





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


BOARD MEETING - PUBLIC

BOARD MEETING - PUBLIC

 7 May 2024

 09:30 GMT+1 Europe/London

 Virtual - MS Teams

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Only PDFs are attached

 00 - Board of Directors Public Agenda - 7 May 2024 v6.pdf

**Board of Directors Meeting Held in Public
To be held on Tuesday 7 May 2024 at 09:30**

Via MS Teams

		Purpose	Page	Time
A	OPENING ITEMS			09:30
A1	<p>Welcome, apologies for absence and declarations of interest <i>Suzy Brain England OBE, Chair of the Board</i> <i>Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known</i></p> <p><i>Members of the public and governor observers will have both their camera and microphone disabled for the duration of the meeting.</i></p>			10
A2	<p>Actions from previous meeting (no active actions) <i>Suzy Brain England OBE, Chair of the Board</i></p>	<i>Review</i>		
A3	<p>Chair's Report <i>Suzy Brain England OBE, Chair of the Board</i></p>	<i>Information</i>		10
A4	<p>Chief Executive's Report <i>Richard Parker OBE, Chief Executive</i></p>	<i>Information</i>		10
B	BOARD LEARNING AND REFLECTION			10:00
B1	<p>Health & Wellbeing - Taking an evidence-based approach to our H&W offer, evaluating the outcomes and sharing best practice <i>Zoe Lintin, Chief People Officer</i> <i>Gavin Portier, Head of Organisational Development, EDI & Wellbeing</i> <i>Gill Pickersgill, Health and Wellbeing Officer</i></p>	<i>Note</i>		15
C	STRATEGY, PLANNING & PARTNERSHIPS			10:15
C1	<p>True North, Breakthrough and Corporate Objectives 2023/24 <i>Richard Parker OBE, Chief Executive</i></p>	<i>Assurance</i>		15
C2	<p>Trust Vision Refresh and 2024/25 Priorities Framework <i>Zara Jones, Deputy Chief Executive</i></p>	<i>Approve</i>		10
C3	<p>Quality Improvement & Innovation Strategy 2024-2028 <i>Jon Sargeant, Director of Recovery, Innovation & Transformation</i></p>	<i>Approve</i>		10
C4	<p>Annual Review of the Trust Risk Appetite Statement & Strategic Risks <i>Fiona Dunn, Company Secretary / Director of Corporate Affairs</i></p>	<i>Note</i>		5

D	ASSURANCE & GOVERNANCE			10:55
D1	Integrated Quality & Performance Report <i>Executive Directors</i>	<i>Assurance</i>		30
D1.1	Financial Position and Financial Plan Update <i>Jon Sargeant, Chief Financial Officer</i>	<i>Approve</i>		
D1.2	Drivers of the Deficit Report <i>Jon Sargeant, Chief Financial Officer</i>	<i>Assurance</i>		
BREAK 11:25 – 11:35				
D2	Chair's Assurance Log – Quality & Effectiveness Committee <i>Jo Gander, Non-executive Director</i>	<i>Assurance</i>		5
D3	Chair's Assurance Log – People Committee <i>Mark Bailey, Non-executive Director</i>	<i>Assurance</i>		5
D4	Chair's Assurance Log – Finance & Performance Committee <i>Mark Day, Non-executive Director</i>	<i>Assurance</i>		5
D5	Chair's Assurance Log - Audit & Risk Committee <i>Kath Smart, Non-executive Director</i>	<i>Assurance</i>		5
D6	Board Assurance Framework (Risks 1 – 7) Trust Risk Register 15+ (reference for the above item) <i>All Executive Directors</i>	<i>Assurance</i>		20
D7	Audit & Risk Committee Terms of Reference <i>Fiona Dunn, Director of Corporate Affairs / Company Secretary</i>	<i>Approve</i>		5
D8	Report to the Board following the Review of Effectiveness of the Council Governors <i>Zara Jones, Deputy Chief Executive</i>	<i>Approve</i>		10
E	STATUTORY & REGULATORY			12:30
E1	CQC Report & Action Plan <i>Karen Jessop, Chief Nurse</i>	<i>Approve</i>		20
E2	Maternity & Neonatal Update <i>Lois Mellor, Director of Midwifery</i>	<i>Assurance</i>		15
F	INFORMATION			13:05
F1	Board of Directors Work Plan <i>Fiona Dunn, Company Secretary</i>	<i>Information</i>		
F2	NHS Planning Guidance 2024/25 <i>Jon Sargeant, Chief Financial Officer</i>	<i>Information</i>		
F3	Nottingham & Nottinghamshire Integrated Care Strategy 2023-2027 (refreshed March 2024)	<i>Information</i>		

G		CLOSING ITEMS			13:05
G1	Minutes of the meeting held on 26 March 2023 <i>Suzy Brain England OBE, Chair of the Board</i>	Approve			5
G2	Pre-submitted Governor questions regarding the business of the meeting (10 minutes) * <i>Suzy Brain England OBE, Chair of the Board</i>	Discussion			10
G3	Any other business (to be agreed with the Chair prior to the meeting) <i>Suzy Brain England OBE, Chair of the Board</i>	Discussion			10
G4	Date and time of next meeting: Date: Tuesday 2 July 2024 Time: 9:30 Venue: MS Teams	Information			
G5	Withdrawal of Press and Public Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. <i>Suzy Brain England OBE, Chair of the Board</i>	Note			
H		MEETING CLOSE			13:30

*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 pre-submitted questions to be tabled by the Chair at an appointed time. Governors should submit their questions to the Trust Board Office in writing to dbth.trustboardoffice@nhs.net by 3pm on the day prior to the meeting.

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

- Questions at the meeting must relate to papers being presented on the day.
- If questions are not answered at the meeting the Trust Board Office will coordinate a response to all Governors, via the Governor database.
- 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

2405 - 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 (1.5.2024).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

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

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

Director of Corporate Services, Money Advice Trust, a registered charity providing debt advice to the public, influencing public policy, and collaborating with a range of partners to improve practice

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 1 May 2024)

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 1 May 2024)

2405 - A2 ACTIONS FROM PREVIOUS MEETING (NO ACTIVE ACTIONS)

● Standing item

👤 Suzy Brain England OBE, Chair of the Board

No active actions

2405 - A3 CHAIR'S REPORT

● Information Item

👤 Suzy Brain England OBE, Chair of the Board

🕒 09:40

10 minutes

REFERENCES

Only PDFs are attached

 A3 - Chair & Non-executive Directors' Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	7 May 2024	Agenda Reference:	A3	
Report Title:	Chair and Non-executive Directors' Board Report			
Sponsor:	Suzy Brain England OBE, Chair of the Board			
Author:	Suzy Brain England OBE, Chair of the Board			
Appendices:	N/A			
Report Summary				
This report is for information only and provides an update on the Chair and Non-executive Directors' activities since March 2024'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:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from colleagues and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Board assurance framework:				
Risk register:				
Regulation:				
Legal:				
Resources:				
Assurance Route				
Previously considered by:				
Date:				
Any outcomes/next steps				
Previously circulated reports to supplement this paper:				

Chair's Report

Council of Governors

The most recent quarterly Council of Governors meeting took place on 25 April, the Chief Executive took the opportunity to reflect on the key achievements in 2023/24 and provided a comprehensive update across each executive director's portfolio. Looking ahead to 2024/25, key challenges were shared and the Deputy Chief Executive brought to governors' attention work to refresh the Trust's vision, priority statements and the development of a five-year strategy, to be published in 2024.

In my previous Board report, I described work commissioned to review the effectiveness of the Council of Governors by NHS Providers' Governwell team and a subsequent independent assessment by a governance professional. The independent review reflected on the outcome of the effectiveness survey and considered how the Trust's current practice aligned with that of other foundation trusts within the integrated care system. Both reports were shared with the Council of Governors prior to the meeting and governors were able to feedback on the recommendations and consider future ways of working. The Board of Directors will be asked to consider the findings and feedback from the Council of Governors at its May meeting to determine any change to current practice to enable governors to be able to fulfil their statutory duties.

Board Development

A change to the scheduling of Board meetings in 2024/25 ensures dedicated time for targeted Board development and in April all Board members considered the organisation's strategic risks, risk appetite and how best to ensure appropriate practices were in place for the robust management of risk. The Freedom to Speak Up Guardian also provided an update on Speaking Up, linked to wider cultural work, sharing internal and external perceptions, the roles and responsibilities of Board members and what good Speaking Up governance arrangements look like.

Board Development Delegate Programme

Expressions of interest were sought for cohort three of the programme and following interviews with the Chief People Officer, Equality Diversity & Inclusion Lead and myself I am pleased to confirm three candidates were selected and have now commenced their schedule of activities. This cohort includes internal, external and system-based colleagues and we will welcome Dr Khai Shahdan, Jodie Deadman and Chinwe Russell as observers at this month's Board of Directors meeting.

1:1s & Introductory Meetings

In addition to my regular meetings with the Chief Executive, I met with the recently appointed Divisional General Manager of Medicine, Mel Howard. Each month time is devoted to non-executive directors' development and a more informal monthly meet.

Appraisals

Non-executive directors' appraisals are well underway and I expect all to be completed by early May. My own appraisal has been completed by the Senior Independent Director, Mark Day and I have met with the Chief Executive to complete his appraisal and agree objectives for 2024/25.

Other Meetings/Events

I continue to meet on a monthly basis with the Chair of the Integrated Care Board and my fellow South Yorkshire Chairs, I attend the South Yorkshire Chairs and Chief Executive Planning meeting and Nottingham & Nottinghamshire Chairs and elected members meeting.

Finally, along with fellow Chairs and Chief Executives I joined a virtual national roundtable with NHSE to discuss their plans for a refreshed Oversight Framework which following a short consultation period is expected to be published in June 2024.

Non-executive Director's (NEDs) Report

Kath Smart

Since the last report Kath has attended March's Board of Directors meeting, April's Board development session, Finance & Performance and Charitable Funds Committee meetings and the Council of Governors. She also attended the non-executive director sessions and has had her appraisal meeting with the Chair.

Alongside many Board colleagues, Kath attended the half day training on the national Patient Safety Incident Response Framework and the new approach to learning.

As part of preparations for the April Audit & Risk Committee she has met with Internal Audit colleagues, the Local Counter Fraud Officer and Fraud Champion, the Chief Financial Officer in respect of audit planning, recommendations and contracts, and with the Deputy Chief Executive on risk management. Also, the South Yorkshire Integrated Care Board has been forming an Audit Chairs network from its NHS organisations and Kath attended the inaugural meeting to discuss how this might work.

During this period the Trust has been recruiting a new Associate Director of Strategy, Partnerships and Governance and Kath has supported the process, developing the job description, meeting prospective candidates and acting as a panel member on the interview day. Details of the appointment will be confirmed by the Deputy Chief Executive in due course.

Finally, Kath attended a visit to Bassetlaw Hospital Medical Records and Bookings teams as part of the ongoing Board programme.

Emyr Jones

Since his last report Emyr has attended the Board of Directors meetings and meetings of the Audit and Risk Committee, Finance & Performance Committee and a meeting of the Council of Governors.

Along with fellow non-executive directors Emyr has participated in a non-executive development session. He also attended the half-day Board development session.

Emyr attended the Medical Director's Team meeting and met with the Trust Chair, Suzy Brian England for his annual appraisal.

He attended a half day workshop on Virtual Wards, 'How to confidently deliver remote care at scale', organised by Health Tech Newspaper.

Jo Gander

Since the last Board report, Jo has chaired April's Quality and Effectiveness Committee, attended the Audit & Risk Committee and Board and non-executive development sessions.

Jo has attended her bi-monthly meeting with the Chief Nurse, chaired an appeal hearing and interviews for a Gastroenterologist.

Along with the Chief Executive Jo visited Medical Records and the clinic preparation department at DRI.

Lucy Nickson

Since the last Board meeting, Lucy has been on site at DRI for non-executive director development time and meetings. Lucy continues to chair the Teaching Hospital Board and has attended her regular corporate meetings, including the Quality & Effectiveness, People and Charitable Funds Committees. She has attended the Council of Governors, Governor briefing and development sessions and continued with her regular buddying sessions.

Other activities have included involvement in a conduct investigation and attendance at Patient Safety Incident Response Framework training for Board members. Lucy has now completed the NHS Providers training 'Effective Chairing of NHS Organisations'.

Mark Bailey

Since the last Board report, Mark has chaired the Board Committee for People and attended his designated corporate meetings; Finance and Performance Committee, Audit & Risk, Board of Directors and Board / Non-Executive development sessions.

Mark has met with the Chief People Officer to continue assurance work on the implementation of our People Strategy and planning for 2024/5. Executive and Non-Executive colleague assurance and strategic development discussions have continued including time with the Deputy Chief Executive, Chief Nurse, Director of Finance, and the Managing Director of the Doncaster & Bassetlaw HealthCare Services subsidiary business.

Finally, ward / site visits have included time with the Hyper Acute Stroke team based at DRI.

Hazel Brand

Following her last report on the process to recruit a Head of Charity, the preferred candidate has accepted the offer, passed the necessary checks, and is due to start in July. This will be a step-change in DBTH's approach to fund-raising and, while this financial year may be one of consolidation, there are great hopes for the future.

A £100,000 appeal was launched to support environmental enhancements within the new Emergency Department, as well as the Children's Assessment Unit and Assessment Treatment Centre at Bassetlaw Hospital. The appeal, once funded, will support holistic improvements in patient comfort and stress relief, including an outdoor play area for children, a bereavement room, and specialist

sensory toys, among much else. As part of the fund-raising, Hazel attended an event at the hospital for representatives of local charitable organisations, which might donate to the appeal in time.

Hazel attended a workshop, hosted by NHS Providers, on improving access and engagement for rural and coastal communities. This was followed by a briefing session for NEDs, again hosted by NHS Providers, which provided a useful update on the political landscape, manager regulation, how the CQC can regain credibility and trust, and provider leadership and models of collaborative working. This was followed by presentations on system working (with an example from West Yorkshire ICB), and the NED role in complex and uncertain environments.

Hazel has attended the complement of Board, Board committee, and Council of Governors' meetings and briefing/training sessions. She has shared attendance at Nottingham & Nottinghamshire ICB and related meetings with the Chair: Nottingham & Nottinghamshire ICB has many more meetings than South Yorkshire ICB, so sharing the burden means the trust can be represented at these forums.

2405 - A4 CHIEF EXECUTIVE'S REPORT

● Information Item

👤 Richard Parker OBE, Chief Executive

🕒 09:50

10 minutes

REFERENCES

Only PDFs are attached

 A4 - Chief Executive's Report.pdf

Chief Executive's report May 2024

This report presents updates categorised under our four new strategic priorities.

- Patients - We deliver exceptional, person-centred care
- People - We are supportive, positive and welcoming
- Partnership - We work together to enhance our services with clear goals for our communities
- Pounds - We are efficient and spend public money wisely

Partnership - We work together to enhance our services with clear goals for our communities

Robotic Surgical Innovation named "RobiSheldon Alan Surgeonator"

Following a spirited public competition, which saw an impressive 400 naming suggestions and a remarkable 25,000 votes, Doncaster Royal Infirmary's soon-to-be-installed Da Vinci Surgical XI robot has been affectionately christened as "Robi Sheldon Alan Surgeonator" or simply "Robi" for short.

The naming process took place over seven days, with four rounds of voting, beginning with a longlist of 20 before a final round of just four names. The winning moniker, "Robi," was inspired by Madison, aged 10, who garnered an impressive 4,882 votes for her suggestion. Close contenders included "Sheldon" by Olivia, aged 14, "Alan" proposed by numerous individuals in homage to the son of Fred and Ann Green, and "The Surgeonator" put forward by Zayne, also aged 10.

The significance of "Alan" in the voting process resonates deeply with the charitable legacy of Fred and Ann Green. Their enduring philanthropy, borne out of a tragic accident involving their son Alan in 1943, has left an indelible mark on the Trust. Following his passing in 1998 aged 95, Fred bequeathed £11.5 million to, what was then, the Doncaster Royal and Montagu Hospitals NHS Trust, funds which have, over the course of almost 30 years, enriched local care and enabled transformative healthcare initiatives, most notably the Fred and Ann Green Rehabilitation Centre.

With support from the Fred and Ann Green Legacy, Doncaster and Bassetlaw Teaching Hospitals Charity has pledged £3.6 million to bring robotic surgery as well as the associated training and resources to the Trust.

It is expected that Robotic surgery will become operational in May 2024 at Doncaster Royal Infirmary.

Patients – we deliver exceptional, person-centred care

CQC report

In late March we received our CQC Report, which moved the Trust from ‘Good’ to ‘Requires Improvement’. Whilst this was a very disappointing outcome in part it is reflective of the pressures and challenges that the NHS locally and nationally has been facing.

Since the unannounced inspection more than six months ago, in September and October 2023, the Trust has made significant progress, appointments, and most pleasingly the organisation’s most recent Staff Survey results have shown positive changes, with 94% of responses indicating improvements in staff experiences compared to last year.

We know that there is work ahead, but we are confident we will be able to return to ‘Good’ sooner rather than later.

The Chief Nurse will present the CQC report and action plan later in the Board meeting.

Feedback on DBTH’s visitor charter

A visitor charter is being developed to set out clear expectations for visitors and colleagues within the trust.

Built upon the principle of mutual respect, [this charter](#) emphasises the right of every individual to be treated with consideration, dignity, and respect, whether receiving care, or delivering it.

Aligned with the DBTH Way, the charter aims to uphold high standards of care and conduct within Trust’s facilities.

We are currently seeking feedback, as well as comment from our local communities, to ensure the charter reflects our values and aspirations.

Hospital School celebrates ‘Good’ Ofsted result

The Hospital School, based within the Women’s and Children’s Hospital at Doncaster Royal Infirmary (DRI), has been awarded a ‘Good’ rating in their latest Ofsted assessment.

The report, received in March this year, encompasses the education provision delivered by the Hospital School and as a part of Maple Medical – a local authority maintained pupil referral unit based in Doncaster. Educators are permanently based within the hospital school and are available on site during regular school hours.

The inspection praised the service for nurturing good relationships with children and their families, ensuring they are comfortable and receptive to learning. All children, if well enough, are encouraged to take advantage of the school, either within the classroom or at their bedside.

The school caters to children from reception age up to and including GCSE level.

People – we are supportive, positive and welcoming

Consultant Podiatric Surgeon Elected to Council of Royal College of Podiatry

Mr Tony Wilkinson, Lead Consultant Podiatric Surgeon, has been elected to the Council of the Royal College of Podiatry.

During his three-year tenure Tony will represent the voice of podiatric professionals in the strategic planning, promotion of diversity and inclusion and ensuring membership engagement of the podiatric profession.

Special graduation Ceremony for International recruits

Last month we hosted a special graduation ceremony for 46 newly appointed Registered Nurses and four midwives following the successful completion of the Objective Structured Clinical Examination (OSCE), allowing them to clinically practice in the United Kingdom.

Since 2020, the Trust has recruited more than 200 trained professionals from overseas, supporting them to gain official accreditations as well as settle within the country. All of them are fully trained and registered within their country of origin and have been appointed to take up roles across a variety of specialities across the organisation's three hospitals.

The graduation ceremony was organised as an alternative to similar events organised by universities when students graduate from their respective studies.


Award nominations

I am pleased to announce that a number of colleagues have been nominated for the following awards:

- The Change Awards: Lesley McKay and the Bassetlaw Emergency Village for Large Scale Transformation
- The Change Awards: Jane Hunter for Future Inspiration
- South Yorkshire Apprentice Awards 2024: Alisha Cooper – Intermediate Apprentice of the Year
- South Yorkshire Apprentice Awards 2024: Lucy Beech – Advanced Apprentice of the Year
- South Yorkshire Apprentice Awards 2024: Luke Staton – Advanced Apprentice of the Year
- South Yorkshire Apprentice Awards 2024: Ebony McNally – Professional Services Apprentice of the Year
- South Yorkshire Apprentice Awards 2024: Luke Staton – Professional Services Apprentice of the Year
- South Yorkshire Apprentice Awards 2024: Lucy Beech – Professional Services Apprentice of the Year
- South Yorkshire Apprentice Awards 2024: James Briddick – Mentor of the Year
- South Yorkshire Apprentice Awards 2024: DBTH – Large Business Employer of the Year

Congratulations, and we wish you all the very best of luck!

2405 - B1 HEALTH & WELLBEING - TAKING AN EVIDENCE BASED APPROACH
TO OUR H&WB OFFER, EVALUATING THE OUTCOMES AND SHARING BEST
PRACTICE

 Information Item

 Zoe Lintin, Chief People Officer

 10:00

15 minutes

Gavin Portier, Head of Organisational Development, EDI & Wellbeing
Gill Pickersgill, Health & Wellbeing Officer

REFERENCES

Only PDFs are attached



B1 - Health & Wellbeing Presentation.pdf



Health & Wellbeing, The DBTH Way

Taking an evidence-based approach to our Health & Wellbeing offer.

Evaluating the outcomes and sharing best practice

Gill Pickersgill, Health and Wellbeing Officer

Gavin Portier, Head of Organisational Development EDI and Health & Wellbeing



Health & Wellbeing Calendar 2023

January

Dry January

Are you in? It's 31 days alcohol-free, a break and a total reset for the body and mind

February

Time to Change

Make space in your day for a conversation about mental health

March

Sleep

Tips on how to get to sleep and how to sleep better.

April

Stress awareness

Follow our simple steps you can take to deal with feelings of stress or burnout.

May

National Walking month

Let's get outside and get walking!

June

On yer bike DBTH!

Let's get on our bikes and get Doncaster, Montagu and Bassetlaw moving!

July

Fitness and Wimbledon

Sharing ideas on improving our fitness, anyone for tennis?

August

Mindfulness & Meditation

Let's be more mindful and take time to enjoy life more and understand ourselves better.

September

Know Your Numbers

Raising awareness of important health checks for Team DBTH.

October

Lifestyle

Looking at a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol.

November

Mens Health

Looking at health conditions and encouraging men to have an MOT!

December

Fabulous Festivities

Lots of December fun including quizzes, wellbeing trolleys and much much more!



