbth.medicaleducation@nhs.net**
- Visit The Medical Education Office in the Education Centre at DRI or The Hub at BDGH
- Contact your Education Supervisor
- Contact your College Tutor
- Contact the Associate Director of Education Mr Dan Beral: **daniel.beral@nhs.net**
- Send a confidential email **dbth.traineehelp@nhs.net**

Other Supporting Roles

Speak Up Guardian: *dbth.guardian@nhs.net*

SupporRTT Champion: *Lucy.peart@nhs.net / Ann.harris6@nhs.net*

Guardian of Safe Working: *anna.pryce@nhs.net*

The Medical Education Team will meet with you to fully understand your concern. They will escalate, action, plan or record appropriately. Your Training Programme Director will be informed at an appropriate level and they will support in developing an action plan if appropriate.

Yes

Are you satisfied with the outcome?

No

Stage 3

Your concern may require escalation to NHSE or relevant Royal College for review. They will then follow their own policies and procedures to provide all available support packages.

We care

Escalation of Concerns Process for DBTH Vocational Education – for all Vocational Learners, Managers, Educators and Education Providers

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Is the outcome resolved to your satisfaction?

Yes

Stage 1

All concerns should be raised with the Vocational Education Team by emailing dbth.vocationalsupport@nhs.net or calling ext 644786 – the Vocational Education Team will attempt to resolve the matter escalated.

No

Stage 2

Concerns will be forwarded to the appropriate team e.g Placement team, Education Provider, Manager by the Vocational Education Team subject to the nature of the concern who will attempt to resolve the issue. Where specific expertise is required, concerns may be escalated to the relevant Education Lead/Clinical Educator.

Other Supporting Roles

Speak Up Guardian: *dbth.guardian@nhs.net*

Are you satisfied with the outcome?

No

Stage 3

Concerns will be escalated to the Head of Education and DBTH policies will be followed in line with NHS terms and conditions of employment. Where matters relate to academic issues the Education Provider will also be included and will implement their own policies and procedures

Yes

We care

2309 - F2 BOARD OF DIRECTORS REGISTER OF INTEREST AND FIT & PROPER PERSON ANNUAL REVIEW (INCORPORATING A SUMMARY OF FPP CHANGES FROM 30/9/2023)

Information Item | Fiona Dunn, Director Corporate Affairs / Company Secretary | 12:.3

5 minutes

REFERENCES

Only PDFs are attached

F2 - Board of Directors Register of Interest & FPP Annual Review including changes to FPP.pdf

Report Cover Page			
Meeting Title:	**Board of Directors**		
Meeting Date:	26 September 2023	**Agenda Reference:**	**F2**
Report Title:	**Board of Directors Register of Interests & Fit & Proper Person Annual Review, Including Summary of changes in new FPPT Framework**		
Sponsor:	Richard Parker OBE, Chief Executive Officer		
Author:	Fiona Dunn, Director Corporate Affairs/Company Secretary		
Appendices:	Appendix A, B, (Board Register of Interests & Declarations check summary), Appendix C (New Fit and Proper Persons Test (FPPT) Framework Summary)		

Report Summary	
Purpose of Report	To provide assurance to the Board on its statutory and regulatory requirements in requirement for declaration of Director interests. The Board is requested to note the annual evaluation of: 1. Interests declared by the Board Directors to determine material conflicts 2. Compliance with fit and proper person criteria (Licence Condition 4 and Regulation 5 of the Health & Social Care Act 2008 (regulated activities) Regualtins 2014. The report also highlights the key points from the newly released Fit and Proper Persons Test (FPPT) Framework from NHSE released 2 August 2023.

Executive Summary

Registers of interest

The NHS Foundation Trust Code of Governance ('the Code') states that Boards should follow a policy of openness and transparency and make clear how conflicts of interests are dealt with. Board Directors are prompted to review their declarations of interests on an annual basis, and the Summary Register of Interests is then updated and reviewed by the Board each year, to enable the identification and consideration of any potential conflicts.

This process is supplemented by the inclusion of a standing agenda item on all Board meetings for 'Declaration of Interests' relating to items on the agenda and any such declaration recorded in the minutes.

All Board Directors are required to declare any interests as soon as they arise in order that any potential conflicts can be mitigated. The Trust has in place a Code of Business Conduct (including Declaration of Interests, Gifts and Hospitality and Sponsorship) which is compliant with national guidelines.
The CIVICA Declare system is in place and enables web-based public accessibility to the Trust's Register of Interests via the Trust website; this is now a formal requirement. There is a robust system of reminders led by the Director Corporate Affairs using the CIVICA Declare system.

Fit and Proper Person Test

The new Provider Licence came into effect in April 2023 and requires that all Board Directors are 'fit and proper persons'. Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 places a further duty on NHS Providers not to appoint or allow a person to continue to serve on a Board unless certain requirements are met.
A Fit and Proper Person's Policy has been adopted by the Board (reviewed February 2022). This requires all existing Directors to complete an annual self-declaration circulated by the Director of Corporate Affairs.

Due to the new NHS FPPT requirements released August 2 2023, this policy will be reviewed over the next few months to include any required changes.

A summary of the key changes to the FPPT framework are highlighted in **Appendix C**, outlining the timescales for implementation and the expectations around roles and repsonsiblities in implementing this framework.

Summary

The Register for the Board was updated as of 1st August 2023 and is attached (**Appendix A**). This information is made publicly available on the Trust website.
All Board members comply with the "fit and proper persons" self-declaration as required (reviewed as of 1st August 2023) which also includes checks on:

- Insolvency & Bankruptcy check (by Dir Corporate Affairs)
- Disqualified Directors check via Companies House (by Dir Corporate Affairs)
- Charity Trustees register *
- Public Domain Search *
- Confirmation of Last Appraisal, DBS CCHeck in date, and checks on any professional registration.revalidation *

NB: All checks were clear/passed, and no conflicts of interest have been identified. (Appendix B)

* Note these are extra checks performed this year due to the recent release of new NHS guidelines as a result of the Tom Kark review. These checks will continue to be used and will be reflected in the revised version of the Fit & Proper Person SOP, now currently under review to reflect changes required from the new guidance.

Recommendation:	The Board is asked to receive and approve this report by: 1. Review the register of interests (**appendix A**) and consider any potential conflicts, confirming either that there are no material conflicts or else determining how any conflicts are to be dealt with 2. Review the self declarations in respect of the Fit & Proper Persons test and confirm that there is no evidence to suggest that the Trust is non-compliant with Condition G4 of the Provider Licence or Regulation 5 (health & Social Care Act 2008 [regulated activities] Regulations 2014 in respect of all existing directors **Appendix B**) 3. For the Chair and Deputy Chair (in respect of Chair attestations) confirm there are no issues in relation to points 1 & 2 above.

	4. Confirm understanding of the additional changes highlighted in **Appendix C** required for compliance with the new framework 5. The board to confirm acknowledgement of the requirement for the ESR data storage changes re FPPT information.			
Action Require:	Approval	Review and discussion/ give guidance	Take assurance	Information only
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**NHS Nottingham & Nottinghamshire ICS**	
	Yes		**Yes**	

Implications	
Board assurance framework:	Paper aligned to BAF Risk 1 and 2
Risk register:	N/A
Regulation:	Compliance with Fit and Proper person criteria (Licence condition 4 and 5 of Health and Social Care Act 2008) CQC 2014 Regulations
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008 & CQC 2014 Regulations.
Resources:	N/A

Assurance Route	
Previously considered by:	Board Outcome report 2022
Date:	Board meeting September 2022
Any outcomes/next steps	Acknowledgement from Board of meeting statutory requirement
Previously circulated reports to supplement this paper:	none

Appendix A

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Register of Directors' Interests

Register of Interests

Suzy Brain England OBE, Chair of the Board
Chair at Keep Britain Tidy
Lead Examiner for Chartered Director by the Institute of Directors
Founder and Chair of Cloud Talking, Aspirational Mentoring
Co-opted Board member Doncaster Chamber of Commerce
Trustee of NHS Retirement Fund (until October 2023)
Advisory Committee on Clinical Impact Awards (ACCIA)
Facilitate/Chair NHS Providers training & development session as required

Kath Smart, Non-Executive Director
Chair – Acis Group, Gainsborough (Housing provider)
Court Secretary – Foresters Friendly Society, Sheffield (Mutual Society)
Senior Trust Associate Manager (TAM – or 'Hospital Manager' under the Mental Health Act) – Rotherham, Doncaster & South Humber NHS FT

Mark Bailey, Non-Executive Director
Non-Executive Chair, Doncaster and Bassetlaw Healthcare Services Ltd
Non-Executive Director – Derbyshire Community Health Services Foundation Trust
Executive Coach – NHS Leadership Academy (voluntary)
Non-Executive Director for MEDQP Ltd (Voluntary)

Jo Gander, Non-Executive Director
Managing Director Gander Healthcare Solutions (Dormant business)
Head of Programmes, Innovation, Research and Life Sciences (IRLS), Accelerated Access Collaborative, NHS England – Until 11 September 2023
Membership of Advisory Committee on Clinical Impact Awards (ACCIA) Yorkshire and Humber Sub-Committee

Mark Day , Non-Executive Director
Health Development Director, Equity Solutions Group - (Investment and development organisation that specialises in partnerships with the public sector and the Design, Build, Finance and Operation (DBFO) of bespoke buildings)
Non-Executive Chair, Summerhill Service Limited (SSL)- SSL is a wholly owned subsidiary of Birmingham and Solihull Mental Health NHS Foundation Trust providing a range of support services to the Trust and other customers

Hazel Brand , Non-Executive Director
Councillor, Bassetlaw District Council (independent) In this role, member of the Council's Appointments and Planning Committees
Parish Councillor, Misterton

Lucy Nickson , Non-Executive Director
Chief Executive for Day One Trauma Support, national charity

Richard Parker OBE, Chief Executive Officer
Member of the South Yorkshire Integrated Care Board
Spouse is a senior Nurse at Sheffield Health and Social Care Trust

Dr Tim Noble, Executive Medical Director
Spouse is a Consultant Physician at DBTH

Jon Sargeant, Interim Director of Recovery, Innovation & Transformation
Director, Doncaster and Bassetlaw Healthcare Services Ltd

Zoe Lintin, Chief People Officer
Trustee on the Board of Sheffied Academy Trust

Denise Smith, Chief Operating Officer
Various family members work in NHS. None working in SYB network

Emma Shaheen, Director Communication & Engagement
Sister is Deputy Director of Involvement, South Yrkshire ICB

Fiona Dunn, Director Corporate Affairs/Company Secretary
Animal Ranger, Yorkshire Wildlife Park

The following have no relevant interests to declare:

Karen Jessop	Chief Nurse
Emyr Jones	Non-Executive Director

Chair / NED	Assigment No	Role	Recruitment checks completed	DBS check	DBS Date done & cleared	DBS Due	Last Appraisal date	Registering Professinal Body (date checked in notes)	Last Self-attestation form signed	Insolvency check	Disqualified direstors Register check	Disqualification from being a charity trustee check	Employment Tribunal Judgement check	Social media check/public domain	Date signed by Chair via Board
Suzy Brain England	**26345747**	Chair	yes	Standard	05/08/2016	05/08/2026	14/07/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Kath Smart	**27266118**	NED (Dep. Chair)	yes	Standard	22/02/2018	22/02/2028	28/07/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Mark Bailey	**28482572**	NED (People)	yes	Standard	05/02/2020	06/02/2020	27/07/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Mark Day	**30473485**	NED (SID)	yes	Standard	24/03/2022	24/03/2032	14/07/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Joanne Gander	**30751224**	NED (QEC)	yes	Standard	11/07/2022	11/07/2022	03/08/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Hazel Brand	**30720863**	NED (CharityFC)	yes	Standard	04/07/2022	04/07/2022	27/07/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Emyr Jones	**31317152**	NED	yes	Standard	31/01/2023	31/01/2033	04/08/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Lucy Nickson	**31317196**	NED	yes	Standard	07/02/2023	07/02/2033	10/08/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Richard Parker	**30398956**	CEO	Yes	Standard	04/05/2023	04/05/2033	08/06/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Zara Jones		DCEO	Yes	Standard	01/07/2023	01/07/1933	N/S	N/A	Aug-23	√	√	√	√	√	26/09/2023
Tim Noble (GMC 3343508)	**34612713**	MDIR	Yes	Enhanced	17/05/2023	17/05/2026	17/04/2023	Yes GMC Reval due 25/02/2028	Aug-23	√	√	√	√	√	26/09/2023
Jon Sargeant	**26245076**	DRIT	Yes	Standard	22/08/2016	22/08/2026	06/04/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Zoe Lintin	**30607982**	CPO	Yes	Standard	11/02/2022	11/02/2032	30/03/2023	N/A	Aug-23	√	√	√	√	√	26/09/2023
Denise Smith	**30995643**	COO	Yes	Standard	20/06/2022	20/06/2032	07/03/2023	N/A	Aug-23	√	√	√	√		26/09/2023
Karen Jessop (NMC PIN no 9213589E)	**31065429**	CN	Yes	Enhanced	29/10/2023	29/10/2026	14/03/2023	Yes NMC Reval due 30/9/26	Aug-23	√	√	√	√	√	26/09/2023

Appendix C.

New Fit and Proper Persons Test (FPPT) Framework Summary

Executive Summary

The purpose of this appendix is to provide the Board with an update, illustrating the key elements relating to the new Fit and Proper Persons Test (FPPT) Framework published by NHS England on 02 August 2023, following the review of the FPPT by Tom Kark KC

The FPPT was originally introduced in 2014 through Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It should be noted that whilst the legislation has not changed, the new framework has been introduced to support compliance with the same.

The current DBTH FPPT process has been reviewed in line with the revised framework with the current policy now being updated to ensure DBTH complies fully with the requirements. The board is asked to note that the changes will be facilitated by the Director of Corporate Affairs and the Chief People Officer.

Key Points from the New Framework

The **key changes** to the framework are as follows:

- The framework is positioned in the wider context of good governance, leadership and board development and applies to all board members of NHS organisations, including interim appointments and non-voting members.
- The majority of the requirements echo those already in existence from the previous FPPT guidance. The core elements that continue to be assesses are, good character; possessing the qualifications, competence, skills and experience required; in addition to financial soundness.
- The framework introduces a new standardised **Board Members Reference (BMR)** which should be created whenever a board member leaves an NHS organisation, regardless of whether they are moving immediately to another NHS role and should be sought by employing NHS organisations when making a job offer. This will be in place from 30 September 2023
- Introduces the use of a **Leadership Competency Framework** (LCF) as part of the assessment process when recruiting to all board roles (due to be released October 2023)
- The **Electronic Staff Record (ESR)** will be used to store information related to FPPT. (A Data Protection Impact Assessment has been drafted by NHSE setting out the relevant lawful basis for processing the data on ESR).
- A full FPPT against the core elements of the framework should be undertaken whenever new appointments are made, if a board member moves to a new board role in their current organisation and annually thereafter.
- **Annual self-attestations** by board members to confirm adherence to the regulations continue with a few additional searches.
- For **joint appointments, checks** will be undertaken by the host/employing organisation and confirmed to the other contracting organisation.
- The chair of the Board is accountable for taking all reasonable steps to ensure the FPPT is effectively implemented.
- **Annual submission form completed** to go to the relevant regional director.

Roles & Responsibilities

Who	Involvement
Chairs of NHS organisations	• Overall accountability for arrangements in their organisation • Ensure assessments carried out for board members on appointment and annually, and at any time that something new comes to light. • Ensure that the Board Member Reference is completed for any board member who leaves the board for whatever reason, whether or not a reference has been requested. • Conclude on assessments for the whole board (executive and non-executive, permanent or temporary, voting or non-voting) and update ESR. • Submit annual summary to relevant regional director
SID/Deputy Chair	• Carry out FPPT assessment of the chair
HRD/CPO/Company Secretary/similar roles	• Support chair in establishing arrangements for the FPPT and specifically for: • Accessing and entering information onto ESR • Testing elements of FPPT assessment and recording outcome and evidence for chair to review and conclude • Completing the annual submission form
Chief Executive	• Carry out initial assessment of the FPPT for executive board members and share with the chair for overall assessment of board member FPP status, & support the chair
Governors (NHS FTs)	• Take the annual trust submission and other information relating to FPPT into account as part of their role in appointment & removal of chairs and non-executive directors, and their role in receiving information about the performance appraisal process
NHS Regional Directors	• Oversight role covering elements of; appointment and initial FPPT assessment, receipt of the annual FPPT Submission forms, where required, in relation to disputes and appeals
NHSE Central Team	A central team is being established to support the process going forward

Timeline for Implementation

From 30 September 2023:

- use the new board member reference template for references for all new board appointments.
- complete and retain locally the new board member reference for any board member who leaves the board for whatever reason and whether or not a reference has been requested.
- use the Leadership Competency Framework (LCF) as part of the assessment process when recruiting to all board roles (due to be released October 2023).

By 31 March 2024, fully implement the FPPT Framework incorporating the LCF, including:

- First full FPPT annual review of all board members
- Individual self-attestations completed for board members.
- Annual submission form completed to go to the relevant regional director.
- ESR database updated.

By the end of Q1 2024/2025, incorporate the LCF into annual appraisals of all board directors for 2023/2024, using the new board appraisal framework. In future years, the appraisal/LCF and FPPT assessment should all align.

Existing Fit & Proper Persons checks.

Under CQC Regulation 5 (and as part of standard recruitment checks), DBTH have been assessing board members to ensure that they are fit and proper by obtaining the following evidence to reach a conclusion:

- Name, Organisation, Staff Group, Job Title and Current Job Description, Position Title, Employment history, Job Title and Current Job Description
- Employment history
- Request and review of references
- DBS Test
- Medical clearance
- Professional registration check where applicable
- Check whether the person is Insolvent
- Check whether the person is a disqualified director
- Check whether the person is a disqualified charity trustee
- Check any issues relating to FPPT on the person's social media/internet
- The person will complete/sign an FPPT self-attestation at recruitment and annually

Strengthened FPPT assessment under the new framework.

New/strengthened element	Comment
Training and Development –to be checked and recorded on recruitment and then updated annually	Organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. Key qualifications required for the role should be in the person specification (eg professional qualifications) It is suggested that a training history of no less than six years should be the minimum, plus any role specific qualifications/training if that was more than six years ago
Last **Appraisal** and Date	There will be further guidance from NHSE before 31 March 2024 relating to board appraisals. Appraisals should consider both performance objectives, and development towards the standard competencies within the LCF. Guidance on minimum standards will be provided and organisations should conclude on whether the appraisal outcome is satisfactory
Disciplinary Findings relevant to the FPPT assessment, including those arising from: Grievance(s) and complaint(s) against the board member Speak up(s) against the board member	The NHS Standard Reference requests information about upheld and ongoing investigations. The new board member reference requests information about investigations (relevant to FPPT) that have been concluded and the matter upheld; ongoing at the time of the reference; or discontinued and the reason for this
Behaviour not in accordance with **organisational values and behaviours** or related local policies	Board behaviours are considered in 'Our Leadership Way' which is referred to in elements of the 'People Promise' . This in turn, is linked to the competencies within the LCF and should be considered as part of an FPPT assessment
Employment Tribunal Judgement Check	An additional check of ET judgements where a specific board member (rather than the organisation as a whole) was implicated and which related to FPPT
Board Member Reference	The new Board Member Reference template should be used from 1 October to request references and also for any board member leaving the organisation for whatever reason whether or not a reference has been requested. This should then be retained for the career of the board member or up until their 75th birthday
Settlement Agreements	The Chair's guidance document describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.
Letter of Confirmation	This should be used in relation to joint appointments, the host employing organisation should carry out the FPPT assessment having sought information/commentary from the 'other organisation'
Annual Submission Form	Annual summary of outcome of FPPT assessments for all board members to be sent to the Regional Director
Sign-off by Chair	The chair has the ultimate accountability for ensuring that effective arrangements are in place in their organisation to meet the FPPT framework standards

2309 - G INFORMATION ITEMS

12:40

2309 - G1 CHAIR AND NEDS REPORT

Information Item

Suzy Brain England OBE, Chair of the Board

REFERENCES

Only PDFs are attached

G1 - Chair & Non-executive Directors Board Report.pdf

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page				
Meeting Title:	**Board of Directors**			
Meeting Date:	26 September 2023	**Agenda Reference:**	**G1**	
Report Title:	**Chair and Non-executive Directors' Board Report**			
Sponsor:	Suzy Brain England, Chair of the Board			
Author:	Suzy Brain England, Chair of the Board			
Appendices:	N/A			

Report Summary				
Executive Summary This report is for information only and provides an update on the Chair and Non-executive Directors' activities since July 2023's board meeting.				
Recommendation:	The Board is asked to **note** the contents of this report.			
Action Required:	~~Approval~~	~~Review and discussion/ give guidance~~	~~Take assurance~~	**Information only**
Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care and improve patient experience	*Everybody knows their role in achieving the vision*	*Feedback from colleagues and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*
We believe this paper is aligned to the strategic direction of:	**South Yorkshire ICS**		**Nottingham & Nottinghamshire ICS**	
	~~Yes /No~~/ NA		**~~Yes /No~~/ NA**	

Implications	
Board assurance framework:	N/A
Risk register:	N/A
Regulation:	
Legal:	
Resources:	

Assurance Route	
Previously considered by:	
Date:	
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	

Chair's Report

Let me thank Kath for chairing last month's public board meeting which I was able to join by c. 10a.m. on returning from a short break.

I was pleased to welcome Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care, Dame Rosie Winterton MP, Ed Miliband MP, Nick Fletcher MP with their team along with Richard and our estates and transformation leads. We were able to show him why the condition of DRI, its out-dated layout and mammoth backlog maintenance issues mean we should still be considered for major capital investment and a new hospital. We are taking a three-pronged approach to next steps with the first analysis focused on the most pressing requirements on health and safety grounds. Other partners joined the meeting from Doncaster Council, the Integrated Care Board and the South Yorkshire Mayoral Combined Authority . The South Yorkshire Mayor, Oliver Coppard, returned at a later date to have the same tour of the estate to equip him to articulate our need for a new hospital.

I had a busy month with the non-executive team - completing appraisals, holding one to ones, and a team meeting.

I continued my one to ones with executive colleagues including Richard, Sam Debbage, Director of Education & Research, Mr Quraishi, ENT Consultant, Anu Agrawal, Divisional Director for Medicine & Emergency Care and Eki Emovon, Divisional Director for Women & Children.

We celebrated the end of our innovative development programme for aspiring directors presenting Rum Thomas and Shirley Spoors with certificates. As they were our first cohort on this transformational inclusivity project they gave us suggestions for improvement and thanked us sincerely for the programme. This month we also interviewed for and appointed the next two delegates for our second programme. This is aimed at building the capacity and diversity of people who could be able to apply for future non-executive and executive director roles in the NHS or wider community group and charities.

Having been told last month that we had been awarded the prestigious Green Flag awards for the quality of our gardens and green spaces in Doncaster and Bassetlaw, I have been pleased to raise the flag at both sites.

I continue to meet regularly with the Lead and Deputy Lead Governor and we have a thorough induction day planned for the new governors who are being elected by members and staff across the summer period.

It is our intention to deliver our Annual Members Meeting via YouTube, Facebook and our website again this year so a number of us have been filming our reports and answers to questions from Governors.

A number of Board colleagues remain involved with the Integrated Care Systems in Nottingham & Nottinghamshire and South Yorkshire to find future integrated solutions to efficient quality care within tight budgetary constraints.

Nationally I have been drawn in to NHSE events in London and the NHS Providers Governor Conference in Liverpool.

Non-executive Director's Report

Mark Bailey

Since the last Board report, Mark has chaired the Board Committee for People and the Board of our Wholly Owned Subsidiary, Doncaster & Bassetlaw HealthCare Services Ltd.

The period also saw participation in two Board Committee sessions for Finance & Performance and a formal grievance panel hearing. Training has been completed on Patient Safety – Essentials for Boards and Access to Practice Levels 1&2 along with further committee work planning, assurance and 'buddy' meetings with Executive Director and Non-Executive Director colleagues.

In July, Mark met with the Chair to conclude his annual performance appraisal and confirmation of objectives.

Kath Smart

Kath has attended her corporate meetings for July, including Finance & Performance Committee and chaired the July Public Board meeting. She also attended the Governor briefing on the DBTH Way and We Care Values and two NED meetings. She has had her appraisal with the Chair, and all the documentation is now complete. Along with other Board members, she has completed her PSIRF Training (Level 1) and attended the Trusts PSIRF Listening Event.

In her capacity as Audit Chair, she also attended the Trusts Information Governance Committee as an observer, and has met with 360 Assurance (Internal Audit). She has also met with one of the Board Delegates following their observation of July's Audit Committee as part of their delegate role.

Kath had the opportunity to be shown around the newly developed Serenity Suite at DRI which has been the subject of much fundraising and was pleased to see how proud the team are of this newly developed service to support bereaved families.

She has represented the Chair at September's Acute Federation Board Meeting, and at the ICB with the SY&B Chairs meeting

Also, during the school holidays Kath took some leave.

Hazel Brand

Most recently, Hazel attended the Annual General Meeting of Nottingham & Nottinghamshire (NN) Integrated Care Board (ICB), held in Nottingham. The ICS, with its constituent parts the ICB and Integrated Care Partnership (ICP) was formed on 1 July 2022 so the report covered nine months to 31 March 2023. The role of the ICB and the NN 'family' were outlined with a welcome to Bassetlaw Hospital by Chair, Dr Kathy McLean. Chief Executive Amanda Sullivan described how the ICB had operated since formation with particular emphasis on working with residents through its public involvement/engagement policy, co-production, the voluntary services alliance, Partners Assembly, and Citizen's Panel. NHSE had carried out a review of the ICS to date, looking at system leadership, improving the population's health, tackling mental health access and outcomes, and enhancing productivity. But there remain challenges, including: urgent and emergency care, learning disabilities/autism, maternity services, and special educational needs/disabilities. For the future, the ICB is looking to further integrated working, linking planned services with a workforce plan.

There was incomplete data on acute hospitals' performance on A&E waiting times with only Sherwood Forest Hospitals Trust's published. Nottingham University Hospitals is said (in the Annual Report) to have been "not reporting in 2022-23" and Bassetlaw Hospital's data was absent as it had not been disaggregated from DBTH-wide results. Stuart Poyner, Chief Finance Officer, said all financial duties had been achieved.

In other activities since the July Board, Hazel had:

- completed a successful annual appraisal with the Chair
- attended the Quality & Effectiveness, People, and Nomination & Remuneration Committees, and meetings associated with the Charitable Funds Committee
- met with Zoe Lintin, Chief People Officer and Paula Hill, Freedom to Speak Up Guardian and attended the Speaking Up Forum, to further work on Speaking Up
- chaired a consultant appointment panel.

Emyr Jones

Since the last Board report Emyr has attended the Quality & Effectiveness Committee and joined the Company Secretary and non-executive committee members to review the workplan. He has met with the Chair to conclude his annual performance appraisal and confirmation of objectives.

As part of the ward and department visit programme he has visited the Jasmine Centre and Education Centre with Chief Executive, Richard Parker and the People & Organisational Development, Finance and Patient Admin Support Services teams with the Chief People Officer, Zoe Lintin.

Along with fellow non-executive director, Jo Gander, he has welcomed cohort 16 of the international nurses, as part of their induction programme, attended a Bassetlaw Place Partnership meeting and a 360 Assurance Procurement event.

Jo Gander

Since July's report Jo has completed her annual appraisal and chaired the Quality and Effectiveness Committee. She has attended ward/department visits with the Chief Financial Officer, Jon Sargeant, which included the Maintenance Team and MedTech Services, Stores, Procurement, IT and Medical Secretaries with Tim Noble and the Education Centre and Jasmine Centre with Richard Parker and Emyr Jones.

Jo has welcomed International Nurses Cohort 16 with Emyr and chaired an Ophthalmology Consultant interview and an appeal hearing.

From a training perspective Jo has attended 'Harnessing the Powers of Quality Improvement to Address Inequalities' webinar provided by NHS Providers and senior management development sessions on enforcement and interviews under caution and recruitment and appeals panel training.

Lucy Nickson

Since July, Lucy has undertaken consultant recruitment and appeal panel training within the Trust. She has been on site at DRI for her annual appraisal with the Chair and deputised for the Chair at the Chairs Providers meeting on 21 August.

She has also spent time with Zoe Linton, Chief People Officer and colleagues discussing the wellbeing agenda in relation to her role as NED Wellbeing Guardian at the Trust. She met with Paula Hill, Freedom to Speak Up Guardian in August in order to gain a fuller understanding of her role. She also met with the incoming Deputy Chief Executive, Zara Jones in September to welcome her to the Trust.

Lucy has attended her regular corporate meetings, including the Quality & Effectiveness, People and Nomination & Remuneration Committees. She attended the Medical Advisory Committee for the first time in September where she was pleased to be able to introduce herself to a wider group and meet medical colleagues.

She has participated in a site visit to medical imaging and had an introductory meeting with Heather Jackson, Director of Allied Health Professionals. She was also really pleased to chair her first Teaching Hospital Board meeting.

2309 - G2 CHIEF EXECUTIVE'S REPORT

Information Item

Richard Parker OBE, Chief Executive

REFERENCES

Only PDFs are attached

G2 - Chief Executive's Report.pdf

Chief Executive's Report
September 2023

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

The Princess Royal visits Doncaster Royal Infirmary

On Tuesday 19 September, Her Royal Highness, Anne, Princess Royal, visited the Women's and Children's Hospital at Doncaster Royal Infirmary in her capacity as patron of the Royal College of Midwives.

The Princess Royal was warmly received by Karen Jessop, Chief Nurse at Doncaster and Bassetlaw Teaching Hospitals (DBTH), Lois Mellor, Director of Midwifery at DBTH, and an assembly of local and regional dignitaries from the NHS, local authority and Royal College of Midwives.

The primary reason of her visit was to engage with midwifery and neonatal colleagues, gaining insights into their invaluable work and the challenges and triumphs they face each and every day.

The Women's and Children's Hospital has seen substantial development and investment in recent years. In early 2021, a significant water leak at the top of the building led to a flood that severely damaged its infrastructure. This unfortunate event necessitated the evacuation of labouring mothers, their new-borns, and premature infants. Fortunately, nobody was harmed thanks to the quick action of colleagues, and for a time services were temporarily housed in alternative accommodation elsewhere in Doncaster Royal Infirmary.

