Risk Summit (Estates)
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Tuesday 24th August 2021, 11.30 – 13.00

ACTION NOTES

In attendance:

- CHAIR: Margaret Kitching
- Richard Parker
- Alison Knowles
- Suzy Brain England
- Nicola Ryan
- George Briggs
- Kirsty Edmondson-Jones
- Alison Smith
- Anthony Fitzgerald
- Jonathan Sargeant
- Jane Tombleson
- Mike Lees
- Andrea Ibbeson
- Carolyn Nice
- Bob Kirton
- Jenny Longden
- Lee Squire
- Karl Redmond
- Laura Sherburn
- Craig Radford
- Angela Wood
- Sarah Dronsfield
- Tim Noble
- Tom Chapman
- Kathryn Singh
- Andrew Gate
- Victoria Cooper
- Cathy Kennedy
- Carole Mistry
- Abigail Trainer
- Paul Dickens
- Jeannette Reay
- Craig Patchett
- Sam Grundy
- Rupert Suckling
- Tracey Green
- Sarah Tomlinson

Introduction & Welcome

1. Margaret Kitching welcomed attendees to the meeting.

Exec Summary and Trust update

1. Richard Parker presented the slides to the meeting and highlighted key areas to note:
   Despite Planned Preventative Maintenance (PPM) and targeted capital expenditure the site has five significant risk areas:
   - Power Failure – large areas of site contain life expired 1960's LV electrical infrastructure.
   - Fire – lack of fire compartmentation integrity.
   - Flood – large areas of site life expired 1960's pipework, cold water, steam and low temp hot water.
   - Lifts – 85% of lifts are once, some twice, life expired.
   - Ventilation – system 1960's life expired, multiple single points of failure (East Ward Block served by single Air Handling Unit Inc. Department of Critical Care).

   Complicated by:
   - Asbestos – factor into other incidents.

   Additional Disruptive Infrastructure Risks

- Roofs – need for widespread roof replacements, water ingress during heavy rainfall regularly causes service disruption to areas across the site despite Capital Programmes to patch repair/replace.

- Windows – widespread replacement required due to ill-fitting life expired and single glazed windows, causes issues in East Ward Block (EWB) wards and Women and Children's (W&C) with Neonates.
- Ventilation – life expired ventilation plant to main theatres and W&C's theatres creates a single point of failure for multiple theatres and significant disruption to services.

The risks associated with infrastructure integrity at DRI continue and currently there is 50% of the Women's & Children's block closed resulting in the loss of:
2 operating theatres and supporting accommodation
23 paediatric beds & office/staff space
2 Neonatal cots

The potential impact on access and performance (based on 21/22 plans) would be:

- Delivery of secondary and specialist (vascular, HASU etc) health care for a population of 420,000.
- Over 40,300 non-elective pathways.
- 117,180 Emergency Department attendances.
- Reduction of up to 500 inpatient beds, impacting on cancer, medicine, surgery and women's and children's specialties; including Hyper Acute Stroke Unit, Vascular Surgery, Interventional Radiology, Endoscopy, Neonatology, Haematology, Critical Care.
- Approximately 122,700 RTT pathways annually.
- Approximately 315,700 outpatient attendances annually.
- Over 155,500 diagnostic tests and procedures over the course of a year.
- Over 3,200 maternity deliveries per year.

The key risks associated with the DRI infrastructure and foreseeable incident(s) are:

- The inability to provide comprehensive healthcare to the local population depending on the scale of the incident.
- The time involved in remedial action/repairs to the already tired and compromised estate.
- The increasing financial implications of investing in the current estate both for DBTH and the wider ICS.
- The ability in the current post-pandemic environment to secure alternative healthcare arrangements for DBTH and specialty patients.

Planning is required due to the risks associated with:

- A single incident affecting more than 1 block.
- Multiple separate incidents in one or multiple blocks impacting on continuity plans – as with W&C Incident currently.
- Time to reduce risks to a manageable position is circa 10 years at a cost of £512m to condition B.

- Additional and ongoing financial impact of current risks: Modular Accommodation, additional PPM's, Fire Wardens, H&S checks.
- Expression of Interest submission to New Hospital Programme 9th September for investment to replace DRI, funding not available until 2025.