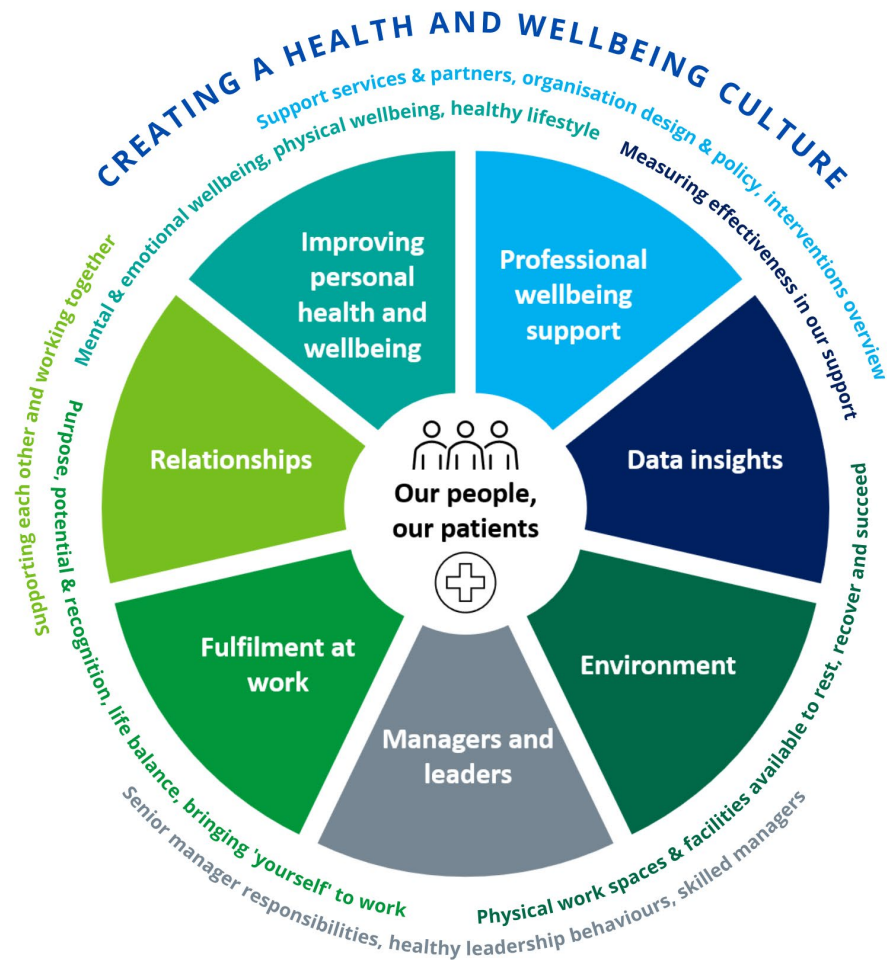
More on looking after your health and wellbeing can be found on The Hive: <https://extranet.dbth.nhs.uk/health-and-wellbeing>



As a Trust we want to attract and retain skilled people, keep them physically and mentally well, in order that they can provide high quality care to patients and service users. Having a comprehensive wellbeing package ensures our colleagues feel valued and supported in the knowledge the organisation cares about their health and wellbeing, aligning with our We Care values and the DBTH Way. Research shows alongside salary and flexible working, wellbeing is a top priority for prospective employees.



NHS health and wellbeing framework

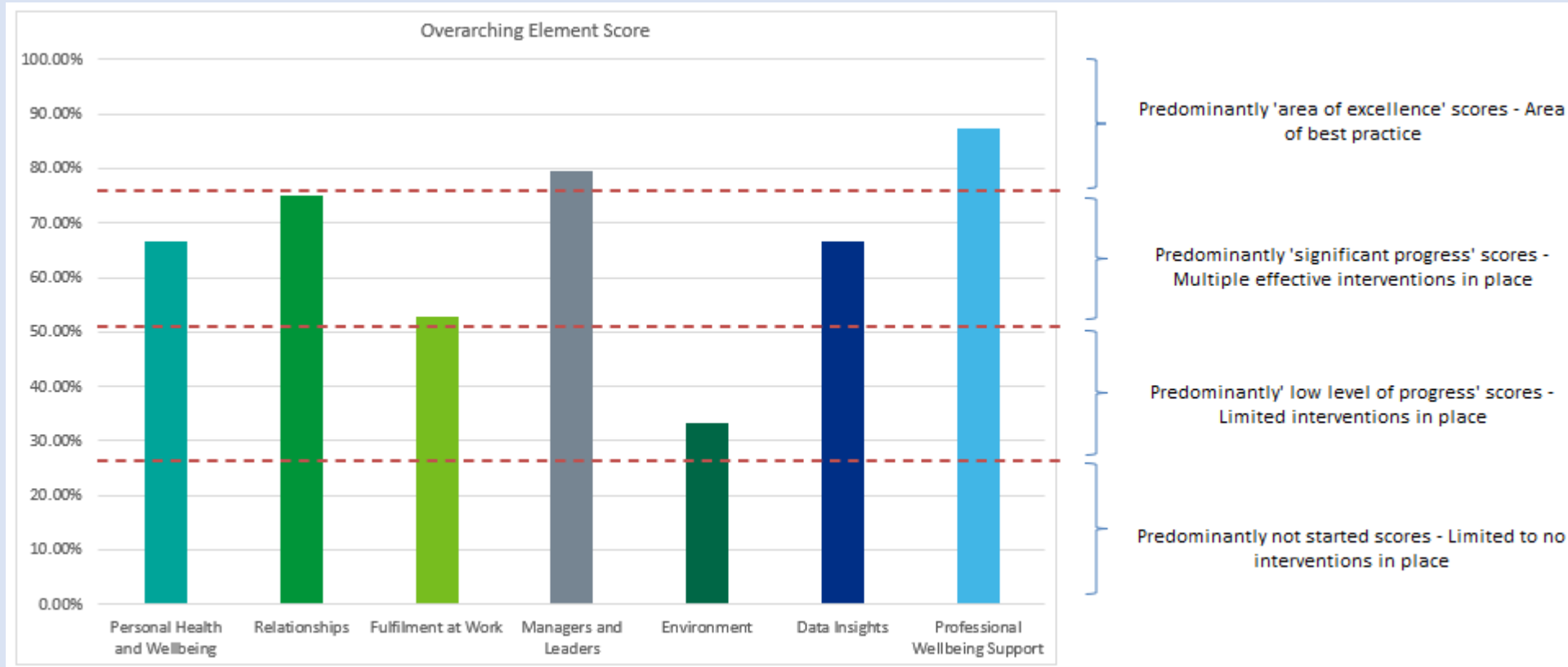


The NHS Health and Wellbeing Framework aims to help organisations 'understand the health and wellbeing of our people and introduce appropriate interventions'. The diagnostic tool enables our Trust to self-assess against each section of the health and wellbeing framework to help to identify problem areas and drive improvement.

We use the framework to evaluate, plan, delivery and measure the effectiveness, impact and value of our HWB offer to our colleagues.



NHS health and wellbeing framework dashboard – *Example for presentation purposes*



The framework dashboard shows a summary of results against each of the elements. This will be reviewed annually to demonstrate progress.



Health and Wellbeing

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

February 2024

Audit objectives and scope

The overall objective of our review is to provide an independent assurance opinion on whether the Trust's strategic approach to health and wellbeing is in line with the NHS Health and Wellbeing Framework.

360 Assurance will review the following controls:

- The Trust followed a robust and evidence based process to complete its self-assessment using the NHS Health and Wellbeing Framework Diagnostic Tool.
- There is clear assurance reporting regarding Health and Wellbeing actions plans within the governance structure.
- For one sample element of the NHS Health and Wellbeing Diagnostic framework (personal health and wellbeing) there is clear evidence to support the self-assessment.

HWB Guardian Role

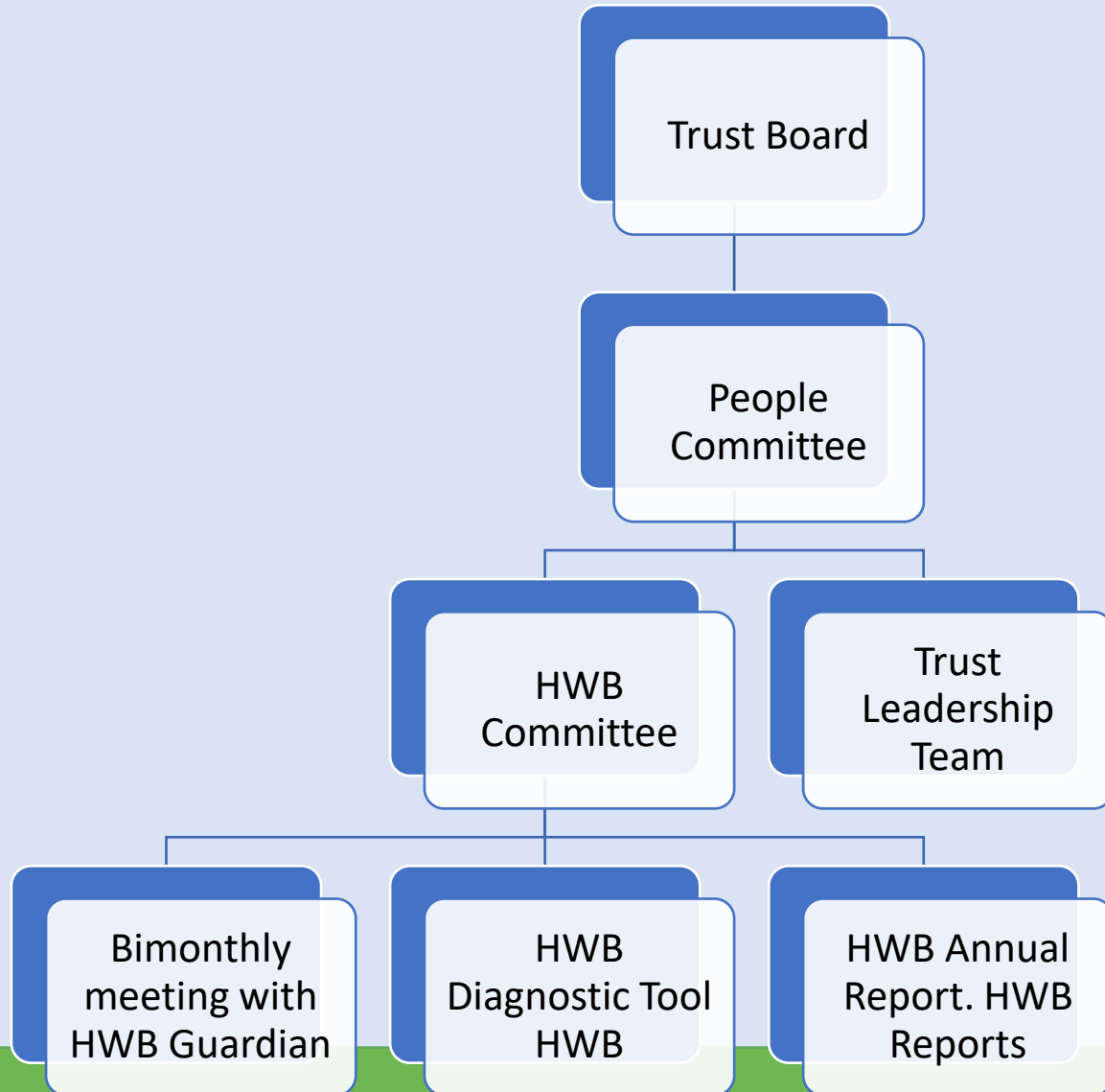
A health and wellbeing guardian seeks assurance, independently challenges. This is an assurance role at Board level, in which the health and wellbeing guardian looks at the organisation's activities through a health and wellbeing lens. It's about the health of the organisation not just the individual.

Key responsibilities for the health and wellbeing guardian can be summarised as:

- Championing a health and wellbeing culture
- Seeking assurance that the organisation is supporting health and wellbeing of the workforce
- Holding to account organisational leaders and the Board that they are enabling a culture of health and wellbeing



HWB Governance



2023 Highlights

- Presented our HWB offer on an NHS Employers national call.
- Men's health presentation to NHS England.
- Menopause work - Calendar News visited DRI to interview a colleague on her experience at work; Menopause accreditation
- NHS Employers visited the team to find out about the work we are doing as an example of good practice.
- HPMA awards – finalists for DBTH approach and winners as part of South Yorkshire 'Mission Menopause'
- Gold level achieved in Be Well@Work

Independently accredited
menopause friendly employer



Gold level

Awarded to

Doncaster & Bassetlaw Teaching Hospitals
NHS Foundation Trust

for achievement of the
Be Well @Work Award

(The South Yorkshire Healthy Workplace Award Scheme)

Signed: [Signature] Acting Director of Public Health (Doncaster Council) Date: 17.05.2023

Signed: [Signature] Chief Executive (Doncaster Council) Expiry: 16.05.2025



Health & Wellbeing Survey 2023



In July 2023, employees of DBTH were invited to participate in our first Health & Wellbeing (HWB) survey. The HWB team wanted to find out:

- How DBTH employees rate their physical and mental wellbeing.
- What type of HWB support, if any, they would like from the Trust.
- Whether they have used any of our support offers, and what they thought of them.

On average, respondents gave a rating of 7 out of 10 when asked how much the Trust supported them with their physical and mental wellbeing. Those who had accessed the health and wellbeing support offers, rated them high. 52% of respondents knew what HWB activities are available with 47% knowing how to access them.



Staff Survey Results 2023

National Staff Survey 2023
in summary

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

We care

Response rates
DBTH's response rate this year was amongst the highest in the country!
67% Completed the survey (4,704).
45% Average response rate for similar organisations.

Notable feedback

- 67% feel the Trust takes positive action on Health and Wellbeing.
- 90% of you had an appraisal in the last 12 months.
- 58% of you feel that our teams at DBTH work well together to achieve our objectives
- 75% of you feel that the Trust respects differences (cultures, backgrounds and so on)
- 64% of you think the Trust acts fairly with regard to career progression / promotion
- 61% of you are confident that the organisation would address your concerns if you raised them

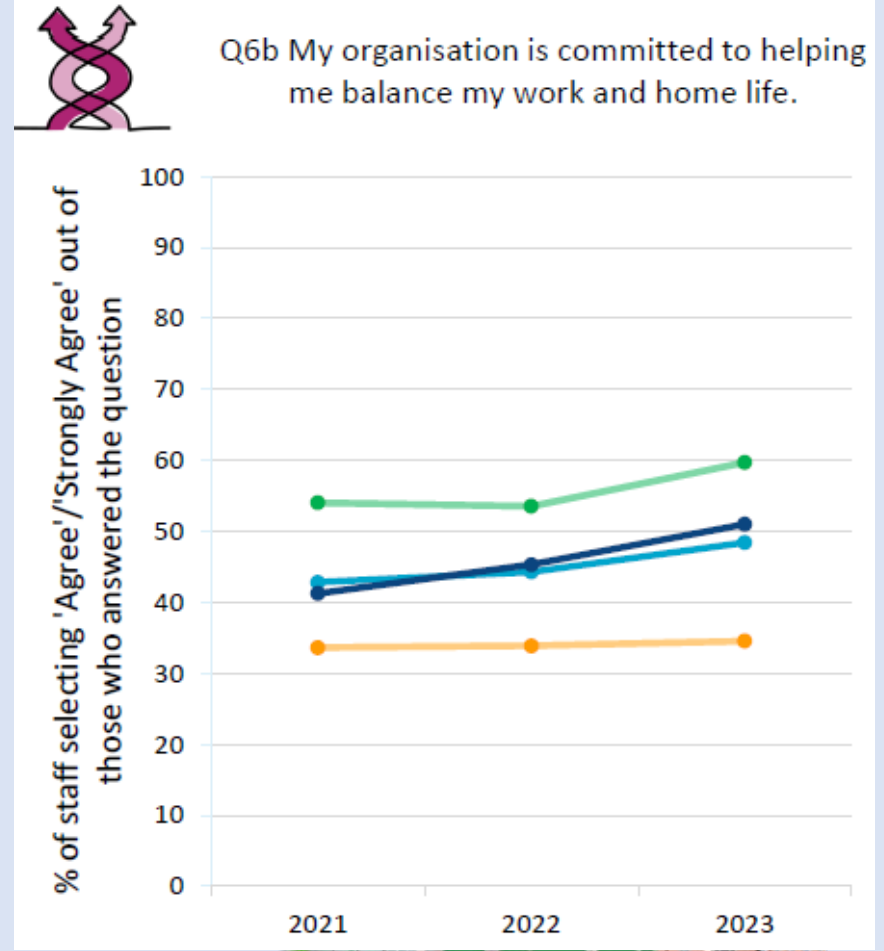
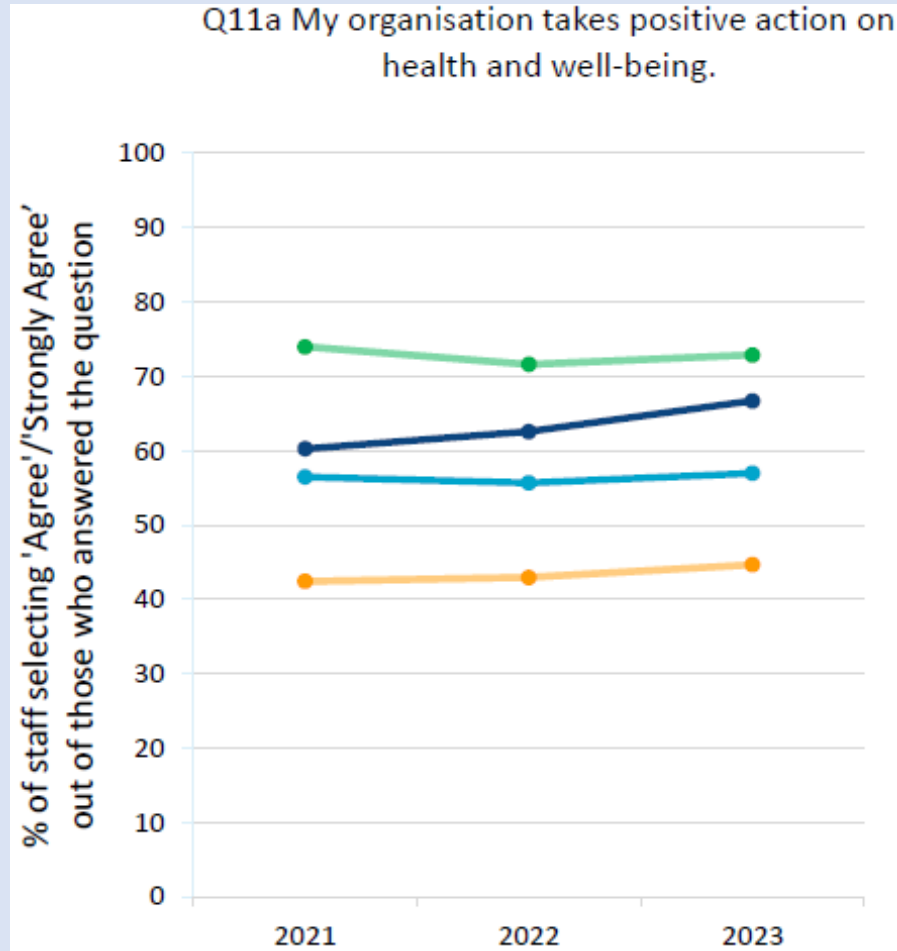
Thank you for your feedback!

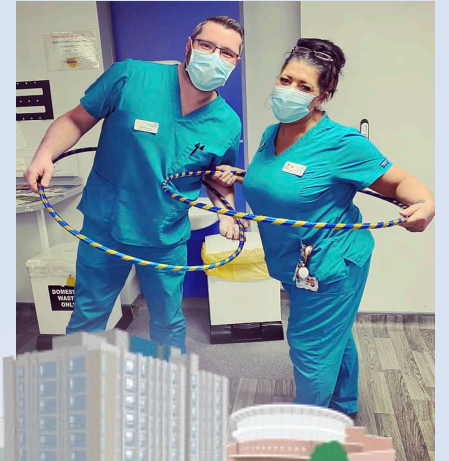
How our responses compare:

With our 2022 results: 94% Better, 5% Similar, 1% Worse

With the national picture for acute trusts: 71% Better, 17.5% Similar, 11.5% Worse

Legend: Better (Green), Worse (Pink), Similar (Orange)







Questions?

2405 - C1 TRUE NORTH, BREAKTHROUGH & CORPORATE OBJECTIVES

2023/24

 Discussion Item


 Richard Parker OBE, Chief Executive


 10:15


15 minutes

REFERENCES

Only PDFs are attached

 C1 - True North, Breakthrough & Corporate Objectives Q4 2023-24.pdf

 C1 - Appendix 23-24 Executive Objectives.pdf

 C1 - Appendix Q4 Executive Objectives.xlsx

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	7 May 2024	Agenda Reference:	C1	
Report Title:	True North, Breakthrough and Corporate Objectives 2023/2024- Quarter 4			
Sponsor:	Richard Parker OBE, Chief Executive Officer			
Author:	Richard Parker OBE, Chief Executive Officer			
Appendices:	Appendix 1 Q4 Executive Objectives			
Report Summary				
Executive Summary This paper provides the final update to the Board of Directors on progress on the delivery of the 2023/24 Corporate Objectives.				
Recommendation:	The Board of Directors is asked to note the content of the paper and appendix and advise upon any actions which may need to be taken to ensure that work through 2023/ 2024 is continued into 2024/ 2025 to support the progress made towards the delivery of the Trusts Strategic Vision and the mitigation of risks identified in the Board Assurance Framework.			
Action Require:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Is the content of this paper is aligned to the strategic direction of:	South Yorkshire ICS		Nottingham & Nottinghamshire ICS	
	Delivery of the Corporate Objectives supports the delivery of ICB and System priorities.		Delivery of the Corporate Objectives supports the delivery of ICB and System priorities.	
Implications				
Board assurance framework:	The Corporate objectives reflect the work needed to deliver the Board of Directors strategic direction and mitigate known and reasonably foreseeable risks.			
Risk register:	Delivery of the Corporate Objectives for 2023/2024 supported the reduction in known and reasonably foreseeable risks.			
Regulation:	The Corporate Objectives for 2023/2024 identified actions which were taken to try to maintain and improve, the Trusts CQC Good rating. Demonstrating compliance with the standards expected to be achieved for a <i>Good</i> rating in the Safe Domain and an <i>Outstanding</i> rating in the Caring Domain.			
Legal:	The Corporate Objectives for 2023/2024 aimed to maintain the Trusts progress and compliance with statutory responsibilities.			
Resources:	The resources needed to deliver the Corporate Objectives for 2023/2024 were identified as part of the planning processes and are included in the month 12 finance report.			

Assurance Route	
Previously considered by:	Executive Team. Corporate Objectives were reviewed at Board Committees and aligned to the Board Committees review of the BAF prior to quarterly submission to the Board of Directors.
Date:	Board Committees
Any outcomes/next steps	Specific Objectives will be reviewed at Board Committees with overall progress reported to the Board of Director for closure at the May 7 Board of Directors.
Previously circulated reports to supplement this paper:	2023/2024 Corporate Objectives, True North and Breakthrough Objectives, Board of Directors Papers, and Performance Reports.

1. INTRODUCTION

This paper updates the Board of Directors (BoD) on the progress which has been made during the 2023/24 on the delivery of the Corporate Objectives.