In response to this setback, we initiated a £3 million refurbishment project in May 2022, which culminated in the reopening of the Central Delivery Suite in late April 2023. This state-of-the-art unit boasts modern birthing rooms, a dedicated obstetric observation area, and a Midwifery Led Birth Centre.

Parallel to the refurbishment, the Trust launched a fundraising initiative for the creation of the Serenity Suite, a dedicated bereavement space for parents mourning the loss of a child during pregnancy.

With generous contributions from the community, local families and businesses, and significant donors like the Tickhill and Rural Lions, Albemarle Homes, and Sands United, the suite surpassed its fundraising goal of £150,000, collecting over £162,000 and counting.

The suite, which was completed in June 2023, offers an environment away from the maternity wards, ensuring privacy and dignity for grieving families.

During her visit, the Princess Royal took the time to tour the Serenity Suite, meeting with sponsors and expressing her gratitude for their contributions. The largest single donation of £40,000 from the Tickhill and Rural Lions was particularly acknowledged.

An update on the Montagu Elective Orthopaedic Centre

In July, works officially started on the Montagu Elective Orthopaedic Centre (MEOC) in Mexborough, with the build now gathering momentum as we reach another significant milestone.

A collaborative project undertaken by Doncaster and Bassetlaw Teaching Hospitals (DBTH), Barnsley Hospital NHS Foundation Trust (BH), and The Rotherham NHS Foundation Trust (TRFT), the Montagu

Elective Orthopaedic Centre (MEOC) will feature two state-of-the-art theatre units, two anaesthetic rooms and a recovery suite, in addition to 12 inpatient beds.

The £14.9 million project represents a significant step towards improving orthopaedic services within the region and reducing associated waiting lists for hip and knee replacement inpatient procedures, as well as foot and ankle, hand and wrist, and shoulder day case surgery.

Analysis provided by South Yorkshire Integrated Care System (ICS) outlines that the region's waiting list has increased by approximately 43% since March 2020. Currently, over 2,500 patients have waited for more than 52 weeks, with two-thirds awaiting orthopaedic procedures.

Construction is proceeding according to plan, with the new building scheduled to be handed over by late December 2023.

Foundations and footings for the site are complete, and the state-of-the-art modular section, created using modern methods of construction, will be installed between 22 and 24 September. It is anticipated that once the appropriate fixtures and fittings are in place, the MEOC will care for its first patients in early 2024.

Additionally, a number of senior appointments have been made. Kate Carville will join as Clinical Lead Nurse, Chris Tulloch as Clinical Lead, and Karen McAlpine as Operational Lead, all of whom have significant clinical and corporate experience within the NHS, and in Orthopaedics and will help develop the project further, as well as lead the unit once it becomes operational.

All participating trusts will share further updates as the project reaches its next milestone later this month, and as the unit draws closer to its opening date.

Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care, visits Doncaster Royal Infirmary

On 27 July, Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care, visited Doncaster Royal Infirmary (DRI) meeting with senior leaders within the Trust, the wider NHS and Council, as well as local representatives.

The purpose of the visit was to understand some of the challenges facing colleagues at Doncaster Royal Infirmary as a result of its aging infrastructure, as well as recent investments. The visit aimed to highlight the age and increasing strain on facilities as the city continues to grow, and with-it patient demand.

In addition to considering the challenges Lord Markham also heard about developments and investments over the past few years; more than £30 million to develop cancer and diagnostic services at Montagu Hospital, MEOC, the state-of-the-art theatre facility. Additionally, works to the tune of £20 million are currently underway at Bassetlaw Hospital to enhance the site's Emergency Department – investment which will see the return of 24/7 urgent and emergency paediatric care for the first time since 2017.

The visit was accompanied by Rosie Winterton, MP for Doncaster Central, Nick Fletcher, MP for Don Valley, Oliver Coppard, Mayor of South Yorkshire, Ros Jones, Mayor of Doncaster, alongside senior colleagues at NHS South Yorkshire and Doncaster Council.

The Trust continues to make the case for a new hospital in Doncaster.

Trust surgeon receives prestigious award for his research contributions

Specialist Orthopaedic Surgeon, Mr Abhishek Arora, has been awarded national recognition as an Associate Principal Investigator for contributions to Musculo–skeletal research by the National Institute for Health and Care Research (NIHR).

Mr Abhishek Arora joined DBTH in 2009. As a Trainee Principal Investigator in Orthopaedics, Mr Arora has played a pivotal role in the successful implementation of various research initiatives and studies, enriching the knowledge and understanding of Musculo-skeletal conditions nationally.

The Associate Principal Investigator scheme, sponsored by the Royal Colleges and NIHR, seeks to foster research excellence among ambitious and academically inclined healthcare professionals. As part of this scheme, Mr Arora has actively participated in NIHR-sponsored research studies, leading the way in driving innovation and advancements in orthopaedic practices.

One of Mr Arora's notable accomplishments includes facilitating the start of the FRUITI (Fix or Replace Undisplaced Intracapsular fractures Trial of Interventions) study at DBTH, in collaboration with the Oxford Clinical Trials Unit.

The NHS sees approximately 70,000 hip fractures annually, with DBTH caring for 600 cases per year. The treatment approaches for undisplaced hip fractures vary across the country, with some hospitals opting for fixation while others choose partial or total hip replacements.

DBTH's high volume of hip fracture patients made the Trust an ideal site to launch the FRUTI study to investigate the treatment disparity.

It is not surprising that Mr Arora's contributions have received national recognition. Understanding the importance of open communication and collaboration, he established a social network group comprising of other principal investigators, doctors, and research staff involved in the studies.

Trust awarded Quality Mark for Preceptorship Programme

Designed to bridge the gap between university study and working full-time in a hospital, preceptorship programmes help to develop the newly qualified nurses, midwives, and allied health professionals to refine their skills and familiarise themselves with the role.

During this transitionary period, colleagues are given structured support from experienced clinicians and are afforded time to learn about best practice, in a setting where everyone else is also at the start of their journey.

The Preceptorship Programme at DBTH provides a minimum of 12-months of support for newly qualified registrants and those internationally educated. During this period, candidates attend 8 study days on a variety of topics, such as patient safety, Leadership, healthy lifestyles.

The Preceptorship Quality Mark serves as a national gold standard for program organizers. It enables NHS Trusts to assess themselves against the recommended framework and standards, ensuring excellence in their preceptorship programs.

Colleagues at DBTH have recently undertaken a highly successful recruitment campaign, resulting in the appointment of over 40 soon-to-qualify midwives and 75 soon-to-qualified nurses. Once embedded within the Trust, these dedicated individuals will play a vital role in delivering exceptional care, contributing to the well-being and recovery of patients, and will all be enrolled within the Preceptorship Programme.

Celebrating 10 years of vital screening programme and renewed contract for remaining the regional provider of life saving detection service

The AAA Screening Programme plays a crucial role in identifying individuals with abdominal aortic aneurysms, a condition where the body's main blood vessel becomes enlarged and at risk of rupturing.

The aorta, the main blood vessel that supplies blood to the body, runs from the heart down through the chest and abdomen. In some people, particularly men aged 65 and over, the wall of the aorta in the abdomen can weaken over time, leading to the formation of an aneurysm. The condition can go unnoticed, often with no apparent symptoms or pain, making early detection key.

DBTH has been the trusted regional provider of the AAA Screening Programme since the it was rolled out in the area in 2013, marking a decade of this dedicated service this past February. Throughout this time, the hospital has consistently maintained a high performance against national screening standards and was among the first regional programmes to fully restore services following the challenges posed by the COVID-19 pandemic.

Following a robust procurement exercise, the recent successful bid ensures that the Trust will continue to serve as the provider of South Yorkshire and Bassetlaw's AAA Screening Programme until October 2028. As a result, DBTH will continue to offer access to comprehensive AAA screening services, reinforcing the Trust's dedication to early detection, intervention, and long-term health outcomes.

The AAA Screening Programme has been widely praised for its positive impact on patient outcomes, with numerous success stories of lives saved through early detection and appropriate intervention. By continuing this essential service, the Trust aims to further reduce the impact of cardiovascular disease within the local community.

In England, men aged over 65 are routinely offered a screening appointment at their local AAA screening clinic. The screening process involves a quick and pain-free ultrasound scan of the abdomen. Men are told their result straight away and their GP is also informed. If you are a man who is already over 65 and have not yet been invited for screening, you can self-refer to the programme by calling the team on 01709 649100.

Celebrating the success of the Board Development Programme, empowering future healthcare leaders

Aspiring leaders within the private and public sector have successfully completed the first intake of our Board Development Programme.

Launched in early 2023, the Board Development Programme is an opportunity for aspirant local leaders to understand what it takes to become an Executive or Non-Executive Director within a large and complex organisation in either the public or private sector.

As part of the programme, candidates are paired with an Executive Director at the Trust, who offers mentoring and guidance as to their own career journey, whilst a number of 'hands-on' sessions are organised, and individuals invited to attend public and committee meetings.

Most importantly, the scheme is reciprocal, with the experiences and insights of candidates helping to broaden the understanding of the Trust's Board-level leaders as to the challenges local

communities face, and how the organisation can provide more opportunities, particularly for seldom-heard groups.

Starting as a pilot earlier this year, Dr Shirley Spoors, Consultant Biochemist and Clinical Lead in Clinical Biochemistry and Immunology at DBTH, and Dr Rum Thomas, Consultant in Paediatric Intensive Care Medicine and Deputy Medical Director at Sheffield Children's NHS Foundation Trust, were the two delegates who completed the first cohort.

On their completion, both delegates joined members of the DBTH Board for a reflective session, providing valuable feedback to enhance the programme for future participants.

The success of the programme reaffirms the organisation's commitment to equality and diversity. By empowering individuals from diverse backgrounds, the Trust is working towards achieving better outcomes for its patients whilst also developing a pipeline of local talent, generating excellent future leaders for the benefit of not only DBTH, but organisations across the region and beyond.

The Board Development Programme is set to continue, with an additional cohort scheduled to begin in September and applications for further candidates opening in 2024.

Drive-thru blood testing service to cease operations in late November

The drive-thru Phlebotomy service, provided by NHS South Yorkshire – Doncaster Place and delivered by colleagues at Doncaster and Bassetlaw Teaching Hospitals (DBTH), at the Eco-Power Stadium will cease operations as of 5pm on Friday 24 November 2023.

This temporary service dates to the early months of 2020, and the unprecedented challenges brought about by the COVID-19 pandemic, allowing patients to have their blood samples collected without entering hospital premises, and as an alternative to appointments within the community.

From late November 2023, blood testing will continue to be delivered in the community at GP practices with hospital services consolidated within the Outpatients area of Doncaster Royal Infirmary (in addition to services at Bassetlaw and Montagu hospitals).

This change is part of a larger strategic, operational, and budgetary decision, and signals a return to business as usual for the local NHS.

Importantly, all GP practices in the borough have continued to provide blood test appointments throughout the pandemic for those patients who preferred, or otherwise needed to have this done closer to home. This remains the case, although many GP practices are only able to offer these appointments in the morning due to the collection and processing of these samples afterwards.

In the coming weeks, prior to the cessation of the service, patients under the direct care of DBTH requiring blood tests will receive correspondence from the Trust, highlighting alternative arrangements, while all individuals attending the drive-thru will also made aware of the impending change.

Patients are also reminded that if they have to come to hospital for blood tests, the Park and Ride is available, just off of Leger Way, which offers regular shuttles to Doncaster Royal Infirmary.

If individuals have any questions or concerns, please raise these directly at https://syics.co.uk/contact-us

Doncaster Place is part of NHS South Yorkshire and is a successor organisation to NHS Doncaster Clinical Commissioning Group (CCG).

DBTH Star Awards – the 2023 shortlist!

I'm sure you'll all join me in congratulating your shortlisted colleagues and wishing them the very best of luck for **Thursday 2 November** when the winners will be announced at the awards ceremony at **Doncaster Dome**.

Good luck to all of our shortlisted colleagues!

2309 - G3 INTEGRATED QUALITY & PERFORMANCE REPORT

Information Item

Executive Directors

REFERENCES

Only PDFs are attached

G3 - Integrated Quality & Performance Report.pdf

DBTH Digital Transformation

NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Integrated Quality & Performance Report

Reporting Period - August 2023

Report Purpose	Data Source(s)	Report Created	Report Layout Modified	Report Owner	Contact Details	Training
To understand the Trust's current position with respect to the services they deliver.	Mega Cube Data Warehouse MS Forms	07/09/2023	07/09/2023	Executive Director of Restoration, Innovation and Transformation	dbth.informationservicesrequests@nhs.net	Regular training sessions are held, please email for more information.

DBTH Performance - Trust Level View

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

DBTH Health

7.5%

(Last Month 6.75%)

(14+16 / 400 = 7.5 %)

Finance

NOT AVAILABLE

Coming Soon

People

Unvalidated

0 %

0 out of 6 KPI's

SET Training	84.93%
Completed Appraisals	%
Employee Turnover	%
Sickness Absence	6.01%
Workforce Vacancies	9.00%
Consultants with Signed Off Job Plans in EJP	55.00%
Time to Fill Vacancies	86 Days

Health Inequalities

0 %

0 out of 1 KPI's

Health Inequalities	0/1

Patients

48 %

14 out of 29 KPI's

IPC	4/6
Patient Safety	1/4
Patient Experience	1/3
HSMR	1/3
Falls	3/5
Friends and Family Test	0/2
Medical Examiner	1/1
Audit & Effectiveness	1/2
Skin Integrity	2/2
VTE	0/1

Performance

26 %

16 out of 62 KPI's

Urgent and Emergency Care	0/11
Waiting List	0/6
Cancer	4/8
Activity Against Plan	2/9
Elective Recovery Fund	2/6
Stroke	4/6
Elective Outpatients	1/9
Elective Theatres	3/7

Index

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Finance

Coming Soon

People

- People
- People Forms Data
- People Forms Data 2

Health Inequalities

- Ethnicity Recorded

Patients

- IPC
- HSMR
- Patient Safety
- Skin Integrity
- Falls
- Patient Experience
- Claims
- Friends and Family Test
- Audit and Effectiveness
- VTE
- Reducing Length Stay
- Medical Examiner

Performance

Urgent & Emergency Care	Urgent & Emergency Care Trends
Waiting List	Waiting List Trends
Cancer	Cancer Trends
Activity Against Plan	Activity Against Plan Outpatients Trends
	Activity Against Plan Inpatients Trends
Elective Recovery Fund	Elective Recovery Fund Trends
Stroke	Stroke Trends
Elective Outpatients	Elective Outpatients Trends
Elective Theatres	Elective Theatres Trends

All Performance KPIS Trends

Urgent & Emergency Care Aug 23

ED Attendances
16262

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Ambulance Handovers

Ambulance Handovers Within 15 Mins
55.30 % !
Goal: 65.00 %

Ambulance Handovers Within 30 Mins
81.45 % !
Goal: 95.00 %

Ambulance Handovers More Than 60 Mins
6.14 % !
Goal: 0.00 %

EM Wait Times

A&E: Max wait 4 hours from arrival/admission/transfer/discharge
67.85 % !
Goal: 95.00 %

% Patients with Total Length of Stay in Emergency Department More Than 12 hours
3.17 % !
Goal: 2.00 %

Self Arrivals - Initial Assessment Within 15 Mins
59.05 % !
Goal: 95.00 %

Critical Time Standards

STEMI Heart Attack - to be seen within 1 hour
Not Available

Early Stroke Intervention - to be seen within 1 hour
Not Available

Acute Physiological (RAPID) Asthma - to be seen within 1 hour
Not Available

Admission Wait Times

TOTAL - % patients leaving A&E from clinically ready to proceed to admission within 60 Mins
8.90 % !
Goal: 95.00 %

Specialty Item Category	A&E Attendances Count	Patients leaving A&E from clinically ready to proceed to admission within 60 Mins
PAEDIATRICS	93	53.13 %
GYNAECOLOGY	105	28.95 %
OTHER	417	18.13 %
GENERAL MEDICINE	1142	5.10 %
GENERAL SURGERY	247	4.38 %
TRAUMA AND ORTHO SURGERY	133	3.57 %
Total	**2137**	**8.90 %**

Non Admission Wait Times

(For Monitoring Only)

TOTAL - % patients leaving A&E from clinically ready to proceed to Departure within 60 Mins
50.88 % !
Goal: 95.00 %

Attendance Disposal Item	A&E Attendances Count	Patients leaving A&E from clinically ready to proceed to departure within 60Mins
ANP Discharge	16	50.00 %
Dead on Arrival	1	
Died in department	19	10.00 %
Discharged	10616	52.17 %
Discharged home with COVID-19 advice to self-isolate	7	25.00 %
ESA - Direct to Orthopaedics	24	75.00 %
ESA - Direct to Urology	1	
ESA - Referred to Ambulatory Care	141	62.50 %
ESA - Referred to	31	
Total	**14125**	**50.88 %**

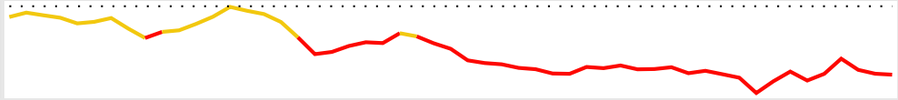
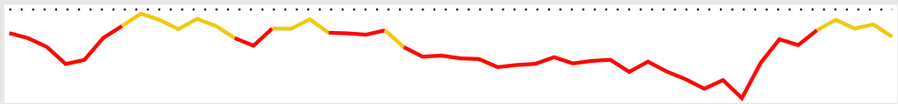
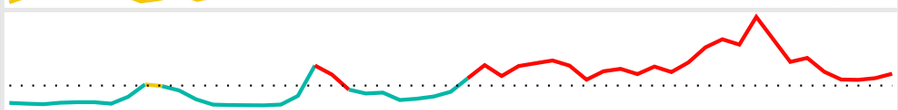
Hospital

Click here for EM Trends →

Urgent & Emergency Care

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
A&E: Max wait four hours from arrival/admission/transfer/discharge	67.85 %	95.00 %	!	
Ambulance Handovers Within 15 Minutes	55.30 %	65.00 %	!	
Ambulance Handovers Within 30 Minutes	81.45 %	95.00 %	!	
Ambulance Handovers More Than 60 Minutes	6.14 %	0%	▲	
% Patients with Total Length of Stay in Emergency Department >12 hours	3.17 %	2.00 %	!	
TOTAL -% patients leaving ED from clinically ready to proceed to admission within 60 mins	8.90 %	95.00 %	!	
Self Arrivals - Initial Assessment Within 15 Mins	59.05 %	95.00 %	!	

Waiting List

Aug 23

Active RTT waiters (Total Incomplete Pathways)
54176

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

RTT Waiters

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

62.77 % !
Goal: 92.00 %

RTT Number of 52 Weeks Waiters
1224

RTT Number of 78 Weeks Waiters
28
Target 0

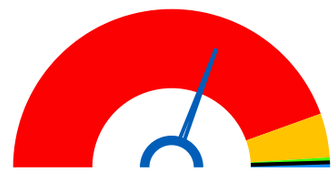
RTT Number of 65 Weeks Waiters
299
Target 0

RTT Number of 104 Weeks Waiters
0
Target 0

Waiters - Diagnostic Activity

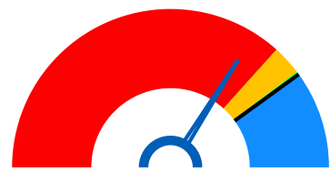
% of patients waiting less than 6 weeks from referral for a diagnosti...

61.45 % !
Goal: 99.00 %



Trust - % DM01 Diagnostic Activity vs 19/20 levels

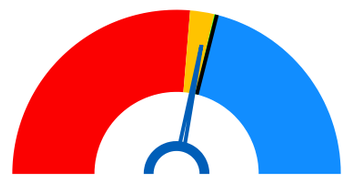
101.80 % !
Goal: 120.00 %



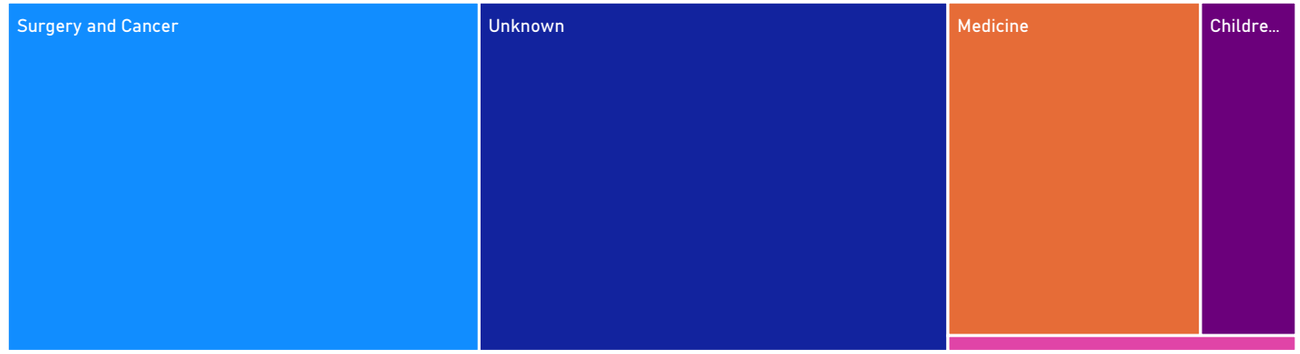
RTT Clock Stop Activity

Clock Stop Activity (% against 19/20)

106.54 % !
Goal: 110.00 %



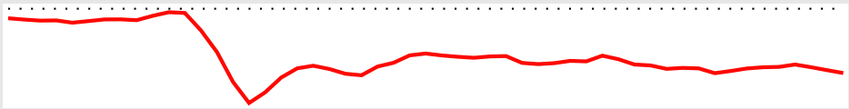
Division (Drill Down For Speciality)



Click here for RTT Waiters Trends

Waiting List

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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
% of patients waiting less than 18 weeks from referral to treatment	62.77 %	92.00 %	!	
RTT Number of 52 Weeks Waiters	1224			
RTT Number of 78 Weeks Waiters	28	0		
RTT Number of 104 Weeks Waiters	0	0	✓	
% of patients waiting less than 6 weeks from referral for a diagnostics test (DM01)	61.45 %	99.00 %		
Clock Stop Activity (% against 19/20)				

Cancer

Jul 23

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

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

83.00 %✓

Goal: 75.00 %

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

97.40 %✓

Goal: 96.00 %

Maximum 31 day wait for subsequent treatment - Surgery

100.00 %✓

Goal: 94.00 %

Maximum 31 day wait for subsequent treatment - Drugs

100.00 %✓

Goal: 98.00 %

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

70.10 % !

Goal: 85.00 %

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

75.00 % !

Goal: 90.00 %

Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days

39.00 !

Goal: 22.00

Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +

11.00 !

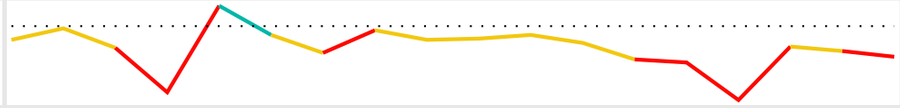
Goal: 0.00

Click here for Cancer Trends →

Cancer

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Maximum 31 day wait for subsequent treatment - Drugs	100.00 %	98.00 %	✓	
Day 28 Faster Diagnosis Standard (patients received diagnosis or exclusion of cancer within 28 days)	83.00 %	75.00 %	✓	
Maximum 31 day wait from decision to treat to first definitive treatment for all cancers	97.40 %	96.00 %	✓	
Maximum 31 day wait for subsequent treatment - Surgery	100.00 %	94.00 %	✓	
Maximum 62 wait from referral from NHS cancer screening service to first definitive treatment	75.00 %	90.00 %	!	
Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	70.10 %	85.00 %	!	
Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days	39.00	22.00	!	
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	11.00	0.00	!	

Activity Against Plan

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Data refresh	Daily Refresh (D)	Monthly Refresh (M)

Inpatients

TOTAL Activity against plan

44544!

Plan: 51887(-7343)

M

Non Elective Activity - Discharges (for monitoring)

5575

D

Endoscopy Activity against plan

1310!

Plan: 1710(-400)

M

Day Case Theatre Activity against plan

871!

Plan: 1,020 (-149)

D

Non-Theatre Elective Activity - excluding Endoscopy against plan

207✓

Plan: 180 (+27)

M

In Patient Elective Theatre Activity against plan

434!

Plan: 473 (-39)

D

Outpatients

Outpatient Procedures (For Monitoring Only)

9,030

D

Outpatient New Activity - face to face Including Procedures against plan

12,554!

Plan: 13,996 (-1,442)

D

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

21,809!

Plan: 26,616 (-4,807)

D

Outpatient New Activity - Virtual against plan

1,634!

Plan: 1,944 (-310)

D

Outpatient Follow Up Activity - Virtual against plan

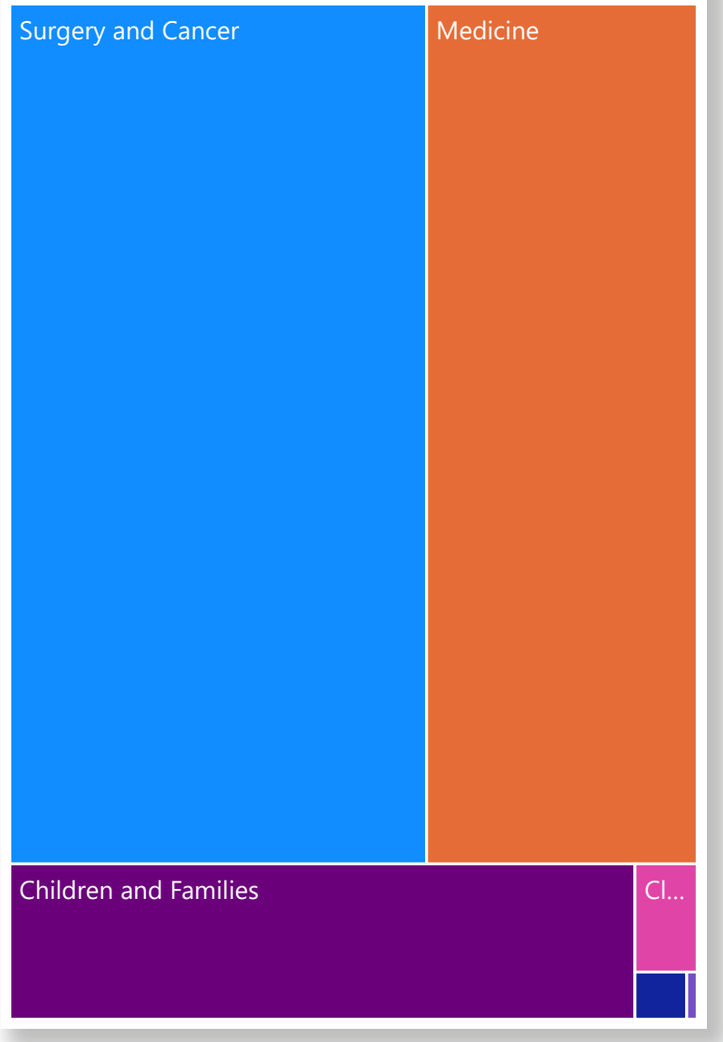
3,708✓

Plan: 3,368 (+340)

D

Click here for Activity Against Plan Trends

Division (Drill Down Currently Not Available for Inpatients Section)

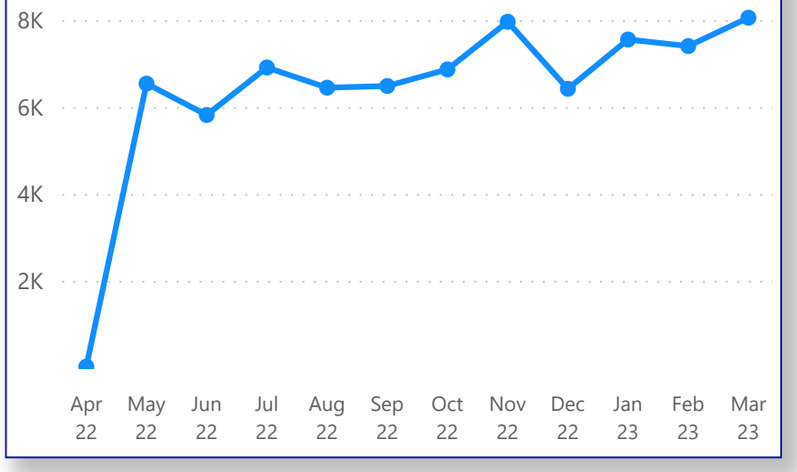


Activity Against Plan Trends - Outpatients

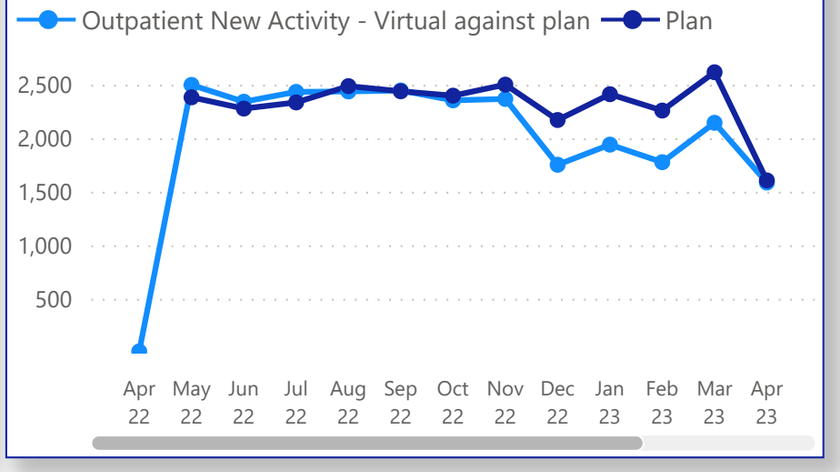
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

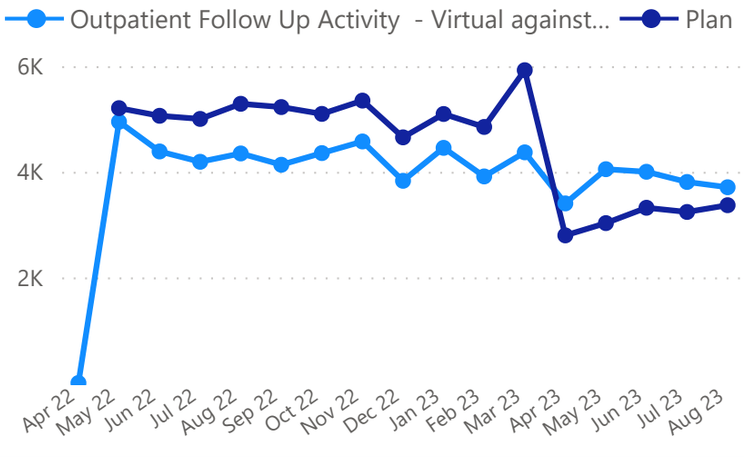
Outpatient Procedures (For Monitoring Only)