2. Further in-depth detail is noted in the slide pack to be circulated with the action notes from today's meeting.

<u>Locality Position</u>

1. Alison Knowles presented the slides to the meeting and highlighted key areas to note:
    - Over 93% of activity on DRI site is generated by SYB CCGs.
    - Most of that is from Doncaster and Bassetlaw areas – 92% of non-elective but slightly less elective at 90%.
    - Humber, Coast & Vale accounts for overall 2-3% activity.
    - Small amounts of non-elective and elective activity from Nottinghamshire (but more will go to Bassetlaw Hospital).

    DBH as a total Trust delivers:
    - 20% of SYB elective
    - 30% of urgent and emergency care, and
    - 30% of diagnostic activity
    - Not all of this will be "lost" if part of the DRI site is compromised but activity at Bassetlaw District General Hospital and Mexborough Montagu is typically less complex that that at DRI.

    Within overall services and activity delivered at DRI, there are a number of more specialist services which serve a wider catchment area than the core Doncaster population:
    - Renal dialysis – haemodialysis/peritoneal dialysis/home dialysis
    - HASU – SYB catchment
    - Haemato-Oncology Chemotherapy – 28 beds – SYB catchment
    - Vascular services – SYB, Humber and Lincolnshire catchments
    - Specialised ophthalmology – SYB catchment
    - Neonatal critical care – local population but linked to wider Y&H NIC Network – 15 Level 3 beds (plus 3 closed due to flooding)
    - Adult critical care – DRI 10 L2 & 10 L3 beds
    - HIV – as part of SY HIV network. Outpatient only service.

2. Further in-depth detail is noted in the slide pack to be circulated with the action notes from today's meeting.

Estates Position

1. Andrew Gate gave a brief update highlighted the amount of funding required, building structure and capacity is not fit for purpose with significant concerns noted as we are in a very difficult and constrained space from an estate point of view.

Risk Profile and Programme of Work – Richard Parker and Alison Knowles

1. Alison Knowles presented the slides to the meeting and highlighted key areas to note:
   - Foreseeable risk to life and limb for patients, staff, and visitors on the DRI site arising from:
     - Failure of an estate function in any one area of the site
     - Multiple failures across more than one area of the site

     Leading to –

     - Immediate risk to life and limb from an incident
     - On-going risk to patient care within DRI, the wider Trust, South Yorkshire & Bassetlaw, the wider region

     To migrate the risk we need to develop, for a prolonged period of time:

     - Evacuation plan for each part of the site (individual and multiple buildings)
     - Plan to re-provide urgent and emergency care services for the immediate catchment population
     - Plan to re-provide planned care services from the immediate catchment population
     - Plan for specific and specialist services across the wider catchment population.

2. Paul Dickens gave a brief overview from the EPRR perspective advising of the work done in Airedale and the EPRR team will support this, but there is a need for significant work plans and pathways with the wider systems. Paul and the EPRR team are making plans to spend time with Richard and his team to work through the immediate risks and governance details.

   Action: Paul and EPRR team to meet with Richard and his team to commence the discussions and work required.

3. Sarah Dronsfield commented on and was assured by the work taking place and clearly more significant work is required, adding to replicate the work done in the Airedale situation would be helpful. Agreed for the need to get the mitigate down to lowest point, while longer term solution is finalised.

Next steps & Plan of ongoing support

1. A brief discussion took place regarding the summarisation of the risks including enforcement and unpredictable risks. It is important that the Trust is able to submit a compelling case to support them being included in the Hospital improvement programme on the 9th September. The wider support was noted including political support, regional support and all agreed the need to work as a system at every opportunity.
2. Agreed for the need to meet again as a support system, work to take place to mitigate the risks and EPRR planning to be taken forward.
3. Brief discussion took place regarding the modular builds and the urgency of the required work including the financial demands of this.

   Action: All were asked to continue to escalate the risks as appropriate to ensure the required support and assistance is forthcoming.