2. BACKGROUND

Throughout 2023/ 2024 the Trust experienced significant operational pressures related to the capacity and demand required to recover from the impact of the pandemic and to managing winter pressures. The Trust also faced significant financial pressures related to the historical drivers of the deficit and additional pressures related to the impact of significant periods of industrial action which also impacted upon the work to restore activity and waiting times to the pre pandemic levels.

3. PROGRESS DURING 2023/ 2024

The progress the CEO and each Director has made towards the delivery of their agreed objectives are identified in appendix 1. However, Directors have made significant progress in a number of areas;

- Improvement in staff survey results
- Production and publication of several strategies, and key documents including the DBTH and Just Culture, Nursing, Midwifery and Allied Health Professional Strategy and Visitors Charter
- Delivery of the 4 hours standard in March 2024
- 65 and 78 week performance, Faster Diagnosis Standard, Improved diagnostic performance
- Increase in the number of patients benefiting virtual ward
- Achieved Clinical Negligence Standards for Trust Year 5
- Delivered financial plan and significant capital programmes on time and on budget
- Implemented the Patient Safety Incident Reporting Framework (PSIRF)
- Reduction in Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Index (SHMI)
- Improvements in Job Planning

Disappointingly the objective to retain and improve the Trust CQC rating was not achieved and work will now need to be undertaken to address the issues identified by the CQC and restore the Trusts CQC rating to Good.

4. RECOMMENDATIONS

The BoD is asked to note the contents of the progress during 2023/ 2024 and advise upon any objectives and actions which need to be incorporated into the 2024/ 2025 framework to support progress towards the delivery of the Trusts revision of the Strategic Direction and the True North objectives.

CEO BREAKTHROUGH & EXECUTIVE OBJECTIVES
2023/2024

Powered by **monday.com**

Name	CEO Breakthrough oversight Objectives	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Richard Parker	Ensure that the completion of internal audit actions achieve the standard required to demonstrate significant assurance	CEO01	ARC	Oversight objective for SA1 (DCEO lead for objective delivery)		30/01/2024		On track	Progress on delivering the agreed actions from internal audit reports is being maintained with an 82% follow up rate and an 86% implementation of actions rate. Discussions related to the 23/24 internal audit programme are underway and it is expected that the final programme will reflect the previously identified areas, closure of previously identified actions and feedback from the recent COC inspection programme	On track	The current first follow up rate is 69% with the overall implementation rate at 81% (10/1/2024). Five actions have fallen due in the quarter and action is being taken to ensure closure and to ensure delivery of the required follow up actions.	On track	Steady progress has been made throughout the year and it is expected that both first and follow up rates will allow improved assurance. Moving forward it is expected that rates will continue improve and achieve the required standard to offer significant assurance.	Complete
Richard Parker	Ensure that the Trust maintains a clear focus on the delivery of safe and sustainable services and with Place and System partners has robust plans to manage the expected pressures of the winter period	CEO02	BOD	Oversight objective for SA1 (DCEO lead for objective delivery)		30/01/2024		On track	Work continues within both Integrated Care Systems and Places to deliver a robust winter plan to reduce the known and reasonably foreseeable risks associated to the delivery of urgent and emergency care, surgical and diagnostic recovery and the health and wellbeing of colleagues. Key programmes of work include the use of virtual wards, morning discharges to maintain flow, admissions avoidance, and reductions in the number of patients who experience delayed transfer of care once medically fit for discharge.	On track	Despite a significant increase in ambulance conveyance rates, very high levels of bed occupancy and significant industrial action performance metrics are better than at the same point in 22/23.	On track	Following implementation of the agreed plans and actions the Trust achieved the 76% standard in March 24 also demonstrating a reduction in ambulance handover delays. Bed occupancy remains high and work continues to improve flow in, and out of hospital.	Complete
Richard Parker	Ensure that a structured programme of development and team building is in place to facilitate a high performing Executive team	CEO03	PC	Oversight objective for SA2 & SA3 (CPO lead for objective delivery)		30/01/2024		On track	A facilitated Team building programme is in place.	On track	Executive Director Team building is in place with regular time allocated to facilitated development sessions.	Complete	Completed @ Q3	Complete
Richard Parker	Ensure that the Trust has appropriate succession planning and leadership development in place to ensure business continuity across all key Executive, Director, and Senior Leadership roles	CEO04	PC	Oversight objective for SA2 & SA3 (CPO lead for objective delivery)		30/01/2024		On track	Work is being undertaken to establish robust programmes to support delivery of this objective and acting up, and business continuity cover is identified for each Executive Director.	On track	The work to strengthen the Trusts development offer across the Trust is moving forward and the work on succession planning is being enhanced with the commencement of 'scope for growth' conversations which will be incorporated into the 24/25 appraisal process.	On track	The work to strengthen the Trusts development offer across the Trust continues to move forward with all Executive Directors completing recruitment to their senior leadership teams. The work on succession planning is being enhanced with the use of 'scope for growth' conversations as part of the 24/25 appraisal process.	On track
Richard Parker	To build upon the successes of internal and external communication & health and well-being support to develop a modern business as usual approach to colleague and public involvement and engagement	CEO05	PC	Oversight objective for SA2 & SA3 (CPO lead for objective delivery)		30/01/2024		On track	The Trust has a comprehensive programme and suite of support offers and has recently been shortlisted for national awards. Most recently the comms Team have been nominated for the Best In-house team for the corporate communications award 2023 with other shortlisted teams coming including Ikea, YouGov and Addidas. DBTH are the only shortlisted team from the NHS.	On track	As reported to the Board the Trust has seen a significant increase in external recognition across a number of areas with proactive communication internally and externally. The winter communication programme continues.	On track	As reported to the Board the Trust has seen a significant increase in external recognition across a number of areas with proactive communication internally and externally. Q4 has seen the reintroduction of MP briefings.	On track
Richard Parker	Ensure that the positive work which happens across the Trust is increasingly recognised at local and national level	CEO06	PC	Oversight objective for SA2 & SA3 (DCEO lead for objective delivery)		30/01/2024		On track	In 2023 the Board is aware that the Trust has been shortlisted for a number of local and national awards.	On track	As reported to the Board the Trust has seen a significant increase in external recognition across a number of areas	On track	As reported to the Board the Trust has seen a significant increase in external recognition across a number of areas	On track
Richard Parker	To ensure that the Trust works with System, Place and elected representatives to identify a deliverable program of work which reduces the risk associated to the infrastructure, and provides modern, fit for purpose facilities for patients and colleagues	CEO07	F&P	Oversight objective for SA4 (DOF & COO leads for objective delivery)		30/01/2024		On track	Work to develop appropriate plans and cases for funding continues and a business case has continued, and with advice from colleagues at the Department of Health and Social Care, NHSE and the Integrated Care System a specific business case is being prepared for additional capital to support the reduction of back log maintenance.	On track	The work on options for the development of the DRI site have continued alongside the delivery of major capital schemes to enhance patient care; Bassetlaw Emergency Care Village, Mexborough Elective Orthopaedic Centre and the Mexborough Community Diagnostic Centre. South Yorkshire and Bassetlaw Pathology Final Business case approved by all of the Acute Trusts.	On track	The Trust continues to work to deliver the major capital schemes to enhance patient care, Bassetlaw Emergency Care Village, and the Mexborough Community Diagnostic Centre phase 3 and preliminary work has commenced to explore the options for the development of additional	On track
Richard Parker	Work with partners to ensure the delivery of the Acute Federations commitment to maximise the benefits of Electronic Patient Records	CEO08	F&P	Oversight objective for SA4 (DOF & COO leads for objective delivery)		30/01/2024		On track	The Trust is working with all of the Acute Trusts in South Yorkshire to develop an ICS wide EPR solution which maximises the use of resources to enhance the quality and safety of patient care.	On track	Partnership with a purpose' work at our PLACE's and ICB's continue and Q3 has seen the approval of the South Yorkshire and Bassetlaw Pathology programme by the five acute Trust Boards. Scoping work for further partnership opportunities is being undertaken by the Acute Federation Team.	On track	Partnership with a purpose' work at our PLACE's and ICB's continues and scoping work for further partnership opportunities is being undertaken by the Acute Federation Team.	On track
Richard Parker	Ensure that the strategy for a modern vibrant DBTH charity is completed and implemented	CEO09	CFC	Oversight objective for delivery by DBTH Charitable Funds Trustees		30/01/2024		On track	Work continues to identify a new strategy for the DBTH Charity.	On track	Work to develop a clear strategy and delivery model for the DBTH Charity has continued as reported to the Board.	On track	The development of the DBTH Charities is moving forward in line with the updates provided to the Board of Directors	On track

Deputy CEO

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Zara Jones	Working with the CEO, take a lead role in working with Partners at Place, Collaborative to identify and achieve opportunities to ensure safe, sustainable services and Place and Systems Objectives and Outcomes for 2023/ 24.	DCEO01	BOD	DBTH to be an active partner at Place, Collaboratives and System to provide safe and sustainable care and the delivery of the agreed quality and performance standards. Monitored through Board report updates and via regular report into Board sub committees.		30/01/2024	Continuing to support Nottingham & Nottinghamshire's system, attending meetings and have brought strategy document through Trust Board	On track	Clear partnership strategy for DBTH to be created to set out clearly our intent and how we will best engage in the variety of ICS and other partnership activities (building on the work to date). This will provide clarity of how our approach to partnership working will also support delivery of other DBTH strategies.	On track	<p>Nottinghamshire ICS / Bassetlaw Place:</p> <ul style="list-style-type: none"> -Fresh eyes' and challenge into Bassetlaw Place Partnership via Exec Cabinet meetings and 1-1s with leads -Input into provider collaborative and Exec group discussions re. role and functions / priority areas -Member of ICB and ICS exec groups as DBTH CEO representative <p>South Yorkshire ICS / Doncaster Place:</p> <ul style="list-style-type: none"> -Meeting with Place leads and input into Place plans and CEO/Chair forum discussions -Connections with strategy directors / deputy CEOs across neighbouring acutes -SYB Pathology Exec lead role for DBTH -Planned sessions with Barnsley and Rotherham to agree partnership options -Input into Acute Fed Strategy PPG to drive overall strategy and objectives and tangible actions. 	On track	Updates provided in Q3 have continued to be delivered in Q4. Development of a Trust Strategy in 24/25 with clear partnership intentions will support delivery of more tangible benefits over the short and longer term.	On track
Zara Jones	Engage at Place and ICS to identify transformation and development opportunities which enhance the services for our communities and staff	DCEO02	BOD	Plans will be in place for services which reduce inequalities and improve outcomes.		30/01/2024	Working with Place teams on joint plans for Doncaster Place in particular. As part of the Doncaster Place and Health and Well Being Committees focus on reducing Health Inequality three priority areas have been identified and submitted to the programme lead.	On track	Clear partnership strategy for DBTH to be created to set out clearly our intent and how we will best engage in the variety of ICS and other partnership activities (building on the work to date). This will provide clarity of how our approach to partnership working will also support delivery of other DBTH strategies.	On track	<p>Nottinghamshire ICS / Bassetlaw Place:</p> <ul style="list-style-type: none"> -Fresh eyes' and challenge into Bassetlaw Place Partnership via Exec Cabinet meetings and 1-1s with leads -Input into provider collaborative and Exec group discussions re. role and functions / priority areas -Member of ICB and ICS exec groups as DBTH CEO representative <p>South Yorkshire ICS / Doncaster Place:</p> <ul style="list-style-type: none"> -Meeting with Place leads and input into Place plans and CEO/Chair forum discussions -Connections with strategy directors / deputy CEOs across neighbouring acutes -SYB Pathology Exec lead role for DBTH -Planned sessions with Barnsley and Rotherham to agree partnership options -Input into Acute Fed Strategy PPG to drive overall strategy and objectives and tangible actions. 	On track	Updates provided in Q3 have continued to be delivered in Q4. Development of a Trust Strategy in 24/25 with clear partnership intentions will support delivery of more tangible benefits over the short and longer term.	On track
Zara Jones	Ensure that the Trust Corporate and Clinical Governance systems and processes achieve the delivery of the Trusts strategic objectives.	DCEO03	BOD	The Trust has a refreshed Corporate and Clinical Governance strategy which identifies the continued development of corporate and clinical governance strategies.		30/01/2024	Specific work will be undertaken from Q3.	On track	Fresh eyes review being undertaken by DCEO who joined DBTH in October. Key recommendations will be shared with TET, TEG, ARC and BoD as appropriate. Clarity of the link between our governance systems and processes and our decision making architecture will be set out as part of this work, linking back to our BAF and delivery of Strategic Objectives.	On track	<ul style="list-style-type: none"> •2024/25 Board business cycle changed following NED and Exec engagement •Supported Medical Director to resolve limited assurance actions for Clinical Audit •Supporting Medical Director and Chief Nurse to re-structure clinical governance approach. Plan in place to take update to February QEC •Taken on leadership for Corporate Policies systems and processes. T&F group established to address limited assurance actions by year-end •Board BAF approved and development of clear roles and responsibilities for other forums in respect of risk management. To be rolled out and embedded •Internal Audit Governance Review in Q4 will support further developments. 	On track	<ul style="list-style-type: none"> •Clinical governance – support to design new structure (needs testing and linking to operational arm) •Addressed limited assurance priorities requiring refreshed systems and processes – corporate policies, clinical audit •TEG revamp – engagement event, re-design of function to for wider governance •Risk Management and RMB – linking strategic risks and operational, assurance to ARC re TRR and BAF •Introduced structured risk management training process •Successful implementation of CIVICA Declare – declarations of interests' system •Timely standardisation of committee effectiveness reviews with alignment to year end reporting •Introduction of committee chairs assurance logs for board oversight 	Complete
Zara Jones	Working with the CEO ensure that internal and external audit recommendations are completed within the agreed timeframes.	DCEO04	ARC	Compliance with the closure of audit recommendations will be at, or above the peer group average or 75%.		30/01/2024	Delivery of this objective will be led by the CEO to ensure that work on internal actions completed on time. At July ARC there should be 8 of 9 actions complete as per report to Trust Executive Group in June. Working with External Audit to implement a plan to ensure that any lessons from the submission of the 2022/23 annual report and accounts are acted upon for the 2023/24 submission.	On track	All historic (KPMG) actions now all closed. Actions outstanding are all 360 assurance. The Trust's follow up rate in 2023/24 is currently 82% first follow up and 86% overall implementation... a much improved position. 1 stage IAO action x 2, follow-up & embedding of BAF at Board & Committees. External Audit Annual Report received at ARC 19/10/23.	On track	Reported @ DOF07 from Q3	On track	Reported @ DOF07 from Q3	On track

Medical Director

Name	Medical Director	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
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Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Move the job planning process to match the service to demands. Ensuring that specialities job plans are manageable, less reliant on additional time, locum and agency cover, support leadership development, recruitment and retention and clinical engagement in the Trusts achieving its strategic objectives to provide high quality, safe and sustainable care.	Tim Noble	MD01	F&P / QEC	Divisions and Directorates will have the capacity, capability and support to ensure the delivery of the operational and strategic plans in an effective and efficient way.	30/01/2024	Work is ongoing with the Deputy Director of Finance, and supported by the Project Management Office (PMO) to recover job planning performance during 2023/24 in line with internal audit timescales, along with identifying project areas to achieve job planning efficiencies. Medical Directors are supporting job planning of Divisional Directors and Clinical Directors in Division of Surgery. The Trust's job planning policy has been refreshed, using the BMA published policy as the basis for adaptation specific to DBTH. This will be shared with Clinical Directors and Divisional Directors for feedback before wider circulation for Executive level, and Local Negotiating Committee (LNC), agreement and sign off. Divisional level trajectories are currently in development and these will be monitored through Performance, Overview and Support meetings (POSM). A job planning workshop was delivered on 5 July 2023 to the operational teams including Deputy COO, Divisional General Managers and Business Managers. This generated a lot of discussion around the job planning process to match service demands and greater divisional management involvement.	On track	Work is ongoing with senior finance colleagues, supported by PMO, to identify job planning efficiencies. MDs are supporting focused job planning discussions within surgical division now the new Divisional Director (DD) is in post. Following consultation with DDs and CDs, the Trust's updated job planning policy will be shared at exec level and with the LNC for agreement and sign off. Divisional level trajectories have been set and performance monitored at POS meetings. Divisional General Managers are now more involved in the process and are sighted on job plan changes enabling this to be embedded within the business planning process.	On track	Work continues with senior finance colleagues, supported by PMO, to identify job planning efficiencies. MDs are continuing to support job planning discussions and mediation process. Divisional level trajectories have been set and performance monitored at POS meetings. Divisional General Managers are now more involved in the process and are sighted on job plan changes enabling this to be embedded within the business planning process.	On track	Work continues with senior finance colleagues supported by PMO, to identify job planning efficiencies. Medical Directors continue to support job planning discussions and the mediation process. Divisional job planning performance is monitored at Performance, Overview and Support meetings and Trust wide performance reported through Trust Executive Group. At the end of quarter 4 2023/24, 67% of senior medical staff had a signed off job plan in the electronic job planning system, with a further 12% having agreed job plan waiting manager sign off. Further work is planned for 2024/25 to ensure job planning and capacity planning are closely linked working with business managers, general managers, clinical directors and divisional directors through the business planning cycle.	On track	
Support specialities and Divisions to optimise recruitment and retention processes with a specific focus on smaller services and difficult to recruit to areas.	Tim Noble	MD02	PC	Divisions and Directorates will have plans in place to ensure that recruitment and retention strategies proactively mitigate reasonably foreseeable workforce challenges in an effective and efficient way.	2023-07-26	Work continues with Divisions and the Chief People Officer's team on medical workforce challenges. Alongside job planning, there is a focus on supporting the assessment of medical workforce supply as part of the wider multi-disciplinary team, ensuring job plans are manageable, with less reliance on additional time, locum and agency cover. This includes working with divisions and specialities to understand demand analysis, to ensure the focus is on work that needs to be delivered, strategically scaling specialities to enable us to deliver objectives. Specific examples include supporting development of options for operational models moving towards paediatrics provide 24/7 on-site rotas, and supporting the potential development of 'hot weeks' in acute services.	On track	Work continues with Divisions and the Chief People Officer's team on medical workforce challenges. Alongside job planning, there is a focus on supporting the assessment of medical workforce supply as part of the wider multi-disciplinary team, ensuring job plans are manageable, with less reliance on additional time, locum and agency cover. A SOP is now in place to support divisions with a standardised approach to ensuring services are covered appropriately, maintaining patient safety. A further SOP to be developed to support the Grip and Control process for medical staff. The Medical Director for Workforce provides update reports to the People Committee.	On track	Work continues with Divisions and the Chief People Officer's team on medical workforce challenges. A SOP is now in place to support divisions with a standardised approach to ensuring services are covered appropriately, maintaining patient safety. A further SOP to be developed to support the Grip and Control process for medical staff. The Medical Director for Workforce provides update reports to the People Committee.	On track	Work continues with Divisions on medical workforce challenges. Critical Care have now managed to appoint 4 new Consultants which has stabilised the consultant body at the DRI site. Whilst there is more work to do to stabilise Bassetlaw site this is a significant improvement from previous years. Focused support has been given to the team in Vascular Surgery, introducing a 24/7 Vascular Middle Grade post which has improved emergency and elective pathways, as well as improving opportunities for future recruitment. An Ophthalmology Working Group has been established within the Acute Federation to look at collaborative working across the region. 3 Consultant posts are currently out to advert and the service has increased the number of junior doctors with the addition of a Deanery Middle Grade post this year. The Emergency Department have increased its consultant body with the addition of 3 new Consultants. Middle Grade recruitment remains a challenge but this is supported through the CESR programme. Ongoing support to Healthcare Scientists in the absence of a HCS Lead, including organisation of 'HCS Week', coordinating external HCS forum, executive visits and other activities. Supporting external peer reviews of services, such as paediatric ophthalmology with development and monitoring of subsequent improvement plans to improve quality of care to patients, including development of staff, recruitment strategies and accreditation processes.	Complete	
Maintain and improve governance frameworks to ensure that effective learning is used to support the delivery of safer care.	Tim Noble	MD03	QEC	The Trust will maintain and improve our NHSE and CQC ratings by achieving improvements in quality and outcomes.	30/01/2024	The clinical governance framework has recently been reviewed and updated and is in the process of full implementation, with well-established assurance and controls in place. Risk Management Board is now well established which ensures the Trust has a robust and reliable risk management system which learns and disseminates good practice to mitigate current and reasonably foreseeable future risks	On track	Implementation of the new clinical governance framework is underway with the MD office and Chief Nursing team working closely together, supported by PMO. This collaborative approach will ensure that the action plan and implementation process (on Monday.com) support effective learning in delivery of safer care for patients. Risk Management Board is now well established which ensures the Trust has a robust and reliable risk management system which learns and disseminates good practice to mitigate current and reasonably foreseeable future risks.	On track	Implementation of the revised clinical governance framework is underway. A new Terms of Reference have been drafted for the 'Effective' domain of the clinical governance framework. Work ongoing to deliver the governance of clinical audit action plan with a number of actions completed. A progress report to be presented to February's QEC. Risk Management Board continues to mature and monthly risk reports continue to evolve in line with this development.	On track	Clinical Governance Committee was dissolved 15/03/24 with implementation of the revised clinical governance framework commencing April 2024, in line with CQC domains. Safe Committee is led by Chief Nurse and Effective Committee led by Exec Medical Director. First meeting of Safe Committee 19/4/24 and first meeting of Effective Committee 1/5/24, with both meeting alternate months. Membership of Safe Committee will include Divisional CG Leads and Divisional Nurses. Membership of Effective Committee will include Divisional Directors. Newly appointed Divisional Quality Assurance and Compliance Leads will be in attendance at both committees. Both Committees along with Caring Committee (led by Chief Nurse) will report to QEC. Terms of Reference have been drafted and will be approved at the first meeting of each new committee and ratified by QEC. Clinical audit will be monitored through Audit and Effectiveness Forum and report into Effective Committee, with the Clinical Audit Annual Report 2023/24 being presented to Effective Committee on 1 May and QEC in June. Audit and Effectiveness Forum will report to Effective Committee quarterly commencing September 2024. Monthly divisional highlight reports will be presented to the Effective Committee, reporting on all aspects of effectiveness including audit progress and learning. Risk Management Board continues to mature and monthly risk reports continue to evolve in line with its development. Risk management training continues to be promoted across the organisation.	Complete	
Ensure that medical appraisal and revalidation systems and processes maintain high professional standards and the delivery of safe and sustainable care.	Tim Noble	MD04	QEC	There will be Trust wide improvement in the culture, care and compassion to drive improvement in patient and colleague feedback.	30/01/2024	The revalidation team manage the medical appraisal system, record appraisal due dates and completion dates, send doctor reminders, link with ESR team to ensure all activities are recorded correctly and provide monthly reports. Lead appraiser in post who assures the quality of appraisals and documentation. Lead appraiser, AMD and EMD provide an independent review of doctors' appraisal documentation and other evidence in order to determine their application for revalidation meets the standards set by the GMC to enable a recommendation to be made. The team are in the process of implementing a new electronic web-based medical appraisal system which will automate a lot of the current manual processes making it easier for users to complete their appraisal documentation and upload other supporting information	On track	The revalidation team continue to manage the medical appraisal system, record appraisal due dates and completion dates, send doctor reminders, link with ESR team to ensure all activities are recorded correctly and provide monthly reports. 96% of appraisals were completed in the last financial year. Lead appraiser in post who assures the quality of appraisals and documentation. Lead appraiser, AMD and EMD provide an independent review of doctors' appraisal documentation and other evidence in order to determine their application for revalidation meets the standards set by the GMC to enable a recommendation to be made. Interim Responsible Officer arrangements have been put in place in the absence of the Executive Medical Director. Progress is being made on the implementation of the electronic web-based medical appraisal system.	On track	Ongoing progress to implement the new medical appraisal system which will be fully live by the end of Q4. The revalidation team continue to support the medical appraisal process, updating records and compliance rates. Interim Responsible Officer arrangements continue to ensure Trust compliance.	On track	Medical appraisal rate at the end of Q4 is currently 93.07% with a further 3 appraisals completed by 31/03/24 awaiting submission of evidence which will improve the final position. In terms of non-compliance there are 5 'approved' misses due to long term sickness, maternity leave, other significant issues. There are 15 'unapproved' misses. The Medical Appraisal Policy in the process of being reviewed/updated and will have a clear escalation process for non compliant clinicians, reducing the number of unapproved misses. The new electronic medical appraisal system, provided by L2P Enterprise Ltd., implemented 1 April 2024.	Complete	
Working with the Chief Nurse ensure the achievement of the three year delivery plan for maternity and neonatal services	Tim Noble	MD05	BOD / QEC	Work closely with Chief Nurse, Divisional Director and Director of Midwifery to ensure the delivery of the 11 outcomes to ensure that services and safer, more personalised and more equitable.	30/01/2024	The single delivery plan was published at the end of March 2023 and the Chief Nurse discussed this in detail at the May Board Level Safety Champions meeting with Midwifery and Neonatal services. In June the Local Maternity and Neonatal System agreed a document to measure progress would be produced to ensure that as a system we are measuring the same outputs. Progress is monitored via the oversight committee in maternity services but includes Quarterly review against the maternity self assessment tool, commenced implementation of Saving Babies lives version 3 care bundle. Senior leadership team commenced the national perinatal culture and leadership programme and involvement in the PSIRF implementation at Trust and LMNS level. Ongoing recruitment as previously described at relevant trust committees.	On track	The Local Maternity and Neonatal service (LMNS) are working on an assurance document to incorporate all elements of the three year delivery plan. This document will be reviewed by the Director of Midwifery once received. Maternity safety champions visits and meetings are becoming more established with Neonatal Colleagues engaged. The MNVP chair attended the September meeting and now has a standing invitation. The leadership team continue to engage with the NHSE perinatal culture programme and also the Trust programme that is running alongside it. The Newly Qualified Midwife cohort is now approx. 30 WTE and expected to commence work in the next 2 months.	On track	A template for submitting evidence towards the single delivery plan has been developed by the LMNS. An initial assessment has been submitted, further work has been paused to focus on Y15 CNST submission. Work will recommence in January 2024 and be overseen by the divisional CNST and Ockenden oversight committee.	On track	CNST achieved for Year 5.	On track	
Ensure that mortality indicators are quality assured, peer reviewed and benchmarked. Optimising learning to improve patient care and outcomes.	Tim Noble	MD06	BOD / QEC	Benchmarked Hospital Standard Mortality Ratio (HSMR), Standardised Hospital Mortality Index (SHMI) will show improvement.	30/01/2024	The mortality data assurance group was established at the beginning of 2023 to review mortality indicators, benchmarking against others and undertaking peer review. Through this investigatory process, the Medical Examiners' Office and the Structured Judgement Review processes were found to be robust. Further work is needed to improve quantitative factors that are impacting on performance, such as clinical coding differences, ensuring depth of coding, case mix and pathway changes to ensure that the appropriate information is fully captured, as well as information extracts for mortality reports, along with improved senior medical engagement in the SJR process. Since this process commenced, the Trust's reported mortality rate has fallen in the past 4 consecutive months.	On track	The mortality data assurance group was established at the beginning of 2023 to review mortality indicators, benchmarking against others and undertaking peer review. Through this investigatory process the Medical Examiners' process was found to be robust. There is a process in place for Structured Judgement Reviews, however the completion rate is poor. Work has commenced on improving this through identification of clinicians trained in the SJR process across the Trust and introducing a method of protecting time to complete the reviews. In terms of HSMR, the Trust has seen 8 consecutive months on a downward trend.	On track	HSMR indicators continue to show an improving trajectory. There was a slight increase in July, whilst the reasons for this are not apparent, HSMR is below 100 for September. SHMI is reducing with a lot of background work in the Coding Department in terms of co-morbidity coding. On the whole, mortality performance is improving.	On track	Mortality indicators continue to show an improving trajectory on the 12 month rolling average (latest data HSMR January 2024 and SHMI December 2023). There was a slight increase in January, although on the whole, mortality performance is looking positive. DBTH benchmarks favourable against its peers, being in the middle of the group. A Trust Sepsis Group has been established which will review cases, share lessons learned, identify specific areas of vulnerability and where improvements can be made. A Structured Judgement Review (SJR) Action Plan has been developed to optimise learning to improve patient care and outcomes. A number of actions are in progress / complete. Clinical Coding – an external review into clinical coding, documentation and impact on mortality rate data quality and income/complexity has commenced. Initial findings have identified financial opportunities in elective and non elective pathways and mortality rate quality improvement. Whilst the data requires validation, the areas for improvement will be scheduled into a workplan for 2024/25. 360 Assurance have commenced an internal audit review of Mortality Data Quality Assurance, and acknowledge the Trust are receiving a third party assurance specifically on depth of coding. Their work is due to complete with a final report scheduled for Audit and Risk Committee in June 2024. Medical Examiners scrutinised 100% of adult deaths in both acute and community settings in quarter 4.	On track	