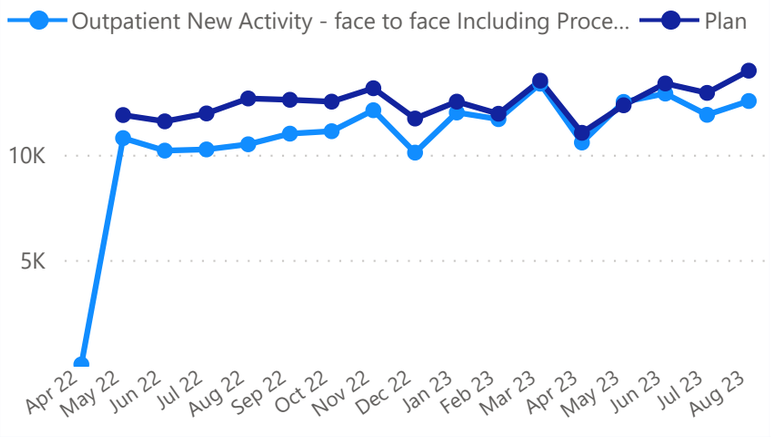
Outpatient New Activity - Virtual against plan



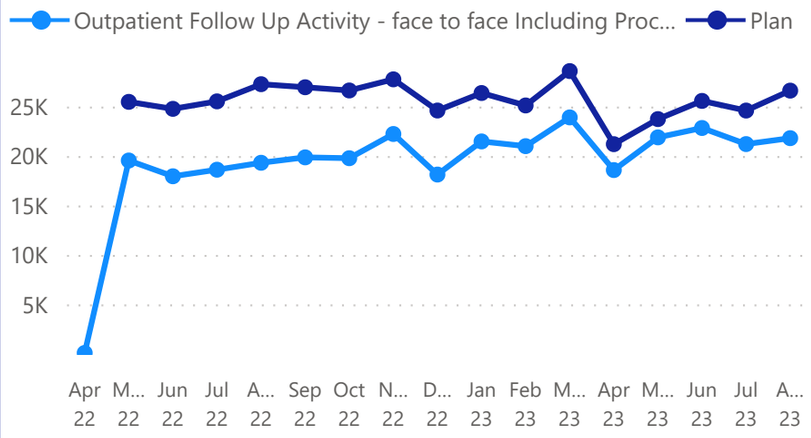
Outpatient Follow Up Activity - Virtual against plan



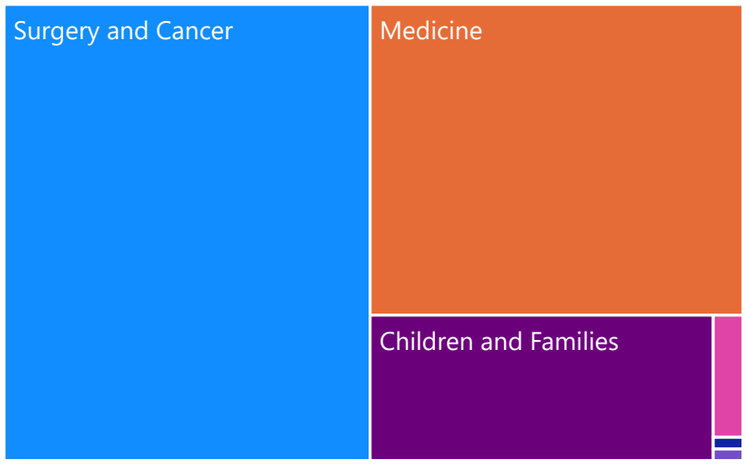
Outpatient New Activity - face to face Including Procedures against plan



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



Division (Drill Down For Speciality)



30/04/2022 31/08/2023

Click here for Intpatients Trends

Activity Against Plan Trends - Inpatients

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

TOTAL Activity against plan

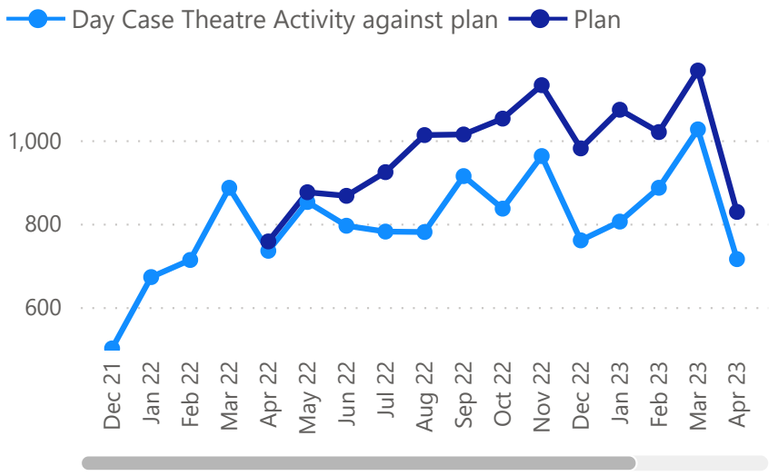
Not Available

Non Elective Activity - Discharges (for monitoring)

Endoscopy Activity against plan

Not Available

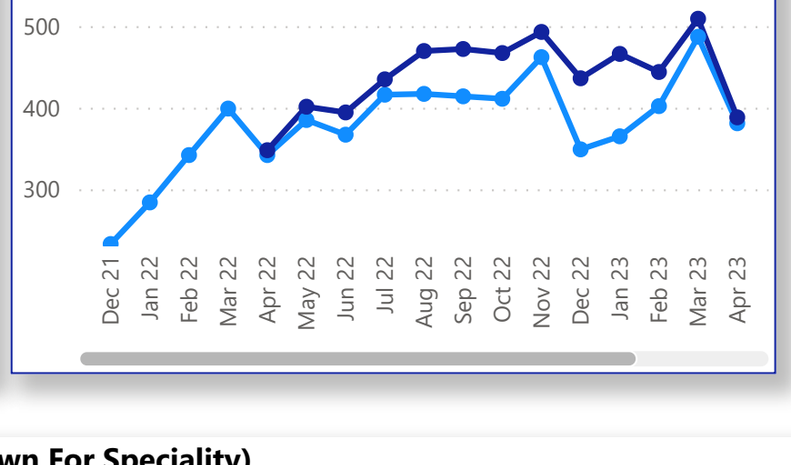
Day Case Theatre Activity against plan



Non-Theatre Elective Activity - excluding Endoscopy against plan

Not Available

In Patient Elective Theatre Activity against plan



07/12/2021 31/08/2023

Division (Drill Down For Speciality)

Stroke

Jun 23

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Percentage treated by a stroke skilled Early Supported Discharge team

55.88 %✓
Goal: 24.00 %

Overall SSNAP Rating

B

Goal: B

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

61.76 % !
Goal: 75.00 %

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

63.24 %✓
Goal: 48.00 %

Percentage discharged given a named person to contact after discharge

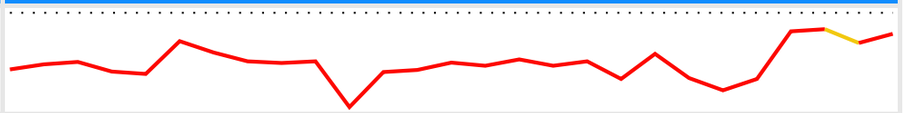
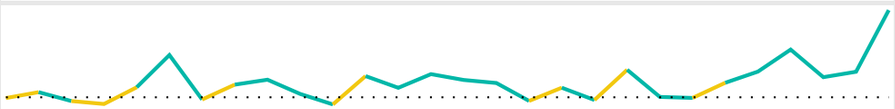
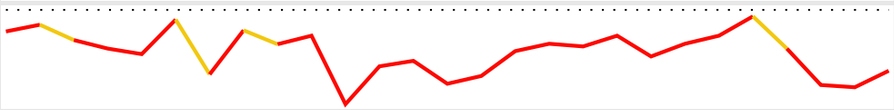
48.53 % !
Goal: 80.00 %

Percentage of eligible patients given thrombolysis

100.00 %✓
Goal: 90.00 %

Click here for Stroke Discharges Trends →

Stroke Trends

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Proportion directly admitted to a stroke unit within 4 hours of clock start	61.76 %	75.00 %	!	
Percentage treated by a stroke skilled Early Supported Discharge team	100.00 %	24.00 %	✓	
Percentage of eligible patients given thrombolysis	100.00 %	90.00 %	✓	
Proportion of patients scanned within 1 hour of clock start (Trust)	100.00 %	48.00 %	✓	
Percentage discharged given a named person to contact after discharge	48.53 %	80.00 %	!	

Elective Outpatients

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Data refresh	Daily Refresh (D)	Monthly Refresh (M)

Utilisation

Central - Out Patient Booking % Appointments Booked 2 weeks Prior
74.37 % !
Goal: 95.00 % (D)
Unvalidated

Divisional - Out Patient Booking % Appointments Booked 2 weeks Prior
67.34 % !
Goal: 95.00 % (D)
Unvalidated

Utilisation - % Booked Out Patient Clinic Slots Attended
85.32 % !
Goal: 90.00 % (D)
Unvalidated

Number of Registered Referrals not Appointed
33,718 (M)

Attended Appointments

New to Follow Up Ratio 19/20 Comparison
-0.53 ✓
Goal: -25.00 % (D)

TRUST - % of OP appointments delivered virtually (video or telephone)
13.45 % !
Goal: 25.00 % (D)

% of First Out Patient Appointment via ERS Advice & Guidance Activity
5.82 % !
Goal: 16.00 % (M)
Unvalidated

Not Attended Appointments

Out Patients: % Provider Cancellation Rate (less than 6 weeks notice)
62.98 % !
Goal: 5.00 % (D)

Out Patients DNA Rate 19/20 Comparison
-0.54 % ! (D)

Out Patients: DNA Rate (First Appointment)
10.39 %
(for monitoring only) (D)

Out Patients: DNA Rate (Follow Up Appointment)
9.95 %
(for monitoring only) (D)

Typing Turnaround

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

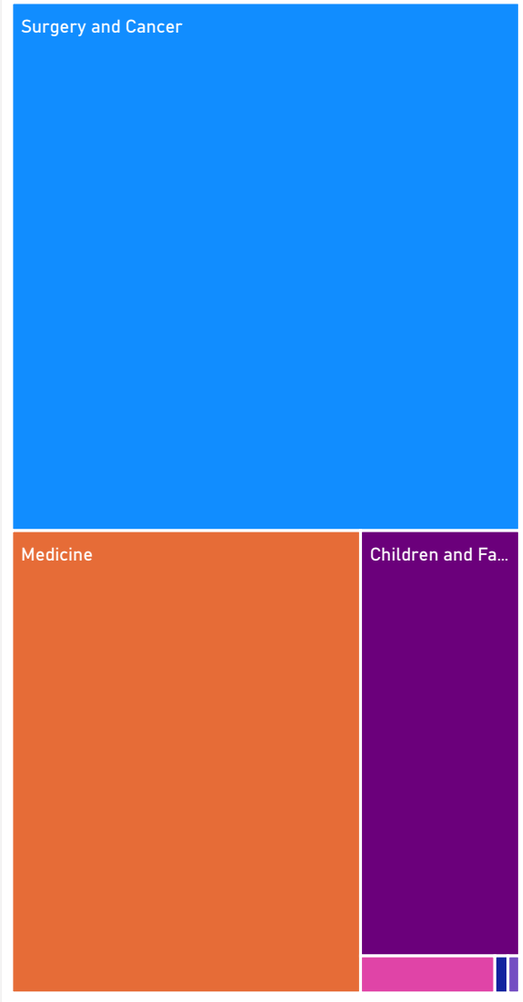
Patient Initiated Follow Up Pathway

TRUST - % patients dicharged onto Patient Initiated Follow Up Pathway in Month
3.42 % !
Goal: 5.00 % (D)

Data Quality

Number of Unreconciled Appointments 14 days +
1788 !
Goal: 0 (D)
Unvalidated

Division (Drill Down For Speciality)

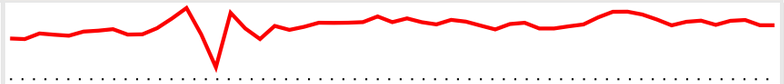
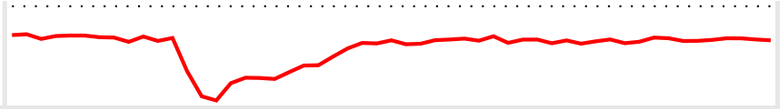
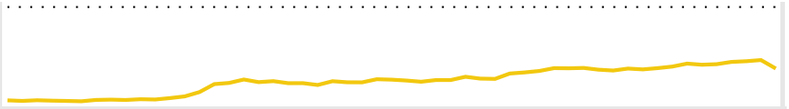
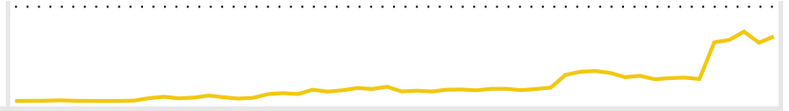


Click here for Elective Outpatients Trends →

Elective Outpatients Trends

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Data refresh	Daily Refresh (D)	Monthly Refresh (M)

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Out Patients: % Provider Cancellation Rate (less than 6 weeks notice) (D)	62.98 %	5.00 %	!	
Central - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	74.37 %	95.00 %	!	
Divisional - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	67.34 %	95.00 %	!	
TRUST - % of OP appointments delivered virtually (video or telephone) (D)	13.45 %	25.00 %	!	
% of First Out Patient Appointment via ERS Advice & Guidance Activity (M)	5.82 %	16.00 %	▲	
Number of Registered Referrals not Appointed (M)	33,718	0		
Typing Turnaround Time (dictation to letter sent) (Trust Contract) within 2 WD (D)	In Development			
Number of Unreconciled Appointments 14 days + (D)	1788	0	!	
TRUST - % patients dicharged onto Patient Initiated Follow Up Pathway in Month (D)	3.42 %	5.00 %	▲	
Utilisation - % Booked Out Patient Clinic Slots Attended (D)	85.32 %	90.00 %	▲	

Elective Theatres | Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Data refresh	Daily Refresh (D)	Monthly Refresh (M)

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

91.40 % !

Goal: 95.00 %

D

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

79.64 % ✓

Goal: 75.00 %

D

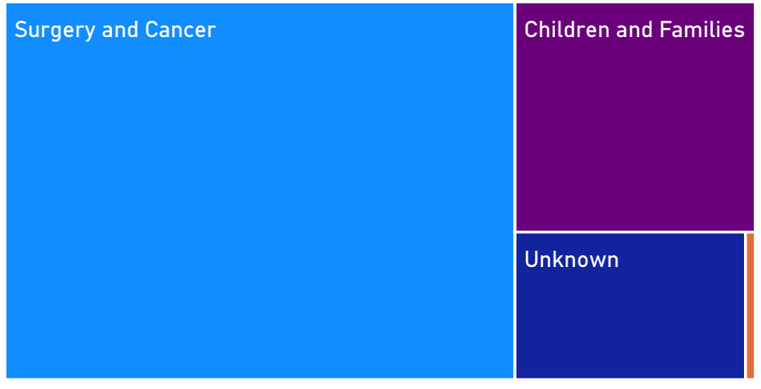
Trust: Operating Theatre Booking - % of available time booked 4 weeks prior

50.12 % ✓

Goal: 50.00 %

D

Division (Drill Down For Speciality)



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

Trust View

0.80 % ✓

Goal: 1.00 %

Surgery & Cancer

1.00 % ✓

Goal: 1.00 %

Children & Families

2.70 % !

Goal: 1.00 %

Medicine

0.20 % ✓

Goal: 1.00 %

Cancelled Operations Not Rebooked within 28 Days (M)

Trust View

2 !

Goal: 0

Surgery & Cancer

2 !

Goal: 0

Children & Families

0 ✓

Goal: 0

Medicine

0 ✓

Goal: 0

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

Trust View

881 !

Goal: 0

Surgery & Cancer

872 !

Goal: 0

Children & Families

9 !

Goal: 0

Medicine

0 ✓

Goal: 0

% of available Operating Theatre Time Utilised

83.01 % !

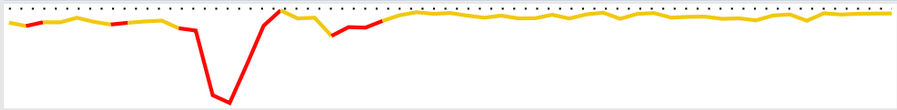
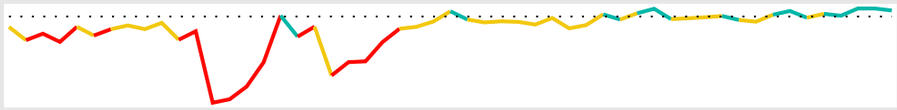
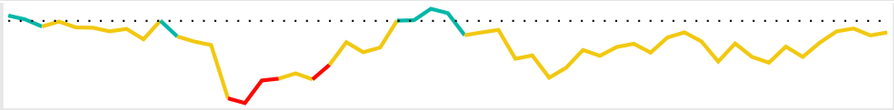
Goal: 85.00 %

D

Click here for Elective Theatres Trends

Elective Theatres Trends

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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Operating Theatre Booking - % of available time booked 1 week prior	91.40 %	95.00 %	▲	
Operating Theatre Booking - % of available time booked 2 weeks prior	79.64 %	75.00 %	✓	
Operating Theatre Booking - % of available time booked 4 weeks prior	50.12 %	50.00 %	✓	
% of available Operating Theatre Time Utilised	83.01 %	85.00 %	▲	

Patients: IPC

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Hospital Acquired MRSA (Colonisation) Cases Reported in Month

Trust View

0✓

Goal: 0

Medicine Division

0✓

Goal: 0

Surgery & Cancer Division

0✓

Goal: 0

Children & Families Division

0✓

Goal: 0

Clinical Specialities Division

0✓

Goal: 0

Hospital Acquired MRSA (Bacteraemia) Cases Reported in month

Trust View

0✓

Goal: 0

Medicine Division

0✓

Goal: 0

Surgery & Cancer Division

0✓

Goal: 0

Children & Families Division

0✓

Goal: 0

Clinical Specialities Division

0✓

Goal: 0

Patients: IPC

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

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

Trust View

In Month	YTD
4 !	26 !
Goal: 2	Goal: 10

Medicine Division

In Month	YTD
3 !	20 !
Goal: 2	Goal: 10

Surgery & Cancer Division

In Month	YTD
1 ✓	4 ✓
Goal: 2	Goal: 10

Children & Families Division

In Month	YTD
0 ✓	0 ✓
Goal: 2	Goal: 10

Clinical Specialities Division

In Month	YTD
0 ✓	2 ✓
Goal: 2	Goal: 10

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

Trust View

In Month	YTD
0 ✓	3 ✓
Goal: 2	Goal: 10

Medicine Division

In Month	YTD
0 ✓	0 ✓
Goal: 2	Goal: 10

Surgery & Cancer Division

In Month	YTD
0 ✓	3 ✓
Goal: 2	Goal: 10

Children & Families Division

In Month	YTD
0 ✓	0 ✓
Goal: 2	Goal: 10

Clinical Specialities Division

In Month	YTD
0 ✓	0 ✓
Goal: 2	Goal: 10

Patients: HSMR

Jun 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Hospital Services Mortality Rate (HSMR): (rolling 12 Months - Combined Jun 22 - May 23)

104.66 !

Goal: 100.00

Hospital Services Mortality Rate (HSMR): Elective (rolling 12 Months- Jun 22 - May 23)

44.10 ✓

Goal: 100.00

Hospital Services Mortality Rate (HSMR): Non-Elective (rolling 12 Months - Jun 22 - May 23)

105.39 !

Goal: 100.00

Patients: Patient Safety | Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Number of SI actions more than 1 month overdue

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
48 !	22 !	8 !	0 ✓	18 !
Goal: 0	Goal: 0	Goal: 0	Goal: 0	Goal: 0





Number of SI actions overdue

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
66 !	31 !	10 !	0 ✓	25 !
Goal: 0	Goal: 0	Goal: 0	Goal: 0	Goal: 0





Patients: Patient Safety

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Serious Incidents Reported in Month (For Monitoring Only)

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
3	1	1	0	1

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

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
467 !	264 !	37 !	28 !	138 !
Goal: 0	Goal: 0	Goal: 0	Goal: 0	Goal: 0





Patients: Patient Safety

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Never Events - Reported in month

Trust View

0✓

Goal: 0

Medicine Division

0✓

Goal: 0

Surgery & Cancer Division

0✓

Goal: 0

Clinical Specialities Division

0✓

Goal: 0

Children & Families Division

0✓

Goal: 0

Patients: Skin Integrity | Aug 22

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

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

Trust View

In Month	YTD
41✓	169✓
Goal: 56	Goal: 280

Medicine Division

In Month	YTD
16✓	94✓
Goal: 56	Goal: 280

Clinical Specialities Division

In Month	YTD
3✓	13✓
Goal: 56	Goal: 280

Surgery & Cancer Division

In Month	YTD
11✓	35✓
Goal: 56	Goal: 280

Children & Families Division

In Month	YTD
0✓	1✓
Goal: 56	Goal: 280

Non Inpatient Areas

In Month	YTD
11✓	26✓
Goal: 56	Goal: 280

Patients: Falls

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

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

Trust

-15.38 % ✓

Goal: -10.00 %

Current Year	Last Year
33	39

Medicine

-20.00 % ✓

Current Year	Last Year
24	30

Surgery & Cancer

-33.33 % ✓

Current Year	Last Year
4	6

Children Families

50.00 % !

Current Year	Last Year
3	2

Clinical Specialities

50.00 % !

Current Year	Last Year
2	1

Patients: Patient Experience | Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Complaints - New in month

Trust	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
-34.52 % ✓	-66.67 % ✓	34.78 % !	100.00 % !	-72.73 % ✓
Goal: -10.00 %				
Current Year: 55	Current Year: 12	Current Year: 31	Current Year: 6	Current Year: 6
Last Year: 84	Last Year: 36	Last Year: 23	Last Year: 3	Last Year: 22

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

Trust	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
33.00 % !	8.00 % !	47.00 % !	50.00 % !	50.00 % !
Goal: 95.00 %	Goal: 95.00 %	Goal: 95.00 %	Goal: 95.00 %	Goal: 95.00 %





Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
17 !	3 ✓	10 !	2 ✓	2 ✓
Goal: 4	Goal: 4	Goal: 4	Goal: 4	Goal: 4





Patients: Claims

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Claims CNST (patients) - new in month

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
5	2	2	1	0

Claims LTPS - (staff) new in month

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
1	0	1	0	0

Patients: Friends and Family Test

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

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

2.05 % !

Goal: 10.00 %

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

8.90 % !

Goal: 15.00 %

Patients: Audit and Effectiveness | Jul 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Data not received for August 2023

Mixed Sex Accommodation - reported breaches in month

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
0✓ Goal: 0	0✓ Goal: 0	0✓ Goal: 0	0✓ Goal: 0	0✓ Goal: 0

NICE Guidance Response Rate Compliance

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
94.90 % ! Goal: 100.00 %	94.60 % ! Goal: 100.00 %	97.40 % ! Goal: 100.00 %	89.39 % ! Goal: 100.00 %	92.00 % ! Goal: 100.00 %

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

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
11.70 %	3.70 %	6.25 %	16.00 %	43.70 %

Patients: Medical Examiner

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

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

100.00 %✓

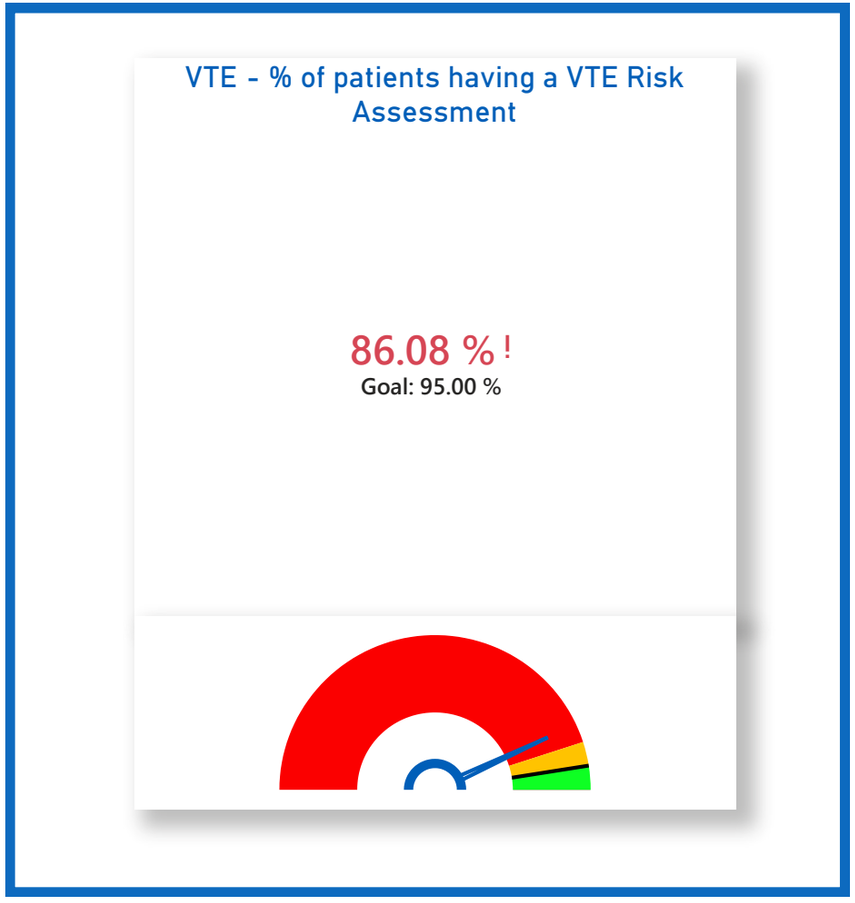
Goal: 100.00 %

Patients: VTE

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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



Patients: Reducing Length Stay | Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

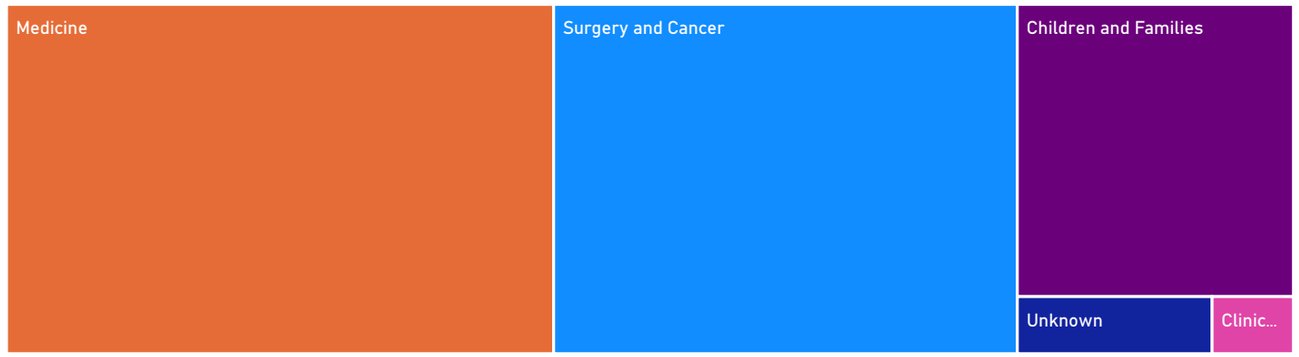
Days - Reducing length of stay for patients in hospital for 21 days +

-11.68 %✓

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

-3.79 %✓

Division (Drill Down For Speciality)



People

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Employee Turnover

1.26 % !

Goal: 0.83 %

Completed SET Training

84.93 % !

Goal: 90.00 %

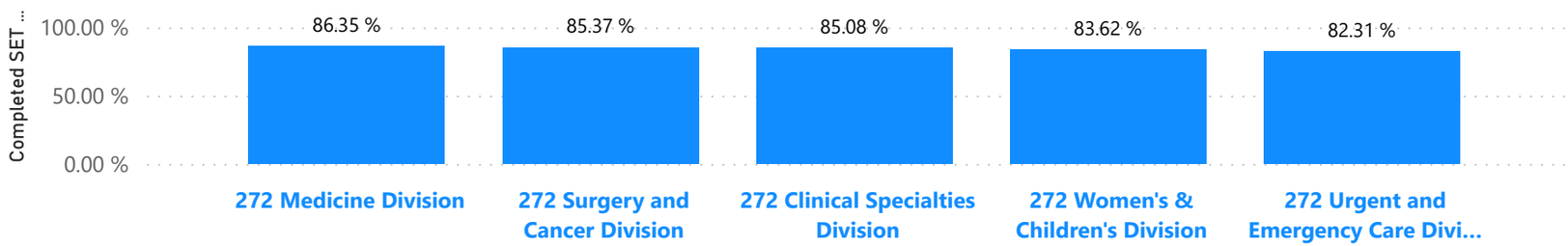
Completed Appraisals

85.27 % !