4. Suzy Brain England advised of the recommended NHS insurance policy and explained this was insufficient to meet the needs and requirements for now and in the future. A brief discussion took place and the requirement for this to be added to the costs and risk log. There is a need to seek a regional position on this Margaret agreed to check this out.

   Action: The Trust to add the insurance costs to the risk log
   Action: Margaret to seek a regional position.

5. Craig Radford raised the immediate risk of lack of paediatrics beds etc. and the need to manage across the region. This was agreed to be part of the risk discussions to be taken forward.

   Action: to include the lack of paediatrics beds in the further risk discussions.

AOB/Final Updates

Margaret Kitching expressed thanks to all and reiterated the huge piece of capacity work required and the need to look at what is in the system including contingency planning. Margaret agreed to raise regionally the capital bid that has been submitted, the insurance issue raised and to escalate the concerns highlighted at today's meeting.

Action: Margaret to raise regionally the capital bid that has been submitted, the insurance issue raised and to escalate the concerns highlighted at today's meeting.

It was agreed to hold a further risk summit meeting at the end of September.

Action: a further meeting to be arranged towards the end of September.

No further items to note.

Chat Comment/Teams Extracts

Karl Redmond - How widespread is the asbestos issue and what disruption is caused by flooding or other risks listed to the asbestos position?

Kirsty Edmondson-Jones - We have an asbestos management plan; the issue is that where there is an incident any asbestos present compounds the immediate risk during the incident itself with exposure and also the timescale and cost of recovery. It was a 1.5m section that was corroded but the pipework running up to that point and after that point was in very good condition, hence making assessment challenging unless complete removal is undertaken, which is not a PPM, but is now being progressed.

Cathy Kennedy - We have a meeting tomorrow to discuss capital, but it is worth noting today that there is currently no source of capital for a new hospital build other than the New Hospital programme (and there is no indication that position would be changed by a business case SOC submission)

Karl Redmond - Is there any predictive maintenance (in addition / support of PPM) program for items such as AHU's - which I believe was listed - in an attempt to reduce downtime and improve maintenance programs?

Kirsty Edmondson-Jones - Over the last 3/4 years we have increased PPM's significantly as a reflection of the risks on the risk register and in the context of limitation of capital that can be allocated to backlog eradication annually. following the W&C incident we are looking to frequency standards such as SFG 20.

Karl Redmond – Kirsty, happy to have a chat about the predictive monitoring which can be linked to existing BMS to help prevent failure (real-time or near to real-time feeds). We do follow the various standards including SFG20, ISO55000, ISO19650 and others.

Kirsty Edmondson-Jones - thanks Karl, I have also contacted Adrian E with regard to best practice for the enhanced steps we need to take following the W&C incident

Karl Redmond - Kirsty - Okay, I will leave you with Adrian E - please do mention this conversation to him as he may elaborate on my comments and/or refer you back to me.

Kirsty Edmondson-Jones - many thanks Karl

Sarah Dronsfield - I will also flag with the Chief Inspector

Kirsty Edmondson-Jones – Modular’s are due end Oct and Nov

Bob Kirton – we have upped ours already

Alison Knowles - On RSV - we have just received plans from each place in SYB - now looking at composite picture and mitigation required.

Suzy Brain England - Thanks to you Margaret for calling the summit.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Risk Summit Action Log – 24th August 2021

Action ID	Action	Owner	Status (Completed/in progress/outstanding)	Action to be closed or remain on work programme
DBHFT001	Paul and EPRR team to meet with Richard and his team to commence the discussions and work required.	Paul Dickens/Sarah Tomlinson	New Action	
DBHFT002	All were asked to continue to escalate the risks as appropriate to ensure the required support and assistance is forthcoming.	All	New Action	
DBHFT003	The Trust to add the insurance costs to the risk log	Richard Parker	New Action	
DBHFT004	Margaret to seek a regional position.	Margaret Kitching	New Action	
DBHFT005	To include the lack of paediatrics beds in the further risk discussions.	All	New Action	
DBHFT006	Margaret to raise regionally the capital bid that has been submitted, the insurance issue raised and to escalate the concerns highlighted at today's meeting.	Margaret Kitching	New Action	
DBHFT007	Further meeting to be arranged towards the end of September	Admin Support	New Action	