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Support the delivery of the Trust Strategic Direction through the delivery of safe, resilient, efficient clinical pathways which are compliant with NICE guidance and evidence based practice and aligned to the Place, ICS and Acute Fed clinical networks	Tim Noble	MD07	OEC/ F&P	Demonstrate clear improvements in efficiency and effectiveness to achieve and where possible exceed national, system and local benchmarking.	30/01/2024	Work ongoing with support from PMO and clinical leads to establish a GIRFT Steering group as a forum to monitor and drive forward GIRFT actions. Good progress is being made with virtual ward and extending eligibility criteria to a number of services. The aim is to increase utilisation of the virtual ward capacity making full use of community resource to relieve pressure in the system ahead of winter. Progress has been made with the new patient pathway tracking system in terms of testing, training and demonstrations across the Trust. Once implemented, this will support clinical prioritisation particularly for non-admitted pathways where visibility and tracking of patient pathways has been difficult. Medical Director supporting the radiology service to review pathways and criteria to manage demand into the service which has increased significantly.	On track	Work on GIRFT actions with divisions is ongoing, recent meetings have included finance business partners to identify financial opportunities. Good progress is being made with virtual ward and extending eligibility criteria to a number of services. The aim is to increase utilisation of the virtual ward capacity making full use of community resource to relieve pressure in the system ahead of winter. Progress has been made with the new patient pathway tracking system in terms of testing, training and demonstrations across the Trust. Once implemented, this will support clinical prioritisation particularly for non-admitted pathways where visibility and tracking of patient pathways has been difficult. Medical Director supporting the radiology service to review pathways and criteria to manage demand into the service which has increased significantly.	On track	Ongoing support to divisions to implement the GIRFT Further Faster programme. Ongoing meetings to improve virtual ward utilisation, which continues to be monitored daily. Plan to implement orthopaedic VW pathway end of January 2024. Digital Transformation team are focussing on pilot areas to test the new patient pathway tracking system in terms of testing, training and demonstrations across the Trust. Once fully implemented, this will support clinical prioritisation particularly for non-admitted pathways where visibility and tracking of patient pathways has been difficult. Medical Director working with COO to providing ongoing support to the radiology service to manage service capacity and demand. The MD team are developing a SOP to operationalise the Clinical Harm policy.	On track	A series of specially level GIRFT events took place in Q4, attended by the NEY GIRFT Clinical Ambassador and National GIRFT Clinical Lead for Endocrinology. Subsequent prioritisation from these, along with GIRFT Further Faster programme have combined into an overarching plan, highlighting key priorities for the next 12 months. Medical leadership for Virtual Ward across 13 specialty pathways continues. Average VW utilisation at the end of Q4 increased by 20% from Q3. Ongoing development of service level Standard Operating Procedures to increase VW pathways, including long term antibiotic therapy for patients requiring close supervision. The latest VW pathway implemented in Q4 is for heart failure patients which is functioning well. Clinical validation and prioritisation work commenced. March saw 36% of patient validations complete, with numbers increasing weekly. Minimal harm identified to-date, although a large percentage of patients require clinical review appointments. Clinical Harm Policy finalised and signed off by Trust Executive Group and presented to the Clinical Quality Reference Group, supporting Standard Operating Procedure complete and both will be published on the Trust's website following Policy approval process. Ongoing medical leadership in the following services: Radiology - measures taken to reduce CT demand, which has now plateaued. The service is achieving 97% of all CT scans requested being done within 6 weeks. Endoscopy - reviewing demand and capacity with the opening of the Community Diagnostic Centre at Mexborough. Improvement work has commenced to standardise endoscopy lists in line with national guidance. Support into Partnership Forum and other stakeholder groups ensures efficient clinical pathways are developed in line with national guidance, aligned to Place and system wide networks.	Complete	

Chief Financial Officer/ Director of Recovery, Innovation and Transformation

Name	Director of Finance	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Work with the Corporate and Divisional Directors to ensure the delivery of the Trust revenue plan	Jon Sargeant	DOF01	F&P / A&R	Ensure the delivery of the Trust's financial plan.	30/01/2024	Control environment in place, with escalation meetings in place. Currently the trust is on plan, but with risk concerning higher levels CIP starting later in the year.	On track	At end of Q2 we were on plan. Significant risks in terms of CIP delivery & operational pressures means significant work required to deliver plan for this year.	On track	Current forecast shared with F&P and to deliver the original plan, potential to improve by £1m to a 25.8m deficit	On track	Final Position ahead of plan	Complete	
Ensure delivery of the large scale business cases for the Bassetlaw Emergency Care Village and the Montagu Elective Orthopaedic Centre.	Jon Sargeant	DOF02	F&P / A&R	Approval of business cases.	30/01/2024	Despite difficulties with engagement with Partner Trusts the MEOC design has been signed off and work has started on the Mexborough site and in the Module Co factory. A revised governance structure has been implemented and the MEOC project board has met twice. BEV is moving at pace with orders raised initially at risk to maintain the timeline. Scheme received final approval on June 30th and MOU signed to allow drawdown of PDC.	On track	major schemes moved on and capital programmes all running to time and budget. MEOC expected to be handed over on Dec 6th for final commissioning with expectation that unit be available from January 8th.	On track	Topping out ceremony held in January 2024 for Bassetlaw Emergency Village. Montagu Elective Orthopaedic Centre (MEOC) opened in January as planned, with all partner Trusts using the facility	On track	MEOC opened on time and within budget, BEV on target and within budget	Complete	
Ensure the delivery of the Electronic Patient Record Business case.	Jon Sargeant	DOF03	F&P / A&R	Approval of business cases.	30/01/2024	The original plan and procurement for the EPR started to plan. Subsequently the procurement has been paused whilst the convergence issue is resolved with partners in the ICS.	On track	Now working with colleagues in NHSE and ICB to joint business case production. the change in direction has caused delay in timetable for delivery of a FBC to January Board meeting.	On track	Funding has been moved to a profile that fits with the ICS convergence strategy. Business case production is underway and will be presented to the board by the end of the financial year	On track	Convergence issues have delayed the production of the business case	Off track	
Refresh the Trusts financial controls to ensure the delivery of the Trusts financial plan. Identifying opportunities to improve the Trusts financial position to support the delivery of safe, sustainable, efficient and effective care.	Jon Sargeant	DOF04	F&P / A&R	Financial controls will be in place to ensure that the Trust resources are used to maximum effect	30/01/2024	SF's and SO's updated for July ARC. Review of key controls undertaken in April and May. Grip and control meetings re-introduced.	On track	Completed.	Complete	Reviewed earlier in the year and have now had a second review with NHSE and ICB including a full balance sheet review. All of which has confirmed the Trust's position.	Complete	Completed in previous quarter	Complete	
Support the delivery of capacity and capability for improvement to demonstrate compliance with NHS Impact.	Jon Sargeant	DOF05	F&P / A&R	The Trust will build upon the work already undertaken to demonstrate compliance with the actions and outcomes of NHS Impact.	30/01/2024	Initial plan taken to TEG and QI Business partners have been advertised to support divisions	On track	Resources in place to support internal projects. Trusts approach is compliant with NHS Impact. Board workshop October 31st.	Complete		Complete	Completed in previous quarter	Complete	
Complete the Final Business Case for a New Hospital or an alternative strategy if funding from the New Hospital programme is unavailable.	Jon Sargeant	DOF06	F&P / A&R	The Trust will join the new hospital programme or begin the development of an alternative strategy to provide improved facilities for patients and colleagues.	30/01/2024	Board discussion held and next steps paper going to F&P.	On track	work currently underway to complete the potential bid against potential spending in the forthcoming review	On track	Bids and plan shared with NHSE and DHSC. Work now commencing on 'Glassworks' project	Complete	Completed in previous quarter	Complete	
Working with the CEO ensure that internal and external audit recommendations are completed within the agreed timeframes.	Jon Sargeant	DOF07	A&R	Compliance with the closure of audit recommendations will be at, or above the peer group average or 75%.	30/01/2024	Reported @ DCEO04 @ Q1	On track	Reported @ DCEO04 @ Q2	On track	Whilst the position had improved 5 high risk actions are now overdue	On track	Audit actions completed and audit rating expected to improve	Complete	

Chief People Officer

Name	Chief People Officer	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Ensure the delivery of the year 1 priorities in the new People Strategy	Zoe Lintin	CPO01	BOD / PC	Achieve the success measures in the delivery plan.	30/01/2024	Detailed delivery plans for each theme developed together with an agreed assurance reporting format for People Committee and through to Board. V1 of delivery plans presented at PC on 2 May and assurance report presented at PC on 4 July. Delivery plans on track. PC assured.	On track	People Strategy assurance reports presented at every People Committee meeting, highlighting key actions in previous 2 months, actions planned for next 2 months, success measures and risks/escalation. Underpinned by detailed delivery plans. PC assured in Q2 meetings.	On track	People Strategy assurance reports presented at every People Committee meeting, highlighting key actions in previous 2 months, actions planned for next 2 months, success measures and risks/escalation. Underpinned by detailed delivery plans, which are on track with improvements demonstrated. PC assured in Q3 meetings.	On track	People Strategy assurance reports presented at every People Committee meeting, highlighting key actions in previous 2 months, actions planned for next 2 months, success measures and risks/escalation. Underpinned by detailed delivery plans, which are on track with improvements demonstrated. PC assured in Q4 meetings - Full Assurance.	Complete	
Ensure the delivery of year 1 priorities in the new Research and Innovations Strategy	Zoe Lintin	CPO02	BOD / PC	Achieve the success measures in the delivery plan.	30/01/2024	Delivery plan drafted and presented at Teaching Hospital Board for partner engagement and input. Assurance overview presented at People Committee on 4 July (PC assured). Successful external launch of the Research & Innovation Strategy on 29 June with partners. Board presentation scheduled for July.	On track	Further iteration of the delivery plan developed, following engagement with external partners. Agreed to use the same method of assurance reporting to People Committee as the People Strategy. Bi-annual reports/presentations to PC & Board July & January. Teaching Hospitals Board retain oversight at every meeting.	On track	Assurance reporting now in place, with oversight at Teaching Hospital Board. Bi-annual report on Research & Innovation Strategy presented at People Committee on 9 January and to be presented at Board on 30 January. PC assured.	On track	Delivery plans progressing and on track, with oversight at Teaching Hospital Board. Bi-annual report on Research & Innovation Strategy presented at People Committee on 9 January and presentation to Board on 30 January. PC assured.	Complete	
Ensure development of a Trust wider strategic workforce plan including ambitions on development of new roles, supported by annual business planning processes and education programmes.	Zoe Lintin	CPO03	PC	Completion of the strategic workforce plan with appropriate success measures.	30/01/2024	Workforce planning and Learning Needs Analysis integrated into business planning processes. First deep dive workforce planning workshops held. Implementation of strategic workforce planning tool progressing with stakeholder engagement and scenario modeling - project on track. Reports on Workforce Supply & Demand to May & July People Committee (PC assured)	On track	Focused workforce planning support sessions introduced to complement deep dive workshops. Moved into third (& final) stage of the implementation of Strategic Workforce Planning tool, approach drafted to incorporate the tool within 2024/25 business planning processes. Quality improvement approach undertaken on 2023/24 business/workforce planning round, internally within DBTH and externally in collaboration with system partners. Workforce Supply & Demand reports presented at every People Committee meeting (PC assured in Q2 meetings)	On track	Implementation phase of Strategic Workforce Planning tool continues, with planning undertaken for 'business as usual' including using the tool in major projects etc. Revised workforce planning approach incorporated within 2024/25 business planning processes. Learning from quality improvement work undertaken, internally within DBTH and externally in collaboration with system partners. Workforce Supply & Demand reports presented at every People Committee meeting including demo of the tool at 9 January meeting - PC assured in Q3 meetings.	On track	Workforce plans completed in Q4 within constraints of financial plans and national operational guidance for 24/25. Developments for workforce planning in 24/25 include reconsidering the most effective use of the Strategic Workforce Planning tool, given the changed national context and parameters. Workforce Supply & Demand reports presented at every People Committee meeting including deep dive on Maternity in April meeting - PC assured in Q4 meetings.	Complete	
Launch the new DBTH Way Framework. Embedding as 'Life at DBTH, including recruitment, appraisals, and the leadership development offer.	Zoe Lintin	CPO04	BOD / PC	Implementation of the framework	30/01/2024	DBTH Way framework approved by Trust Executive Group and Board in May. Launched in June/July with further communications planned for Sept. Embedding plan being developed, with actions over a period of time.	On track	Communications launch continued over the Summer and included on all communications channels & the Hive. Email signature banner introduced, DBTH Way session included in corporate induction. Posters and large display boards being introduced at all 3 sites in early October. Facilitated sessions exploring what DBTH Way means for individuals & leaders held with Council of Governors and Trust Executive Group, with sessions planned for Leadership Assembly in November. Engagement & Leadership reports presented at every People Committee meeting (PC assured in Q2 meetings)	On track	DBTH Way posters and display boards introduced at all 3 sites, wall art displayed at DRI and planning for other sites. Facilitated sessions exploring what DBTH Way means for individuals & leaders held with Leadership Assembly and some teams. DBTH Way embedded within revised leadership development prospectus. Job description template revised to include DBTH Way. Engagement & Leadership reports presented at every People Committee meeting (PC assured in Q3 meetings).	On track	Facilitated sessions exploring what DBTH Way means for individuals & leaders continued. DBTH Way incorporated in job description and person specification templates and interview assessment form, launched in Q4 for future recruitment. Guide for line managers developed, adapted from national resources and aligned with the DBTH Way. Engagement & Leadership reports presented at every People Committee meeting - PC assured in Q4 meetings. Further embedding actions planned for 24/25.	Complete	
Ensure the delivery of key organisational development/ cultural change programmes including flexible working and just culture, speaking up strategy and equality, diversity and inclusion plan.	Zoe Lintin	CPO05	PC	Implementation of agreed change programmes	30/01/2024	Flexible Working - well-attended Q1 event on 13 June, project leads identified for each pillar of the workstream with volunteers from across the organisation. Steering Group recently established. Just Culture - Steering Group established with leads and action plan, Board pledges being rolled-out. EDI - action plan refreshed to incorporate NHSE High Impact Actions. Speaking Up - policy launched, engagement work ongoing. Regular reports to PC on all aspects (PC assured)	On track	Flexible Working - steering group meeting regularly, action plan built on Monday.com and project leads progressing actions. Just Culture - continued roll-out of pledges, ongoing programme of review of key HR policies including language, development sessions held with several teams. EDI - completion of Cohort 1 of new Board Development Delegate Programme with positive feedback & Cohort 2 commenced in Sept. Speaking Up - 'big conversations' and drop-in sessions continued, strategy in development phase, report to July Board. Regular reports to PC on all aspects (PC assured)	On track	Flexible Working - steering group meeting monthly, follow-up Q1 session held in November and well attended with new actions identified. Just Culture - ongoing review of key HR policies including language, development sessions held with several teams. EDI - graduation held for 2023 cohort of Reciprocal Mentoring Programme and planning for refreshed programme for 2024. Speaking Up - 'big conversations' and drop-in sessions continued, strategy drafted and shared with Trust Executive Group, People Committee and Board. Final draft of Speaking Up Strategy supported by TEG and People Committee, to be presented to Board on 30 January as part of bi-annual report. Regular reports to PC on all aspects (PC assured in Q3 meetings).	On track	Flexible Working - refreshed policy and new toolkit, case studies being prepared. Just Culture - ongoing review of template letters, launch of refreshed Disciplinary policy. EDI - 2024 cohort of Reciprocal Mentoring Programme launched, cohort 3 of Board Development Delegate Programme recruited and commenced with 3 delegates. Speaking Up - Speaking Up Strategy approved by Board on 30 January and launched in Q4, supported by engagement sessions and Board development session planned for 30 April. Regular reports to PC on all aspects - PC assured in Q4 meetings.	Complete	
Embed a new approach to year-round colleague engagement to achieve continued improvement in staff survey and learner survey feedback results and high participation in surveys.	Zoe Lintin	CPO06	PC	High participation in surveys & improving outcomes	30/01/2024	National staff survey results published in March. Engagement sessions with teams ongoing throughout Q1 to discuss local results and identify improvement actions - in line with new approach. Local improvement plans developed with summary plans at divisional/directorate level. Oversight through People & OD and overview of plans presented at People Committee on 4 July (PC assured). Trustwide communications on improvement actions also ongoing with more planned in Q2.	On track	Engagement sessions and improvement/action planning on 2022 results continued during Q2. Preparations & communications/ engagement plan developed for 2023 survey, to build on new approach - survey went live 27/09/23. Completion rate at 43% at 13/10, survey closes end Nov. Engagement & Leadership report presented at every PC meeting (PC assured in Q2 meetings)	On track	National staff survey conducted in Q3, highest response rate for DBTH achieved (surpassing 2022, which set a new record for the Trust). Results will be published in Q4, date tbc. Planning underway to support engagement sessions with teams and improvement planning. Engagement & Leadership report presented at every PC meeting (PC assured in Q3 meetings).	On track	National staff survey - 67% response rate for DBTH achieved. Significant improvement in results, published 7 March - 94% of questions improved year on year, 71% above national average. Engagement sessions with teams commenced, to develop improvement plans. Engagement & Leadership report presented at every PC meeting - PC assured in Q4 meetings. Staff survey presentation at Board by IQVIA at January meeting.	Complete	