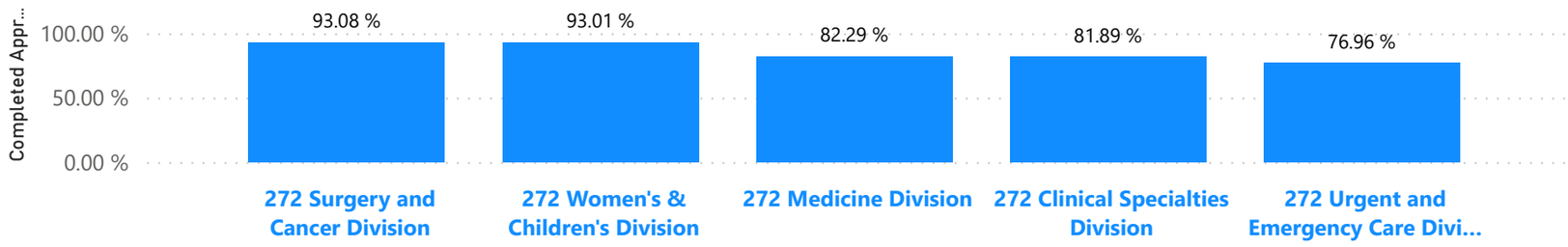
Goal: 90.00 %

Division - Employee Turnover

Division - Completed SET Training



Division - Completed Appraisals



People Forms Data | Aug 23

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Overall Staff Sickness Absence
6.01 % !
Goal: 5.00 %

Overall Staff Vacancies
9.00 % !
Goal: 5.00 %

Consultants with Signed Off Job Plans in EJP
55.00 % !
Goal: 90.00 %

Medicine Division Sickness Absence
6.81 % !
Goal: 5.00 %

Children & Families Sickness Absence
6.67 % !
Goal: 5.00 %

Medicine Division Workforce Vacancies
11.00 % !
Goal: 5.00 %

Children & Families Workforce Vacancies
10.00 % !
Goal: 5.00 %

Medicine Division Consultants with Signed Off Job Plans in EJP
74.00 % !
Goal: 90.00 %

Children & Families Consultants with Signed Off Job Plans in EJP
63.00 % !
Goal: 90.00 %

Surgery & Cancer Sickness Absence
6.27 % !
Goal: 5.00 %

Clinical Specialties Sickness Absence
5.49 % !
Goal: 5.00 %

Surgery & Cancer Workforce Vacancies
7.00 % !
Goal: 5.00 %

Clinical Specialties Workforce Vacancies
9.00 % !
Goal: 5.00 %

Surgery & Cancer Consultants with Signed Off Job Plans in EJP
28.00 % !
Goal: 90.00 %

Clinical Specialties Consultants with Signed Off Job Plans in EJP
60.00 % !
Goal: 90.00 %

People Forms Data | Aug 23

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

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

86 !
Goal: 47 Days

Medicine Division - Time to Fill Vacancies (Days)

49 !
Goal: 47 Days

Children & Families - Time to Fill Vacancies (Days)

56 !
Goal: 47 Days

Surgery & Cancer - Time to Fill Vacancies (Days)

79 !
Goal: 47 Days

Clinical Specialties - Time to Fill Vacancies (Days)

67 !
Goal: 47 Days

Health Inequalities

Aug 23

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

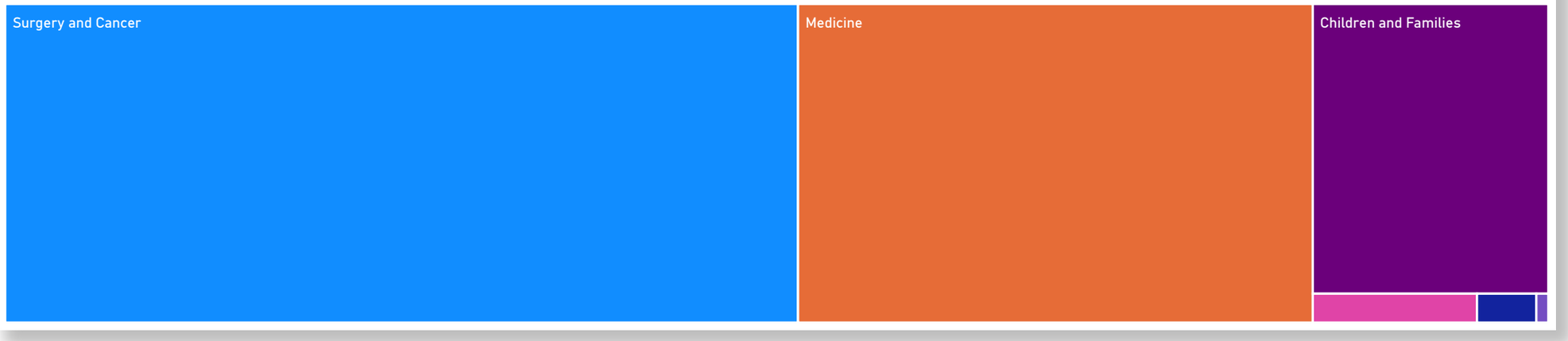
Data refresh (D) All KPIs on this page are refreshed on daily basis.

% Patients on CAMIS with Ethnicity Recorded

94.65 % !

Goal: 100.00 %

Division (Drill Down For Speciality)



KPI Trends

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Self Arrivals - Initial Assessment Within 15 Mins (Unvalidated)

Ambulance Handovers within 15 Minutes

Ambulance Handovers within 30 Minutes

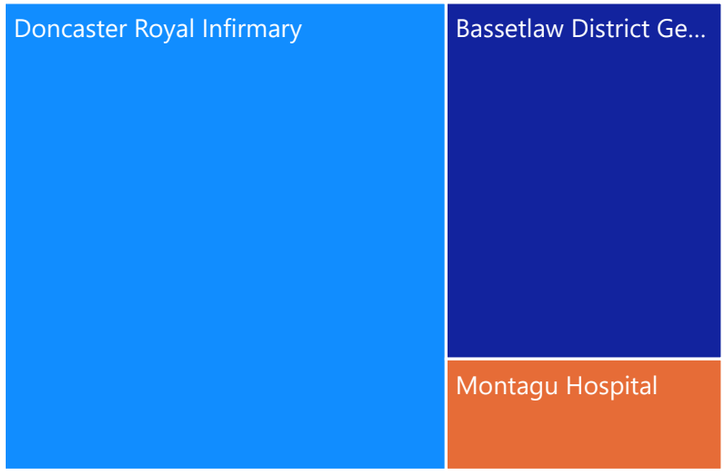
Ambulance Handovers More Than 60 Minutes

TOTAL -% patients leaving Emergency Department from clinically ready to proceed to admission within 60 mins

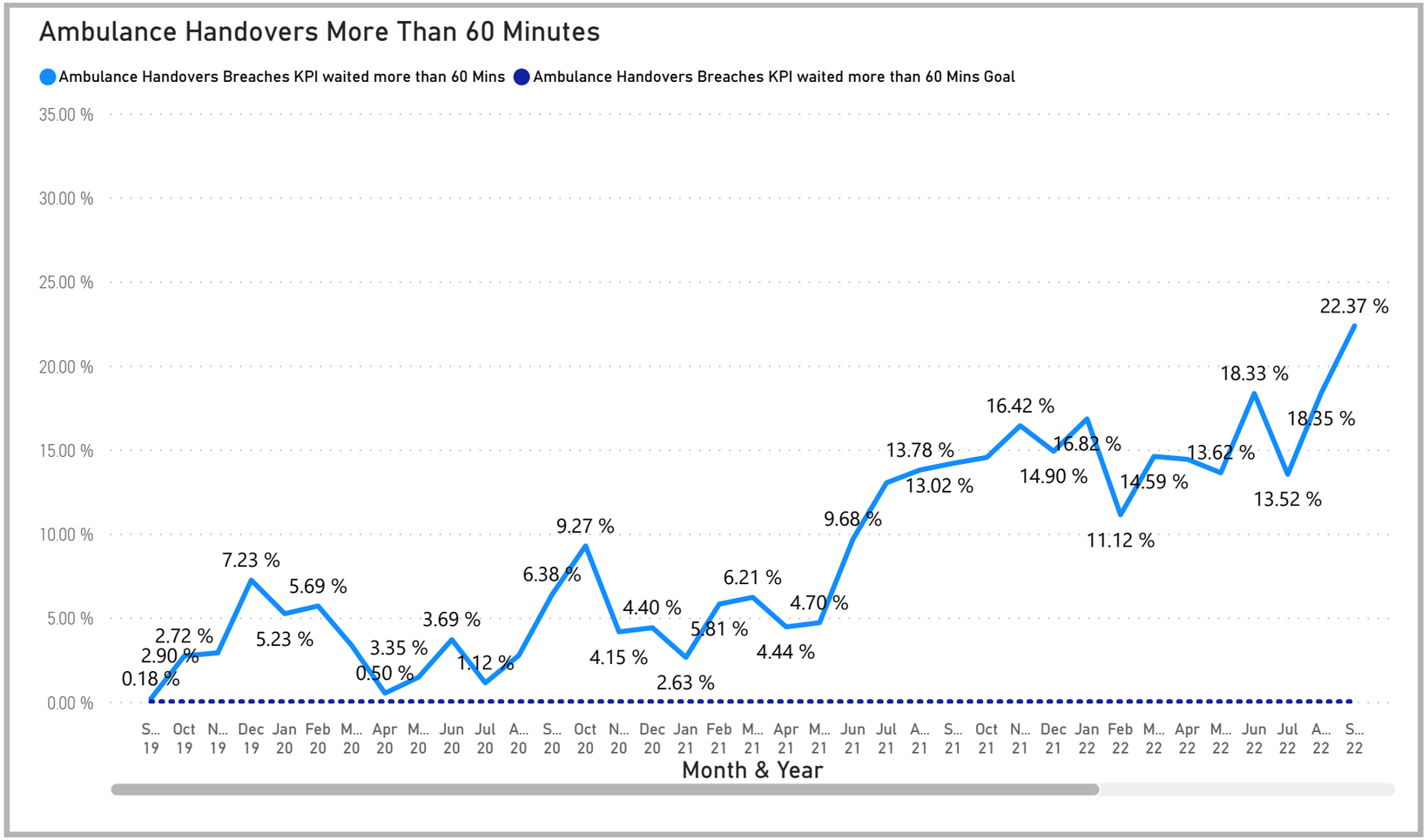
A&E: Max wait four hours from arrival/admission/transfer/discharge

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

EM Hospital



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



2309 - G4 MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE ? 26 JUNE 2023

Information Item

Mark Day, Non-executive Director

REFERENCES

Only PDFs are attached

G4 - Finance & Performance Committee Minutes - 26 June 2023.pdf

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee held on Monday 26 June 2023 at 09:00 via Microsoft Teams

Present:	Mark Bailey - Non-Executive Director Mark Day - Non-Executive Director (Chair) Emyr Jones - Non-Executive Director (Chair) Jon Sargeant - Chief Financial Officer Kath Smart - Non-Executive Director Denise Smith - Chief Operating Officer	
In attendance:	Alex Crickmar - Deputy Director of Finance Fiona Dunn - Director Corporate Affairs /Company Secretary Joseph John - Medical Director for Operational Stability and Optimisation Liz May – Partner, Deloitte Angela O'Mara - Deputy Company Secretary (minutes) James Millar - Director, Deloitte	
To Observe:	Rum Thomas - Board Delegate	
Apologies	Andrew Middleton - Public Governor – Bassetlaw Paul Mapley - Efficiency Director Lynne Schuller - Governor Observer - Bassetlaw	
		ACTION
FP23/06/A1	**Welcome, Apologies for Absence and declarations of interest (Verbal)**	
	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. The Chair acknowledged the size of the agenda and the cultural and people change required to drive the major schemes of work forwards.	
FP23/06/A2	**Requests for any other business (Verbal)**	
	No items of other business were received.	
FP23/06/A3	**Action Notes from Previous Meeting (Enclosure A3)** **Action 1 - FP22/11/B1 – Performance Reporting** – new report received. **Action to be closed.** **Action 2 - FP22/11/B1 - Alternative Care Provision for Patients with no Right to Reside** – action not yet due.	

	Action 3 - FP22/11/B3 – Winter Plan – workshops had commenced, to be reported to Trust Executive Group and then Finance & Performance Committee, no later than September 2023**.** **Action 7 - FP23/03/D4 - Emergency Preparedness, Resilience & Response Granger Report** – no update from NHSE, internal discussions were ongoing, in view of the decision re New Hospital Programme an update would be provided at the confidential Board of Directors meeting on 27 June 2023. The need for a system business continuity response remained. **Action 8 - FP23/04/C1 - Clinical Site Strategy** – post meeting update - progress has been restricted due to capacity and following the decision relating to the New Hospital Programme there would be a need to visit the strategy. **Action 10 - FP23/04/C1 - Progress of Bassetlaw Emergency Village Full Business Case** – review ongoing, decision expected by 30 June 2023. **Action 11 – FP23/05/C2 - Health Inequalities Draft Strategy** – action not yet due. **Action 12 – FP/23/04/D1 - Industrial Action Costs** – included within the finance paper. **Action to be closed.** **Action 14 – FP23/05/B1 – Performance Reporting** – the Chief Operating Officer agreed to flex reporting dependent upon availability of data, a written report would always be provided, where the timing of data was challenged there would be narrative and either an unvalidated or a month to date data. **Action to be closed**. **Action 16 – FP23/05/B3 - Attendance of the Executive Place Director to support UEC Improvement Programme Place Discussions –** Operational Lead, Ailsa Leighton to attend. SRO report to be provided to A&E Delivery Board and Place position to be received @ July's meeting. **Action to be closed**.	
	The Committee: - ***Noted the above updates.***	
FP23/06/B1	**Access Standards Report (verbal)**	
	The Chief Operating Officer reported performance against the national access standards. All urgent and emergency care metrics had seen an improvement from the previous month and the 15 minute ambulance handover standard had been achieved. In respect of elective activity, a 104 week breach was reported, due to an incorrect clock stop and despite efforts to book in, the patient was unable to attend to avoid the breach. Long waits continued to be seen in ENT, whilst numbers were not high, capacity continued to be an issue. A deteriorating position was noted in diagnostic performance, performance was 66.66% against the national standard of 99%, a decrease in performance was noted from April. In relation to cancer standards, the faster diagnosis standard had been delivered, however, a deterioration had been seen in two week waits and against the 62 day standard; since writing the report the Chief Operating Officer confirmed benchmarking for 62 day performance saw	

	the Trust ranked 77 out of 132. It was recognised that industrial action had impacted upon cancer standards and further work was required to understand the detail at tumour site level. The Chief Financial Officer recognised the improving accident and emergency department performance and enquired when improvements were expected to be seen in respect of those admitted from the Emergency Department. The Chief Operating Officer confirmed the Trust performed well in respect of waits in the department above 12 hours but recognised that further work was required to establish if decisions to admit were made within the first two hours of being in the department, which then allowed a further two hours for a bed to be identified. An improvement trajectory was to be agreed with the divisions and in future months narrative would be included to provide this detail. Non-executive Director, Kath Smart noted 3.68% of patients had waited in excess of 12 hours in DRI's emergency department, as there did not appear to be any new issues or actions within the commentary she was keen to understand plans to drive an improvement. The Chief Operating Officer advised that the key issue was the time to be seen by a doctor and work with the divisions, with the support of Medical Director's Office, was ongoing to assess the rotas and skill mix to ensure that capacity was able to meet the demand profile. The divisions expected that the rota changes would be complete by August and therefore an impact was expected to be seen in September. In response to a question from the Chair, the Chief Operating Officer confirmed the divisions were satisfied that the rota changes, recruitment and training provided the required capacity, but recognised there was an element of getting up to speed for those newly appointed Trust grade doctors. Kath Smart recognised the historical reporting of high activity in the emergency department, whilst the Chief Operating Officer was unable to comment on the Trust's activity pre-Covid it was expected that current levels were now the norm and in line with other organisations, the Trust's levels were not expected to return to those seen pre-Covid. Kath Smart welcomed the sustained improvements seen in ambulance handover performance, in response to her question to understand the key drivers of change the Chief Operating Officer recognised that post winter stabilisation had taken place, bed pressures had also lessened which supported an increased capacity to manage ambulance handovers, supported by improved grip, control and escalation processes. As the Finance & Performance Committee had oversight of virtual ward activity, Kath Smart enquired of the plans to report into the Committee, the Chief Operating Officer confirmed she was happy to report and a discussion would take place with the Chair outside of the meeting. The Medical Director for Operational Stability and Optimisation provided a verbal update on the progress of virtual wards, which highlighted significant progress over the last six weeks, following discussions with Rotherham, Doncaster & South Humber Trust. A daily meeting now took place to assess the number of virtual ward patients, which as of last week stood at 18, a target of 30 patients had been identified by mid-July increasing to 100 by October/November 2023. Further work was required in respect of manpower, technology and support from NHSE. Currently, the Trust's virtual ward activity ranked second to Barnsley in the South Yorkshire Integrated Care System. If the Trust was able to deliver the target of 100 later this year it was expected this would place the Trust's performance per population near the top of the national league table. In respect of the new style access standard reporting, Non-executive Director, Kath Smart enquired if it was possible to provide a one page dashboard for an at a glance summary. The	**DS/MD**

	Chief Operating Officer confirmed this could be accommodated via the Integrated Quality and Performance Report, which the Chief Financial Officer acknowledged would support the recent recommendation of the performance management audit. Non-executive Director, Mark Bailey recognised the improvement journey and suggested it may be helpful for the organisation to capture the impact of actions over time, successful or otherwise, to support future efforts.	
	The Committee: - ***Noted and took assurance from the Access Standards Report***	
FP23/06/B2	**<u>Urgent & Emergency Care (UEC) Improvement Programme (Enclosure B2)</u>**	
	Since the last meeting the Chief Operating Officer confirmed all SROs had now been agreed, meetings were in place, work plans confirmed and a commitment given to provide a monthly highlight report, which would be collated for presentation at the Committee. A verbal progress update of the various workstreams was provided. In response to a question from Mark Bailey, the Chief Operating Officer confirmed that SROs had agreed to meet fortnightly, actions would be populated on Monday.com and there was an emphasis on maximising efforts to deliver an impact prior to winter. There would be an agreed set of metrics by workstream which would be reported via the A&E Delivery Board and then to the Finance & Performance Committee. Non-executive Director, Kath Smart shared a concern that it was difficult to see the pace currently and looked forward to seeing progress at future meetings. Reflecting on the data analytics presentation at the Board workshop, assurance was sought on internal capacity to deliver, the Chief Operating Officer confirmed that ECIST had worked with the Trust's information team and at Place and had provided positive feedback on the people and resource capacity to undertake the detailed analysis going forwards. Agreement had also been reached for Chris Green, Director of Informatics to return to undertake bed modelling with the team. The SRO for the bed base work at RDaSH had now been confirmed as Cora Turner, Doncaster Physical Care Group Director. Non-executive Director, Emyr Jones recognised there may be a need for external resourcing and enquired if agreement had been reached in view of the system wide approach. The Chief Operating Officer confirmed that a conversation had taken place at the planning stage with regards to system wide capacity for beds, there had been no agreement to commission more, but there was a need to understand the capacity across place to commission in line with this. There was also support in principle around same day emergency care.	
	<u>The Committee:</u> - ***Noted and took assurance from the Urgent & Emergency Care Improvement Programme***	

FP23/06/B3	**<u>Elective Activity Report (Enclosure B3)</u>**	
	The Chief Operating Officer reported an improvement across all points of delivery in the month of May, however, performance remained below the required 103% of 2019/20 baseline activity: • Outpatient First: 100.9% • Outpatient Follow up: 94.5% • Day case: 98.4% • Elective: 92.4% The Trust remained an outlier on its did not attend (DNA) rate, which was a key focus of the outpatient improvement plan, alongside opportunities to improve outpatient utilisation. An improvement had been seen in day case and elective theatre utilisation but there was still a need to consistently deliver the 85% standard. The narrative of the report would develop over time and Non-executive Director, Kath Smart welcomed more detailed information at a speciality level to understand the root cause in order to identify required actions. In response to a question from Non-executive Director, Mark Bailey with regards to the DNA rate, the Chief Operating Officer acknowledged there was a need to understand the Trust's position which was seen across all specialities at new, review and two week waits. The DNA rate was currently running at 10%, and a stretch target was in place as part of the outpatient improvement plan. A text reminder service was in operation but there was no validation currently in place, there was a need to ensure contact details were updated routinely and opportunities to enhance systems to provide patients with the ability to change/cancel appointments via a patient portal explored. In respect of overbooking, this was a routine practice in many clinics, which was managed by agreement with the clinicians. The Chief Financial Officer acknowledged that the Trust had previously experienced a higher than average DNA rate, which may be linked to the rebooking of appointments, the importance of managing annual leave to avoid cancellations under six weeks was noted. The Medical Director for Operational Stability and Optimisation informed the Committee of a piece of work in train to understand the links between DNA rates and health inequalities, the findings, and recommendations of which would be shared in due course. Non-executive Director, Kath Smart enquired of the change to the patient initiated follow up target, which the Chief Operating Officer confirmed was in line with the national target.	
	The Committee: ***- Noted and took assurance from the Elective Activity Report***	
FP23/06/B4	**<u>Elective Care Priorities 2023/24 (Enclosure B4)</u>**	
	Correspondence received from NHS England, dated 23 May 2023 highlighted six priorities for elective care in 2023/24 and three key performance deliverables which were: • Virtually eliminate waits of > 65 weeks by March 2024 • Continue to reduce the number of cancer patients waiting over 62 days • Meet the 75% cancer faster diagnosis ambition by March 2024.	

	A self-assessment Trust Board checklist was provided to offer assurance. The Chief Operating Officer highlighted those areas where work was required to improve compliance which included validation, the booking of outpatient appointments, prioritisation of diagnostic capacity for cancer patients and a focus on turnround times for the reporting of outcomes, including performance against the ten day standard for patients on a cancer pathway. National good practice for surgery pre-assessment identified work to ensure that the patient was fit for surgery. Non-executive Director, Kath Smart reflected on previous discussions with regards to data quality and the potential use of a kitemark, ensuring that the necessary training and standard operating procedures were in place to ensure accurate and appropriate recording. The Chief Operating Officer confirmed the purchase of tracker software and the recruitment to a central validation team within the Directorate of Recovery, Innovation and Transformation. NHSE's Elective Care Improvement Support Team would undertake a diagnostic to understand essential actions to support validation and ensure the return to those fundamental actions that were in place pre-Covid. In respect of wider data quality, the Chief Financial Officer confirmed that the kitemark work had been considered as part of the quality dashboard involving clinical and nursing metrics with a view to this being rolled out further. Non-executive Director, Emyr Jones reflected on the choice priority and the important of learning from previously unsuccessful initiatives. In terms of the current e-referral and choose and book offer the Chief Operating Officer did not anticipate any change and recognised that the majority of patients would choose a local service. In response to feedback from Non-executive Director, Kath Smart in respect of the self-assessment, the Chief Operating Officer agreed to review the detail to ensure that commentary reflected the link to the assurance committee. The content of the letter was to be cross referenced to improvement plans and operational reporting. The Chief Financial Officer suggested it would be appropriate for an independent view to be taken by the Efficiency Director and Head of Performance and he would agree the best approach to this with the Chief Operating Officer.	
	The Committee: ***- Noted and took assurance from the Elective Care Priorities 2023/24***	
FP23/06/B5	**<u>Diagnostic Deep Dive (Enclosure B5)</u>**	
	The detailed report provided an overview of diagnostic waiting time performance, waiting list size and activity at aggregate and individual test level for 2019/20 and 2022/23. The paper identified the root cause of underperformance and actions required to address this, with a forecast for 2023/24 performance considering changes to productivity, efficiency, or demand management. Mark Bailey, Non-executive Director enquired of any test which was not expected to reach the required standard by March 2024, the Chief Operating Officer recognised that although improvements had been made to CT performance, the Trust remained a significant outlier and there was a need to consider an alternative approach to address this. The Medical Director for Operational Stability and Optimisation confirmed the number of scans requested by the Accident & Emergency department had doubled despite attendance levels remaining largely the same.	

	Direct action was required to address this, to ensure that consultants take responsibility for scans requested in their name, recognising the need to fulfil their professional responsibilities to ensure patient safety and that the diagnostic yield was justified. The Chief Financial Officer recognised the challenges and the need for an appropriate control mechanism, noting that in neighbouring trusts a similar number of scans were performed with significantly less equipment, which resulted in overworking of equipment and a greater risk of breakdown. A reduction of between 30 and 40% of demand was required. A review of the data would determine emergency vs elective scans at a speciality level and by consultant to establish the source of the demand. The need to ensure the request was evidenced based was reiterated by Non-executive Director, Emyr Jones.	
	The Committee: - ***Noted and took assurance from the Diagnostic Deep Dive***	
FP23/06/C1	**<u>Recovery, Innovation & Transformation Directorate Update (Enclosure C1)</u>**	
	The Director of Recovery, Innovation and Transformation provided an update on his portfolio. The Committee were informed that the draft Qi strategy would be realigned to the recently published NHS Impact approach. Recruitment was underway and there would be a clear focus on support of key projects, with an increased level of support to be facilitated for the Chief Operating Officer. A communication plan would be shared across the organisation and a board workshop would take place in October 2023. In respect of the capital projects, approval of the Bassetlaw Emergency Village business case was expected by the end of June. The governance structure for the Montagu Elective Orthopaedic Centre (MEOC) was in place and a member of the national Getting it Right First Time team would fulfil the medical lead role. The detailed design had been signed off by the clinical team and work had commenced on site and the unit had entered production in the factory. The Trust's tender application to continue to provide the Abdominal Aortic Aneurysm screening service for South Yorkshire had been successful. In response to a question from Mark Bailey with regards to the progress of workforce requirements for MEOC, the Director of Recovery, Innovation and Transformation confirmed that agreement had been reached that the anaesthetist would be appointed by the Unit and a job description was currently being written. International nurse recruitment was underway and the go-live date was now January 2024. Kate Carville had been appointed to support the project team as a senior member of the Trust's nursing team with relevant trauma and orthopaedic experience.	
	<u>The Committee:</u> - ***Noted and took assurance from the Recovery, Innovation & Transformation Directorate Update***	

FP23/06/D1	**<u>Deloitte Review – Drivers of Deficit (verbal)</u>**	
	The Chair welcomed Liz May and James Miller of Deloitte to the meeting. Following the visit by NHSE's central finance team it was agreed that external validation of the Trust's underlying deficit of £49.8m would take place, to determine those elements under the Trust's control and the likelihood of returning to a balanced position. Following a competitive tender process Deloitte were appointed. Liz May acknowledged the accelerated timeline and noted some delays outside of the Trust's control relating to Model Hospital data, a summary report and presentation would be shared post meeting. The Committee was briefed on the scope, key findings, key movements from 2019/20 to date and a view of the key drivers of the deficit, including what was within/outside of the Trust's control and proposed next steps. Consideration had been given to key lines of enquiry from executive directors, the underlying deficit work completed to date, trust papers and benchmarking against model hospital and Estates Return Information Collection. The Committee's attention was drawn to the limitations of the work. A 30% increase had been seen in the Trust's cost base since 2019/20, expenditure had increased by £122m, driven by pay inflation, temporary workforce, additional establishment, non pay costs and deprecation. Deloitte's review identified the underlying deficit was broadly in line with that of the Trust, within a range of £43.5 to £53.5m. The drivers of the deficit were categorised as operational, strategic, and structural depending upon the level of influence. Dominant operational drivers included workforce, length of stay, theatre utilisation, corporate services, and estates. Strategic drivers included systemic pathways, Clinical Negligence Scheme for Trust costs and structural drivers related to estates challenges and difficult to recruit to posts. James Millar highlighted a move from a breakeven position in 2019/20 to a £10.1m deficit in 2022/23. Although income had increased it was not at the same pace as the cost base increase, nor on a recurrent basis. The Committee was reminded of a change in the funding structure during the reference period, when a return to block funding had been seen during the Covid pandemic. In respect of expenditure, a £24m increase had been seen on bank and agency spend and substantive workforce costs had increased, with an additional 168 WTE since 2019/20. An increase had been seen in depreciation, there had been a change in the way in which loans were managed which impacted upon Public Dividend Capital costs and inflationary pressures. As the Trust's assessment of the underlying deficit was completed at month 10 there had been some movement in cost improvement efficiencies and Elective Recovery Fund (ERF) payments between then and the year end. £3m of Covid funding was noted as non-recurrent which had the potential to increase the Trust's reported underlying deficit. In addition, as system top-up funding was expected to reduce over time there was the potential for this to create additional pressures, the timeframe for this was unknown.	