Chief Operating Officer

Name	Chief Operating Officer	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Ensure the Trust has robust emergency planning, resilience and response arrangements in place, including an annual work plan and assurance process	Denise Smith	COO01	ARC	Effective EPRR plans will be in place	30/01/2024	Annual review of 2022/23 complete. Annual work plan for 2023/24 developed	On track	Annual Assurance self assessment completed. Annual workplan in place. Focus continues on remedial actions to achieve compliance with core standards	On track	Delivery of annual workplan continues with focus on areas of non-compliance against core standards.	On track	Delivery of annual work plan continues, in preparation for the annual assurance process in Q2	On track	

Name	Deputy CEO / Director of RIT	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status
Ensure the delivery of the urgent and emergency care improvement plan, in collaboration with system partners		Denise Smith	COO02	F&P	The Trust will deliver the national standards	30/01/2024	UEC improvement plan for Doncaster in place, SROs agreed and Project Charters complete. Project Groups established, improvement activities supported by ECIST	On track	ECIST support formally withdrawn. No additional resource identified, impact on pace of change noted. SROs across Doncaster Place providing leadership.	On track	Associate COO (UEC) in place Jan - Mar 24 to increase leadership capacity & capability. New DLT (UEC) in place. SRO for priority 3 (Ward Process) has transferred to COO. Steady increase in update of VW, led by MD.	On track	Evaluation of the Doncaster Place Improvement Programme complete. For presentation to F&P Committee May 24	On track
Ensure the delivery of access standard improvement trajectories, activity and improvement plans related to diagnostic services.		Denise Smith	COO03	QEC	The Trust will deliver the national standards	30/01/2024	Diagnostic deep dive completed. Diagnostic improvement plan agreed, project charter in place, project group established.	On track	Improvements in DM01 performance noted in Endoscopy and Non obstetric ultrasound. iRefer implemented in medical imaging, benefits realisation includes reduced CT demand and improved compliance with clinical guidelines	On track	Improvement in DM01 performance noted through Q3. Diagnostic improvement programme continues to focus on strategies to manage CT demand. iRefer implemented in primary care and high proportion of compliance noted to date.	On track	Improvement in DM01 for Endoscopy and Medical Imaging noted.	On track
Ensure the delivery of access standard improvement trajectories, activity and improvement plans related to elective care.		Denise Smith	COO04	F&P	The Trust will deliver the national standards	30/01/2024	Outpatient and Theatre improvement plan agreed, project charter in place, project group established.	On track	Delivery of 78 week waits in the majority of specialities. 65 week modelling complete.	On track	Reduction in 78 / 65 week breaches noted. Theatre improvement programme continues to focus on delivery of 85% theatre utilisation and improving compliance with GIRFT HVLC booking standards.	On track	104 week waits eliminated. 2 x 78 / 14 x 65 week waits at the end of March 24. Recommended to exit Tier 2	On track
Ensure the delivery of access standard improvement trajectories, activity and improvement plans related to cancer care.		Denise Smith	COO05	F&P	The Trust will deliver the national standards	30/01/2024	Leadership and management of the Cancer Services Team moved to Chief Operating Officer. Weekly reporting of key metrics in place and monthly cancer services meeting established	On track	Sustained delivery of FDS and 31 day diagnosis to treatment standards. Improvements noted in 62 day standard	On track	Sustained delivery of FDS standard. Deep dive into breaches of the 62 day standard to be undertaken to identify key actions for improvement at tumour site level.	On track	Consistent delivery of the FDS. Reduction in 62 day backlog achieved.	On track
Develop, agree and implement robust plans to manage 2023/24 winter pressures		Denise Smith	COO06	F&P / PC	Winter plans will be in place by Q3 to reflect divisional plans linked to the Integrated Care System and PLACE plans.	30/01/2024	Review of winter 2022/23 complete. Initial scoping for winter plan 2023/24 complete	On track	Winter planning priorities developed, in conjunction with divisional and corporate teams. Doncaster Place winter plan in development. Focus on robust escalation to maintain patient flow	On track	Winter plan implemented and in progress.	On track	Winter plan implemented. Minimal elective cancellations due to winter pressures.	Complete

Chief Nurse

Name	Chief Nurse	Person	Reference	Oversight	Expected Outcomes	Date of next update required for Board	Q1 update	Q1 Status	Q2 update	Q2 Status	Q3 Update	Q3 Status	Q4 Update	Q4 Status		
Working with the Executive Medical Director ensure the achievement of the three year delivery plan for maternity and neonatal services		Karen Jessop	CN01	QEC	Work closely with Executive Medical Director, Divisional Director and Director of Midwifery to ensure the delivery of the 11 outcomes to ensure that services are safer, more personalised and more equitable.	30/01/2024	The single delivery plan was published at the end of March 2023 and the Chief Nurse discussed this in detail at the May Board Level Safety Champions meeting with Midwifery and Neonatal services. In June the Local Maternity and Neonatal System agreed a document to measure progress would be produced to ensure that as a system we are measuring the same outputs. Progress is monitored via the oversight committee in maternity services but includes Quarterly review against the maternity self assessment tool, commenced implementation of Saving Babies lives version 3 care bundle. Senior leadership team commenced the national perinatal culture and leadership programme and involvement in the PSIRF implementation at Trust and LMNS level. Ongoing recruitment as previously described at relevant trust committees.	On track	the Local Maternity and Neonatal service (LMNS) are working on an assurance document to incorporate all elements of the three year delivery plan. This document will be reviewed by the Director of Midwifery once received. Maternity safety champions visits and meetings are becoming more established with Neonatal Colleagues engaged. The MNVP chair attended the September meeting and now has a standing invitation. The leadership team continue to engage with the NHSE perinatal culture programme and also the Trust programme that is running alongside it. The Newly Qualified Midwife cohort is now approx. 30 WTE and expected to commence work in the next 2 months.	On track	A template for submitting evidence towards the single delivery plan has been developed by the LMNS. An initial assessment has been submitted, further work has been paused to focus on Y15 CNST submission. Work will recommence in Jan 24 and be overseen by the divisional CNST and Ockenden oversight committee.	On track	Maternity and Neonatal Quality and Safety Committee established. Highlight/escalations from three year delivery plan reported via this committee. Progress has been made for year 1 as expected and progress monitored using key milestones for each of the 4 themes.	On track		
Develop and commence the implementation of a comprehensive Nursing, Midwifery and Allied Health Professional Quality Strategy that improves patient outcomes and experience.		Karen Jessop	CN02	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	30/01/2024	Quality Strategy has been developed and draft discussed in various forums across the Trust, the Head of Patient Experience has shared with Healthwatch and patient representatives. All Divisions were asked to engage with their teams in relation to the content and Allied Health Professionals (AHPs) have been consulted via the Director of AHPs. The Quality Strategy (draft) was shared and discussed at Quality and Effectiveness Committee on 6th June 2023 and at a Chief Nurse listening event. Next steps are to agree final sign off and development of detailed delivery plans	On track	Following feedback from the NEDs and other stakeholders during the Quality and Effectiveness committee in June a final version of the strategy was presented to Trust Board of Directors in September and approved. A senior responsible officer has been identified for each theme. (some of the DNs only commenced in post within the last few weeks) and they will be responsible for providing detailed delivery plans of each strategic theme. A prioritisation of the outcomes over the 4 years of the plan is underdevelopment.	On track	Objectives for year 1 agreed at chief nurse lime out day in December. Work has begun by each SRO to set up working groups to incorporate the objectives. Annual business planning cycle will include strategy theme under quality. High level work plan and reporting being created at workshop in late January for onward reporting to QEC. Quality will be monitored also via quality steering group. A Maternity document has been produced to align with the Trust wide objectives but provide specific measures for Midwifery	On track	Quality Strategy Year 1 priorities finalised and roll out across the Trust commenced. Each SRO has commenced a working group. Work ongoing to define success measures to report to QEC	Complete		
Develop and implement a ward to board assurance process, incorporating peer review.		Karen Jessop	CN03	BOD / QEC	Work closely with Medical Director and Director of Midwifery to deliver the action plans developed in line with national recommendation from the Ockenden report. Review of safety culture within maternity, work closely with Medical Director and Director of Midwifery to review findings, agree recommendations and develop action plan. The 2022/2023 Assurance Framework will ensure the Trusts plans are being delivered.	30/01/2024	The Accreditation framework has now been drafted and shared widely for comments. Engagement sessions with colleagues have taken place. The accreditation process links with Tenable and the planned Quality Dashboard, to enable good triangulation of data. The draft accreditation documentation is being trialled in 4 clinical areas. Peer assessment questions are being developed to ensure consistency of the peer assessment process and the full launch is planned for September when the first peer visits will take place. A CARE excellence study day is being planned to support teams in relation to both the Quality strategy and accreditation.	On track	Accreditation questions drafted and undergoing final review before piloting in maternity and acute. These will then be uploaded to tenable.	On track	Care excellence study day in progress	On track	Question set finalised and approved at CNEG January 2024. Pilot of process has taken place in two areas. Schedule for wider roll out of accreditation developed. Quality Dashboard phase 1 now live. Question sets for peer review process now all on tenable	On track	Ward accreditation model in place and all accreditation visits have taken place as an unannounced peer review process across the inpatient areas across the Trust. Scoring system developed and plans ongoing for further iteration and roll out linked with the Chief Nurse Oversight Framework	Complete
Achieve implementation of the Patient Safety Response Framework (PSIRF) in line with the National Implementation timescales.		Karen Jessop	CN04	QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	30/01/2024	The PSIRF implementation group meets monthly with further task and finish groups established as required, the key stakeholders include active participation from place colleagues. The Trust links with both ICB safety groups to support plans/progression with shared learning. The 6 transition phases are monitored and measured on Monday.com and are aligned with the NHSE recommended plans. Phase 1 - Orientation is complete 2. Diagnostic and Discovery, progress made as planned, including joint launch of the Just Culture with P&OD 3. Governance and Quality - all existing incident management processes in divisions mapped by QI and recommendations for future incident triage and action management are being developed 4. PSIRF Planning - Thematic analysis now underway with support from the University of Sheffield. Once complete the PSIRF plan will be drafted to present to Board and divisional clinical governance meetings to consider the data and identify key priorities. Progress has already been made with using PSIRF methodology in Falls and the Skin integrity improvement streams	On track	North of England Commissioning completed the external validation of thematic analysis of Patient Safety Incidents and Patient Experience Data to support the identification of the Patient Safety incident profile to inform the Patient safety incident response plan	On track	Draft of the Patient Safety Incident response Policy and Plan circulated for comments and to be presented for approval at relevant Trust committees	On track	The Trust transitioned to PSIRF on 1 December 2023. Still have some SIs in progress under old framework, so some "double running" anticipated until at least end of Feb 24. PSIRF workbook completed and distributed. Divisions recruiting to quality post to support the PSIRF process. Business case approved for training and procurement has commenced for train the trainer (learning responses) and wider PSIRF training for stakeholders including board development session. Family Liaison Officer, JD and PS signed off and proceeding to recruit. Patient Safety Partner conversation taking place across acute fed re a "system approach". PSIRP and Policy both live.	On track	PSIRF implemented across the Trust. Training is ongoing. Divisional Panels now in place for Learning from Patient safety events. Trust Executive oversight group in place. Ongoing recruitment for key roles.	Complete
Embed safe staffing principles for nursing and midwifery, incorporating the use of relevant professional evidence based decision support tools to ensure safe, evidence based nursing and midwifery staffing levels across the Trust.		Karen Jessop	CN05	BOD / QEC	Quantitative and Qualitative Evidence will be available to confirm that services meet and exceed the CQC standards	30/01/2024	Established a comprehensive "safe staffing" report in line with national quality board guidance that is reported regularly via the People Committee NHS England regional colleagues undertook a review of DBTH processes at our invitations that report has now been received, a summary of recommendations and actions will be reported to the People Committee Risk has been identified in relation to establishment skill mix, added to the risk register and mitigations in place with a plan to be presented and approved by executive colleagues to resolve. Twice daily staffing meetings are established across the Trust on both sites, 7 days a week to support safe staffing decision making. Safer Nursing Care Tool data collected in November has been reviewed and scrutinised by external QNO safe staffing fellows and the second biannual data collection has been completed in June, these data will be analysed and once completed, presented to the Trust Board following ratification through trust processes and in alignment with National guidance.	On track	Plan in place for "update" training and inter reliability assessments for all involved in SNCT data collection	On track	Trusted processes now include clear evidence of the use of Professional judgement and involvement of every ward/dept leader, collated using the nationally recommended documentation	On track	Safe staffing report submitted bi-monthly to People Committee in line with National Quality Board guidance.	On track	Safe staffing processes embedded. Third collection of Safer Nursing Care Tool data is being collected and now compliant with Developing Workforce Safeguards for nursing and midwifery. All will continue as business as usual going forwards	Complete

2405 - C2 TRUST VISION & 2024/25 PRIORITIES FRAMEWORK

● Decision Item




👤 Zara Jones, Deputy Chief Executive

🕒 10:30

10 minutes

REFERENCES

Only PDFs are attached

-  C2 - Trust Vision Refresh & 2024-25 Priorities Framework.pdf
-  C2 - Appendix A Visual Branding.pdf
-  C2 - Appendix B Draft Trust Board Paper Template (new vision).pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	7 May 2024	Agenda Reference:	C2	
Report Title:	Trust Vision Refresh and 2024/25 Priorities Framework			
Sponsor:	Zara Jones, Deputy Chief Executive			
Author:	Emma Shaheen, Director of communications and engagement Zara Jones, Deputy Chief Executive			
Appendices:	Appendix A - Visual Branding Appendix B - Proposed coversheet to reflect updated priorities			
Report Summary				
Executive Summary				
<p>The paper outlines the process and rationale to refresh Doncaster and Bassetlaw Teaching Hospitals' (DBTH) overarching vision statement, and supporting priority statements, which will feed into an overall strategy refresh scheduled for later in the year.</p> <p>The proposed new vision statement is:</p> <ul style="list-style-type: none"> • Healthier together – delivering exceptional healthcare for all <p>The proposed four strategic priorities are:</p> <ul style="list-style-type: none"> • Patients: We deliver exceptional, person-centred care. • People: We are supportive, positive, and welcoming. • Partnership: We work together to enhance our services with clear goals for our communities. • Pounds: We are efficient and spend public money wisely. 				
Recommendation:	For the Board of Directors to approve and support the roll out of the new Trust vision statement and the four strategic priorities.			
Action Required:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
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:	N/A though delivery of the priorities underpin delivery of improvements to address our strategic risks			
Risk register:	As above			

Regulation:	N/A though development of a refreshed Trust Strategy is expected.
Legal:	N/A
Resources:	N/A
Assurance Route	
Previously considered by:	Board development discussions, Trust Executive Group
Date:	Iterative - January – March 2024
Any outcomes/next steps	Finalise the vision and priorities for 2024/25 and use to monitor improvement at Board
Previously circulated reports to supplement this paper:	

Refreshed Trust vision and strategic priority statements

Summary

This paper outlines the process and rationale to refresh Doncaster and Bassetlaw Teaching Hospitals' (DBTH) overarching vision statement, and supporting priority statements, which will feed into an overall strategy refresh scheduled for later in the year.

Since the conclusion of our previous strategy in 2022, DBTH, and the wider system, has evolved significantly, and as such the Trust requires a vision which responds to the dynamic healthcare landscape whilst maintaining our commitment to providing exceptional care.

The below paper sets out the considerations taken and feedback received in forming the new vision and priority statements.

Considerations of the refresh

The Trust's vision, values and priority statements are intended for all colleagues, patients, partners and the wider communities within Doncaster and Bassetlaw, and therefore it is important that they are comprehensible to all audiences, and relatable in their intentions.

According to the National Institute for Health and Care Research, 7.1 million adults read at, or below, the level of an average nine-year-old. Additionally, research shows that more than four in 10 adults struggle to understand health content written for the public and six in 10 adults struggle with health information that includes numbers and statistics.

Therefore, the statements were simplified, to ensure that the content is appropriate, and easy to understand for all audiences.

In March, following workshops with senior colleagues from across DBTH two proposed vision statement and four suggested strategic priorities were proposed to colleagues. 802 colleagues (around 11% of all Team DBTH) completed a short questionnaire indicating their preferred vision statement, and provided additional feedback, which further shaped a final suggested statement.

Of the four suggested strategic priorities (91%) agreed that the statements reflected our priorities. Additionally, 676 (84%) believed they were easy to understand. Whilst feedback broadly agreed that the statements encapsulate what we wished to achieve, there was a themes that the initial suggestions were too wordy. This feedback was taken into consideration to arrive at the final proposed vision and priorities.

Final proposed vision statement and strategic priorities

Based on feedback, the new vision statement is:

- **Healthier together – delivering exceptional healthcare for all**

The four strategic priorities are:

- **Patients:** We deliver exceptional, person-centred care.
- **People:** We are supportive, positive, and welcoming.
- **Partnership:** We work together to enhance our services with clear goals for our communities.
- **Pounds:** We are efficient and spend public money wisely.

Monitoring Framework

A framework is currently in development to demonstrate how we will measure improvement and successful delivery of our strategic priorities. The framework will be shared with the Board in July for approval. The framework will contain a short list of measures for each 'P' priority areas and any cross-cutting measures.

It is proposed that this framework replaces the 2023/24 True North and Breakthrough objective updates. Each measure in the framework will require an Executive lead / Senior Responsible Officer who will be responsible for assuring the Board on progress.

Updates on 2024/25 progress are proposed to be formally reported to the Board twice a year – mid-year (September 2024) and end of year (March 2025).

We will keep the framework simple and streamlined utilising existing measures already monitored and/or objectives contained within Executive Director annual objectives.

As an example of the measures which may feature in the framework, the list below includes measures which have previously been suggested when discussing this topic. Our Trust Leadership Team will review and advise the Board of the proposed final draft framework.

Patients: Mortality data, safety and learning /PSIRF, Access standards, complaints, compliments, Patient feedback, patient survey responses.

People: Staff survey results, sickness absence, grievance, flexibility, turnover, retention, colleague and learner surveys / organisational development measures.

Partnership: Delivery against the Green Plan, Health Inequalities strategy delivery, Research and Innovations strategy delivery, delivery against Place plans and Acute Federation clinical strategy.

Pounds: Delivery of recurrent efficiencies, delivery of our annual financial plan and progress against underlying financial position, estates related improvements.

Next steps

Visual branding is being developed at pace to support the new vision and priorities. Once complete the new visuals will be rolled out across the organisation (see appendix A)

A Board paper cover sheet, in line with the strategic priorities has been refreshed (see appendix B) and will be implemented at future Board of Director meetings.

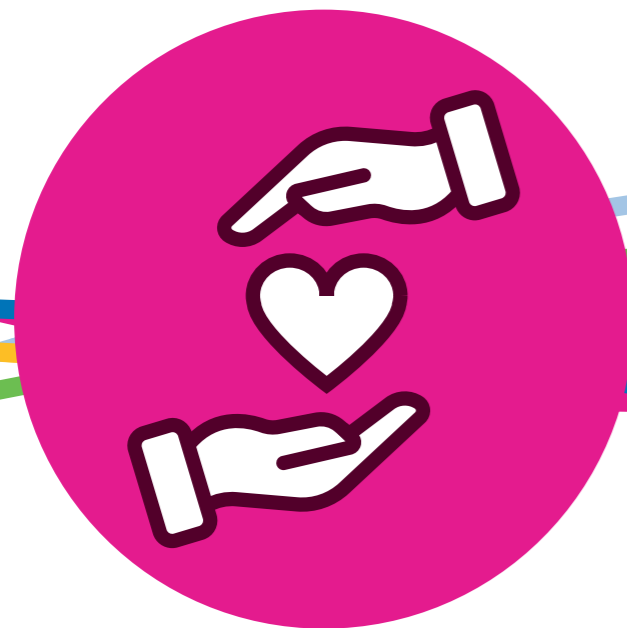
After the Board has approved the monitoring framework, all DBTH teams will be encouraged to develop a small set of meaningful measures/objectives for their own service or department within the priority statement framework, in order to localise the overall strategy, and underline how personal contributions can support the organisation's overall success.

Our vision is:

Healthier together – delivering exceptional care for all.

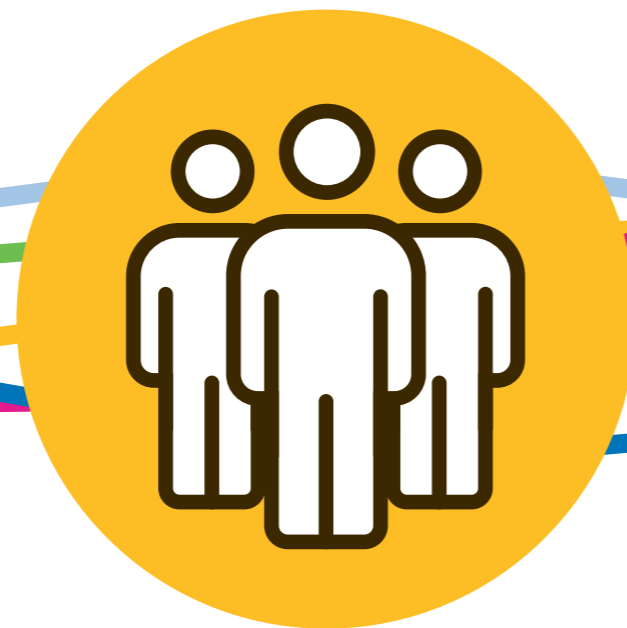
Our four strategic priorities are:

Patients



We deliver exceptional, person-centred care

People



We are supportive, positive and welcoming

Partnership



We work together to enhance our services with clear goals for our communities

Pounds



We are efficient and spend public money wisely

Report Cover Page				
Meeting Title:	<i>Board Meeting</i>			
Meeting Date:	<i>Insert meeting date</i>	Agenda Reference:	<i>To be completed by TBO</i>	
Report Title:	<i>Insert report title</i>			
Sponsor:	<i>Insert sponsor i.e. Executive Lead</i>			
Author:	<i>Insert author</i>			
Appendices:	<i>N.B any appendices will added to the information only section of the Trust Board Papers</i>			
Report Summary				
Purpose of the report & Executive Summary				
Recommendation:	<i>Insert any recommendations to the Board/Committee</i>			
Action Require: <i>Highlight relevant action:</i>	Approval	Review and discussion	Take assurance	Information only
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities: <i>Highlight which SPs this report provides assurance for:</i>	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
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				
Relationship to Board assurance framework: <i>Indicate here if report links to any relevant strategic risk on the Board Assurance Framework .</i>		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
	X	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If Demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	

	X	BAF4	If DBTH’s estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
		BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its' duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation & innovation then the Organisation won’t be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite YES /NO		
Legal/ Regulation:	<i>Identify if purpose of the report is linked to legal requirements e.g. Health and Social Care Act requirement / HSE requirement. <u>If so, indicate impact.</u> Identify if purpose of the report is linked to regulatory requirements e.g. CQC requirement. <u>If so, indicate impact.</u></i>		
Resources:	<i>Please indicate any impact on resources.</i>		
Assurance Route			
Previously considered by:	<i>Insert which Board or Board-committee/s this information has previously been considered at.</i>		
Date:	<i>Insert date of this previous meeting committee/s meeting</i>		
Any outcomes/next steps	<i>Insert any decisions made by the Board /Board-committee/s including outstanding actions. Identify if this has been escalated from Board-committee/s. Identify next steps e.g. continued review at Board or Board-committee/s or if further action/advice is required from the previous assurance meeting</i>		
Previously circulated reports to supplement this paper:	<i>Please indicate the date and paper title if strategically supports this paper.</i>		

Report Title: INSERT REPORT TITLE Author: INSERT AUTHORS NAME Report Date: INSERT DATE OF REPORT

[Insert report appendices to support if required.]

2405 - C3 QUALITY IMPROVEMENT & INNOVATION STRATEGY 2024 - 2028

● Decision Item


👤 Jon Sargeant, Director of Recovery, Innovation & Transformation

🕒 10:40

10 minutes

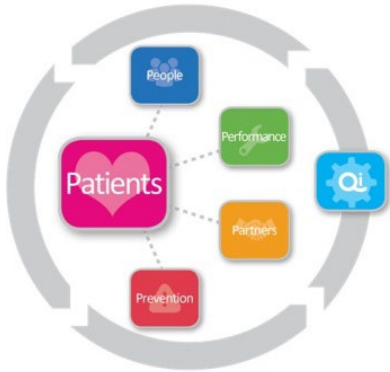
REFERENCES

Only PDFs are attached

 C3 - Quality Improvement & Innovation Strategy 2024-2028.pdf

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	7 May 2024	Agenda Reference:	C3		
Report Title:	Quality Improvement & Innovation Strategy 2024-2028				
Sponsor:	Dr Kirsty Edmondson-Jones, Director of Innovation & Infrastructure				
Author:	Rob Mason, Head of Quality Improvement				
Appendices:					
Executive Summary					
Purpose of report:	The purpose of this report is to gain Board of Directors approval of the Qii Strategy 2024-2028. The recommendation from F&P in March 2024 was that the document goes to Trust Board of Directors for approval.				
Summary of key issues:	<p>In April 2023 NHSE launched the new framework for quality improvement entitled NHS Impact. This revised DBTH Qii strategy has been aligned this national approach to improvement.</p> <p>NHS England have set an expectation that all NHS providers, working in partnership with their integrated care boards, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes.</p> <p>The 2024-2028 Strategy has been co-produced with members of the Qii team, People & Organisational Development, Education and Research, Patient Safety & experience teams.</p> <p>The aims of DBTH Qii Strategy for the next 5 years are:</p> <ol style="list-style-type: none"> a) New ways of working are co-produced (Patients, our People and Partners) b) Qii is embedded in the way we do work at DBTH c) We are recognised for the effectiveness of our improvement work d) Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and Use of Resources e) We use plain language to describe the methods and actions <p>The collaborative approach has ensured that there are links to the Trusts People Strategy, the DBTH Nursing, Midwifery and Allied Health Professionals Quality Strategy, Research and Innovation Strategy and the Trusts Tackling Health Inequalities strategy.</p> <p>After feedback from the Trust Executive Group, additional narrative was included to the action plans that support the implementation of the Strategy. The Strategy was presented to the F&P committee in March 2024. The committee recommended that this Qii Strategy be presented to Trust Board of Directors for approval.</p>				
Recommendation:	The Board of Directors is asked to approve this strategy.				
Action Require:	Approval	Information	Discussion	Assurance	Review

Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving our vision</i>	<i>Team DBTH feels valued and feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
Implications				
Board assurance framework:				
Corporate risk register:				
Regulation:	None			
Legal:	None			
Resources:	None			
Assurance Route				
Previously considered by:				
Date:		Decision:		
Next Steps:				
Previously circulated reports to supplement this paper:				



Doncaster and Bassetlaw Teaching Hospitals

Quality Improvement and Innovation (Qii) Strategy 2024 -2028



A Word From

Board and Executive Sponsors

Introduction and Context

At Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust (DBTH) we have the vision of being **the *Safest Trust in England, outstanding in all that we do***. This Qii strategy is aligned to the overall vision and True North objectives of the Trust.

The last five years have seen DBTH lay the foundation of a quality improvement and innovation approach with patients at the heart of everything we do. Members of the Qii team have been awarded Specialist Practise Coach accreditation of the NHS Vital Signs Improvement practice meaning the lean based improvement approach can be internally coached.

Quality improvement (Qi)

‘Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.’

(Health foundation, 2021)

Innovation

‘The introduction and application of processes, products, treatments or procedures, new to the team, department, ward, pathway, organisation or system and intended to benefit patients, staff, the organisation or wider society’.

(Kings Fund, 2017)

NHS impact is a holistic approach to improvement recognising the importance of supporting functions in creating the correct environment for sustainable improvement to take place.

Improvement-led delivery involves a whole-system (or whole-organisation) focus on quality, using evidence-based quality improvement methods to increase productivity and deliver better health outcomes for patients and communities. It is underpinned by the use of data and measurement to achieve these outcomes. (NHS delivery & continuous improvement review, 2023)

The 5 main elements of the NHS Impact are described below:

Building a shared purpose and vision.

Create a vision and shared purpose in an inclusive and transparent way ensuring meaningful input from all, including those with lived experience.

Investing in culture and people.

Engage with people who work in healthcare roles and organisations and those with lived experience to design and implement the improvements based on what matters to them.

Developing leadership behaviours.

Support leaders across the system to live and breathe the values and behaviours of the organisation and hold leaders to account for behaviours, not just improvement outcomes.

Building improvement capability and capacity.

Identify or create an improvement methodology to use across your entire organisation, ensuring a local and systemic way of practising improvement.

Embedding into management systems and processes.

Develop an explicit management system that aligns with the strategy, vision and purpose of the organisation at board level and throughout all workforce structures and functions.

The key drivers enablers for the above are identified as;

- Co-production with people and communities
- Clinical leadership
- Workforce, training and education
- Digital transformation (including federated data platform and model health system)
- Addressing health inequalities

NHS England have set an expectation that all NHS providers, working in partnership with their integrated care boards, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes (NHS England, 2023).¹

At DBTH we believe that our people, along with our patients, carers, residents, governors, and partner organisations have the ideas and experience to contribute to improvement of the quality, safety, effectiveness and efficiency of our services; creating solutions for the way we design and provide our future services.

The 2023-28 Strategy has been co-produced with members of the Qii team, People & Organisational Development, Education and Research, Patient Safety & experience teams Trusts

The aims of DBTH Qii for the next 5 years are

- a) New ways of working are co-produced (Patients, our people and Partners)**
- b) Qi is embedded in the way we do work at DBTH**
- c) We are recognised for the effectiveness of our improvement work**
- d) Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and Use of Resources**
- e) We use plain language to describe the methods and actions**

The collaborative approach has ensured that there are links to the Trusts People Strategy the DBTH Nursing, Midwifery and Allied Health Professionals Quality Strategy, Research and Innovation Strategy and the Trusts Tackling Health Inequalities Strategy.

The Qii Strategy is summarised on Page 8

A plan of the aims identified has been developed and aligned with the True North objectives, a summary of which can be found in the appendices.

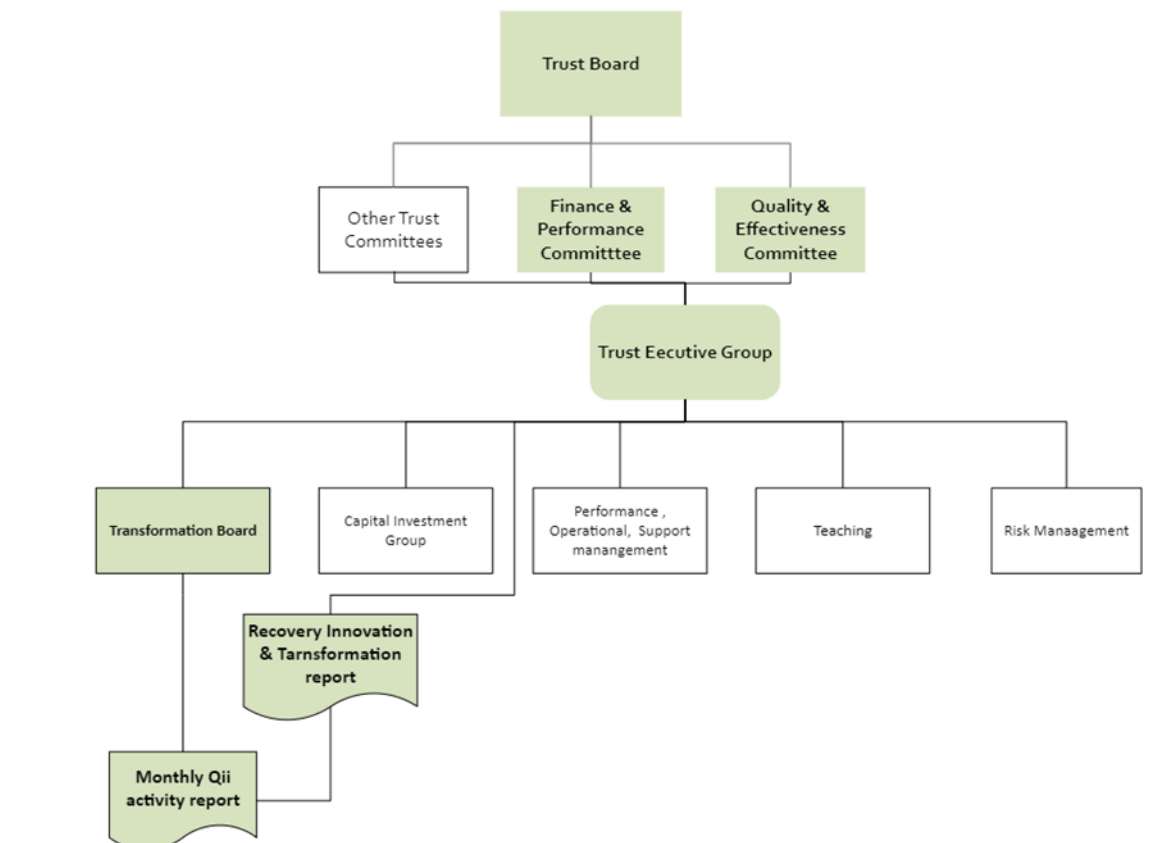
The Strategy follows the 5 elements of the NHS Impact approach as described above.

Regular updates of progress against the milestones and objectives laid out in this document and details of activity will be reported to the Trust Board via updates


¹ NHS delivery and continuous improvement review: recommendations PRN2137 (2023)

through the Finance and Performance and the Quality and Effectiveness Committees. The update to these committees come via the Trust Executive Group as part of the Recovery Innovation and Transformation reports and bi monthly Transformation Board reports. The

reporting structure of activity is shown in the diagram below.



Qii Strategy on a Page



NHS IMPACT
Improving Patient Care Together


Building a shared purpose and vision.
Create a vision and shared purpose in an inclusive and transparent way ensuring meaningful input from all, including those with lived experience.

Investing in culture and people.
Engage with people who work in healthcare roles and organisations and those with lived experience to design and implement the improvements based on what matters to them.

Developing leadership behaviours.
Support leaders across the system to live and breathe the values and behaviours of the organisation and hold leaders to account for behaviours, not just improvement outcomes.

Building improvement capability and capacity.
Identify or create an improvement methodology to use across your entire organisation, ensuring a local and systemic way of practising improvement.


Embedding into management systems and processes.
Develop an explicit management system that aligns with the strategy, vision and purpose of the organisation at board level and throughout all workforce structures and functions.





Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Drivers and enablers:

- Co-production with people and communities
- Clinical leadership
- Workforce, training and education
- Digital transformation (including federated data platform and model health system)
- Addressing health inequalities.






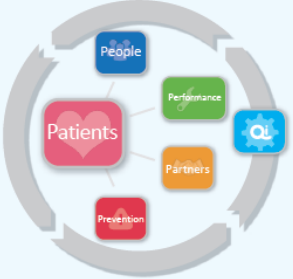


Our vision
The ambition of the Trust

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



True north
How we arrive at our vision




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

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

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

Objective four: In recurrent surplus to invest in improving patient care.



New ways of working are co-produced (Patients, our people, and Partners).

- Patients at the centre of Qi.
- Qi across organisational boundaries.
- Solutions created from all across the system responsible for providing care.
- Understand health inequalities as focus of action.

Qi is embedded in the way we do work at DBTH.

- Qii is discussed at all team huddles.
- Dedicated Qii business partners.
- Qii embedded in leadership programmes.
- Qii skills and culture at all levels and accessible to everyone.

We are recognised for the effectiveness of our improvement work.

- Robust evaluation of Qi work.
- Qi training and involvement across the whole system.
- Create a Qii Faculty to increase bandwidth.

Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and Use of Resources.

- Improvements can be measured and described.
- Our patients are safe and well cared for.
- Our people are happy and enabled to do great work.

We use plain language to describe the methods and actions.

- Doing better today than yesterday is improvement.
- We celebrate success and learn from things that don't go to plan.

Delivering the aims of the Strategy (2024 – 2028)

The actions to deliver the strategy are described below. These milestones and objectives are designed to be live with more detail added to the 'current year'. The updated milestones will be stored within the Qii shared drive and progress reported through the Trust Executive Group and the yearly Quality Executive Committee report.

5 year Aim a): New ways of working are co-produced with our patients, our colleagues, learners and partners.

True North objective one – To provide outstanding care and improve patient experience.

This aim supports that patients are at the centre of our focus of improvement and innovation, that solutions are created from all across the system from people providing and receiving the care and consider all aspects of equity and equality. The support from the central Qii team will be determined by the priorities set by the System and Subsequently DBTH TH FT Executive team.

Supporting actions to deliver this aim;

Milestone / Objective	2023/24	2024/25	2025/26	2026/27	2027/28
Support in major CIP programs identified from System priorities.					
4 Qii programs with patient & partner involvement.					
Increase in Qii champions per division.					
Qii questions post event to gauge impact of intervention.					
Standard work for involvement of patients in improvement works.					
A3 or PDSA methodology for all improvement events.					
Qii Faculty - involvement of level 2 coaches to lead events.					
Snr. Management go see walks in place.					
3 active Qii level2 coaches per division.					
Schedule of model area rollouts.					
1 lead Qii person from central Qii department per division / directorate.					
All major projects with patient, colleague, learner and partner input					
Patient co-coaching Qii events with DBTH Qii Coach.					
80% of improvement involving patient, partner & colleague input.					
New ways of working are co-produced with our patients, our colleagues, learners, and partners.					

5 year Aim b): Qii is embedded in the way we do work at DBTH

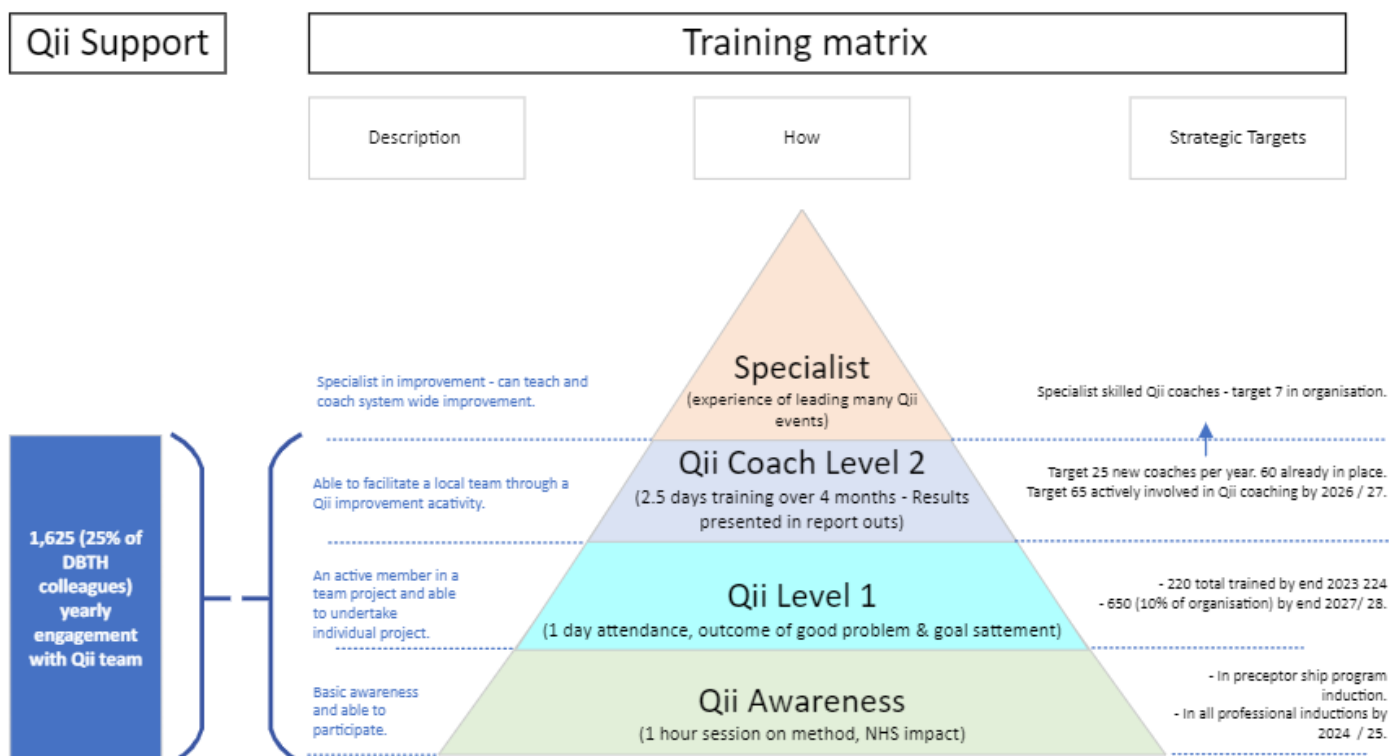
True North objective two – Everybody knows their role in achieving the vision.

This aim supports that Qii is embedded in the way we do work at DBTH. To achieve this Qii business partners / practitioners will be aligned to divisions, Qii will be embedded into leadership programs, there will be opportunity to discuss improvement at team huddles and Qii skills will be present at all levels of the organisation. The purpose of this aim is to embed improvement and innovation into the culture of the organisation.

Supporting actions to deliver this aim;

Milestone / Objective	2023/24	2024/25	2025/26	2026/27	2027/28
Visual Huddle process in place for 10% of teams – improvement ideas logged on database.					
Qii coaching as part of leadership programs.					
Qii - research-based evaluation.					
Health inequalities training included within the Qii training and methodology.					
Visual Huddle process in place 30% organisation.					
Qii Faculty – formal evaluation tool in place.					
Internal leadership fellow in place.					
Visual Huddle process in place in all areas.					
Employer of choice equitable with other Trusts within the region.					
Qii is embedded in the way we do work at DBTH.					

The overall training, coaching and engagement aims are schematically represented below.



Engagement with the Qii team is planned to be achieved in 4 main ways. These are through projects that have been identified by the Executive team, projects identified via Qii business partners directly supporting the divisions and utilising the Qii level 2 trained faculty and support for local improvement projects identified through local huddles and by offering Qii training and coaching to all staff. Through these routes the Qii team are aiming to engage with 1,625 colleagues a year (representing 25% of the organisation). Ultimately it is the aim to have more Qii projects active on the Qii database that are not supported by the Qii central team thus demonstrating that the Qii methodology is being embedded as part of the way we do work at DBTH.

The coaching and training are delivered over 4 main levels.

- i. **Qii Awareness** – Colleagues are able to participate in Qii activities and are comfortable to raise suggestions. This awareness is delivered in the preceptorship induction and planned to be introduced in all professional inductions by 2024 / 25.
- ii. **Qii Level 1** - At this level the person will be able to be an active participant in a wider Qii project and undertake individual projects. This is a 1-day training program, and the target is to have trained 220 people in this program by the end of 2023 /24 and 650 in total (representing 10% of number of employees) by the end of 2027 /28. This level is now also been offered to F1 and F2 grade doctors who attend DBTH as part of their rotation.
- iii. **Qii Level 2** – A level 2 coach can lead a team through an improvement project and coaching other individuals through an individual project. The level 2 coaches form the Qii Faculty within the Trust. The 2 ½ day program is coached over a 4-month period. The aim is to coach 25 people a year at this level and have 65 active coaches leading Qii projects by 2026 / 27.
- iv. **Specialist Practice Coach** – A specialist Practise Coach is an improvement specialist with experience of delivering improvement using the change methodology. They can teach and coach all levels below.

5 year Aim c): We are recognised for the effectiveness of our improvement work

True North objective three: Feedback from staff and learners in top 10% in UK.

The improvement work at DBTH is celebrated and is recognised both within and outside the organisation making DBTH a positive place to work.

Supporting actions to deliver this aim;

Milestone / Objective	2023/24	2024/25	2025/26	2026/27	2027/28
All new visual huddle process to lead with Health & Well being.					
Qii improvement section on all visual huddle processes introduced.					
Qii involvement questions to be given post event to gauge impact of intervention.					
Capability spread with Fellows / secondments.					
Qii recognition and model area certification.					
Leadership & evaluation framework.					
Qii Faculty training across system					
Qii Faculty Links to HEIs / sandwich placements.					
Area certification audits / re accreditation.					

Qii in Staff development & succession planning					
We are recognised for the effectiveness of our improvement work.					

5 year Aim d): Tangible benefits are realised across the four domains of Quality, Morale, Delivery and Use of Resources.