	The key areas of influence were summarised, significant workforce opportunities were identified. Operationally, DNA rates, theatre utilisation and length of stay were noted as areas of opportunity. In respect of estates, there were opportunities to explore on the price of utilities, unused space/estate inefficiency and excess depreciation, considered by income per square metre. In response to a question from Non-executive Director, Emyr Jones with regards to the calculation of income per square metre, it was confirmed this had not been completed on a site by site basis and the peer group included comparable multi-site organisations. The impact of a multi-site provision was recognised to be more challenging from an efficiency and estates management perspective. The Chief Operating Officer acknowledged the operational opportunities, in respect of the length of stay/delayed days there was a need for further work to understand the bed occupancy and potential loss of beds, which was recognised to benchmark low as compared to peers. In response to a question from Non-executive Director, Mark Bailey it was confirmed the review did not explore the productivity and efficiency of service provision but did consider the care provision, as compared to peers. In response to a question from the Medial Director of Operational, it was confirmed that the total workforce costs included the payment of waiting list initiative payments. A high level allocation across the three driver of deficit categories operational, strategic, and structural was provided, there would be a need to understand the system support to deliver this. In terms of next steps, the review recommended that capacity was prioritised into those areas which would provide the greatest impact, ensuring that recovery actions were implemented with rigour to manage delivery. Effective working at Place to drive forward systemic change in respect of length of stay and delayed discharge was required. The Chair shared his thanks and recognised the value of the work and the need to reflect on the findings and recommendations. To close, the Chief Financial Officer shared his appreciation of Deloitte's work and recognised the lost time when model hospital data was unavailable. Further discussions would take place next week and a follow up discussion with regards to post Covid allocation had taken place with the Place Director of Finance. The Chief Financial Officer was encouraged that the CIP plan was broadly in line with the opportunities identified and actions would be built into this and the future year's plans. Once finalised the detail would be presented at Place and system level to ensure appropriate support.	
	The Committee: ***- Noted and took assurance from the Drivers of Deficit Review***	

FP23/06/D2	**<u>Financial Performance – Month 2 – (Enclosure D2)</u>**	
	The Deputy Director of Finance reported a month two deficit, in line with the plan, of £4.1m, £7.8m deficit year to date. This was based on the assumption that the elective recovery funding (ERF) paid in month would not be clawed back due to the impact of industrial action. Capital spend in month was £0.9m against a plan of £3.4m, year to date spend was £1m against a plan of £5.7m. The underspend related to the Montagu Elective Orthopaedic Centre and the Bassetlaw Emergency Village, the latter of which was awaiting final approval. The cash balance at the end of May was £12.6m, a decrease of £16.8m in month. The negative movement was due to the Trust paying capital creditors, year end payments to revenue creditors and the underlying deficit position. The request for Q2 cash support of £3,975k had previously been discussed at the Board. The Deputy Director of Finance confirmed a number of queries had been received post submission and these were being worked through. Should there be a need for emergency cash support this could be considered in month. If the income and expenditure position continued the expected cash request for the year was anticipated to be c£25-30m, the position would continue to be monitored closely. The Committee approved the revenue cash support request of £3975k for Q2 and the submission to the national team.	
	<u>T*he Committee:*</u> - ***Noted the Financial Performance Update and approved the cash support request of £3975k for Q2 and the submission to the national team.***	
FP23/06/D3	**<u>CIP Plan 2023/24 Update (Enclosure D3).</u>**	
	In the absence of the Efficiency Director, the Chief Financial Officer confirmed £1.03m of savings had been delivered in month two, against a plan of £433k. It should be noted that the phasing of the plan was back loaded. Work was underway to identify further opportunities to meet the full year target of £22.1m and the Committee was asked to note the movement in the development of plans. The need to improve the pace to deliver before winter pressures made delivery more difficult was noted. The Chair shared the Chief Financial Officer's concern with regards to the pace of delivery and recognised the support of the wider team would be required to deliver the required efficiencies and this would be reflected in the Chair's assurance log to Board.	
	<u>The Committee</u>*<u>:</u>* - ***Noted and took assurance from the CIP Plan 2023/24 Update***	

FP23/06/D4	**<u>Granger Report Quarterly Update (Enclosure D4)</u>**	
	The Committee received an update on progress made against the recommendation of the Granger Report. The Chief Financial Officer confirmed that all actions were either complete or on track, with no concerns for escalation.	
	The Committee: - ***Noted and took assurance from the Granger Report***	
FP23/06/E1	**<u>People Strategy – Cross-cutting Finance & Performance Work (Enclosure E1)</u>**	
	The Chief People Officer described to the Committee the approach to ensure connectivity with workstreams within the People Strategy which cut across executive portfolios. The detailed delivery plans identified those interdependencies and the designated leads, for the Finance & Performance Committee this included strategic workforce planning and temporary workforce. In response to a question from the Chair with regards to the people elements of the cost improvement plans, the Chief People Officer confirmed where she had oversight of the plans she was comfortable with the work to date, the efforts to recognise new and innovative ways of working whilst being mindful of opportunities to progress further to maximise efficiencies. The Chief Financial Officer suggested it would be helpful to meet with the Chief People Officer to consider the feedback related to workforce following receipt of Deloitte's review of the underlying deficit.	
	The Committee: - ***Noted and took assurance from the People Strategy – cross-cutting finance and performance work***	
FP23/06/E2	**<u>Corporate Risk Register (Enclosure E2)</u>**	
	The Company Secretary confirmed there had been minimal change to the corporate risk register since the last Committee meeting, the one amendment related to a clinical risk. Progress was being made in respect of the risk management internal audit recommendations, although more recently this had been impacted by the absence of the Risk Manager. In view of the diagnostic performance challenges and the risks related to excessive CT activity, the Chair enquired if there were any associated risks captured in divisional risk registers. The Chief Operating Officer confirmed she would need to verify this and suggested it would now be appropriate for her to review those corporate risks where she was the identified risk owner. The Company Secretary confirmed she would be happy to support the review which would be helpful to consider following agreement of the strategic risks.	
	<u>The Committee:</u> - ***Noted the Corporate Risk Register***	

FP23/06/F1	**Governor Observations**	
	Both governor observers had sent apologies.	
FP23/06/G1	**Any Other Business**	
	There were no items of any other business received.	
FP23/06/G2	**Minutes of the Sub – Committee Meetings (Enclosure G3)**	
	The Committee: - Noted the Capital Monitoring Committee Minutes from 27 April 2023	
FP23/06/G3	**Minutes of the meeting held on 22 May 2023**	
	The Committee approved the minutes of the meeting held on 22 May 2023.	
FP23/06/G4	**Assurance Summary (Verbal)**	
	The Committee was assured, on behalf of the Board of Directors on the following matters: • Matters of Concern/Key Risks to Escalate • Major Actions Commissioned/Work Underway • Positive Assurance to Provide • Decisions Made • Progress against committee associated Executive's objectives The Chair summarised the areas for inclusion in the Chair's Assurance Log.	
	Date: Monday 24 July 2023 Time: 09:00 Venue: Microsoft Teams	
FP23/06/H	Meeting closed at: 12:05	

2309 - G5 MINUTES OF THE PEOPLE COMMITTEE ? 4 JULY 2023

Information Item

Mark Bailey, Non-Executive Director

REFERENCES

Only PDFs are attached

G5 - People Committee Minutes - 4 July 2023.pdf

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

PEOPLE COMMITTEE

Minutes of the meeting of the People Committee held on Tuesday 4 July 2023 at 09:00am via Microsoft Teams

Present:	Hazel Brand, Non-Executive Director Karen Jessop, Chief Nurse Mark Bailey, Non-Executive Director (Chair) Mark Day, Non-Executive Director Tim Noble, Executive Medical Director Zoe Lintin, Chief People Officer	
In attendance:	Anthony Jones, Deputy Director of People and Organisational Development Fiona Dunn, Director Corporate Affairs/Company Secretary Gavin Portier, Head of Organisational Development, EDI, and Wellbeing Kelly Fairhurst, Head of Recruitment and Medical HR Nick Mallaband, Medical Director for Workforce and Speciality Development Nicola Vickers, Clinical Education Manager Sam Debbage, Director of Education and Research Shaina O'Hara, PA for Director of Finance (Minutes)	
To Observe:	Alexis Johnson, Public Governor – Doncaster Mark Bright, Public Governor - Doncaster	
Apologies:	Lucy Nickson, Non-Executive Director	
		ACTION
PC04/07/A1	**Welcome, apologies for absence and declarations of interest (Verbal)**	
	The Chair welcomed members and those in attendance. The above apologies for absence were noted and no conflicts of interest were declared.	
PC04/07/A2	**Requests for Any Other Business (Verbal)**	
	No items of other business had been received.	
PC04/07/A3	**Actions from previous meeting (Enclosure A3)**	
	Action 1 People Strategy Delivery Plan & Assurance Report – were closed and noted for completeness. **Action 2 Health and Wellbeing Annual Report 2022 – 2023** – were closed and noted for completeness. **Action 3 Overview of Improvement Projects –** will be included as part of September's agenda. **Action 4 Widening Participation Q4 – 2022/2023** – were closed and noted for completeness. **Action 5 Corporate Risk Register** – were closed and noted for completeness. **Action 6** closed and included within the Improvement Report.	
PC04/07/B1	**Board Assurance Framework (Verbal)** The Chief People Officer confirmed that due to the Board meeting over running, the Board workshop with 360 Assurance did not go ahead on 23 May 2023 as planned, key points were	

	being picked up outside of the meeting to ensure that the work is still being progressed. The Director of Corporate Affairs/Company Secretary confirmed a refreshed version of the document had been circulated on 3 July with the expectation that the next iteration of the confirmed strategic risks, and new BAF framework will be shared at July's Board meeting. The Chief People Officer confirmed that NHS England published the comprehensive and detailed NHS Long Term Workforce Plan on 30 June. The three themes within the plan were Train, Retain and Reform. During a national webinar session which the Chief People Officer attended, an overview of the key aspects of the plan were presented. It was noted that the expansion of training numbers across different professional groups would impact placement capacity. As well as growing the workforce, there was a big focus on retention, experience, culture and flexible working. National campaigns will continue to build on the strong reputation the NHS has to offer. The plan will be reviewed every couple of years to ensure it is fit for purpose as it is a 15 year plan overall. There is an understanding that due to the level of detail within the plan, this will take some time to implement and embed. In response to a question asked by Hazel Brand, Non-Executive Director on the plan for social care, the Chief People Officer confirmed that the response at the webinar session was that work was ongoing and conversations are continuing around social care. The Chief Nurse advised of her attendance at another webinar session and confirmed nursing would remain an all-graduate profession. There were discussions around increased opportunities for apprenticeships, however the length of the apprenticeships wouldn't change. Hazel Brand, Non-Executive Director highlighted that following conversations with colleagues who didn't go down the graduate entry route, they stated that they wouldn't have ventured into that field if that has was the requirement. The Director of Education and Research explained the pathway from entry up to registered pathways and the Nursing Associates noting these were different routes available. The Chief Nurse referred to the international evidence around degree educated registered nurses which was unequivocal in terms of impact on patient safety. Mark Day, Non-Executive Director highlighted that the media suggested no financial plan was attached to the NHS Long Term Workforce Plan. In response, the Chief People Officer confirmed the webinar had stated there is a 5-year commitment from the treasury, investing £2.4 billion. NHS leaders had also indicated that if there were a change of government this plan would still be supported as there is broad support for the overall principles. The Chair and the Chief People Officer confirmed that the plan seems to be aligned with the Trust's People Strategy and any adjustments required would go through the normal process.	
	The Committee: - ***Noted and took assurance from the Board Assurance Framework***	
PC04/07/B2	**<u>People Strategy Assurance Report</u>** The Chief People Officer highlighted key points from the report. The report reflected any actions which had been completed from the strategy in the last two months. Key metrics such as SET, appraisals, labour turnover are included. Following a request from the last People Committee meeting that an illustration of the life of the strategy was reflected, this has been developed and enclosed in appendix 2.	

	It was confirmed that both the Chair of the Committee and the Chief People Officer are checking the impact of the key indicators. Assurance was given that the detailed plans were being updated by the Senior Leadership Team, with the Chief People Officer having oversight of the delivery plans.	
	The Committee: - ***Noted and supported the People Strategy Assurance Report***	
PC04/07/B3	**Research and Innovation Bi- Annual Report** The Director of Education & Research confirmed this report had previously been reported at the Quality and Effectiveness Committee and it had been agreed it would now come to the People Committee. The Research and Innovation Strategy was launched on 29 June at an external event with the Trust's partners which was well received. The strategy had been publicised and launched across DBTH. The draft delivery plan will not be finalised until discussions with partnerships, who are key to some of the deliverables. The Director of Education & Research explained the vision of the Teaching Hospital status and working backward from 2028 to present day when setting out key actions. The plan was for this to return to the People Committee meeting bi-annually to showcase the progress towards the 2028 outcomes. The last year's delivery plan for the Clinical Research Network (CRN) contract was completed achieving above and beyond the requirements. More patients were able to participate in research studies which was a positive outcome. 2023/24 Partnership arrangements have been set with the CRN and are on track. The Director of Education & Research explained that there may be an opportunity to apply for capital funding to upgrade buildings which would assist with the challenge of housing research patients. Within partnership working, there were two ongoing bids for research, which would result in patient benefit. There were two outstanding successful studies, the Born and Bred in Doncaster study and the IGLOo study. Hazel Brand, Non-Executive Director asked what mechanisms are being used to hear the voice of the community. The Director of Education & Research advised the Trust is very mindful that this work was undertaken in collaboration, so the language and engagement were consistent to gain public confidence that the use of their data was safe. DBTH Patient and Public Involvement and Engagement Group had been set up reaching out to community centres, speaking with GP partners etc. The Born and Bred study had been used to help think about areas where it was more difficult to engage in the community. In response to a question from Mark Day, Non-Executive Director, the Director of Education & Research explained that Insigneo is an artificial intelligence using digital technology around clinical data. As it was all data driven, the use of Insigneo's expertise will be used to look at how to breakdown and use the data. The Chief Nurse asked if there are easier research options for Insigneo to explore without the use of patients, such as IT programmes. The Director of Education & Research confirmed the involvement of the Chief Information Officer, including opportunities to look at how to join DBTH people data to consider what that means; however, this was a consideration for Insigneo.	

	The Chair questioned what the start date of the approval route was. The Director of Education & Research confirmed at the next Teaching Hospital Board conversations will be finalised and then it will be addressed at the Trust Executive Group meeting by the Autumn, there would be assurance on what will be achievable in year zero and by 2028. The Chief People Officer confirmed as Research and Innovation settle into reporting to People Committee, the assurance of discussions held at the Teaching Hospital Board meetings will be shared at this committee. In response to a question from the Chair regarding when the committee would start seeing outcomes of the areas of research undertaken, the Director of Education & Research stated the final stages of the study would produce outcomes and would provide the level of assurance required. Monday.com is another platform which is used to track progress against the strategy. Various committees will be advised of the studies if they are relevant to that particular committee.	
	The Committee: - ***Noted and took assurance from the Research and Innovation Bi- Annual Report***	
PC04/07/C1	**<u>Engagement and Leadership</u>** The Chief People Officer highlighted key points from the paper. Staff survey follow up sessions have been undertaken in many areas, Appendix 1 provides a flavour of themes, actions, and the measures of success. A soft launch of The DBTH Way had started following Board approval, a larger relaunch would happen in September. The flexible working QI event was very well received, colleagues had left their details to volunteer to be involved in future work. In relation to reward and recognition activities, the recent afternoon tea event for our longest serving colleagues was a success, DBTH also featured in a news piece on Look North. The thank you event at Yorkshire Wildlife Park was again very well received. In response to a question from Hazel Brand, Non-Executive Director, the Chief People Officer advised of many ways successes are measured, both through metrics and feedback for example following a conversation with a colleague who came from another Trust gave a positive example of how flexible working was seen to be embedded within another Trust, and the difference it actually makes for colleagues. Mark Day, Non-Executive Director referred to the Board visits, the observations that were picked up and what the expectation was of concluding any actions adding that people should feel empowered to make changes in their areas. The Director Corporate Affairs/Company Secretary highlighted that all observations were being captured. Urgent actions should be progressed by the relevant Managers who have the empowerment to drive change and make improvements. The next step is to understand what themes and learnings there are, and a Board Development Workshop was being arranged for October to cover quality, improvement and culture. The Deputy Director of People and Organisational Development highlighted the great work undertaken by the Space Utilisation Group. The Deputy Director of People and Organisational Development was keen to look at capturing and triangulating feedback from all issues raised. The Chair thanked the Chief People Officer on an excellent report which provided good assurance.	

	The Committee: - ***Noted, good assurance was taken from the Engagement and Leadership report***	
PC04/07/C2	**<u>Education Report Updates:</u>** <u>Education Report</u> The Clinical Education Manager highlighted key points from the report. Overall SET compliance reported at 86.97%. Manual Handling and Resuscitation are the only topics which are face to face with delivery challenges due to resource. The Director of Education & Research plans to discuss solutions for resource support in relation to manual handling and resuscitation in Neonatal areas through Trust Executive Group. The report shows that the scoping for SET plus, which are the additional topics that are nationally mandated for certain job roles, was almost complete. The Chief Nurse and Deputy Chief Nurse are involved in the final sign off meeting next month, colleagues would receive appropriate communication to understand this set of compliance. Role Specific Training (REST) was gathering similar momentum as SET. The Clinical Education Manager would be discussing a REST approval panel proposal with the Deputy Chief Nurse to help with the organisation of the training. The decision for the Gold Standards accreditation for preceptorship had not been announced, although the team are feeling optimistic. In response to a question from the Chief Nurse regarding manual handling risks, this was specifically around equipment which new registrants were not familiar with, such as hoists. The Trust has replaced the ward departmental based trainers with workplace assessors due to different techniques used for varying equipment to maintain the skill. The Chief People Officer suggested an offline conversation to look at facilitating such a model. Passport training for people mainly between organisations across the South Yorkshire ICB had been in place for some time to avoid repetition of their training. In addition, an interagency passport was used with Doncaster Metropolitan Borough Council and Primary Care. In response to a question from the Director Corporate Affairs/Company Secretary the SET booklet data was correct due to the realignment work which was undertaken. The assurance was the over measuring, due to certain topics only being measured 3 yearly. The Chair noted assurance that SET data was now going through DERRICK. The Clinical Education Manager confirmed once SET plus had been signed off, the detail for colleagues to understand how much time had been allocated to complete role specific training would be available. <u>Annual Education Quality Report</u> The Director of Education and Research presented key highlights from the Annual Education Quality report, which was presented for the first time at the People Committee. The report provides a triangulated assurance around all the quality indicators. Alongside the existing colleagues who have been upskilling, there had been 1180 learners through DBTH over the last financial year. DBTH were one of a few organisations who had not received any open actions in visits. The Trust had been recognised for exceptional educational standards and the education escalation pathway. Following feedback from learners the Trust had opened	

	the student hub, engagement events and conversations with learners mid placement were undertaken, which are all great examples. Yearly touch points with professional leads were planned, for example, the Chief Nursing team meet with all student nurses. The Chair noted that standards in education are being met against the Teaching Hospital threshold, the Director of Education and Research confirmed the Trust meets the educational quality framework.	
	The Committee: - ***Noted and took assurance from the Education Report & the Annual Education Quality Report***	
PC04/07/C3	**Equality, Diversity & Inclusion Updates:** Equality, Diversity and Inclusion – Annual report The Head of Organisational Development, EDI, and Wellbeing covered key highlights from the annual report. The report reflected the revised action plan which was now an all-in-one centralised plan. Staff networks are well established ensuring the culture within the Trust is diverse, inclusive, educated and appreciative of all colleagues. The implementation of the Board Development Delegate Programme and Reciprocal Mentoring Programmes are positive steps to increase inclusivity and diversity in the Trust's leadership. Workforce Race Equality Standards (WRES) and Workforce Disability Standards (WDES) The Head of Organisational Development, EDI, and Wellbeing stated the report highlighted the incremental changes across all colleague groups, overall, in clinical areas there had been a rise in diversity. To note there had been a reduction in medical students, however the Trust do not have control over medical trainees joining the Trust as these are allocated externally. The Equality, Diversity & Inclusion Lead had encouraged diversity and inclusion when meeting with community partners in readiness for the next governor elections. NHS Equality, Diversity and Inclusion Improvement Plan and High Impact Actions The Head of Organisational Development, EDI, and Wellbeing highlighted that NHS England introduced the first EDI improvement plan with six high impact plans to address prejudice and discrimination within the NHS. Appendix 1 reflected the refreshed EDI action plan, which incorporated all these actions. All board members would have EDI objectives set, which was a new action. In response to a question from Mark Day, Non-Executive Director regarding a diverse workforce reflecting the population of Doncaster, the Head of Organisational Development, EDI, and Wellbeing confirmed the data reflected that DBTH had a more diverse workforce than the community it serves. The Chief People Officer added that the aim was also for the Trust to be representative of the communities from which it recruits. The Director of Education and Research advised that due to data protection, EDI data from university partners are not shared. To overcome this, the Chief People Officer and the Director of Education and Research would work closely with partners to consider this agenda.	
	The Committee: - ***Noted and took assurance from the Equality, Diversity and Inclusion Report***	
PC04/07/C4	**Recruitment Report**	

	The Head of Recruitment and Medical HR provided key points from the report. KPIs had improved to 34.9 days. 10 out of 15 KPIs had improved over Q4 of the previous financial year and Q1 of the current financial year. When the advert goes live, to when the unconditional offer is made, the target was 31 days. Q4 the average was 48.3 days and Q1 was 38.5 days. A continuously high volume of posts were being advertised, 797 adverts in Q4 and Q1. The Trust continues to support many face to face recruitment events to attract candidates including sending representatives to council and external led events. Work continues with vocational education and the employability lead on routes into employment, including work with refugees from the Ukraine and Afghanistan. The Trust was one of eight trusts to be selected to be part of the NHS England project, Altogether Better which supports a widened access programme for healthcare workers. There would be learnings to expand and implement roles within the Trust. Refresher training would be held in July for those who would benefit from Trac training. Templates for job descriptions and person spec to include incorporating the DBTH Way were being reviewed. In response to a question from the Chief Nurse regarding the transfer register, the long term plan was to roll out to other roles such as admin and clerical to help retain colleagues. Further work was to be undertaken with Occupational Health to ensure appropriate checks were captured preplacement. Mark Day, Non-Executive Director asked what the difference was between the recruitment teams. The Head of Recruitment and Medical HR provided a brief overview identifying the differences between medical and cohort recruitment, highlighting the requirement for additional support. There was also the central recruitment team and local recruitment administrators across the organisation. A business case to centralise recruitment was approved in principle, however, due to investment this proposal forms part of the cost pressures list. The Director Corporate Affairs/Company Secretary highlighted that the KPIs were not fully reflective due to the amount of following up required by the team, the Deputy Director of People and Organisational Development shared the ideas for a co-ordinated approach to assist with the increased workload. A question was posed in respect of the wording used for advertising for admin and clerical positions, the Deputy Director of People and Organisational Development explained the intention to trial how other cohort recruitment processes work on admin and clerical team recruitment. The Deputy Director of People and Organisational Development agreed that further improvements are required to develop colleagues with transferable skills as part of the retention strategy and talent management conversations. The Chair requested further information at future meetings from the Head of Recruitment and Medical HR on assurance of participation in collaboration networks. It was noted that one of Nottingham and Nottinghamshire's priorities was around workforce and the scope for learning from one another. The Chair requested assurance that there were plans to meet the KPIs. The Head of Recruitment and Medical HR confirmed that was the intention, however the Chief People Officer advised if there were no further investment into the team, the team would struggle to fully meet the KPIs. The Deputy Director of People and Organisational Development	

	identified this as a risk, and the management of recruitment would need to be addressed if a centralised model was not possible.	
	The Committee: - ***Noted and took assurance from the Recruitment Report***	
PC04/07/C5	**<u>Freedom to Speak Up – Bi-Annual Report</u>** The Freedom to Speak Up Guardian highlighted key points from the bi-annual report. Overall, there had been a reduction in the number of colleagues speaking up through speaking up guardians. However, it was found that colleagues were speaking up in other ways, which also reflected in the staff survey results. It was reported that there was greater representation at the Speaking up Forum across DBTH. The focus was on improving visibility across the Trust and working collaboratively with Just Culture and PSIRF, so colleagues don't view speaking up in isolation. Roadshow engagement had been positively received. Part of the strategy review would be to address the number of champions. The reflection and planning tool were to be circulated outside of the meeting as it wasn't included within the papers. Hazel Brand, Non-Executive Director noted the intention to see an improvement over a two-year period. In response to a question from Hazel Brand, Non-Executive Director, DBTH do utilise the National Support Service to support colleagues. The Freedom to Speak Up Guardian confirmed there was a piece within the reflection and planning tool which highlighted further work was to be undertaken to make improvements. The Chair confirmed the committee took assurance and there was an ongoing focus on this support mechanism. A report would be presented to the Board for July and a revised strategy was due to come back to the People Committee later in the year.	**PH/SOH**
	The Committee: - ***Noted and took assurance from the Freedom to Speak Up – Bi-Annual Report***	
PC04/07/D1	**<u>Workforce Supply and Demand</u>** The Deputy Director of People and Organisational Development updated the committee on the new Workforce and Education Committee which was a combination of the previous Workforce Planning Committee and the Training and Education Committee. Following the first meeting the terms of reference had been agreed. Key highlights to note were that two new groups to support the Workforce and Education Committee were formed. One group focuses on the development of the workforce planning tool and the other group to maximise on the benefits of having workforce leads for different professions within the Trust. The report details the development of a multi-year strategic Workforce Plan, feedback from submissions would be shared at future meetings. A deep dive workshop was held with Operating Department Practitioners (ODP) and nurses particularly in theatres. Several actions were noted, some directed at educational routes into ODPs and Theatre Nurses, some directed at more traditional workforce planning, age profiling, turnover etc. During the workshop there were lots of discussions around developing for the future in specific roles and future benefits.	

	An additional deep dive piece of work was being undertaken where support can be given to colleagues in workforce planning, looking at two or three areas with challenges and to produce plans and strategies. This will be launched next month. The support from the Learning Needs Analysis process needs to ensure accurate data that could be utilised to help support the development of future workforce plans, which would grow workforce in the future. In response to a question from the Chair regarding an overall map indicating hot spots, the Deputy Director of People and Organisational Development confirmed that areas had been identified for deep dives throughout the year, there are two workshops running a month to address key challenges. Other improvement workstreams were addressing, for example, agency and bank reduction work which includes sickness management and recruitment.	
	The Committee: - ***Noted and took assurance from the Workforce Supply and Demand Update***	
PC04/07/D2	**<u>Safe Staffing</u>** The Chief Nurse highlighted key points from the report. The data for April and May in relation to Care Hours Per Patient Day (CHPPD) continues to increase. The Chief Operating Officer had agreed a new methodology for opening of surge capacity to ensure Executive level sign off for opening. The report reflected improvements with regards to the number of wards that trigger a deficit in planned versus actual staffing. These wards identified are monitored from a quality perspective. All staffing gaps are discussed twice a day at safe staffing meetings, and at these meetings further consideration is given to acuity, dependency and professional judgement to enable effective deployment of people to maintain safety. The Chief Nurse confirmed receipt of a report following on from a visit to the Trust by NHSE Regional colleagues, the report recommendations and risks identified had already been highlighted by the Trust. The summarised report would be shared with the Executive Group and within a future safe staffing report. The May data analysis for the Safer Nursing Care Tool had been concluded, an agreed plan to present to the Executive Directors and the People Committee. The vacancy position had increased, this was reported as a positive development due to the increase in establishment headroom which had been previously agreed to support backfill in relation to sickness, annual leave and safe staffing. The Chief Nurse had recently met with Finance to address the overall vacancy position. With regards to newly qualified recruitment, 79 whole time equivalent registered nurses were expected, however, as anticipated 14 had been lost from midwifery. Recruiting Diagnostic Radiographers are a key challenge for Allied Health Professionals, although the numbers remained positive there are plans to recruit internationally for these positions. In response to a question from Mark Day, Non-Executive Director regarding impact of agency colleagues and work to reduce overall costs, the Chief Nurse confirmed in relation to quality there had not been any detrimental impact. There had been a reduction in agency and increase in NHS Professionals, the rates of pay are all in line with other South Yorkshire Trusts. The exceptions are in midwifery, an increase in rates had been agreed due to the recruitment challenges DBTH and STH face.	

	The Chief Nurse responded to a further question from Mark Day, Non-Executive Director to provide assurance that when recruiting from other countries, the red list which forms part of the international recruitment code of practice would be used. The Chief People Officer advised following the webinar session on the NHS long term workforce plan, international recruitment was seen as a continued element of future NHS workforce and overall strategy.	
	The Committee: - ***Noted and took assurance from the Safe Staffing Report***	
PC04/07/D3	**<u>Overview of Improvement Projects (Exit Interviews)</u>** The Deputy Director of People and Organisational Development highlighted that the paper outlined some processes to further improve the recording of exit interviews and to make this easier. The aim was to increase the amount of data available to be able to report on themes of reasons for leaving the Trust. The Chair requested the Director of Corporate Affairs/Company Secretary appropriately relay the answer to a question raised by the Governors.	
	The Committee: - ***Noted and took assurance from the Overview of Improvement Projects (Exit Interviews) report***	
PC04/07/D4	**<u>Knowledge, Library & Information Service Annual Report 2022/23</u>** The Director of Education & Research confirmed earlier reasons of this report which had previously been reported at the Quality and Effectiveness Committee. The report provides assurance that the Trust meets the quality improvement outcomes framework. The Trust had been a national leader for Outcome 6, delivering the impact from the knowledge and library services on delivering healthcare and organisational activity. The team deliver the people educational part of the People Strategy, covering upskilling colleagues and the research and innovation strategy. Focus would be to align and update the framework for the knowledge and library services as an accompaniment to the key strategies. In response to a question from the Chief Nurse, the Director of Education & Research confirmed that a Comms and Engagement Facilitator had recently been employed and would assist with promoting the service via the web, inductions and any other suggested forums.	
	The Committee: - ***Noted and took assurance from the Knowledge, Library & Information Service Annual Report 2022/23***	
PC04/07/E1	**<u>Corporate Risk Register</u>** The Director of Corporate Affairs/Company Secretary highlighted items which had been raised at other committee meetings. No changes with the risks which affect the People Committee. The Chair confirmed the risks which are high on the Corporate Risk Register had been covered as part of the agenda.	
	The Committee: - ***Noted and reviewed the Corporate Risk Register***	
PC04/07/E2	**<u>Equality and Diversity Committee</u>**	

	The Head of Organisational Development, EDI, and Wellbeing confirmed an update had been completed on the terms of reference.	
	The Committee: - ***Noted and approved the Equality and Diversity Committee***	
PC04/07/F1	**Governor Observations (Verbal)** Mark Bright, Governor asked a question around patient safety and the forth coming consultant/doctor strikes. The Executive Medical Director confirmed that support to cover the service would be similar to a Christmas day service. The challenge was to cover eight days with one normal workday in between the industrial action, plus weekend cover. The assurance was there would be safe emergency cover. Mark Bright, Governor asked with reference to the Board having EDI objectives, the Chief People Officer advised the deadline for completion of the objectives was March 2024, some Executive Directors already had EDI objectives, however, the usual appraisal objective setting process would be followed. In response to a question regarding the recruitment process for Non-Executive Directors attracting applicants from a diverse background, the Director of Corporate Affairs/Company Secretary assured good representation through the recruitment process.	
	The Committee: - ***Thanked the Governor observer for his observations.***	
PC04/07/G1	**Minutes of the Sub-Committee Meeting**	
	The Committee noted: i) Teaching Hospital Board Minutes – 16 March 2023 ii) Equality, Diversity, and Inclusion Minutes – 6 March 2023 iii) Health & Wellbeing Committee Minutes – 17 April 2023 iv) Speaking Up Forum Minutes – 20 April 2023 v) Research & Innovation Committee Minutes – 21 March 2023 vi) Workforce Education Committee Minutes - 10 February 2023	
PC04/07/H1	**IQPR Data Appendix for Information**	
	The Committee: - ***Noted the IQPR Data Appendix***	
PC04/07/H2	**Any Other Business (Verbal)** Nothing to discuss.	
PC04/07/H3	**Minutes of the Meeting held on 2 May 2023** The minutes were approved by the committee with minor changes from Chief Nurse included in the approved version.	