True North objective four: **In recurrent surplus to invest in improving patient care.**

By measuring the benefits of Qii across a balanced scorecard of outcomes, patient and staff experience, delivery and effective use of resources we can ensure that all improvements can be measured and described, our patients are safe and well cared for, our people are happy and enabled to do good work and that we maintain a stable financial footing to continue to invest in improving patient care.

Supporting actions to deliver this aim;

Milestone / Objective	2023/24	2024/25	2025/26	2026/27	2027/28
Qii as integral offering within RIT - joint events.					
Qii training available for DBTH project managers / RIT functions.					
Tangible benefits on main improvement events linked to Trust dashboards.					
Qii KPIs in place.					
Create Qii Faculty brand.					
Qii main projects identified by KPIs and system issues.					
Benefits tracked through governance and programme boards.					
Examples of re-investment from Qii generated savings.					
Using Qi methods with service re design.					
Consistency of Qii model outside DBTH (Understand, Design, Deliver, Sustain).					
Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and Use of Resources.					

5 year Aim e): We use plain language to describe the methods and actions.

Using plain language helps and encourages people to realise that doing something better today than yesterday is improvement. We do this by celebrating success and learning from things that do not go to plan. A Qii communication plan was developed to support this aim a summary of which is shown below.

Qii Strategic aims	Actions	Timescale	Progress
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New ways of working are co-produced (Patients our colleagues and Partners)	Sequence of Qii report outs including NED and Exec support. <ul style="list-style-type: none"> Bimonthly schedule in place All report outs recorded. 	2023	Completed
	Patient involvement <ul style="list-style-type: none"> Lived experience involvement – all major projects Regular monthly meetings – Head of Pt Engagement 	April 2025	In Progress
		2023	Completed
Qii is embedded in the way we do work at DBTH.	Training <ul style="list-style-type: none"> L1 & L2 dates advertised L2 Coach / coach L1 E learning Modular – subject training (10 min tool talks) – In progress. 	2023	Completed
		Dec 2024	In Progress
	Qii Faculty (over 60 L2 coaches in organisation) <ul style="list-style-type: none"> Action Learning set L2 Teams channel for accredited L2 coaches 	2023	Completed
	Qii awareness and presence <ul style="list-style-type: none"> Sequence of ‘stands’ and examples 6 monthly Qii listening events scheduled 	2023	Completed
	Leading indicators <ul style="list-style-type: none"> Qii project activity per division per month dashboard - L2 & L1 Qi coaches / division 	2024	Completed
We are recognised for the effectiveness of our improvement work.	Celebration <ul style="list-style-type: none"> Monthly star award nominations from Qii team Video / Sound bites of report outs 	Apr 2024	In progress
	Regular Qii Buzz update <ul style="list-style-type: none"> Newly trained (names) Report out sound bites Structure Advance notice of presentations Pt / Colleague testimonials 	May 2024	Not Started
	Place and System based joint improvements / facilitation	2024	In progress
	Qii Face book – weekly posts.	2024	Completed
Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and use of resources.	Sequence of Qii report outs including NED and Exec support. <ul style="list-style-type: none"> Bimonthly schedule in place All report outs recorded. 	2023	Completed
	Update of Qi database to sort on QCDDM - Complete	2024	Completed
	KPIs <ul style="list-style-type: none"> Creation of Qii KPIs Dashboard and publication of KPIs 	2023	Completed
		May 2024	In progress
Governance reports <ul style="list-style-type: none"> QEC Monthly TEG Bi monthly Transformation Brd. 	2023	Completed	

Links to other DBTH Strategies

This Strategy has been co-produced with several other departments and in common with other DBTH Strategies has identified objectives that align with the overall **Trust Vision, True Norths, We Care** values and the Trusts **Strategic Objectives**.

The Qii Strategy has strong links with the **DBTH People Strategy (2023-2027)**, specifically with 'We are a Team', 'We are always learning' and 'We each have a voice that counts' from the **NHS People Promise** and the **WE CARE** values of the Trust. The **DBTH way**, which has been recently revised and covers collaboration has Qii embedded within it as do the **Leadership and Team development programs** highlighted within the People strategy. This aligns with the identified drivers of workforce, training and education in the NHS impact approach.

As an enabling methodology Qii fully supports the **DBTH Nursing, Midwifery and Allied Health Professionals Quality Strategy (2023-2027)** six strategic aims of Patient safety, Patient experience, Clinical effectiveness, Fundamentals of care, Care of most vulnerable patients and Care planning and documentation. These align to the identified drivers of Co-production with people and communities and clinical leadership in the NHS impact approach and therefore the DBTH Qii strategy.

The 5 pillars of the **DBTH Tackling Health Inequalities Strategy** of Understand our communities, Connecting people, Model of delivery, Access to services, Leadership and accountability align with the co-production and leadership elements of the NHS impact and DBTH Qii Strategy. Health inequalities (HI) training is also being included in the Qii training to ensure that this is considered during any improvement initiative. As with the Nursing, Midwifery and AHP Quality strategy Qii is an enabling methodology to the Tackling Health Inequalities Strategy. By embedding HI into the Qii training and methodology ensures that HI will also be considered during Qii programmes.

The Qii Strategy is also aligned with the **DBTH Digital Transformation Strategy (2021 – 2024)** in particular with the aim statements around Our Patients, Our Workforce, Our System Leadership, Our Data Analytics and Our Technology Systems.

Within the **DBTH Research and Innovation Strategy (2023- 2028)** the priority areas of Improving Health and Wellbeing, the use of data and digital transformation to address unmet health need, improving maternal and child health aligns with the enablers described within the NHS impact model. The strategy itself was developed with 'our patients, people, and partners very much at the heart of it' which is the cornerstone of any innovation and improvement work.

The required drivers and enablers of the NHS Impact model, of which the DBTH Qii Strategy is based,, of Co-production with people and communities, clinical leadership, workforce, training and education, digital transformation and addressing health inequalities are all addressed in the above supporting DBTH strategies.

References & Bibliography

Health Foundation (2021), *Quality improvement made simple.*

NHS England PRN2137 (2023), *NHS delivery and continuous improvement review: recommendations.*

CQC report (2018), *Quality improvement in hospital trusts Sharing learning from trusts on a journey of QI*

Health Foundation (2016), *A Clear road ahead*

BJA Education 18(5), pp. 147-152 (2018), *Ensuring success and sustainability of a quality improvement project*

NHS Improvement (2011), *NHS Improvement An Overview – Tips for Successful Improvement Projects*

KPMG (2019), *Creating a culture of excellence - How healthcare leaders can build and sustain continuous improvement*

Kings Fund, (2017), *Caring to Change: How compassionate leadership can stimulate innovation in health care.*

Appendices – Qii top level implementation plan

True North	2023-24 (Milestones)	2024-25 (Objectives)	2025-26 (Objectives)	2026-27 (Objectives)	2027 -28 (Aim)
To provide outstanding care and improve patient experience.	<ul style="list-style-type: none"> Support in major CIP programs identified from System priorities 4 major programs with patient & partner involvement. Increase in Qii champions per division Qii questions post event to gauge impact of intervention Standard work for involvement of patients in improvement works A3 or PDSA methodology for all improvement events Qii Faculty - involvement of level 2 coaches to lead events Snr. Management go see walks in place 	<ul style="list-style-type: none"> 3 active Qii level2 coaches per division Schedule of model area rollouts 1 lead Qii person per division / directorate All major projects with patient / partner input 	<ul style="list-style-type: none"> Patient co-coaching Qii events with DBTH Qii Coach. 	<ul style="list-style-type: none"> 80% of improvement involving patient, partner & staff input 	New ways of working are co-produced with patients, our people, and partners
Everybody knows their role in achieving the vision.	<ul style="list-style-type: none"> Visual Huddle process in place for 10% of teams – improvement ideas logged on database Qii coaching as part of leadership programs Qii - research-based evaluation Health inequalities training included within the Qii training and methodology 	<ul style="list-style-type: none"> Visual Huddle process in place 30% organisation Qii Faculty – formal evaluation tool in place 	<ul style="list-style-type: none"> Internal leadership fellow in place 	<ul style="list-style-type: none"> Visual Huddle process in place in all areas Employer of choice equitable with other Trusts within the region 	Qii is embedded in the way we do Qi at DBTH
Feedback from staff and learners in top 10%	<ul style="list-style-type: none"> All new visual huddle process to lead with Health & Well being Qii improvement section on all visual huddle processes introduced Qii involvement questions to be given post event to gauge impact of intervention 	<ul style="list-style-type: none"> Capability spread with Fellows / secondments Qii recognition and model area certification Leadership & evaluation framework 	<ul style="list-style-type: none"> Qii Faculty training across system Qi Faculty Links to HEIs / sandwich placements Area certification audits / re accreditation 	<ul style="list-style-type: none"> Staff development & succession planning 	We are recognized for the effectiveness of our Qi work
The Trust is in recurrent surplus to invest in Improving patient care	<ul style="list-style-type: none"> Qii as integral offering within RIT - joint events Qii training available for DBTH project managers / RIT functions. Tangible benefits on main improvement events linked to Trust dashboards Qii KPIs in place Create Qii Faculty brand 	<ul style="list-style-type: none"> Qii main projects identified by KPIs and system issues. Benefits tracked through governance and programme boards. 	<ul style="list-style-type: none"> Examples of re-investment from Qii generated savings. Using Qi methods with service re design. 	<ul style="list-style-type: none"> Consistency of Qii model outside DBTH 	Tangible benefits are realised across QDMR

Appendix B – Qii Communication plan

True North objectives	<i>To Provide Outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners in top 10% in UK</i>	<i>In recurrent surplus to invest in improving patient care</i>
Qii 5 year aims	New ways of working are co-produced (Patients our colleagues and Partners)	Qii is embedded in the way we do work at DBTH	We are recognised for the effectiveness of our improvement work	Tangible benefits are realised across the 4 domains of Quality, Morale, Delivery and use of resources
Communication activity	<p>Sequence of report outs including NED and Exec support – Complete</p> <ul style="list-style-type: none"> ○ Granger ○ TTOs ○ Recruitment ○ Thermo regulation W&C ○ Play Leaders ○ Palliative care admin <p>Qii Face book – weekly posts</p> <p>Patient involvement</p> <ul style="list-style-type: none"> ○ Pt. Stories ○ Impact ○ Regular monthly meetings – Head of Pt Engagement - Complete ○ Pt. improvement group <p>Engagement activities of major work</p> <ul style="list-style-type: none"> ○ BEV ○ SU ○ Recruitment 	<p>Training</p> <ul style="list-style-type: none"> ● L1 dates advertised ● L1 E learning ● L2 Coach / coach - Complete ● L2 cohort-Complete ● Induction slot (now Qi is no longer part of SET) ● Modular – subject training (10 min tool talks) <p>Qi Faculty (38 L2 coaches in divisions)</p> <ul style="list-style-type: none"> ● Action Learning set- Complete ● Own face book <p>Qii ‘drop in’ sessions</p> <ul style="list-style-type: none"> ● Sequence of ‘stands’ – with exercises – 6S, Standard work, red bead ● Attendance B7 & Matrons meetings <p>Leading indicators</p> <ul style="list-style-type: none"> ● Qi activity per division per month reported ● # L2 & L1 Qi coaches / division – Complete <p>Qii Listening events - monthly</p> <p>Executive Walks</p> <ul style="list-style-type: none"> ● Model areas ● Team Huddle attendance 	<p>Celebration</p> <ul style="list-style-type: none"> ● Monthly star award nominations - Complete/ new Qi focused category ● Qi OS questions (or TED) ● Video / Sound bites of report outs ● Presentation at 4 Qii conferences (incl. sharing how we care) ● Regular Qi Buzz update <ul style="list-style-type: none"> ○ Newly trained ○ Report out sound bites ○ Advance notice of presentations <p>Place and System based joint improvements / facilitation</p> <ul style="list-style-type: none"> ● Falls ● TO (TBC) ● Link in with other Trusts ‘improvement weeks’ <p>Refresh Qii page on Buzz</p> <p>Pt. / Colleague testimonials</p> <p>Communication piece about Qi</p> <ul style="list-style-type: none"> ● Short Bios ● Structure ● What we offer ● Strategy on a page 	<p>Sequence of report outs including NED and Exec support – Complete</p> <ul style="list-style-type: none"> ○ Granger ○ TTOs ○ Recruitment ○ Thermo regulation W&C ○ Play Leaders ○ Palliative care admin <p>DBTH Library of A3s</p> <p>Update of Qi database to sort on QCDDM</p> <p>Governance reports</p> <ul style="list-style-type: none"> ● QEC ● Monthly TEG ● Bi monthly Transformation Brd. <p>Publication of Qi KPIs</p>

2405 - C4 ANNUAL REVIEW OF THE TRUST RISK APPETITE STATEMENT & STRATEGIC RISKS

● Information Item

👤 Fiona Dunn, Company Secretary / Director of Corporate Affairs

🕒 10:5

5 minutes

REFERENCES

Only PDFs are attached

 C4 - Annual Review of Risk Appetite Statement & Strategic Risks.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	7 May 2024	Agenda Reference:	C4	
Report Title:	Annual Review of Risk Appetite & Strategic Risks			
Sponsor:	Zara Jones, Deputy Chief Executive Officer			
Author:	Fiona Dunn, Director Corporate Affairs/Company Secretary			
Appendices:	DBTH Risk Appetite Statement 2024/2025 DBTH Strategic Risks 2024/2025			
Report Summary				
Purpose of Report	This paper presents to the Board the annual review of the DBTH Risk Appetite Statement and Strategic Risks for 2024/2025 which contribute to the Board Assurance Framework.			
Executive Summary				
<p>Risk is inherent in the provision of healthcare and its services. It is necessary for the Trust to understand and agree the level of risk that it is willing to accept to achieve its strategic objectives and also articulate clearly the key Strategic Risks that contribute to the Board Assurance Framework (BAF).</p> <p>At a Board workshop/development session on 30th April 2024 the current DBTH Risk Appetite Statement and Strategic Risk were reviewed and agreed by the Board of Directors for 2024/2025.</p> <p>The DBTH Risk Appetite Statement was reviewed using a matrix model developed by the Good Governance Institute (May 2020) and the outcome statement is attached.</p> <p>The strategic Risks were reviewed with no changes made. The current risk score is attached for each BAF risk, but will be now reviewed and aligned with the reviewed DBTH Risk Appetite and the new DBTH Vision and Strategic Priorities (4P's) once approved by the Board of Directors.</p> <p>The articulation of the Boards appetite for risk will feed into the Trusts wider risk management framework process and in particular the Board Assurance Framework through agreement of target BAF risk scores and development of timescales to reach the targets. This will allow the Board to provide greater focus on actions described in the BAF.</p> <p>The reports attached in the appendices are for Board to note following agreement at the recent Board workshop.</p>				
Recommendation:	<ul style="list-style-type: none"> • The Board is asked to note the agreed DBTH Risk Appetite Statement for 2024/2025 from the Board workshop 30/4/24. • The Board is asked to note the agreed DBTH Strategic Risks for 2024/2025 from the Board workshop 30/4/24. 			
Action Required:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	

We believe this paper is aligned to the strategic direction of:	Yes	Yes
Implications		
Board assurance framework:	Changes will need to be made for new financial year BAF	
Regulation:	All NHSF trust are required to have a system in place to identify & manage risk effectively.	
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.	
Resources:	N/A	
Assurance Route		
Previously considered by:	Work undertaken at Board Workshop for the annual review of both documents on 30/4/2024	
Date:	30/4/24	
Any outcomes/next steps	Both were reviewed and aged by the board of Directors at the workshop. Final approved documents to go to Public Board 7/5/2024 for ratification in Public.	
Previously circulated reports to supplement this paper:		

DBTH TRUST RISK APPETITE STATEMENT

1. Introduction

Risk is inherent in the provision of healthcare and its services. It is necessary for the Trust to understand and agree the level of risk that it is willing to accept to achieve its strategic objectives.

The purpose of a Risk Appetite Statement is to articulate what risks the Board is willing or unwilling to take in order to achieve the Trust's strategic objectives.

Well Led guidance¹ published by NHS Improvement references regular review of the Board's risk appetite and tolerance as part of evidence that there are clear and effective processes for managing risks, issues and performance.

2. Background

Work was undertaken by the Board during 2022 to agree the Trust's risk appetite across defined areas of strategic risk. This drew on guidance from the Good Governance Institute and its '*Risk Appetite for NHS Organisations Matrix*'². (Appendix A)

In outlining its approach to and appetite for risk within a Risk Appetite Statement, the Board of Directors has defined its strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds.

The Board will review its Risk Appetite Statement on an annual basis.

3. Risk Appetite Statement

3.1 General principles

Methods of controlling risks must be balanced. The Trust may accept some high risks either because of the cost of controlling them, or to deliver innovation or use resources creatively when this may achieve substantial benefit.

As a general principle the Trust has a low tolerance for, and will therefore seek to control, all risks which have the potential to:

- Expose patients, staff, visitors and other stakeholders to harm
- Compromise the Trust's ability to deliver operational services
- Adversely impact the reputation of the Trust
- Have severe financial consequences which may impact on the Trust's future viability
- Cause non-compliance with law and regulation.

¹ NHSI, Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts; June 2017.

² Good Governance Institute, Board Guidance on Risk Appetite. May 2020

3.2 Risk appetite definitions

Definitions for levels of risk appetite are set out in table 1, below.

These have been adopted from the Good Governance Institute’s Risk Appetite for NHS Organisations Matrix (Appendix A).

Risk Levels (consequence)		Risk Appetite
AVOID	Avoidance of risk and uncertainty is a key organisational objective ALARP (As little as reasonably possible)	None (0)
MINIMAL (low)	Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Low (1)
CAUTIOUS	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward	Moderate (2)
OPEN	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)	High (3)
SEEK	Eager to be innovative and choose options offering potentially higher business rewards despite greater inherent risk	Significant (4)
MATURE	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust	Significant (5)

Table 1: Risk Appetite Levels

3.4 Risk Appetite Statement by areas of strategic risk

Risk type	Risk Level & Appetite (Colour)
Reputation - (How will we be perceived by the public and our partners?)	SEEK (4)
<ul style="list-style-type: none"> We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks. 	
Finance / Value for money – (How will we use our resources?)	OPEN (3)
<ul style="list-style-type: none"> We strive to deliver our services within the budgets set out in our financial plans and are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor. 	
Regulatory / Compliance – (How will we be perceived by our regulator?)	CAUTIOUS (2)
<ul style="list-style-type: none"> We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential. Where the laws, regulations and standards are about the delivery of safe, high-quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them 	
Innovation	OPEN (3)
<ul style="list-style-type: none"> The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated. The Trust will not, however, compromise patient safety while innovating service delivery 	
Quality (How will we deliver safe services?)	OPEN (3)
<ul style="list-style-type: none"> We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. 	
People (How will we be perceived by the public and our partners?)	OPEN (3)
<ul style="list-style-type: none"> The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff. We will not accept risks, mor incidents or circumstances which may compromise the safety of any staff members and patients and contradict our Trust values 	

Risk Appetite Statement (approved April 2024)

Date of next review April 2025

Applying risk appetite matrix

RISK APPETITE LEVEL ▶	0 NONE	1 MINIMAL	2 CAUTIOUS	3 OPEN	4 SEEK	5 SIGNIFICANT
RISK TYPES ▼	Avoidance of risk is a key organisational objective.	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
FINANCIAL How will we use our resources? ▶	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator? ▶	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services? ▶	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
INNOVATION						
REPUTATIONAL How will we be perceived by the public and our partners? ▶	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will we be perceived by the public and our partners? ▶	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.

BOARD ASSURANCE FRAMEWORK SUMMARY - Strategic Risks

Apr-24

Strategic Priorities	BAF Ref	BAF Executive Owner	Strategic Risk		Oversight Committee													Current LxC	Current	Target Score
						IF	THEN	Apr-24	May-24	Jun-24	Jul-24	Aug-23	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25			
PATIENTS	BAF 1	Chief Nurse	If DBTH is not a safe trust which demonstrates continual learning and improvement	Then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	QEC	16												4 (L) x 4 (C)	16	
PEOPLE	BAF 2	Chief People Officer	If DBTH is unable to recruit, motivate, retain and develop sufficiently skilled workforce to deliver services	Then patient and colleague experience and service delivery would be negatively impacted and would not be embedded inclusive culture in line with our DBTH Way	PEOPLE	12												4 (L) x 3 (C)	12	
PATIENTS	BAF 3	Chief Operating Officer	If Demand for services at DBTH exceeds capacity	Then this could impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	F&P	12												4 (L) x 3 (C)	12	
PATIENTS/ POUNDS	BAF 4	Chief Financial Officer	If DBTH's estate is not fit for purpose	Then DBTH cannot deliver services and this impacts on experience for patients and colleagues	F&P	20												5 (L) x 4 (C)	20	
POUNDS	BAF 5	Chief Financial Officer	If DBTH cannot deliver the financial plan	Then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	F&P	16												4 (L) x 4 (C)	16	
PARTNERSHIP	BAF 6	Dep CEO	If DBTH does not effectively engage and collaborate with its partners and communities will miss opportunities to address strategic risks which require partnership solutions	Then DBTH fails to meet its' duty to collaborate and deliver integrated care for benefit of people of Doncaster and Bassetlaw	QEC	6												2 (L) x 3 (C)	6	
PEOPLE / PATIENTS	BAF 7	Chief Financial Officer	If DBTH does not deliver continual quality improvement, research, transformation & innovation	Then the Organisation won't be sustainable in long term	F&P	6												2 (L) x 3 (C)	6	

2405 - D1 INTEGRATED QUALITY & PERFORMANCE REPORT

● Discussion Item

👤 Executive Directors

🕒 10:55

20 minutes

REFERENCES

Only PDFs are attached

 D1 - Integrated Quality & Performance Report.pdf

 D1 - Appendix Trust IQPR - March 2024.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	7 May 2024	Agenda Reference:	D1
Report Title:	Integrated Quality & Performance Report		
Sponsor:	Karen Jessop, Chief Nurse Zoe Lintin, Chief People Officer Dr N Mallaband, Acting Executive Medical Director Denise Smith, Chief Operating Officer		
Author:	Karen Jessop, Chief Nurse Zoe Lintin, Chief People Officer Dr N Mallaband, Acting Executive Medical Director Denise Smith, Chief Operating Officer		
Appendices:	Trust IQPR March 2024		
Report Summary			
Executive Summary			
<p>This report outlines the key performance and key safety measures for March 2024. Work is in progress to develop a new approach to updating the Board on progress against key metrics, using the IQPR as a central mechanism for this, rather than individual officer reports. This work will develop over coming months including further work on the IQPR itself and also connecting the key messages across the areas together within the covering report to ensure it is integrated and clear for the Board what our position is and reasons for this position.</p>			
People			
<ul style="list-style-type: none"> SET (Statutory and Essential Training) hit a recorded high for DBTH of 89.19% in February 2024 and, as expected, there was a reduction in March – although greater than anticipated, to 85.78%. Employee turnover has achieved or exceeded the 10% target for two consecutive months. Sickness absence stands at 5.81% in March and local targets have been set at divisional/ directorate level, with a further cascade of targets being implemented within these areas. Appraisal season runs from 1 April to 31 July 2024 and the new Scope for Growth talent management framework was launched in March to complement these development discussions during appraisals. The report outlines recent external recognition for our education offer and teams, together with the approach being taken in relation to engagement on the staff survey results within teams. 			
Access			
<ul style="list-style-type: none"> In March 2024, there were 17,164 attendances to the Trust Emergency Department (ED), of these 4,102 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 76.10% against the standard of 76%. 12 hours: In March 2024, there were 533 patients in ED > 12 hours from arrival (3.1% of attendances). Ambulance handover: In March 2024, 43.2% of ambulance handovers took place within 15 minutes, 77.5% took place within 30 minutes and 93.0% took place within 60 minutes. 			