	The Committee: - ***Approved the minutes of the meeting held on 2 May 2023***	
PC04/07/H4	**Items of escalation to the Board of Directors (Verbal)**	
	There were no items of escalation to/from: i. People Sub-Committees ii. Board Sub-committees iii. Board of Directors	
PC04/07/H5	**Assurance Summary (Verbal)**	
	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: - Matters discussed at this meeting, - Progress against committee associated Executive's objectives, - Are there any emerging new risks identified?	
	The Committee were assured on behalf of the Board of Directors on: ***- Matters discussed at this meeting*** ***- Progress against committee associated Executive's objectives,*** **- Are there any emerging new risks identified?**	
PC04/07/H6	**Date and time of next meeting (Verbal)**	
	Date: Tuesday 5 September 2023 **Time: 9.00am** **Venue: Microsoft Teams**	
PC04/07/I1	Meeting closed at: 11:59	

2309 - G6 - MINUTES OF THE QUALITY & EFFECTIVENESS COMMITTEE ? 6 JUNE 2023

Information Item

Jo Gander, Non-executive Director

REFERENCES

Only PDFs are attached

G6 - Quality & Effectiveness Committee Minutes - 6 June 2023.pdf

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

QUALITY AND EFFECTIVENESS COMMITTEE

Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 6 June 2023 at 13.00
via Microsoft Teams

Members:	Hazel Brand - Non-executive Director Jo Gander - Non-executive Director (Chair) Karen Jessop - Chief Nurse Emyr Jones - Non-executive Director Lucy Nickson - Non-executive Director Tim Noble - Executive Medical Director	
In attendance:	Fiona Dunn - Director Corporate Affairs /Company Secretary Marie Hardacre – Associate Chief Nurse – Patient Safety & Quality (agenda item C1 & D2) Bridget Harrison – Project Manager (agenda item C1) Heather Jackson - Director of Allied Health Professionals Joseph John - Medical Director for Operational Stability and Optimisation Zoe Lintin - Chief People Officer (agenda item H1) Lois Mellor - Director of Midwifery Simon Brown - Deputy Chief Nurse (agenda item C1 & D2) Angela O'Mara - Deputy Company Secretary (minutes)	
To Observe:	Peter Abell - Public Governor – Bassetlaw Suzy Brain England OBE – Chair of the Board Lynne Logan - Public Governor - Doncaster Shirley Spoors - Board Delegate	
Apologies:		
		ACTION
QEC23/06/A1	**Welcome, apologies for absence and declarations of interest**	
	The Chair welcomed members, those in attendance and governor observers. No apologies for absence were received or declarations of interest made.	
QEC23/06/A2	**Request for Any Other Business**	
	The issue of virtual wards would be discussed as part of any other business.	
QEC23/06/A3	**Actions from Previous Meeting**	
	Action 1. QEC21/12/C2 – Quality Framework – the action was included on today's agenda. **Action closed.**	

	<u>Action 2. QEC21/12/C2 – Quality Strategy</u> - the action was included on today's agenda. **Action closed.** **<u>Action 3. QEC22/12/E4 - Audit and Effectiveness Business Case</u>** – the business case was prepared but was included on the cost pressure list, the action should remain open to receive a further update. **<u>Action 4. QEC23/04/CI Learning from Tendable Audits</u>** - was not yet due. **<u>Action 5. QEC23/04/E1 Risk ID 3209 – Patient Tracking Inaccuracies</u>** - the system was currently in a test environment ahead of implementation. The action would remain open for a further update. **<u>Action 6. QEC23/04/E1 Hospital Standardised Mortality Ratio (HSMR</u>**) an update would be provided in the Executive Medical Director's report.	
	The Committee: - ***Noted the updates and agreed those actions to be closed.***	
QEC23/06/B1	**<u>Executive Medical Director's Report</u>**	
	The Executive Medical Director brought the key highlights of his report to the Committee's attention. In relation to risk ID 3209 in respect of patient tracking inaccuracies, members were asked to note that a patient pathway management system had been procured and was currently in a test environment. Non-compliance with venous thromboembolism (VTE) risk assessments was highlighted and work was ongoing to address this and plans were in place to secure a VTE lead. In respect of clinical audit leads, the Executive Medical Director confirmed that previous actions to incorporate duties into the clinical governance lead had proved to be challenging and a business case had been developed to request the funding of distinct clinical audit leads. The case was currently on hold and subject to review on the cost pressure list. As part of the work to understand the Trust's Hospital Standardised Mortality Ratio (HSMR) position, the Executive Medical Director confirmed that the Mortality Data Assurance Group had met on three occasions and a plenary session was scheduled. There had been a focus on care pathways, case-mix and clinical coding and a report would be brought to a future meeting of the Committee which was expected to lead into a further development programme. The Trust's performance was compared to local peers, rather than the Healthcare Evaluation Data (HED) peer group, this saw the Trust performing in a middle of the pack position, with a downward trend on overall and non-elective HSMR. With regards to the recent press coverage that the Metropolitan Police would refuse to attend mental health emergencies, Non-executive Director, Hazel Brand enquired of any local intelligence. The Chief Nurse confirmed that South Yorkshire Police would be focusing on a right care, right person approach, ensuring that support was offered by the most appropriate professional. The Divisional Nurse for Medicine was involved operationally and the Trust's missing persons' policy was to be aligned with this approach.	

	In response to a question from Non-executive Director, Emyr Jones with regards to the lack of reports from clinical governance sub-committees, the Executive Medical Director confirmed this was not a cause for concern and was due to timetabling. In respect of the patient tracking inaccuracies, Non-executive Director, Emyr Jones enquired if there was the potential for hidden patient safety matters. The Executive Medical Director confirmed that work had been undertaken to ensure internal processes were in place to manage the appropriate allocation of patients. With the future introduction of an electronic patient record it was hoped that some of these challenges would be eliminated. The impact on both colleagues and patients was recognised. The Medical Director for Operational Stability and Optimisation confirmed that the tracker was currently being piloted in cardiology and orthopaedics and implementation was expected in the majority of specialities by October 2023. With regards to the identified programmed activities (PA) requirement for the divisional clinical audit lead of 0.5 PA, the Executive Medical Director confirmed that this did not indicate the role would be restricted to medical colleagues. In response to a question from Non-executive Director, Lucy Nickson, the Executive Medical Director referenced the need to ensure the timely documentation of actions, including the closure of incidents on Datix to reflect real time progress. The Chief Nurse recognised there was need to address the backlog and in terms of ease of reporting it was hoped that future changes to Datix would support this. In response to a question from the Chair, the Executive Medical Director confirmed that the Quality Performance Impact Assessment policy had been subject to review, changes had been discussed with the Chief Nurse and would be taken through the appropriate governance route before implementation. Assessments were ongoing and no concerns had been identified.	
	The Committee: - ***Noted and took assurance from the Executive Medical Director's Report***	
QEC23/06/C1	**<u>Overview of Patient Safety Incident Response Framework (PSIRF) – The Journey So Far</u>**	
	The Chief Nurse welcomed the Deputy Chief Nurse, Associate Chief Nurse for Patient Safety and Quality and PSIRF Project Manager to the meeting to provide an overview of the journey to date in relation to the implementation of the national PSIRF project. Whilst implementation was expected to commence in the Autumn this would be a period of transition, with impact not expected to be seen for some time, in line with feedback from early adopters. A project implementation team had been formed to include representation from the patient safety team, People & Organisational Development, Freedom to Speak Up, divisional and Place colleagues. Monthly meetings were well attended, with task and finish groups in place. There was a project plan on a page, which was tracked via Monday.com and aligned to the Mason Higgins review and priorities across South Yorkshire and Humber and Nottinghamshire.	

	In terms of the transition to phase three, quality and governance, the Deputy Chief Nurse confirmed that a significant amount of work had been undertaken, including use of NHSE's good practice response decision making tool. Thematic analysis in support of movement into phase four had commenced with support from the education and research team, wider stakeholder engagement would then take place to sense check the organisation's safety profile. A plan for the discovery phase had been finalised, a learning needs analysis completed and shared with the Integrated Care Board and a training provider for oversight and PSIRF implementation standards would be commissioned. The Chair welcomed the informative presentation and recognised the work to date, which was fundamental to the success of PSIRF. In response to a question from Non-executive Director, Lucy Nickson, the Deputy Chief Nurse confirmed his greatest concern related to the cost of recruiting Patient Safety Partners, Family Liaison Officers and the procurement of training. The need to carefully balance finance against quality was acknowledged, whilst ensuring opportunities were explored in relation to the use of existing resources. The Chief Nurse confirmed the use of a risk log in Monday.com, members of the executive team were sighted on risks and supportive of requirements. In response to a question from Non-executive Director, Hazel Brand, the Deputy Chief Nurse and Associate Chief Nurse recognised the importance of Just Culture, drawing in patient safety actions to encourage speaking up and recognising issues often related to a system or process, rather than an individual. The need to align employee relations with patient safety was highlighted and the reference to the number of suspensions in the action plan was confirmed as a national measure. The Chief Nurse acknowledged the Trust was well placed in its work to date on Just Culture. Emyr Jones, Non-executive Director acknowledged the volume of work to date and the desired outcome of improved safety for patients and colleagues. As the work progressed, he enquired how the impact would be determined. The Deputy Chief Nurse recognised the importance of being able to demonstrate progress over time, those early adopters had indicated this may not be seen for 18 months. Common themes would be identified, with less investigations but improved learning, noting that the Patient Safety Incident Response Plan (PSIRP) would evolve over time and be revisited.	
	The Committee: - ***Noted and took assurance from the Overview of Patient Safety Incident Response Framework – The Journey So Far***	
QEC23/06/D1	**<u>Chief Nurse Report</u>**	
	The Chief Nurse highlighted the continued progress in reducing hospital acquired pressure ulcers, a quality improvement project which would be showcased at July's Board of Directors meeting.	

	Improvements had been seen in the friends and family test results in the Accident & Emergency Department and Maternity Services, a refreshed approach and opportunities for wider patient participation were noted, including the use of a new provider. A "We Care to Call" pilot was ongoing which focused on keeping families informed on decision making following ward rounds, and post pilot feedback would be provided in a future report. Metrics for the quality dashboard had been agreed for acute adults, maternity and paediatrics and good progress was being made by the informatics team to identify data collection points, establishing permissions and interoperability. Governance arrangements would be overseen by the Data Warehouse Project Board and a timeline and plan with key deliverables was expected by 9 June 2023. Non-executive Director, Hazel Brand acknowledged the relatively small E.coli numbers but enquired of known causes or matters attributable to the Trust. The Chief Nurse confirmed there were no internal issues, the impact of hydration was noted and the Infection Prevention & Control team were working at Place on a catheter passport, nutrition and hydration. The Chief Nurse brought to the Committee's attention the mandated transition to a single national system for the recording and learning from patient safety event (LFPSE), this would replace the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS). A change would be seen in due course to the user interface, Datix.	
	The Committee: - ***Noted and took assurance from the Chief Nurse Report – Quality & Safety***	
QEC23/06/D2	**<u>Quality Framework</u>**	
	The Associate Chief Nurse provided an overview of the planned Care Accreditation Recognition for Excellence (CARE) framework, which would provide a structure to benchmark standards and identify good and challenged practice. Accreditation ratings and actions had been agreed with the senior nursing team and would support discussions at the Trust's Performance Overview and Support meetings. The template was currently being piloted in a number of ward areas and feedback would be incorporated into a final version to be introduced to all inpatient wards by July 2023. Peer assessments and assurance visits were to be scheduled from September 2023, with the support of patient representatives. In response to a question from Emyr Jones with regards to potential conflicting priorities to address areas of challenge, the Chief Nurse confirmed her expectation was that support would be at varying levels, such as mentoring, quality improvement resource or support from specialist teams, such as Infection, Prevention & Control and Skin Integrity, rather than additionality.	

	In response to a question from Non-executive Director, Hazel Brand, the Chief Nurse confirmed that peer assessments would be conducted by teams outside of the area being visited. Non-executive Director, Lucy Nickson enquired if the Chief Nurse had seen the successful implementation of a quality framework in other organisations, whilst implementation at her previous organisation had been at an early stage, there had been the opportunity to visit other organisations to observe the framework in action. In addition, it should be noted that the Trust had been progressing this for some time, as its pre-Covid assessment framework required a refresh. The Deputy Chief Nurse confirmed the framework was well regarded by regulators and would support the portfolio of evidence to demonstrate improvement, using a similar language to that used by the Care Quality Commission.	
	The Committee: - ***Noted and took assurance from the Quality Framework***	
QEC23/06/D2	**<u>Quality Strategy</u>**	
	The Deputy Chief Nurse presented the draft Nursing, Midwifery & Allied Health Professionals Quality Strategy 2023/27, the strategy had followed similar principles to the People Strategy with the inclusion of quality statements. A summary of each strategic theme was provided and similarities noted to the "we will" statements in the CQC Framework. The pre-Covid draft strategy had been refreshed to take into consideration guidance and input from front line colleagues and would be supported by the children and young people and maternity delivery plans. Once a final version had been agreed work would commence on the detailed delivery plans to underpin the strategy, which would form the golden thread in terms of quality and patient experience to secure the Trust's vision. The Chair welcomed the progress made and shared her appreciation with the team. Non-executive Director, Hazel Brand recognised the potential need for financial and people resources and following a recent visit had highlighted differing levels of digital maturity across nursing and maternity services when compared to allied health professionals (AHP). The Director of Allied Health Professionals confirmed that progress had been made with the development of a data dashboard and following the appointment of a Chief Nursing Information Officer there was a renewed focus. The Chief Nurse confirmed areas of focus were in line with expected deliverables, plans would be implemented over time and if there was a concern about resources the impact on quality and safety would be assessed. Non-executive Director, Emyr Jones enquired if there was sufficient within the strategy to reflect the Trust's duty to collaborate, the Deputy Chief Nurse identified those pathways which operated across Place, including mental health. The Director of Allied Health Professionals recognised the need to include the provision of therapy services, including community work, to balance the current inpatient focus.	

	In respect of the identified measures, whilst these were well defined, assurance was sought as to how these would be evaluated and audited and it was acknowledged that much of this detail would be included within the delivery plans. In response to a question from Non-executive Director, Lucy Nickson with regards to the inclusion of research and innovation, the Deputy Chief Nurse confirmed the Director of Education & Research had been actively involved in the development of the strategy and the output of the share governance council and clinical effectiveness supported this. The Deputy Chief Nurse and Associate Chief Nurse left the meeting.	
	The Committee: - ***Noted and took assurance from the Quality Strategy***	
QEC23/06/E1	**<u>Three Year Maternity & Neonatal Delivery Plan</u>**	
	The Director of Midwifery confirmed the three year delivery plan had been published in April 2023 as an overarching plan which was focused around four themes which required implementation at a Trust, Local Maternity & Neonatal System (LMNS) and Integrated Care Board level. An overview was provided against each theme with outstanding areas identified and a completed self-assessment checklist was provided. A LMNS event would take place later this month to establish how compliance would be demonstrated. Non-executive Director, Emyr Jones recognised the challenges in providing continuity of carer and given the importance of the health and safety of women and babies and the reputation of the Trust he sought assurance that the level of awareness through this Committee and the Board was sufficient. The Chief Nurse recognised the high degree of scrutiny over recent years and the Director of Midwifery confirmed she had the full support of the Board, with designated executive and non-executive maternity safety champions. The Board was fully sighted on maternity with monthly reporting and scrutiny at this committee. A recent review of CQC inspection reports indicated that the majority of maternity services had been assessed as required improvement or inadequate. Non-executive Director, Lucy Nickson, acknowledged an element of disappointment that the single delivery plan was not as detailed as hoped, and enquired of the impact on colleagues, recognising recruitment challenges, including those of senior leaders. From a health and wellbeing perspective Lucy enquired if there was any specific support or actions required. The Director of Midwifery recognised the support and safe space opportunities provided by regional Head of Midwifery and Director of Midwifery networks and the support of Richard Parker, Chief Executive as the Senior Responsible Officer on the LMNS Collaborative Board. The greatest impact and challenge experienced by specialist midwives and ward managers related to staffing and the senior leaders were very aware of the need for support. The maternity self-assessment provided a framework to deliver CQC good rated maternity services, the template had been used over the last couple of years and	

	highlighted areas of strong performance and challenge. The Director of Midwifery confirmed the progress was encouraging and the time was right to work on this alongside the single delivery plan. In response to a question from Emyr Jones, Non-executive Director, the Chief Nurse agreed to follow up with the Executive Medical Director for clarity on the clinical director time allocation in maternity which was being looked into by the Women and Children's Divisional Director to establish if this would exceed the standard programmed activity allocation.	**TN**
	The Committee: - ***Noted and took assurance from the Three-Year Maternity & Neonatal Delivery Plan***	
QEC23/06/F1	**<u>Overview of Upcoming Visits & Visit Outcomes (verbal)</u>**	
	The Company Secretary confirmed no visits had been reported. The Chief Nurse confirmed regular CQC engagement meetings were taking place and an overview of the new framework had been provided, which was expected to see an increase in the uploading of date in advance of visits. The Trust's expected maternity inspection remained outstanding.	
	The Committee: - ***Noted and took assurance from the Overview of Upcoming Visits & Visit Outcomes***	
QEC23/06/G1	**<u>Corporate Risk Register</u>**	
	The Committee received the latest Corporate Risk Register which had been presented to the Board of Directors in May. Details were provided on the updated risk ID 3069 relating to sepsis, which had progressed through the Risk Management Board and Trust Executive Group. Work on training, education and audit had taken place and the Executive Medical Director and Chief Nurse were reviewing the mitigating actions and would provide a further update at June's Trust Executive Group.	
	The Committee: - ***Noted the Corporate Risk Register***	
QEC23/06/G2	**<u>Quality & Effectiveness Committee Annual Report</u>**	
	The Committee approved the draft Quality & Effectiveness Committee Annual Report which would be presented to the Audit & Risk Committee in July.	
	The Committee: - ***Approved the Quality & Effectiveness Committee Annual Report***	

QEC23/06/H1	**People Strategy – Cross-cutting Quality & Effectiveness Work**	
	The Chief People Officer described to the Committee the approach to ensure connectivity with workstreams within the People Strategy which cut across executive portfolios. The detailed delivery plans identified those interdependencies and the designated leads, which for the Quality & Effectiveness Committee included Just Culture, temporary workforce and workforce planning. Non-executive Director, Hazel Brand welcomed the connection between the various strands of work, to avoid working in silos.	
	The Committee: - ***Noted and took assurance from the People Strategy – Cross-cutting Quality & Effectiveness Work***	
QEC23/06/I1	**Governor Observations**	
	Peter Abell welcomed the pragmatic approach to the national programmes of work within maternity services and recognised the benefits of a single delivery plan. The support of the Board was critical.	
QEC23/06/J1	**Sub-Committee Meetings (Enclosure I1):** - Clinical Governance Committee Minutes – 17 March & 21 April 2023 - Patient Experience & Involvement Committee – 22 February & 29 March 2023 - QPIA	
	The Committee: - ***Noted the Sub-Committee minutes***	
QEC23/06/K1	**Any Other Business**	
	In respect of virtual wards, reporting would be via the Finance & Performance Committee, with quality matters referred to this Committee. The use of Board Committee Chair's assurance logs ensured all Board members were sighted on the business of the Committees. As the Trust's lead on virtual wards, the Medical Director for Operational Stability and Optimisation confirmed the scope of virtual wards had been widened beyond frailty and respiratory to low acuity patients, including cardiology and those awaiting surgery. The Trust currently had 12 virtual ward patients and progress was being made towards the current target set by NHSE of 30 patients. There remained a focus on the quality of care and patient safety alongside the number of patients.	
QEC23/06/K2	**Minutes of the meeting held on 4 April 2023**	
	The Committee: - ***Noted and approved the minutes from the meeting held on 4 April 2023***	

QEC23/06/K3	***Issues escalated from/to:*** i) QEC Sub-Committees ii) Board Sub-Committees iii) Audit & Risk Committee		
QEC23/06/K4	**<u>Assurance Summary</u>** 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: - Matters of Concern/Key Risks to Escalate, - Major Actions Commissioned/Work Underway - Positive Assurance to Provide - Decisions Made - Progress against committee associated Executive's objectives		
	<u>The Committee:</u> - *Was assured on the above matters.*		
QEC23/06/K5	**<u>Date and time of next meeting (Verbal)</u>**		
	Date: **Time:** **Venue:**	**Tuesday 1 August 2023** **13:00** **Microsoft Teams**	
	Meeting End time	15.59	

2309 - G7 MINUTES OF TRUST EXECUTIVE GROUP - 10 JULY & 14 AUGUST 2023

Information Item

Richard Parker OBE, Chief Executive

REFERENCES

Only PDFs are attached

G8 - Trust Executive Group Minutes - 10 July 2023.pdf

G8 - Trust Executive Group Minutes - 14 August 2023.pdf

Approved

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

TRUST EXECUTIVE GROUP

Minutes of the Meeting of the Trust Executive Group (TEG)
Held on Monday 10 July 2023 @ 2pm via Microsoft Teams

Present:	Richard Parker – Chief Executive (Chair) Jon Sargeant – Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT) Anurag Agrawal - Divisional Director for Medicine Sam Debbage - Director of Education & Research Fiona Dunn - Director of Corporate Affairs / Company Secretary Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Eki Emovon - Divisional Director for Children and Families Karen Jessop – Chief Nurse Zoe Lintin - Chief People Officer Dr Tim Noble - Executive Medical Director Denise Smith – Chief Operating Officer Ken Anderson - Chief Information Officer	
In attendance:	Laura Brookshaw - 360 Assurance Anneleisse Siddall – Corporate Secretary (Minutes) Nicki Sherburn – Deputy Divisional Director of Surgery and cancer Emma Galloway – Deputy Divisional Director Nursing Clinical Specialties Helen Burroughs - Divisional Director of Operations (Children and Families) Kate Carville - Divisional Director of Nursing for Medicine Robert Mason - Head of Quality Improvement Heather Jackson – Director of Allied Health Professionals Lucy Hammond - Divisional Director of Operations (Surgery and Cancer) Lauren Bowden - Divisional Director of Operations (Specialty Medicine) Andrew Potts - Divisional General Manager for Clinical Specialities	
Apologies:	Alex Crickmar - Deputy Director of Finance Andrea Squires - Divisional Director of Operations (Emergency medicine) Jochen Seidel – Divisional Director for Clinical Specialties	
		ACTION
TEG10/07/A0	**Internal Audit Acton Log Update**	
	Laura Brookshaw of 360 Assurance noted since submission of paper there had been further updates. Laura confirmed that there had been a realigned deadline for one of the corporate risk register actions. Eight actions had fallen due and there had been evidence that four actions had been completed, a follow up completion rate of 50%. Evidence was awaited from the Director of Corporate Affairs / Company Secretary to close one action which would bring the follow up rate to 60%. It was noted that a follow up action related to the Board Assurance Framework had been progressing to present at July's Board of Directors. Once carried out this would result in a closure rate for outstanding actions of 75%.	

	Of the five open historic actions (before the start of 2023/2024); - One action had closed in relation to Medicines Management. - There had been some evidence needed to close the second action. - Others had revised due dates agreed with relevant Executives. There were two actions due at the end of July. - One related to Divisional Risk Management which would be reported on 20 July at ARC with a view to closing on time. - The other related to bank and agency audit that had been liaised with Ruth Brown of 360 Assurance and Mark Brookes. The Chief Executive stressed the importance of closure rates in relation to the Trusts submission of annual accounts. Non-Executive Directors had expressed concern of closure rates had fallen significantly during 2022-2023 and closure of audit actions with within the agreed timeframe would have a specific focus through 2023-2024.	
	The Committee: - *Noted the Internal Audit Acton Log Update.*	
TEG10/07/A1	**<u>Welcome and Apologies for Absence (Verbal)</u>**	
	The Chair welcomed the members and attendees to the meeting. The above apologies for absence were noted.	
TEG10/07/A2	**<u>Matters Arising / Action Log</u>**	
	The Action Log had shown 3 Actions to be undertaken. <u>Sepsis IPOC Information</u> the Sepsis IPOC action had been closed in June 2023 with no further information to add. <u>The Board Assurance template</u> The Director of Corporate Affairs / Company Secretary had informed a new template had been agreed and circulated to the Executive's for final discussions prior to presentation at the 20 July 2023 Board of Directors. Changes to the template were noted with seven defined strategic risks, these risks would cover the overall purpose with the risk assigned to a lead Executive. The template would start from July 2023 and reviewed on a quarterly basis at Board and on an agreed basis at Board Sub Committees. <u>Circulation of Clinical Strategy from Acute Federation</u> It was noted the strategy had been to Board and is publicly available to view. The Chief Nurse noted the Action plan stated Chief People Officer on the Action of Sepsis IPOC but was in fact The Chief Nurse to Action.	
TEG10/07/A3	**<u>Conflict of Interest (Verbal)</u>**	

	There were no conflicts of interest declared.	
TEG10/07/A4	**<u>Requests for any other business (Verbal)</u>**	
	There had been no requests made for other business.	
TEG10/07/A5	**<u>CEO Update</u>**	
	The Chief Executive informed that recent focus had been on the submission and closure of annual accounts and the NHS Forward Plans that all Integrated Care Systems (ICS) had to produce, these could be found on the ICS website. Another update included the submission of the NHS workforce plan. The plan had three strands: 1. <u>Training and Development -</u>There had been a significant increase in funded places at university for nursing, midwifery, medicine, dentistry, allied health professionals, etc. 2. <u>Reform –</u> There was a commitment to reform in areas associated to new models of working and training i.e. a reduction of medical school training programmes to four years. Apprenticeships programmes were also referenced whereby upon completion the individual would hold the same qualification as a university graduate. 3. <u>Retention -</u> The Chief Executive stressed the importance of retention of staff and how the Trust can achieve this. An example of flexible working was given but it was noted all challenges needed to be overcome when doing so.	
	The Committee: -	
TEG10/07/B1	**<u>Risk Management Board Update</u>**	
	The Medical Director informed the group Risk Management Board continued to meet for the purpose of mitigating risks with high graded risks brought to TEG for further consideration. Eighteen new risks had presented, eleven of these were divisional risks from surgery due to capacity and demand. Twelve risks had been graded fifteen plus, these had been under review and awaited further mitigation and actions. Three risks had already reviewed and a lower risk level assigned. There was a concern shared in which the Risk Systems Manager was absent on grounds of ill health with unsuccessful efforts to fill the post through agency. The Chair of Audit and Risk Committee (ARC) had asked the Medical Director to produce a report and the Medical Director thought it would be useful to share with TEG first to adapt before going to ARC.	

	The Chief Operating Officer thought a conversation outside of TEG would be beneficial to discuss risk descriptions and if risks had been articulated accurately. It was also highlighted in how risks could be grouped together. The Chief Nurse agreed there would be value in grouping risks. The Director of Corporate Affairs / Company Secretary confirmed the risk management process allowed for overarching risks but would still need support from divisions to implement onto Datix correctly. In respect of the risks reported on capacity and demand the Financial Officer reminded the group weekly capacity meetings with Divisions could be used to mitigate risks. The Chief Executive asked the Medical Director to consolidate risks. It was also asked if other risks needed to be raised within TEG. The Medical Director explained other risks were in relation to recruitment of non-clinic endoscopist, HSCN Circuit at capacity and Mental Capacity Act. The Divisional Director for Medicine confirmed a post for the endoscopist would be advertised imminently. The Chief information Officer confirmed the HSCN Circuit was being picked up within EPR work and is comfortable with descriptions and level of risk. The Medical Director stated the Mental Health Capacity Act had a risk within poor compliance, it was noted there had been ongoing work within internal Audit, the Chief Nurse also confirmed being comfortable with wording and the risk rating review.	**TN**
	The Committee: - *Discussed the Risk Management Board Update*	
TEG10/07/C1	**<u>Medical Director Clinical Update</u>**	
	The Executive Medical director stated job planning had confirmed: - 55% had been agreed and signed off. - 15% had been agreed but not signed off. - 10% of job planning was still in date. It was informed work was ongoing to reach the Trusts 85% threshold. The Executive Medical Director had been working with The Chief People office within workforce challenges such as capacity and demand. There was continued development for Clinical Directors and new Consultants in relation to job planning with programme sessions being held. Getting it Right First Time (GIRFT) had held an event in January with another event planned for September.	

	The Virtual ward had been progressing with an extended scope to gastro, cardiology, and orthopaedics. It was noted a tracker was soon to be implemented within Risk Stratification. The Executive Medical Director and Deputy Chief Operating Officer had been in process of reviewing the policy. The Medical Director informed medical appraisals were satisfactory and the new electronic platform would soon be implemented. Mortality Data had shown a reduction in May compared to April's figures. A report had been finalised from the mortality assurance review with recommendations given. It was confirmed within four months Hospital Standardised Mortality Ratio had progressively fallen. The Summary Hospital-Level Mortality Indicator (SHMI) data had been provided within the papers which shown the Trust at expected level with the exception of pneumonia with rates higher than expected. The Medical Director affirmed medical examiners continue to scrutinise 100% deaths at the Trust and 99% community deaths with work ongoing. The Chief Executive received notification the national programme for virtual ward would expand within paediatrics. It was asked of the group to think about how this could be implemented at the Trust, in particular winter 2023. The chief Information Officer was pleased to report ICE had been upgraded successfully. The Chief Executive noted due to industrial action, referrals for MRI's and CT scans had dropped significantly and as such asked whether there was a significant opportunity to look at revising the Trusts protocols to mirror the decision making used during the IA. It was noted that protocols would need to be in line with consultants' requests.	
	The Committee: - *Discussed the Medical Director Clinical Update.*	
TEG10/07/C2	**<u>Chief Nurse Clinical Update</u>**	
	The Chief Nurse updated on the progress of Patient Safety Incident Response Framework (PSIRF) which had gained positive stakeholder support. The update included details of learning from falls improvement work. The Chief Nurse was pleased to share the Get up, Get dressed, Get Moving quality improvement project had been awarded a national gold award with an event planned to celebrate. It was notified there had been growing concerns over Clostridioides Difficile (C-Diff), but this would be shared within TEG under agenda Item C4.	

	The Chief Nurse was content in how complaints had progressed and noted that the Trust was making progress on closing complaints longer than six months. A focus remained to reach timeframes and satisfaction of complainant's response. It was confirmed there was an expected 79 newly qualified nurses and 45 newly qualified midwives to start September, but may be further dropouts as a result of students accepting more than one post.	
	The Committee: - *Discussed the Chief Nurse Clinical Update.*	
TEG10/07/C3	**<u>DBTH Nursing, Midwifery and Allied Health Professionals Quality Strategy</u>**	
	The Deputy Chief Nurse updated that further work and engagement had been carried out on the DBTH Nursing, Midwifery and Allied Health Professionals Quality Strategy which would include quality assurance framework and governance process. It was highlighted the strategy would be worked on with collaboration from system partners and ICB building on the True North objective. Strategic themes were briefly discussed: - Theme 1 – Patient Safety. - Theme 2 – Patient Experience. - Theme 3 – Clinical Effectiveness. - Theme 4 – Fundamentals of Care. - Theme 5 – Care of most vulnerable patients. - Theme 6 – Care planning and documentation. The Chief Executive thanked the Deputy Chief Nurse for the paper and asked how progress would be monitored and specifically the delivery of success measures. The Deputy Chief Nurse informed a discussion around next steps had taken place, it was assured a delivery plan on each of the strategic themes and an SRO would be in place. Proposed processes would be followed in which relevant Divisions would create a plan around key elements of objectives and feed back to the quality steering group and QEC. The Deputy Chief Nurse hoped once the strategy had been signed off it would enable delivery of plans to be incorporated with strategic themes. The Chief Nurse thanked the Deputy Chief Nurse for discussing the strategy and added once approved and signed off at TEG it would go to Board in September with a finalised version. The Director of Innovation and Infrastructure asked the Deputy Chief Nurse if references and links to other strategies and work could be made. i.e. with the Quality Improvement and Innovation Strategy, in particular continuous improvement.	
	The Committee: - *Approved the Strategy.*	

TEG10/07/C4	**Clostridioides Difficile update**	
	The Deputy Chief Nurse pulled out key points of the C-Diff update and expressed concern about the high number of cases which meant the Trust was now off trajectory. When the paper was written there had been 13 confirmed cases but within a short space of time figures had gone up to 21 with a trajectory of 42 by the end of the financial year. The Deputy Chief Nurse informed how the Infection Prevention and Control (IPC) team had delivered support to Divisions and deep cleaning had re-commenced. Key learning from Post Infection Review (PIR) meetings had been around anti-microbial stewardship but with low interaction from medical colleagues at the antimicrobial stewardship committees. Antimicrobial Leads for the Trust was stated as. - 1 x 0.25 PA's - 1 x 0.35 Antimicrobial Pharmacist The group was informed how multi-disciplinary clinical teams should be reviewing all CDI patients weekly but this standard was not being met. the IPC team had been looking to further improve. The Recommendations given were: - Divisions are asked to ensure representation at the bi-monthly antimicrobial team meetings from nursing and medical colleagues. - Each division was asked to create a plan of anti-microbial stewardship principles which would be represented at IPC committee. - The Chief Pharmacist and the clinical speciality division would be asked to work with the Director of IPC, and Infection Control Lead Nurse to explore the Antimicrobial Pharmacist resource in line with national guidance. - The Chief Operating Officer team is asked to support the deep clean programme. - Divisional Directors are asked to ensure medical representation at all PIR meetings. - Divisional Nurses are asked to ensure increased oversight of IPC measures. - The Director of IPC, and Infection Control Lead Nurse to work on a proposal for CDI clinical review team. The Divisional Director for Children and Families asked the Deputy Chief Nurse how much notice would be given for the PIR. The Chief Nurse informed two to four-weeks' notice would be given and ensured the distribution list had appropriate members included. The Chief Executive stated this information should be included within Divisional Management meetings for visibility and improvement in preparation for actions needed to take place. The Executive Medical Director shared a plea to encourage individuals to support the activities of the antimicrobial committee.	

	The Chief Executive asked the divisions to note recommendations and implement them.	**ALL**
	The Committee: - *Noted the recommendations of the Clostridioides Difficile update.*	
TEG/10/07/C5	**<u>Advancing Clinical Practice Strategy and Policy</u>**	
	The Director of Allied Health Professionals presented the paper and discussed the issue of accredited masters level course, and who would meet the multi-professional framework. It was explained the Advance Practice training had four pillars of expected practice. - Clinical. - Leadership. - Education and Research. - Evaluation. The Director of Allied Health Professionals stated NHS England had been accrediting master advanced clinical practice courses which ensured individuals would meet multi-professional framework. It was also noted the NHSE would be rolling out cohorts from an E-portfolio perspective. The Director of Allied Health Professionals pointed out that the Trust had not been aligning the development of workforce plans, and business planning and could miss out on £10,00 per annum per trainee under NHSE's commissioning round. TEG was asked to confirm support for one or two options: - Option 1 - Carry on as normal. - Option 2 – Support the Strategy and agree recommendation outlined in the paper to develop the strategy policy within the Trust. The Director or Education and Research felt it would complement the Research and Innovation strategy. It was asked if the strategy would consider Physicians Assistants (PA's) as they're advanced. The Chief People officer welcomed Option two, but wanted clarification if it would be a strategy or a strategic plan. The Chief Information officer asked for the new cohort's involvement within digital implementation. The Chief Executive thanked The Director of Allied Health Professionals for the paper. It was suggested a coordination with the workforce plan would be beneficial to ensure the strategy would be a long-term solution rather than short-term. The Chief People Officer asked The Director of Allied Health Professionals for updates to be presented within the Workforce Education Committee.	

	The Chief Financial Officer stated the need to understand how funding would be run against this and would need to be sustainable.	
	The Committee: - *Approved the Development of Advancing Clinical Practice Strategy and Policy.*	
TEG10/07/C6	**<u>Finance Update</u>**	
	The chief Financial Officer stated that the June position had just been completed and could be reported to TEG. It was explained the Trust had been £2k off plan with marginal overspend year to date and there had been continuation in pattern of spend with overspend in drugs, clinical services, and medical pay but there had been a reduction in expenditure on nursing agencies. The Chief Financial Officer informed a request for cash support for Quarter two had been submitted. It was noted the finance team had been managing creditors and some payment timescales would be prolonged which would result in a drop in payment performance. The Chief Financial Officer informed that the Deloittes report final draft had been received and Deloittes findings shown: - The Trusts estimated underlying deficit of £49m had been on par with figures. - Trusts savings within control through staffing cost, length of stay, better use of theatres and work in outpatients. - The Trust had cost pressures of £5-17m a year. - The Trust couldn't be benchmarked against other Trusts as the sites are not co-located. It was highlighted the Trust had submitted final year accounts. MEOC work had started on site with pre-work also taken place in the factory. Kate Carville had been noted as the Nurse lead. It was noted a revised governance structure for MEOC would be presented at Board. The Divisional General Manager for Clinical Specialities asked if Deloittes had identified scope at Bassetlaw. The Chief Financial Officer responded with Deloittes' opinion had stated the Trust had assets that could be used more to generate income but did not discuss site configuration.	
	The Committee: - *Noted the Finance Update.*	
TEG10/07/C7	**<u>Operational Update (Verbal)</u>**	
	The Chief Operating Officer gave an update on the four-hour performance in which had deteriorated from 75% to 69% due to the doctor wait time in Doncaster. It was noted this	

	had been discussed with the Divisional Director for Medicine for further focus within emergency medicine colleagues. The chief Operating Officer highlighted the positive movement within divisions for access to beds. The twelve hours on arrival indicated the Trust was above national standard at 2.62% in June 2023. The Divisional General Manager for Clinical Specialities had asked if themes around late evening and overnight had been identified. The Chief People Officer confirmed this had been identified. The Chief Executive confirmed in September 2023 all Trusts would be expected to perform to at least 76%.	
	The Committee: - *Noted the Operational Update.*	
TEG10/07/C8	**EPRR Annual Report and Work Plan**	
	The Chief Operating Officer Highlighted key points of the EPRR Report 2023-2024, it was emphasised that there would be a focus on compliance of core standards due to numerous areas that could not be assessed as compliant. It was advised Corporate and Divisional colleagues would work closely on this. The Chief Operating Officer had acknowledged the need for the EPR group to meet monthly rather than on a Quarterly basis so this had been implemented and an assurance report would be brought to TEG.	
	The Committee: - *Discussed the EPRR Annual Report and Work Plan.*	
TEG10/07/C9	**Audiology Service**	
	The Divisional Director of Operations for Surgery and Cancer informed TEG of historical problems within recruitment for audiology services and the issues meeting demands in allocated timeframes. Figures shown patients had been waiting over 52 weeks for initial appointments and over 78 weeks post diagnosis for aids fitted. It was proposed to suspend routine appointments for patients above 49 years and all non-complex cases. This would enable the newly established Audiology Service Working Group to focus on a community-based model. The Audiology Service would continue to focus and deliver: Non diagnostic workload; Complex cases; Paediatrics; Tinnitus; ERA and ENT workload. The Chief Nurse questioned why the demographic was chosen. The Divisional Director of Operations of Surgery and Cancer explained the group of patients suspended would have more viable options within communities, hospitals, other providers, or high street outlets.	

	The Medical Director asked if the ICS was represented on the working group. The Divisional Director of Operations of Surgery and Cancer stated they had been in communications with Dr Nabeel Alsidni, Medical Director of Place. The Medical Director asked if the Trust had asked for mutual aid from Sheffield, Rotherham, and Barnsley, it was noted the Trust had asked for mutual aid and previously received this from Sheffield Paediatrics, the Interim Deputy Chief Operating Officer had also been in discussions with Sarah Bayliss. The Chief Executive stated steps would be followed if the Trust was to agree the decision and it would also be formally advised to NHS Doncaster with reasons behind the decision to do so. The Financial Officer stated it would be a cost pressure and not without cost. It was suggested the paper would need to go through the weekly capacity meeting or CIG. The Director of Innovation and Infrastructure asked if the suspended demographics would have to pay to be seen at the high street outlets. The Divisional Director of Operations for Surgery and Cancer confirmed part of the validation process would be giving patients full disclosure of wait times and other options could be considered such as paying high street outlets or being referred to other NHS services. The Chief Operating Officer stated engagement had taken place with Dr Alsidni and that Dr Alsidni is not supportive of the proposal but recognised that there had to be discussions to find long term solutions. The Chief Executive asked the group if they were supportive of keeping the referral list open or if they'd be supportive of the proposal to discuss with NHS Doncaster that the Trust is not in a position to accept an expanding waiting list with no prospect of providing the patients with and appropriate service within reasonable timeframes. The Group confirmed for this to be discussed at NHS Doncaster and for the Chief Operating Officer to discuss with Ailsa and Anthony in relation to next steps and for The Chief Financial Officer to discuss with Hayley.	**DS/ JS**
	The Committee: - *Discussed and agreed to speak to NHS Doncaster.*	
TEG10/07/C10	**Oral Maxillofacial Surgery Cancer Service**	
	The Divisional Director of Operations for Surgery and Cancer had informed the group from August 2023 there would be a 25% reduction in Sheffield Teaching Hospitals (STH) outpatient capacity at Doncaster due to critical staffing at STH; one consultant had withdrawn part of their job plan within Doncaster Royal Infirmary. Plans had had been put in place to reduce risks. In conclusion a deficit in capacity would begin in August with 300 new patient appointments along with follow up patients. Options had been given. Option 1 – Accept 25% reduction in capacity.	

	Option 2 – Sheffield continues to try and recruit. Option 3 – Work with the Trusts finance colleagues and contract partners. The Chief Financial Officer emphasised more than one option would need to go to CIG to be compliant.	
	The Committee: - *Discussed the Oral Maxillofacial Surgery Cancer Service and agreed that further work was required prior to submission to CIG.*	**SCS**
TEG10/07/C11	**People Update – 2:08:13**	
	The Chief People Officer summarised the key points from the update; There had been a focus on staff retention and opportunities within flexible working. Updates had been provided within Equality, Diversity, and Inclusion (EDI) including workforce equality, standard workforce, disability equality and standard data. A description had been provided by NHS England in relation to high impact action with EDI improvement plans so the Trust had revised the Trusts EDI action plan to ensure the objectives are met. Appraisals had taken place, and a request was made to upload remaining appraisals data in order to reach the 90% target. The Trust had been successful in achieving the gold standard in the Be Well at Work programme. There had been work undertaken to review the Trust's exit interview processes and methods of recording data. It was noted long service awards had been looked at with the means to refresh and reintroduce. Enclosed within the papers was the speaking up self-assessment tool.	
	The Committee: - *Noted the People Update.*	
TEG10/07/C12	**Approval of Performance Overview & Support Meetings Terms of Reference (ToR)**	
	The Finance Officer updated on recent audits on Performance Overview and Support Meetings and that the ToR needed to be updated and approved at TEG. It was stated a performance assurance framework would be brought to TEG in August - September in line with audit actions. The Chief Nurse highlighted a misprint on the ToR. This had named Chief Nursing instead of Chief Nurse. The Chief Finance Officer noted the amendment to be made.	**JS**
	The Committee: - *Approved Performance Overview & Support Meetings ToR.*	

TEG10/07/D1	**<u>Recovery Innovation and Transformation Update</u>**	
	The Director of Innovation and Infrastructure informed how the Quality Improvement and Innovation (Qii) strategy had been updated. It was noted that The Head of Quality improvement would request to attend divisional meetings in an effort to relaunch Qii, it was noted that the Director of Education and Research would be working closely with the team. The Director of Innovation and Infrastructure explained workplans had been in development in anticipation of recruiting four new posts, these posts would align to supporting quality improvement and cost improvement programmes. An update was given in relation to the Bassetlaw Emergency Village in which the steel frames had been constructed. Green Plans had been highlighted in which the Communications team had released information throughout June 2023 to encourage individuals in becoming a green champion. The Acting Operational Director of Estates and Facilities confirmed there had been limitations within office recycling, however the Waste Manager had begun work to alleviate these issues. The Chief Executive suggested once this had been resolved the paper would need to be updated to reflect and communications sent on how to access recycling areas.	
	The Committee: - *Discussed the Recovery Innovation and Transformation Update.*	
TEG10/07/D2	**<u>Accommodation Briefing Paper</u>**	
	The Director of Innovation and Infrastructure had informed the group an overspend of £230K had occurred within accommodation, therefore a review had been undertaken with sixteen identified issues. The Trust had been providing accommodation through private landlords, and additionally refurbishing on site accommodation, this had led to pressures due to demand and restricted capacity. The Director of Innovation and Infrastructure pulled out six key points of the paper sent prior to TEG and asked members for feedback. The Medical Director expressed concern in limiting accommodation to six months for agency locums due to long term vacancy gaps, if accommodation could not be extended there would be a likelihood of losing a locum that is needed. The Director of Innovation and Infrastructure confirmed that an assessment and process would follow, within the process it would be questioned if the locum could privately rent if they reside longer term.	

	Due to a more in-depth discussion, it was suggested by the Chief Executive for comments to be sent directly to the Director of Innovation and Infrastructure and for the accommodation paper to be approved by exception within 21 July 2023.	
	The Committee: - *Discussed the Accommodation Briefing Paper that further comments should be provide to the Director of Innovation.*	**ALL**
TEG10/07/D3	**Car Parking Charges Proposal**	
	The Director of Innovation and Infrastructure provided the background on current car parking charges and confirmed that they hadn't been subject to inflationary uplifts in the past five years. It was also noted there had been a proposal sent prior to the meeting in relation to Lister Court and demolition of flats to provide 103 additional staff car parking spaces. The meeting was advised that a 2% increase for both staff and patient visiting was proposed which would allow the Trust to remain in line with local charges. The Chief Nurse confirmed the recommendation had been broadly supported at Executive Team. The Director of Innovation and Infrastructure suggested Lister Court car park would be used for staff who have been using the Woman and Children's patient car parking area and also create an additional twenty-six allocated car parking spaces on the wait list. All members agreed to the recommendation of increasing car parking charges by 2%. All members agreed the suggested recommendations in relation to the use of Lister Court. Members were keen to ensure good communication with staff.	
	The Committee: - *Noted and approved the Car Parking Charges Proposal.*	
TEG10/07/E1	**Education and Research Update**	
	The Director of Education and Research (E&R) highlighted developments across education and research which complimented the people strategy, R&I strategy, and workforce plan training reform. A Highlight of the month was part of the Outreach event, and it was noted commencing shortly would be the quality and Safety seminar. The Director of E&R was pleased to share the Trust had become a formal partner with Insignia at the University of Sheffield with the thoughts to develop a masterclass. The Chief Executive stated the research strategy launch had been carried out well with positive feedback given from attendees.	

	The Committee: - *Noted the Education and Research Update.*	
TEG10/07/F1	**<u>ICS Update</u>**	
	No updates were given.	
	The Committee: - *Noted the ICS Update.*	
TEG10/07/G1	**<u>Acute Federation Update</u>**	
	The Chief Executive informed of work undertaken in relation to EPR replacements across South Yorkshire. Within private session of the board a paper had been received to discuss the strategy in respect of EPR across South Yorkshire and an agreement had been made that maximum benefit would come from the development of work on a single EPR Solution. It was explained Sheffield Teaching hospitals had procured the EPR solution in which make up 51% of South Yorkshire, other Trusts agreed to work on the basis of consolidation rather than interoperability. The Board had noted that: - Staff at DBTH had not been part of original decision and procurement. - The Trust would need to have the right governance. - Implementation would have to be achievable within time frames and availability of money. The Director of Midwifery asked if maternity would be included within the EPR System. The Chief Executive confirmed maternity had not yet been discussed, but that it was likely that future work would include evaluation of the benefits of convergence versus interoperability of other systems.	
	The Committee: - *Noted the Acute Federation Update.*	
TEG10/07/H1	**<u>Any other Business (Verbal)</u>**	
	The Chief Executive asked if the group would support Primary care PCN's and ICP representation at TEG. The group supported inviting the Place Medical Director and the PCN Chief Executive. To part of the TEG.	
	The Committee: - *Discussed Any Other Business.*	
TEG10/07/H2	**<u>Children & Families Board Update</u>**	

	The Divisional Director of Children and families stated terms of reference would be reviewed and was noted minutes from the Children and Families Board would be sent to TEG.		
	The Committee: - *Noted the Children & Families Board Update.*		
TEG10/07/H3	**<u>Minutes of the Trust Executive Group meeting dated Wednesday 12 June 2023</u>**		
	The Chief Nurse asked for clarification on page four of the minutes in relation to the Sepsis Update. It was noted a typing error on page twelve to replace wouldn't with would and to replace Cerna with Cerner.		
	The Committee: - *Approved the Minutes of the Trust Executive Group meeting dated Wednesday 12 June 2023.*		
TEG10/07/H4	**<u>Date and time of next meeting (Verbal)</u>**		
	Date: Time: Venue:	Monday 14 August 2023 14:00 – 17:00 Via Microsoft Teams	
	The meeting closed at: 17:00		

FINAL

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

TRUST EXECUTIVE GROUP

Minutes of the Meeting of the Trust Executive Group (TEG)
Held on Monday 14 August 2023 @ 2pm via Microsoft Teams

Present:	Richard Parker – Chief Executive (Chair) Sam Debbage - Director of Education & Research Fiona Dunn - Director of Corporate Affairs / Company Secretary Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Dr Tim Noble - Executive Medical Director Jochen Seidel – Divisional Director for Clinical Specialties Suzanne Stubbs – Deputy Chief Operating Officer Andrea Squires - Divisional Director of Operations (Emergency medicine) Ken Anderson - Chief Information Officer Anthony Jones – Deputy Director of P&OD Kirsty Clarke – Divisional Director of Nursing Surgery Donna Smith - ED Business and Operational Manager	
In attendance:	Laura Brookshaw - 360 Assurance Anneleisse Siddall – Corporate Secretary (Minutes) Emma Galloway –Divisional Director Nursing Clinical Specialties Helen Burroughs - Divisional Director of Operations (Children and Families) Kate Carville - Divisional Director of Nursing for Medicine Robert Mason - Head of Quality Improvement Heather Jackson – Director of Allied Health Professionals Lucy Hammond - Divisional Director of Operations (Surgery and Cancer) Lauren Bowden - Divisional Director of Operations (Specialty Medicine) Andrew Potts - Divisional General Manager for Clinical Specialities Anna Hegarty – Interim Head of Nursing Samantha Fawkes – Acting Head of Nursing for Children's and Neonate Howard Timms – Acting Director of Operational Estates and Facilities Justin Fowler – Head of Business Services	
Apologies:	Alex Crickmar - Deputy Director of Finance Denise Smith – Chief Operating Officer Zoe Lintin - Chief People Officer Karen Jessop – Chief Nurse Jon Sargeant – Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT) Anurag Agrawal - Divisional Director for Medicine Nicki Sherburn – Deputy Divisional Director of Surgery and cancer Laura Churm - Divisional Nurse for Children and Neonates Eki Emovon - Divisional Director for Children and Families	
		ACTION
TEG14/08/A0	**Internal Audit Acton Log Update**	
	Laura Brookshaw of 360 Assurance informed the follow up rate was up to 80% and six actions had closed.	

	The Committee: - ***Noted the Internal Audit Acton Log Update.***	
TEG14/08/A1	**Welcome and Apologies for Absence (Verbal)**	
	The Chair welcomed the members and attendees to the meeting. The above apologies for absence were noted.	
TEG14/08/A2	**Matters Arising / Action Log**	
	Risk Management Board Update The Medical Director informed the Risk management action had been included in the paper and would be discussed within TEG. Audiology Service The pause had not been enacted due to awaiting further communications within the Trust. The Chief Executive stated this would be followed up outside of TEG. It was noted conversations had taken been undertaken at Place. Accommodation Briefing Paper The Director of Innovation and Infrastructure had received feedback from the Executive Medical Director and would progress in developing strands of changes.	
TEG14/08/A3	**Conflict of Interest (Verbal)**	
	There was no conflict of interest declared.	
TEG14/08/A4	**Requests for any other business (Verbal)**	
	There had been no requests made for other business.	
TEG14/08/A5	**CEO Update**	
	The Chief Executive confirmed progress had been made with Acute federation in relation to devolving specialised commissioning to ICS's and the federation had been approached to consider taking on Adult Critical Care. The Chief Executive informed there had been interest expressed and exploration of the consequences had begun. The Chief Executive informed of letters that had been received from NHS England in relation to. • Social care services during winter with guidance on where to access additional funds. • Board of Directors formally accepting and recording of a self-assessment in response to Elective Care pressures. • Notification of FLU and COVID guidance within the COVID programme for frontline workers, which would be expected to commence on the 07 October 2023.	

	The Chief Executive informed how the Trust had received an invitation from a national programme of work for pathology network systems, included was information on work which needed to be undertaken to address the challenges in recruitment, and retention within histopathology. The Divisional Director for Clinical Services asked how the proposed change in intensive care commissioning would impact the regional tariff as it had not been updated for some significant time. The Chief Executive Officer stated the Northeast and Yorkshire Regional team had asked the ODN to consider the changes to commissioning but that he hadn't received specific details, however the ODN had sent questions to the regional team, but communications had not yet been received.	
	The Committee: - ***Discussed the CEO Update.***	
TEG14/08/B1	**Risk Management Board Update**	
	The Medical Director informed there had been nine new risks presented in July 2023 with thematic analysis of capacity. The Medical Director noted the Risk manager had commenced a phased return to work. The Executive Medical director highlighted the logical flow process on Page three of the paper and described the process of risk escalation. The Chief Executive discussed how risks that involved capacity demand in surgical services was to be considered at the capacity board and asked if this had mitigated risks. The Medical Director confirmed this had been implemented within processes accordingly. The Director of Corporate Affairs / Company Secretary clarified the process whereby mitigation is updated on Datix and if the risk remained high scoring the risk would need to be discussed within TEG.	
	The Committee: - ***Noted the Risk Management Board Update.***	
TEG14/08/C1	**Medical Director Clinical Update**	
	The Medical Director informed of updates. • Job planning had 82% agreed and assessed by the consistency committee, and workforce planning continued with support from the Chief People Officer. • Seventy-one actions were being progressed through the GIRFT programme and Twenty-two actions existed within current programmes. • Approximately one hundred patients had onboarded virtual ward. • Risk stratification continued within divisions with the need of additional capacity to work through.	

	• It was noted radiology demand continued to be an issue but assured work had been ongoing. • Appraisals was noted to be on track. • The new electronic platform had progressed for an implementation date of 30 October 2023. • Hospital Standardised Mortality Ratio continued to fall and was highlighted in grey category as opposed to red. • PSIRF was being implemented but had been decoupled to ensure pace in delivery. The Chief Executive stated the virtual ward numbers had reduced into single figures within the last couple of weeks and it would be helpful for specialties to consider the scope for virtual ward. The Deputy Chief Operating Officer suggested this could be related to annual leave, however it was noted that the standard operating procedure may need reviewing with the team to maximise virtual ward.	
	The Committee: - ***Discussed the Medical Directors Update.***	
TEG14/08/C2	**<u>CQUINN Quarter four report Update</u>**	
	The Medical Director discussed the Year-end close of CQUINN, it was confirmed two CQUINN's had not been met. 1. Incentivised FLU Vaccinations for frontline healthcare workers. 2. Community Pneumonia Acquired Care, it was informed work had gone into progressing with the team using fields on Symphony. The Chief Executive questioned why the FLU vaccination had only achieved 47% and had there been indications as to why it had not reached target. The Deputy Director of P&OD stated FLU vaccination had been widely offered in the community and individuals had attended elsewhere. It was also informed dual delivery of COVID and FLU vaccinations had not been popular. The Chief Executive stated lessons learned would need to be implemented in forthcoming vaccination programmes. The Director of Corporate Affairs / Company Secretary asked if the figures had been included when frontline staff had received vaccination elsewhere. The Deputy Director of P&OD confirmed these figures would not be included in the percentage. The Chief Executive clarified the denominator would need be reduced if this is the case. The Associate Chief Nurse Safe Staffing confirmed previous years FLU vaccine had been completed using a face-to-face roving approach which enabled feedback to be entered onto the system. In 2022 the FLU campaign was linked with the COVID booster and held at Badminton Hall, this meant feedback had not been received from members already vaccinated.	

	The Divisional Director for Clinical Specialties asked if there were specifics to be compliant with the BTS Care bundle that wasn't necessarily clinically relevant. The Medical director confirmed this was a documenting issue with further progress to be made.	
	The Committee: - ***Noted the CQUINN Quarter four report update.***	
TEG14/08/C3	**Analysis of the Determinants of Hospital Mortality Data**	
	The Medical Director informed of the mortality report which included a summary of work into key determinants of hospital data such as care pathways, coding, and case mix with a list of proposed next actions. The Executive Medical Director explained the embedded paper wouldn't open in a PDF but would circulate, if value to the group. The Chief Executive asked if the SHMI figures had been associated to coding rather than quality of care provided. The Medical Director affirmed the majority was down to coding. The Chief Executive suggested the Actions for the Mortality Data Assurance Group would need specific outcome and timescales in preparation for Board updates. The Director of Corporate Affairs / Company Secretary asked if this would go to QEC before board, The Medical Director confirmed it would.	
	The Committee: - ***Approved the Analysis of the Determinants of Hospital Mortality Data.***	
TEG14/08/C4	**Paediatric Update – The Hidden Child**	
	The Acting Head of Nursing for Children's and Neonate asked TEG to note and support appropriate divisional representation to the development of the Committee for Children in Adult areas.	
	The Committee: - ***Noted the Paediatric Update and supported the recommendation.***	
TEG14/08/C5	**Finance Update**	
	Justin Fowler informed of key points. • The Trusts reported June deficit was £4.4m in line with plan and year to date deficit of £12.2m. • Final guidance on ERF was awaited from the national team. • Pay spends favourable to plan year to date, which had shown reduction in nursing costs. • Medics had overspends of £1.5m, this was noted due to the Industrial Action of junior doctors.	

	• It was informed the Trust was behind plan on capital spend at £5.2m driven by MEOC. • The Trust had requested a cash draw down of £6.3m • CIPS delivered 1.7m savings vs the plan. • The ICB had a central gap of £110m and the Trust had been awaiting guidance on how this would be managed has it had been suggested that it may be devolved to individual providers. • From month five ERF targets would be monitored nationally, so a focus to deliver these would be crucial. The Director of Innovation and Infrastructure informed £5m capital spend on MEOC was due to change of approval dates to June 2023. The Chief Executive stated that as the ICB had declared a balanced financial plan for the year, a plan for the £110m deficit would be required to achieve balance.	
	The Committee: - ***Noted the Finance Update.***	
TEG14/08/C6	**<u>Operational Update (Verbal)</u>**	
	The Deputy Chief Operating Officer noted elective standards was due to be signed off which would be reviewed in Septembers TEG. The Deputy Chief Operating Officer informed how the four-hour performance had deteriorated and was down at 68.18%, a reduction from 69.74 percent. The twelve hours performance in department had also deteriorated and increased to 2.8% up from 2.61%. The Deputy Chief Operating Officer was pleased to share improvements had been made across ambulance handover performances. The Deputy Chief Operating Officer, Deputy Chief Nurse and Medical Director for Operational Stability and Optimisation had been supporting divisions on a weekly basis in focused areas. The Divisional Director for Clinical Specialties had asked if there had been data with a breakdown that could be sent to divisions and specialties. The Deputy Chief Operating Officer informed the next session plan would break the data down.	
	The Committee: - ***Noted the Operational Update.***	
TEG14/08/C7	**<u>PTL Update</u>**	
	The Deputy Chief Operating Officer informed that a paper was expected to be brought to TEG, but this had been delayed due to the visits from the Elective Intensive Support team. It was noted that there would be a report available within two weeks' and this would be circulated and be provided at TEG.	

	The Committee: - ***Noted the PTL Update.***	
TEG14/08/C8	**<u>People Update</u>**	
	The Deputy Director of P&OD pulled out Key points from the People update. • Appraisal season had closed 31 July 2023 with 87.25% completion. It was requested colleagues review areas of shortfall and to ensure the target of 90% could be achieved. • There had been a proposed change to the Local Clinical Excellence awards in which would revert to competitive processes with an equal distribution as per national guidance.	
	The Committee: - ***Discussed the People Update.***	
TEG14/08/D1	**<u>Recovery Innovation and Transformation (RIT) Update</u>**	
	The Director of Innovation & Infrastructure explained there had been an overarching RIT update from MEOC and sustainable Trauma within the appendices. The Quality Improvement and Innovation and health inequalities had strategies that were being developed with both drafts completed by August 2023. The Director of Innovation & Infrastructure noted progress within MEOC and BEV with delays from the MEOC governance structure with proposed changes agreed by the Board. A flag raising ceremony had been organised in relation to receiving the green flag award. The Chief Executive has asked for an update from James in relation to out of hours cover and medical workforce issues within MEOC.	
	The Committee: - ***Discussed the RIT Update.***	
TEG14/08/D2	**<u>Performance Assurance Framework</u>**	
	Paul Mapley pulled key points of the Performance Assurance Framework (PAF). • There had been further detail included in the framework reports through existing trust government structures. • There had been further detail included on the enhanced support / escalation. • Included was details of the business intelligence available to support the framework via the DERIK platform.	

	• Presented in the paper was clear articulation of control environments. The Chief Executive confirmed the Performance Assurance Framework contributed to the closure of an internal audit action.	
	The Committee: - ***Approved the Performance Assurance Framework.***	
TEG14/08/E1	**Education and Research Update**	
	The Director of Education and Research informed there had been changes in personnel in undergraduate and postgraduate medical education. The GMC survey had been released and discussions had taken place at Workforce Education Committee (WEC). The Director of Education and research stated they would be keen to investigate statistical trends from previous years within the Trust. It was highlighted one of the actions was due to inductions but the Director of Education and Research affirmed purposive work with trainees would be carried out.	
	The Committee: - ***Noted the Education and Research Update.***	
TEG14/08/F1	**ICS Update**	
	The Chief Executive informed of the development of the DRI site following the disappointing announcement about the new hospital bid. Since the announcement the ICS had become actively engaged in supporting next steps and agreed programmes of work. 1. Quantify and prioritise critical infrastructure risks and backlog maintenance programmes. 2. Opportunities and alternatives to provision of care on the DRI site. 3. Opportunities to act more of a system. 4. Final work and the impact within funding, size, and position of the new hospital for Doncaster. The Chief Executive notified of visits from government ministers as part of the new hospital bid process. It was highlighted that the decision to remove the Trust from the new hospital programme had been detailed in a national audit office report which identified poor governance within the national programme.	
	The Committee: - ***Noted the ICS Update.***	
TEG14/08/G1	**Acute Federation Update**	

	The Chief Executive informed that the Acute Federation had advertised for a Medical Director. Interviews were due to commence at the end of August 2023. The Chief Executive stated the Trust had reached the final stages of procurement for an EPR system based upon convergence/ interoperability,	
	The Committee: - ***Noted the Acute Federation Update.***	
TEG14/08/H1	**Any other Business (Verbal)**	
	There had been no other business to discuss.	
TEG14/08/H2	**Children & Families Board Update**	
	There was no update given for this item.	
TEG14/08/H3	**Minutes of the Trust Executive Group meeting dated Wednesday 10 July 2023**	
	The Committee: - ***Approved minutes dated 10 July 2023.***	
TEG14/08/H4	**Date and time of next meeting (Verbal)**	
	Date: Monday 11 September 2023 Time: 14:00 – 17:00 Venue: Via Microsoft Teams	
	The meeting closed at: 17:00	

2309 - H OTHER ITEMS

2309 - H1 MINUTES OF THE MEETING HELD ON 25 JULY 2023

Decision Item | Suzy Brain England OBE, Chair of the Board | 12:40

5 minutes

REFERENCES

Only PDFs are attached

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

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING

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

Present:
Mark Bailey - Non-executive Director
Suzy Brain England OBE - Chair of the Board (from agenda item E1)
Hazel Brand - Non-executive Director
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Karen Jessop - Chief Nurse
Dr Emyr Jones - Non-executive Director
Zoe Lintin - Chief People Officer
Lucy Nickson - Non-executive Director
Dr Tim Noble - Executive Medical Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director / Deputy Chair (Chair)
Denise Smith - Chief Operating Officer

In attendance:
Dr Sam Debbage - Director of Education & Research (agenda item F1)
Fiona Dunn - Director of Corporate Affairs / Company Secretary
Dr Jane Fearnside - Head of Research (agenda item F1)
Paula Hill - Freedom to Speak Up Guardian (agenda item D4)
Lois Mellor - Director of Midwifery
Angela O'Mara - Deputy Company Secretary (Minutes)
Kelly Phillips - Skin Integrity Lead Nurse (agenda item B1)
Howard Timms - Acting Operational Director of Estates & Facilities (agenda item E4)
Adam Tingle - Acting Director of Communications & Engagement

Public in attendance:
Gina Holmes - Staff Side
Andrew Middleton - Public Governor Bassetlaw
Lynne Schuller - Public Governor Bassetlaw
Sheila Walsh - Public Governor Bassetlaw

Apologies: Dr Anna Pryce - Guardian of Safe Working

P23/07/A1 **Welcome, apologies for absence and declaration of interest (Verbal)**

The Deputy Chair welcomed everyone to the virtual Board of Directors meeting, including governors and observers. The above apology was noted and no declarations were made.

P23/07/A2 **Actions from Previous Meetings (Enclosure A2)**

There were no active actions.

P23/07/B1 **Skin Integrity Team (Enclosure B1)**

The Deputy Chair and Chief Nurse welcomed the Skin Integrity Lead Nurse to the meeting. The Lead Nurse's presentation provided an overview of the Skin Integrity team, its purpose, innovative approach and implementation of the National Wound Care Strategy Programme to reduce the number of hospital acquired pressure ulcers.

Non-executive Director, Jo Gander acknowledged the significant improvement in hospital acquired pressure ulcers and sought feedback from the Lead Nurse with regards to the successful system engagement. The Lead Nurse recognised the mutual agreement and respect of the programmes' aims and vision which supported work across wards and into the communities.

Non-executive Director, Hazel Brand enquired of the preventative work with care homes to manage community acquired pressure ulcers, the Lead Nurse confirmed bi-monthly meetings were held with tissue viability within the community to adopt preventive management and identify any required service to service work.

The Deputy Chair shared her appreciation with the Skin Integrity Team, recognising the improvements to patient care and welcomed the plans to continue to develop and strengthen their work across Doncaster and Bassetlaw Place.

The Board:

- ***Noted the Skin Integrity Team Presentation***

P23/07/C1 **Executive Medical Director Update (Enclosure C1)**

The Executive Medical Director's report provided an overview of the current programmes of work within his portfolio. The Board's attention was drawn to the following key highlights:

- c. 80% of job plans had now been agreed
- Over 100 patients, across 13 patient pathways had been supported on a virtual ward
- A continued reduction had been seen in overall and non-elective Hospital Standardised Mortality Ratio (HSMR) data
- The Medical Examiners' team continued to scrutinise 100% of adult deaths, with 99 community deaths being reviewed in May as part of the ongoing pilot, pending the legislative review

In response to a question from Non-executive Director, Jo Gander with regards to assurance relating to Getting it Right First Time (GIRFT) quality standards, it was confirmed that quality aspects would be reported to the Clinical Governance Committee and Quality & Effectiveness Committee, the Board Committee should make known it's reporting requirements. The Chief Financial Officer confirmed that GIRFT standards would inform

the activity and staffing levels of the Montagu Elective Orthopaedic Centre to ensure operational productivity was maximised.

In response to a question from Non-executive Director, Hazel Brand, the Executive Medical Director confirmed that approximately 700 bed days had been saved by the implementation of virtual wards, a welcomed initiative, particularly during the winter months. Reporting on non quality matters would be considered by the Board's Finance & Performance Committee, with an appropriate governance process to identify adverse outcomes and quality matters for consideration by the Quality & Effectiveness Committee.

Lucy Nickson, Non-executive Director sought clarification of the clinical and leadership responsibilities of virtual ward patients, the Executive Medical Director confirmed that a relevant clinician would have responsibility for step down service provision. Whilst those patients onboarded to step up provision, to avoid hospital admission, would be the responsibility of the referring clinician.

The Board:

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

P23/07/C2 **Chief Nurse Update (Enclosure C2)**

The Chief Nurse update provided information, outcomes, and assurance on the key deliverables for patient safety, experience and safe staffing numbers. The Board's attention was drawn to the following highlights:

- Recognition of the falls improvement initiative "Get up, get dressed, get moving" which had secured a national gold award
- No open complaints in excess of six months
- Encouraging numbers of newly qualified nurses and midwives were expected to commence in post in September/October 2023
- The reduced C. difficile trajectory of 42 cases for 2023/24 was very challenging, recommendations to be considered by the Trust Executive Group

In response to a question from Non-executive Director, Hazel Brand with regards to the use of temporary workforce solutions, the Chief Nurse confirmed that the rates of pay for agency staff had been reduced in line with system partners, a reduction had also been seen in total hours used, in line with safe staffing requirements.

In response to a question from Mark Bailey, Non-executive Director with regards to the number of C. difficile cases, the Chief Nurse confirmed no themes or lapses in care had been identified as part of the post infection review. The rolling programme of deep cleans had been challenging to maintain due to operational pressures but had now recommenced.

In respect of the procurement of a complaints training module, Non-executive Director, Lucy Nickson enquired of the expected impact, which the Chief Nurse confirmed would focus on the manner in which complaints were resolved, with a focus on responsive, real time discussions rather than written correspondence. Feedback from complainants on how their concerns had been handled would be sought to establish good practice.

The Chief Nurse informed the Deputy Chair that learning would be shared via a regular quality and safety update, safety champion walkarounds and through the use of information boards.

The Board:

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

P23/07/C3 **Maternity & Neonatal Update (Enclosure C3)**

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

The Director of Midwifery reported a stable service, training compliance remained challenging and a comprehensive plan of work was ongoing to address this, a change was reported to the qualification required to deliver neonatal life support training.

It was confirmed that Non-executive Director, Emyr Jones, would take on joint responsibility for the Non-executive Maternity Safety Champion role alongside Jo Gander.

Following a recent visit to the service, Non-executive Director, Jo Gander recognised the challenges in completion of training, the Executive Medical Director confirmed careful consideration was given to working creatively to support delivery and completion of training against the required clinical work.

In response to a question from Non-executive Director, Emyr Jones, the Chief Executive confirmed that the Local Maternity & Neonatal System supported the passporting of training across the system.

The Board:

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

P23/07/D1 **Chair's Assurance Log – People Committee (Enclosure D1)**

Non-executive Director, Mark Bailey shared the key highlights from the People Committee's Chair's Assurance log. The widespread and progressive agenda supported the provision of significant assurance. The annual report for Education and Educational Quality provided an overall compliance rate of 87%, with a need to strengthen governance arrangements around role specific training. Whilst progress was reported in the length of time to recruit in Q1 2023/24, further improvements were only expected to be realised as part of the centralised recruitment model, which was subject to approval of a business case, currently on hold as cost pressures were assessed.

The Board

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

P23/07/D2 **People Update (Enclosure D2)**

The People Update provided an overview of progress made in respect of workforce development, colleague experience and cultural improvements.

The NHS Long Term Workforce Plan had been published at the end of June, and was structured around three key themes, train, retain and reform. Implementation was expected to take some time and NHSE would work closely with systems to offer support and co-ordination.

Progress was reported with the completion of non-medical appraisals, since the paper had been written the Chief People Officer confirmed the completion rate had increased to 78%.

The Trust had recently been awarded the gold standard in the Be Well @ Work Programme and had been shortlisted for the national Healthcare People Management Association wellbeing award, to take place in September.

In response to a question from Non-executive Director, Lucy Nickson, with regards to the flexible working strategy, the Chief People Officer confirmed that the pillars of the workstream and respective leads had been identified and would work on expanding the draft action plans. Oversight and support would be provided by a steering group, to be chaired by the Chief People Officer, and updates would be provided in due course to the People Committee.

In respect of the plans to further develop the quality of and data capture from exit interviews, the Chief People Officer advised Non-executive Director Emyr Jones, that reporting took place via the Workforce and Education Committee with assurance provided to the Board's People Committee. There was a need to triangulate evidence in order that emerging themes could be established. The Deputy Chair welcomed the focus on exit interviews.

The Deputy Chair recognised the ongoing quality improvement work on agency controls and sickness management. The recently received internal audit report on bank and agency controls had been received by the Audit & Risk Committee and would be presented to the next People Committee. Progress of the quality improvement work was being tracked via Monday.com.

In response to a question from the Deputy Chair, with regards to the current level of completed non-medical appraisals, the Chief People Officer confirmed that feedback from leaders across the organisation had been positive, support to ensure records were updated on ESR in a timely manner was required.

The Board:

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

P23/07/D3 **Equality, Diversity and Inclusion, including Workforce Race & Disability Equality Standards and NHSE Equality, Diversity & Inclusion Improvement Plan (Enclosure D3)**

The report provided the key headlines, areas of focus and 2022/23 submissions for the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES).

Following the publication of NHSE's Equality, Diversity & Inclusion (EDI) Improvement Plan in June, the Trust's position was reported against the identified six high impact actions and measures of success. Actions had been cross referenced to the existing EDI action plan and a refreshed version presented to the People Committee earlier this month, members were assured of the approach. A national dashboard of key EDI metrics was in development to enable the effective monitoring of progress, impact and to support peer to peer learning.

The Board:

- ***Noted and took assurance from the Equality, Diversity and Inclusion Update***

P23/07/D4 **Speaking Up Bi-annual Report (Enclosure D4)**

The Freedom to Speak Up Guardian was welcomed to the meeting. The Bi-annual report provided a national and local strategic update, with an overview of Speaking Up activity since the last annual report, including key data and local evidence to demonstrate progress from January 2023 to date. A refreshed FTSU strategy 2023/24 was in development, informed by the National Guardian's FTSU reflection and planning tool and would be presented to Board later in the year.

In response to a question from Non-executive Director, Lucy Nickson, the FTSU Guardian reported strong links with Speaking Up representatives across the Trust, including Professional Nurse Advocates. Where engagement was recognised to be more challenging, ongoing efforts to develop lines of communication would continue and opportunities explored as part of October's FTSU month. Early conversations were supported, with focused and appropriately tailored interventions.

Hazel Brand, Non-executive Director and Freedom to Speak Up NED Champion highlighted the critical role of Board members in supporting Speaking Up and welcomed the recent pledges shared in Trust wide communications. The FTSU policy on a page was recognised to be a helpful resource for colleagues.

Non-executive Director, Mark Bailey welcomed the links between Speaking Up, Just Culture and the implementation of the Patient Safety Incident Response Framework and Emyr Jones was assured that of those colleagues who had spoken up, 100% indicated they would do so again.

The Chief Executive acknowledged the positive progress in leaders seeking out support and whilst there was always more to do, the improved line manager feedback in the 2022 staff survey results signalled a move in the right direction.

The Deputy Chair acknowledged the summary of learning for 2022/23 and whilst the organisation's significant health and wellbeing offer was recognised, the FTSU Guardian

recognised that recovery from a moral injury was more complex and was likely to require restorative support.

The Board:

- ***Noted and took assurance from the Speaking Up Bi-annual Report***

P23/07/D5 **Guardian of Safe Working Quarterly Report (Enclosure D5)**

In the absence of the Guardian of Safe Working, the Chief People Officer presented the quarterly report which provided assurance that the majority of junior doctors were able to work safely. High workloads were reported in General Medicine and there was a need to understand the number of exception reports against the limited rota gaps. The Executive Medical Director confirmed that the rota structure had remained largely unchanged for some time, the Medical Director for Workforce and Specialty Development was working with the division to review the required level of safe staffing.

Non-executive Director, Emyr Jones noted the limited attendance at the Junior Doctor Forum and enquired of other opportunities for junior doctors to engage, the Chief People Officer confirmed the Guardian of Safe Working and the FTSU Guardian worked together, as required. In addition, as part of ward/service visits by the FTSU Guardian, junior doctors would have the opportunity to raise any concerns.

The Board:

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

P23/07/E1 **Chair's Assurance Log – Finance & Performance Committee (Enclosure E1)**

Non-executive Director, Mark Day presented the Chair's assurance log. Improved reporting of the access standards and elective activity was noted, with positive assurance received in respect of the Montagu Elective Orthopaedic Centre and Bassetlaw Emergency Village programmes of work. Work continued on the recovery of the diagnostics position and the Committee had received first sight of the draft health inequalities strategy, in view of the broad health inequalities agenda it was suggested that key priorities be identified, against which progress could be monitored.

Whilst the Committee was assured by the framework to manage the Cost Improvement Programme, the scale of the required efficiencies and the unidentified gap remained a concern and whilst engagement was good, more ambitious plans were required. In respect of the urgent and emergency care improvement plan whilst there was some evidence of partnership working at Place this needed to be translated to tangible deliverables.

The Board:

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

P23/07/E2 **Finance Update (Enclosure E2)**

The Chief Financial Officer reported a month three deficit of £4.4m, £12.2m deficit year to date and in line with the financial plan. This was based upon an assumption that the

elective recovery fund (ERF) payment would not be clawed back due to the impact of industrial action; excluding ERF the year to date deficit would be £13m, £0.8m adverse to plan.

The cash balance at the end of June was £20.6m, an increase in month of £7.1m, largely attributable to lower than planned capital payments and payment management.

The Trust had delivered £1.7m of savings in month, £1.3m favourable to plan. Robust plans were required to deliver the back loaded plan, particularly during the more challenged winter months.

The Board:

- ***Noted the Finance Update***

P23/07/E3 **Directorate of Recovery, Innovation & Transformation Update (Enclosure E3)**

The Chief Financial Officer provided an overview of the Directorate of Recovery, Innovation & Transformation's work.

Approval of the Bassetlaw Emergency Village Full Business Case had been received, cash had been drawn down, a ground breaking ceremony had taken place and on-site construction had commenced. The Chair of the Board confirmed that the local MP had raised a query at the event with regards to signage in earlier drawings identifying the Childrens' Observation Unit, the Director of Innovation & Infrastructure would look into the matter.

Since writing the report, the Trust had received confirmation that its application for a Green Flag award for the Rainbow and Butterfly gardens had been successful. In her capacity as Chair of Keep Britain Tidy, responsible for managing the scheme in the UK, the Chair of the Board confirmed the judging was an independent process in which she had no involvement. Congratulations were shared with all colleagues involved in the design, development, and maintenance of these spaces. The Trust was only the second NHS organisation to receive the award.

The Board:

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

P23/07/E4 **The Premises Assurance Model Assessment Report 2022/2023 (Enclosure E4)**

The Acting Operational Director of Estates & Facilities was welcomed to the meeting to present the 2022/23 Premises Assurance Model (PAM) Assessment for approval. The submission had been subject to scrutiny by the Director of Innovation & Infrastructure and the Chief Financial Officer prior to its receipt.

In response to a question from Non-executive Director, Mark Bailey with regards to the Trust's compliance with the national cleaning standards, the Acting Operational Director of Estates & Facilities confirmed that a derogation plan had been agreed with NHSE and cleaning prioritised in public and patient areas. As detailed in the paper, funding had been

reduced post Covid and the Chief Financial Officer confirmed that the additional cleaning costs within 2023/24's financial plan had been subject to challenge as part of the national finance team's review.

In respect of the patient experience domain of the PAM, the Chief Nurse confirmed that the Patient-Led Assessment of the Care Environment (PLACE) had restarted during 2022/23, additional opportunities to engage via the Patient Environment Group or Patient Experience & Involvement Committee were noted.

The Chair of the Board encouraged the use of internal communication to raise awareness of estates fault reporting and recognised the responsiveness of the team in addressing matters.

The Board approved the submission of 2022/23's Premises Assurance Model (PAM) Assessment.

The Board:

- Approved the Premises Assurance Model Assessment Report 2022/2023

P23/07/E5 **Estates Returns Information Collection 2022/23 (Enclosure E5)**

The Acting Operational Director of Estates & Facilities presented the 2022/23 Estates Return Information Collection for the Board's approval, the Deputy Chair acknowledged the wealth of information which had been subject to quality assurance.

Reflecting on the disappointing news that the Trust had not been named in the recent New Hospital Programme announcement, the Chief Executive noted the return captured the challenges of the estate, which would be helpful in raising awareness and benchmarking with other organisations.

In response to a question from Non-executive Director, Lucy Nickson, the Chief Financial Officer confirmed that capital requirements were prioritised at a system level and the needs of the Trust were recognised. Current capital projects had been challenged by the current rate of inflation and the capital regime was felt to be no longer fit for purpose.

The Board approved the submission of the 2022/23 Estates Return Information Collection and recognised the efforts of the Acting Operational Director of Estates & Facilities and his team in completing the return.

The Board:

- Approved the Estates Returns Information Collection 2022/23

P23/07/E6 **Operational Performance Update (Enclosure E6)**

The Chief Operating Officer's report highlighted the Trust's performance against the access standards and elective activity plan for June and cancer waiting times in May 2023. A deterioration had been seen in month against four hour waits in the emergency department, however, the Trust continued to benchmark well at a regional and national level.

Whilst there had been some impact on elective activity due to industrial action, performance was broadly in line with the plan and there remained a focus on improving productivity and efficiency. A decrease in 65 week waits had been seen in month.

The Board's Finance & Performance Committee had already scrutinised performance reporting at its meeting yesterday, hence no additional questions were raised.

The Board:

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

P23/07/F1 **Research & Innovation Strategy Update (Enclosure F1)**

The Director of Education & Research and the Head of Research were welcomed to the meeting. The Chief People Officer and Non-executive Director and Chair of the Teaching Hospital, Lucy Nickson offered their support of the Research & Innovation strategy, approved by the Board in January 2023, and launched with key strategic partners last month. The Board's People Committee would receive assurance of delivery against its plan, with the Board appraised of its ongoing journey on a six monthly basis.

The vision and mission statements signalled the importance and Trust commitment to ensuring research and innovation was integral to every role within the organisation and critical to fulfil the Trust's ambition to secure University Hospital status.

The Trust worked in partnership with the National Institute for Health & Care Research (NIHR) Clinical Research Network (CRN) and the Insigneo Institute at the University of Sheffield and was recognised as a strong system partner. Key development areas for the Trust were growth of its own research activity and clinical academics.

The Chief Executive recognised the importance of research in attracting and retaining colleagues. The NHS long term workforce plan would also provide additional opportunities for growth in placements.

In view of the Trust's ambition to secure University Hospital status and in response to a question from the Chair of the Board, the Director of Education and Research confirmed this would be subject to meeting the guidance of the University Hospital Association. Traditionally a University Hospital would be aligned to a named University but as part of the workforce plan may also have wider connections.

The Board:

- ***Noted and took assurance form the Research & Innovation Strategy Update***

P23/07/F2 **Wholly Owned Subsidiary Update (Enclosure F2)**

The Chief Financial Officer and Non-executive Director of Doncaster & Bassetlaw Healthcare Services Ltd provided an update of the wholly owned subsidiary's financial and operational performance for 2022/23; going forwards a quarterly update would be provided to the Board.

A pre-tax profit of £109k was reported, favourable to budget. The Board was informed that a dividend of £250k had been paid to the Trust and would contribute towards delivery of its financial plan.

The report highlighted the strategic outcomes identified at the time of incorporation and provided an overarching strategic plan for 2023/26, which Mark Bailey, Non-executive Director and Chair of Doncaster & Bassetlaw Healthcare Services Ltd expanded upon.

The Chair of the Board acknowledged the success of Doncaster & Bassetlaw Healthcare Services Ltd to date and was keen to understand future opportunities to work together on research, education, and innovation. The Chief Financial Officer confirmed the intention for exploratory discussions to take place with the Director of Education & Research.

In response to a question from Non-executive Director, Emyr Jones, the Chief Financial Officer confirmed that the relationship between the Trust and Doncaster & Bassetlaw Healthcare Services Ltd was a commercial arrangement.

The Chair of the Board suggested it was fitting for the subsidiary to be referred to by its registered name of Doncaster & Bassetlaw Healthcare Services Ltd.

The Board:

- ***Noted and took assurance from the Wholly Owned Subsidiary Update***

P23/07/F3 **NHS South Yorkshire Joint Forward Plan (Enclosure F3)**

The South Yorkshire Joint Forward Plan was now publicly available and feedback was invited. The paper highlighted the work undertaken to develop the plan, including engagement with the citizens, patients, and carers of South Yorkshire.

The Deputy Chair acknowledged the focus on health inequalities.

The Board:

- ***Noted the NHS South Yorkshire Joint Forward Plan***

P23/07/F4 **Nottingham & Nottinghamshire Provider Collaborative at Scale (Enclosure F3)**

The paper provided an update on work to develop the Nottingham & Nottinghamshire Provider Collaborative at Scale, feedback from the recent joint Board Development workshop and 2023/24 priorities and next steps.

The Board was asked to support the direction of travel and next steps.

The Board:

- ***Noted the Nottingham & Nottinghamshire Provider Collaborative at Scale***

P23/07/G1 **Chair's Assurance Log – Audit & Risk Committee**

Kath Smart brought the Board's attention to the content of the Chair's assurance log. Positive assurance was reported in respect of counter fraud and health and safety activity, the Data Security & Protection Toolkit audit had provided significant assurance and receipt of the final ISA 260 audit report confirmed an unmodified opinion on the 2022/23 financial statements.

The Committee had reviewed the annual updates to the Trust's Standing Orders, Standing Financial Instructions and Delegation of Powers policies and commended them to the Board for approval.

The bank and agency controls internal audit had reported limited assurance and would be escalated to the People Committee, actions and progress would be closely monitored to ensure timely closure.

The Committee was disappointed with the progress in developing the Board Assurance Framework, and next steps would be clarified by the Chief Executive as part of agenda item G3.

The Board:

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

P23/07/G2 **True North, Breakthrough & Corporate Objectives 2023/24 Q1 Update (Enclosure G2)**

The Chief Executive presented the 2023/24 Quarter 1 corporate objectives update, at this early stage all objectives were reported as "in progress" and future updates would be reported to the Board on a quarterly basis. For completeness, the Chief Executive's objectives were also provided.

Further to last month's publication of NHSE's Equality, Diversity & Inclusion (EDI) Improvement Plan, the Chair of the Board confirmed the requirement for all board members to have a specific and measurable EDI objective. As a number of appraisals had been completed prior to the publication, the Chief People Officer had agreed to work with the Chair and Chief Executive to ensure compliance prior to the target date of March 2024.

The Deputy Chair confirmed that progress against the objectives would be reported to the Board Committees, non-executive colleagues would seek assurance that appropriate mitigating actions were taken to support delivery of the Trust's strategic aims.

The Board:

- ***Noted the 2023/24 Q1 Corporate Objective Update***

P23/07/G3 **Board Assurance Framework 2023/24 (Enclosure G3)**

The Board Assurance Frameworks had been iteratively developed in line with internal audit recommendations to clearly articulate the Trust's strategic risks, controls and mitigating actions to close gaps in assurance. To ensure consistency of approach, the Executive Directors would present updated versions of Board Assurance Frameworks 1-7

to their respective Board Committees prior to September's Board. Agreement would be reached on the frequency of review by the Board Committees, with updates provided to the Board on a quarterly basis.

A Board workshop would take place in late Q3/early Q4 2023/24 following the Deputy Chief Executive taking up her post, this would ensure a refreshed framework was in place for 2024/25.

Opportunities to use either Team Engine or Monday.com to maintain live Board Assurance Frameworks would be explored.

The Board:

- ***Delegated approval of the Board Assurance Frameworks to the Board Committees.***

P23/07/G4 **Trust Annual Report & Accounts 2022/23 including Annual Governance Statement & Quality Accounts 2022/23 (Enclosure G4)**

The Board received the Trust's Annual Report and Accounts, the Letter of Representations and Quality Accounts 2022/23, in line with national requirements.

The 2022/23 Annual Report and Accounts would be presented at the Council of Governors meeting, to take place on 28 September 2023, when the Trust's external auditors, Ernst & Young would be in attendance.

The Board:

- ***Noted and took assurance from the Trust Annual Report & Accounts 2022/23 including Annual Governance Statement & Quality Accounts 2022/23***

P23/07/G5 **Standing Financial Instructions, Standing Orders and Scheme of Delegation (Enclosure G5)**

The Standing Financial Instructions, Standing Orders and Scheme of Delegation policies had been reviewed by the Audit & Risk Committee on 20 July 2023 and were commended to the Board by approval. Changes were summarised in the covering report and within the respective policy amendment forms.

The Board approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation policies.

The Board:

- ***Approved the Standing Financial Instructions, Standing Orders and Scheme of Delegation***

P23/07/G6 **Audit & Risk Committee Annual Report 2022/2023 (Enclosure G6)**

The Board received the 2022/23 Audit & Risk Committee annual report which included commentary on the Committee's roles and responsibilities, membership, activities, and

its focus of work for 2023/24. The report provided assurance to the Board that the Committee had fulfilled its duties in accordance with its workplan and agreed terms of reference.

The Board:

- ***Noted and took assurance from the Audit & Risk Committee Annual Report 2022/2023***

P23/07/G7 **Charitable Funds Committee Annual Report 2022/23 (Enclosure G7)**

The Board received the 2022/23 Charitable Funds Committee annual report which provided an overview of the Committee's roles, responsibilities, membership, activities, and its focus of work for 2023/24.

Non-executive Director and Committee Chair, Hazel Brand acknowledged the work of the Committee and its purpose in ensuring the appropriate use of charitable funds for the benefit of patients and colleagues. Having only taken up the role of Chair earlier this year, Hazel took the opportunity to thank the former Chair, Non-executive Director, Mark Bailey for his contribution.

The Board:

- ***Noted and took assurance from the Charitable Funds Committee Annual Report 2022/2023***

P23/07/H **Information Items (Enclosure H1 – H9)**

The Board noted:

- H1 Chair and NEDs Report
- H2 Chief Executives Report
- H3 Integrated Quality & Performance Report
- H4 Minutes of the Finance and Performance Committee 24 April & 22 May 2023
- H5 Minutes of the People Committee 2 May 2023
- H6 Minutes of the Quality & Effectiveness Committee 4 April 2023
- H7 Minutes of the Charitable Funds Committee 9 March 2023
- H8 Minutes of the Audit & Risk Committee 18 April & 20 June 2023
- H9 Minutes of the Trust Executive Group 15 May & 12 June 2023

P23/07/I1 **Minutes of the meeting held on 27 June 2023 (Enclosure H1)**

The Board:

- ***Approved the minutes of the meeting held on 25 April 2023.***

P23/07/I2 **Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were received.

P23/07/I3 **Governor Questions regarding the business of the meeting (10 minutes) ***

On behalf of the Council of Governors, the Lead Governor recognised the contributions from the Skin Integrity Lead Nurse and the Freedom to Speak Up Guardian and the positive impact their work had on patients and colleagues. The Council of Governors commended the completion rate of non-medical appraisals.

As the Trust was currently running its governor election campaign, the Chair of the Board acknowledged that for those governors reaching the end of their terms of office, or standing down, this would be their last Board meeting and on behalf of the Board of Directors she shared her appreciation of their commitment and support to the Trust and the public it serves.

Bassetlaw Public Governor, Peter Abell would stand down at the end of his sixth year of office and his contribution to the Council of Governors and his national role on NHS Providers' Governor Advisory Committee was recognised.

Members interested in submitting a nomination for the vacant governor seats could do so by 3 August 2023.

The Board:

- ***Noted the governor question***

P23/05/H4 **Date and time of next meeting (Verbal)**

Date: Tuesday 27 June 2023
Time: 09:30am
Venue: MS Teams

P23/05/I **Close of meeting (Verbal)**

The meeting closed at 13.26

2309 - H2 ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIR PRIOR TO THE MEETING)

Discussion Item | Suzy Brain England OBE, Chair of the Board | 12:45

2309 - H3 GOVERNOR QUESTIONS REGARDING THE BUSINESS OF THE MEETING

Discussion Item | Suzy Brain England OBE, Chair of the Board | 12:45

10 minutes

2309 - H4 DATE AND TIME OF NEXT MEETING

Information Item | Suzy Brain England OBE, Chair of the Board | 12:55

Date: 31 October 2023
Time: 9:30
MS Teams

2309 - H5 WITHDRAWAL OF PRESS AND PUBLIC

Board to resolve:
That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public

2309 - I MEETING CLOSE

12:55