- **Diagnostics:** Performance against the 6 week standard in March 2024 was 77.36%.

Elective Care

- **78 week waits:** In March 2024 there were 2 patients waiting >78 weeks.
- **65-week waits:** In March 2024 there were 16 patients waiting >65 weeks (this is inclusive of the 2x 78 week patients above).

Cancer waiting times

- **Faster Diagnosis Standard:** Performance in February 2024 was 82.9% against the standard of 75%
- **31-day from diagnosis to first definitive treatment (all cancers):** Performance in February 2024 was 97.4% against the standard of 96%
- **62-day wait from referral from urgent referral to first definitive treatment for cancer:** Performance in February 2024 was 71.8% against the standard of 85%.

Quality

The Executive Medical Director’s directorate continues to provide leadership across the work-strands within the portfolio to help support and shape the direction of the Trust and achieve its objectives. Key highlights are:

- Good progression with job plan performance
- Excellent achievement of medical appraisal rates against NHS England and Trust standards
- Continuing to improve the clinical leadership development offer for the Trust’s clinical leaders
- Work on mortality, governance and risk continues along with improving depth of clinical coding and the Structured Judgement Review completion rates to improve the learning from deaths process
- Good progress being made on the governance of clinical audit action plan
- The Medical Examiner team continue to scrutinise 100% of adult deaths in hospital and community settings

The paper outlines the March 2024 outcomes in relation to the key patient safety measures identifying areas of good practice and improvement:

- We have seen a reduction in falls over the course of the month as result of the focused work by the falls improvement group.
- An improvement in the response times to complaints has been demonstrated by the Divisions

Recommendation:	To note the report and take assurance.			
Action Required:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
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, Strategic risk 3
Risk register:	Existing workforce-related risks
Regulation:	CQC (reg 12) - Safe Care and Treatment NHSE - National Quality Board staffing reporting requirements
Legal:	
Resources:	
Assurance Route	
Previously considered by:	Contents shared with F&P
Date:	F&P 26 th April 2024
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	

Chief People Officer Executive Summary

- SET (Statutory and Essential Training) hit a recorded high for DBTH of 89.19% in February 2024 (against a target of 90%) and fell back to 85.78% in March. There has been an increase in SET completion amongst some professional groups and in some subject areas over the last few months, for example the inclusion of engagement in SET as a criteria linked to Local Clinical Excellence Awards for eligible consultants resulted in increased uptake in some areas.

A slight reduction in SET compliance was expected in March, and this was seen across different topics and professional groups. This was due to changes in the SET offer including delivery mode and frequency and the fact that compliance for a number of colleagues expired in March. These changes should support colleagues with their SET completion in the medium term and work continues to review the impact of the national Core Skills Training Framework.

- The employee turnover rate saw another positive reduction in March, standing at 9.85% after achieving the 10% target in February 2024 following a pattern of gradual reduction over the preceding year. The turnover figure has now been changed in the IQPR from this month's report, to be shown as an annual rolling target rather than a monthly one.
- Sickness absence stands at 5.81% in March against an ambitious target of 5%, with an improvement seen year-on-year. Local sickness absence targets have been set at divisional and directorate level for 2024/25 and senior leadership teams have been asked to develop targets at a more granular level for departments in their areas. This builds on the new approach developed in 2023/24 and sickness absence is a standing agenda item for discussion at each Performance, Overview and Support meeting.
- Appraisal Season 2024 commenced on 1 April and will run until 31 July. The appraisal form and training resources have been refreshed following feedback from last year, with the focus continuing to be on the quality of the appraisal conversation.

The aim is to achieve the 90% target for appraisal completion, whilst maintaining a high quality of conversations. The recorded completion rate in the 2023 appraisal season was 85.25%. Weekly reporting of recorded completion of appraisals began in mid-April and will continue throughout the season, together with oversight through Performance, Overview and Support meetings.

Medical colleagues will continue to have appraisals in line with the separate year-round schedule.

- The Scope for Growth talent management framework was launched in March 2024, following a pilot in a number of clinical and corporate areas and with the Executive team. This framework has been adapted and simplified from the national model and has been designed to support appraisal and development conversations.
- Following a request at People Committee, the IQPR now contains key annual national staff survey metrics and the data from the 2023 survey has been added to this report. Each of these themes has maintained or improved from the scores in 2022.

Daniel Ratchford from IQVIA presented our staff survey results at the March Board meeting and commented positively on the significant improvements seen across all elements year-on-year. Engagement sessions to discuss local team results and improvement planning have commenced and will continue over the next few months.

- Work is ongoing to refine the time to hire and recruitment metrics in the IQPR.
- We are proud of the recent external recognition received in respect of our education offer and teams:
 - Shortlisted for the Student Nursing Times Award for Student Placement of the Year: Hospital, ceremony held in April 2024
 - Finalists in eight categories in the South Yorkshire Apprentice Awards, the only acute trust to be represented, ceremony to be held in May 2024
 - Recognised as a 'trailblazer' by NHS England for our plans to implement the new Safe Learning Environment Charter as an early adopter and taking a multi-professional approach. The Charter was published in February 2024

Chief Nurse Executive Summary

- CDiff – as previously indicated to Trust Board, we have exceeded the year end threshold for CDifficile cases. A Quality improvement project has commenced to review opportunities for improvement. Benchmarking information previously presented indicates other Trusts are seeing a similar increase in cases. We do not have the 2024/25 thresholds as yet.
- SI actions – the Trust transitioned to the Patient Safety Incident Response Framework (PSIRF) in December 2023. Work is underway to close the remaining open SI actions and this is monitored via Patient Safety Committee and when relevant the POSM process.
- SIs declared in month – No SIs will be declared following transition to PSIRF.
- Number of Overdue incidents greater than 3 months - Each division does have a mechanism in place to ensure that all incidents are reviewed in a timely fashion and they are working to improve the overdue position.
- Hospital Acquired Pressure Ulcers – An exception report was presented to QEC in April 2024 due to an increase in HAPU category 4s. Immediate Quality review summits were held with the teams from the 2 affected wards and increased support is in place. The Trust remains on track at this stage to achieve the overall 50% reduction target by 2025.
- Falls – we have seen a reduction in falls over the course of the month as result of the focused work by the falls improvement group.
- Complaints resolution performance – The figure presented is the in month position, not the overall position. An improvement in the response times has been demonstrated by the Divisions. Work is underway to review the data captured and submitted to establish a more meaningful metric. Complaints upheld/partially upheld by PHSO is internal data not PHSO data and work is also underway to review this metric – a deep dive report is planned for QEC in June.
- Friends and Family Test – We have recently changed provider of the FFT service to the Iwantgreatcare platform, a focused piece of work is underway by the Head of Patient Experience and the metrics used for the IQPR will be reviewed as part of this overall work.

Chief Operating Officer Executive Summary

Emergency Care

Emergency care access within 4 hours

There was a significant improvement in performance in March 2024; 76.1% of patients attending our urgent and emergency care services were seen, treated and either admitted or discharged within 4 hours of arrival. This is an improvement in month of 8.4%. Improvements were in both the admitted and non-admitted pathway with an 13.5% percentage increase in admitted pathway and 11.4% percentage increase in the non-admitted pathway.

The Trust ranked 59 out of 143 acute provides and in the 2nd quartile. In February the Trust was ranked 92 out of 143 providers and in the 3rd quartile for 4-hour performance. The Trust was the highest performing Trust for 4-hour standard in South Yorkshire.

Trust: In March 2024, there were 17,164 attendances to the Trust Emergency Department (ED), of these 4,102 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 76.10% against the standard of 76%.

Bassetlaw: In March 2024, there were 5,383 attendances to the Emergency Department, of these 1,036 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 80.75% against the standard of 76%.

Doncaster: In March 2024, there were 9,983 attendances to the Emergency Department, of these 3,065 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 63.0% against the standard of 76%.

Mexborough: In March 2024, there were 1,798 attendances to Montagu Minor Injuries Unit, of these one patient was in the Department over four hours before admission, discharge, or transfer. Performance was 99.94% against the standard of 76%.

Key issues (new issues in red):

- Waiting for assessment in ED continues to be the main reason patients wait longer than 4 hours
- Delays in flow in bed availability and flow
- Streaming to the primary care co-located service is < 20% of all attendances

Key actions (new actions in green):

- Reviewed and amended roles and responsibilities of key leadership positions within the ED department.
- Simplified triage to red, amber and green with medical team's rota'd to each area.
- Increased utilisation of the discharge lounge to support patient flow out of ED for patients requiring admission to a ward bed.
- ANP's based in navigation to increase the number of patients streamed to alternative pathways.

Emergency care access within 12 hours

March 2024 performance of 3.1% is a reduction from 4.73% in March 2023. We have seen a 3-month improvement in performance. DBTH is in the top quartile nationally at 24th out of 124 trusts.

Trust: In March 2024, there were 533 patients in ED > 12 hours from arrival (3.1% of attendances).

Bassetlaw: In March 2024, there were 115 patients in ED > 12 hours from arrival at Bassetlaw ED (2.1% of attendances)

Doncaster: In March 2024, there were 418 patients in ED > 12 hours from arrival to Doncaster ED (4.2% of attendances)

Mexborough: In March 2024, there were 0 (zero) patients in ED > 12 hours from arrival to Montagu Minor Injuries Department (0% of attendances).

Key issues (new issues in red):

- A significant proportion of patients in ED > 12 hours from arrival were waiting for a medical bed
- Delays in initial assessment contribute to overall delays in ED > 12 hours. This increases 5pm onwards

Key actions (new actions in green):

- Monitoring of bed availability and movement of patients within 30 minutes of the bed space becoming available.
- Divisional leadership and oversight of to ensure patient flow to ward beds by 4:00pm so that capacity is available in assessment areas prior to the daily peak in demand.
- Dashboard in ED created to highlight waiting time to see a doctor for each area within the department and the number of patients with treatment plans.

Ambulance handover

Ambulance handover within 15 minutes in March 2024 was 43.2% against the standard of 65%

Ambulance handover within 30 minutes in March 2024 was 77.5% against the standard of 95%

Ambulance handover within 60 minutes in March 2024 was 93.0% against the standard of 100%

There has been an increase in performance on against the 30 minute, and 60 minute handover standard and a decrease in performance in the 15 minute handover standard. There has been a 14.1% increase in ambulance conveyances in March 2024 compared to March 2023. The increase in conveyances has been seen each month of 2023/24 compared to 2022/23, with a total of 12,326 more conveyances which is a 29% increase.

Key issues (new issues in red):

- 16% increase in ambulance conveyances in March 2024 (3,885) compared to March 2023 (3,338).
- Lack of capacity to take ambulance handover at times of peak demand when ED is crowded

Key actions (new actions in green):

- 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.
- Proactive capacity preparation to create capacity for forecasted peaks in demand
- Collaborative working with YAS to increase of the direct ambulance to SDEC / UTC at Doncaster and Bassetlaw

General and Acute (G&A) bed occupancy

Bed occupancy was 95.6% in March 2024 compared to 95.7% in February 2024. In quarter 3 of 2023/24 the trust was in the bottom quartile nationally at 144 out of 155 trusts.

Key issues (new issues in red):

- High proportion of patients with a length of stay > 21 days
- Delays to discharge for patients on pathways 1 - 3

Key actions (new actions in green):

- Undertake a review of current board round processes for all inpatient areas / all sites
- Develop Trust wide Criteria Led Discharge Policy for discussion with clinical colleagues
- Review effectiveness of current longer length of stay process and assess against national best practice to identify areas for improvement
- Develop reporting tool to evidence key themes from weekly reviews and demonstrate improvements
- Collaborative working with partners to reduce discharge delays for patients on pathways 1 – 3

Diagnostic waiting times

Performance in March 2024 was 77.36%, which was the highest Trust performance since March 2020. Percentage compliance demonstrates an improved position from the previous 2 months and overall patients waiting >6 weeks has reduced over the same period to 2451. Despite this positive progress on compliance, the Trust remains just outside the bottom quartile for performance nationally and the most challenged in SYB.

However, this is a result of significant variation across differing modalities, with a small group of modalities disproportionately contributing to the Trust's underperformance, whilst others are now meeting the national standard. For example, colonoscopy, flexi sigmoidoscopy and gastroscopy had 0 patients waiting >6 weeks, which benchmarks as joint top nationally and CT performance has peaked at 99.93%, with only 1 breach, in month. In addition echocardiography (98.19%) and cystoscopy (95.15%) both benchmark in the upper quartile nationally. NOUS and MRI have both demonstrated a month on month improvement and are both now >95% for DM01 performance.

The two modalities which remain the most challenged are audiology and neurophysiology (nerve conduction studies). In March, the total number of patients waiting >6 weeks in audiology (1,845) and nerve conduction (297) account for 87% of the trust breaches (2,451). This puts both modalities' performance in the bottom 5 acute and combined Trusts nationally (Audiology - 14.86% and NCS – 31.57%) and instigates a requirement for increased focus to recover these, in order to improve overall Trust performance against the DM01 standard.

Key issues:

- Based on the current service model in Audiology, there is a gap between the capacity available and that needed to meet the demand on the service. This is compounded by workforce challenges
- Significant pressure on the audiology department through outcomes of the paediatric audiology quality review. Actions to address the recommendations will reduce capacity in the short to mid-term.
- Nerve conduction studies are provided by an external provider and there is insufficient capacity to meet the demand.

Key actions:

- A diagnostic improvement programme is underway, looking at multiple aspects on the delivery of diagnostic services.
- Review of utilisation of all diagnostic capacity and identify areas for improvement remains ongoing.
- Increased utilisation and capacity as part of the CDC
- Working in collaboration with key partners to redesign the audiology service model.
- Temporary capacity added to nerve conduction studies until end of March. Renegotiation of current arrangements from Q1 24/25, with a view to seeing increased activity from May.
- Proposal being developed to increase audiology capacity in the short term while the service redesign work is completed.
- Enhanced oversight of audiology waiting times in place from April.

Elective Care

18 weeks referral to treatment

The number of patients on an active waiting list in the Trust has remained steady at c.54,000, hence specialty recovery plans are still focussing on work such as demand management, outpatient productivity and DNA reduction, alongside managing the longest waiting patients.

RTT performance in February 2024 (the latest national validated position available) was 60.27%, which represents two consecutive months of improvement for the first time since April-May 2023. This position

remains in the upper half nationally and, whilst some way off the national standard of 92%, moves towards the upper quartile (which required >62%) in February 2024. Currently, no Trust nationally is meeting the 92% standard for RTT and focus remains on reducing long waiting patients within the 78 and 65 week cohorts.

Similar to diagnostics there are some variations across specialty performance. Most notably ENT (46.93%) and Thoracic medicine (48.11%) are performing lower than other specialties internally and their counterparts, externally. Whereas General Surgery (75.90%) benchmarks in the top decile nationally.

Waits over 78 weeks for incomplete pathways

In March there were two patients waiting >78 weeks (reduced from 22 the month before). The specialty level detail is as follows:

- ENT 1
- Ophthalmology 1

The ophthalmology patient was a corneal graft patient, where graft material was not available (a recognised national issue) and the ENT patient had a date for surgery of 28 March but was cancelled on the day for clinical reasons (further diagnostic tests were required).

Whilst the performance trajectory for the end of March 2024 was narrowly missed (trajectory was for 0 patients waiting over 78 weeks), there has been significant improvement of the long wait position during Q4.

Key issues:

- Patient choice
- National issue with lack of corneal transplant materials, patient selection is being directed by NHSBTS.
- Capacity pressures in ENT and T&O, including surgeon sickness.
- **Pre-operative assessment capacity**

Key actions:

- Senior divisional oversight of the waiting list to ensure patients are treated in order of clinical priority and long waiting times
- Additional internal capacity secured for ENT and T&O
- Prompt response when corneal transplant materials become available
- **Focussed work to ensure all long-wait patients have a pre-operative assessment as early as possible to maximise any necessary optimisation time**
- **Individual patients tracked by teams, with daily updates and escalations provided to DCOO**

Waits over 65 weeks for incomplete pathways

In March there were 16 patients waiting >65 weeks, which is a 90% reduction from the end of the previous month and is 287 patients fewer than the position at the end of Q3 (December 2023: 303 patients).

From the beginning of February the number of patients within the 65 week cohort (those patients that would have waited 65 weeks by the end of March 2024) was 726, which highlights a material improvement in the position over a short period of time, through the actions undertaken within the specialties and increased grip and control for Q4.

Through the tier 2 meeting a risk of 59 breaches had been discussed due to issues outlined above, with a view of continuing to work towards 0 breaches. Nationally, the expectation has begun to shift on 65 week delivery moving in to 24/25, due the challenges on delivering elective services across the country. As a result of this position it has been recommended to the national team that DBTH are stepped down from tier 2 monitoring, for elective.

Key issues:

- Outstanding long-wait volumes in T&O and ENT applying pressure on available capacity.
- Patient choice
- Pre-operative assessment capacity and timescales.

Key actions:

- Utilisation of capacity for clinically urgent and longest waiting patients
- Senior operational decision making on any cancellations of long waiting patients.
- Review of available pre-operative assessment capacity for Q4 23/24
- Focussed work to ensure all long-wait patients have a pre-operative assessment as early as possible to maximise any necessary optimisation time

Breaches of the 28 day guarantee

There was 1 breach of the 28-day guarantee in Trauma and Orthopaedics, due to the requirement for specialist equipment and the lead time for delivery. However, an overall improvement in performance has been demonstrated in March, which saw the lowest number of breaches, in month, since May 2023.

Key issues:

- Capacity to reschedule patients with 28 days, with competing demands across specialties.
- Senior operational visibility of patients who are on a 28 day pathway following a previous cancellation and when they are due to come in.

Key actions:

- Implement a more robust escalation process for any patient who cannot be rebooked within 28 days of their cancellation.
- Early escalation of patients who are coming in on a 28 day pathway, to ensure mitigations are made to risks of surgery going ahead.
- Add prospective view of 28 day patients to the elective governance arrangements.

Cancer Waiting Times**28 days from urgent referral to receiving a communication of diagnosis for cancer or ruling out of cancer (Faster Diagnosis Standard)**

Performance in February 2024 was 82.9% against the standard of 75%, which remains upper quartile nationally. This demonstrates an uptick in performance following 2 months of declining performance. Whilst there is consistently strong performance against this standard there are opportunities to improve further across a number of tumour sites, specifically Upper GI, Lower GI and Gynaecology.

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

Performance in February 2024 was 97.4% against the standard of 96%. There were 5 breaches across 2 tumour sites (Urology and Skin). All other tumour sites achieved 100% compliance with the standard. Once again, this performance is in the upper quartile nationally and the best in SYB, with the expectation of a third consecutive month of compliance in February.

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

Performance in February 2024 was 71.8% against the national standard of 85%. There were breaches across a number of specialties. The main tumour sites driving the underperformance, responsible overall breaches were Urology, Lower GI and breast. However, nearly 50% of the breaches were attributed to Urology

Key issues:

- Complex diagnostic pathways and diagnostic capacity
- Patient choice
- Time to first outpatient appointment
- Urology clinic and theatre capacity
- STH wait times for specialist and robotic surgery.
- Time to report on and review results

Key actions:

- Deep dive work has commenced across the Cancer Alliance looking to the prostate pathway, which includes radical surgery.
- Capacity and demand plans to be developed as part of business planning process.
- Cancer priorities session, for 24/25, with all Divisional teams and Cancer Services
- Cancer priorities built into Divisional planning work and discussed through triangulation meetings
- Additional Urology capacity funded through cancer alliance for 24/25
- Implementation of robotic surgery for Lower GI patients expected to start in May/June 2024.
- Review reporting delays /results reviews at tumour site level to identify actions for improvement; to be complete by Q2.

Executive Medical Director Executive Summary

- **Medical Appraisals** – NHS England require a Designated Body to submit its annual report to Board in respect of medical appraisal compliance in the autumn of each year. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is the Designated Body for in excess of 400 doctors. The period for medical appraisal compliance runs from April to March each year, with **performance for 2023/24 at 93.07%**. The NHSE Standard for medical appraisal is 85% and Trust standard for staff appraisal rates is 90%. In line with NHS England requirements the annual medical appraisal report for 2023/24 will be submitted at the beginning of November 2024, following presentation to People Committee and a Statement of Compliance being signed off by the Chief Executive Officer.
- **Job Planning** – Following the internal audit review of job planning and subsequent report published in May 2021, the Trust is now compliant with the recommendations made and all actions are complete. With all job plans now on the job planning system, the monthly position fluctuates by division as job plans are re-published 3 months prior to their expiry date. It should be noted that the overall trend is an improving position with an expectation that the 85% performance target will be achieved in the 2024/25 financial year. Over the next 12 months there will be a review of job plans with high levels of Programmed Activities (PA) and those senior medical staff working in excess of 60 hours per week, to ensure the health and wellbeing of medical staff and that high levels of clinical safety are maintained.
- **Audit & Effectiveness** – Following an internal audit review of the governance of clinical audit, a series of actions have been identified to improve processes and give greater oversight of Trust audit activity. The action plan has been presented previously to the Board of Directors via Quality and Effectiveness Committee. Robust monitoring is now in place on Monday.com, with specialty and divisional governance leads able to see their audit position easily and enable activities to be discussed 'live' in governance meetings. Governance Leads now have the opportunity to review historic ongoing audit activity, allowing them to challenge those audits which had been ongoing for some time without completion. Although there is still some work to be done, this is a positive step forwards in ensuring that all registered audit activity aligns to Trust/Divisional priorities.

- **Mortality** - HSMR is back up a little, at a similar to the previous two years at this time. Elective deaths have seen an increase to 4 in October. In terms of benchmarking, the Trust mortality performance is in the middle of its peers With regards to HSMR data, the top 5 causes of death are pneumonia, congestive heart failure, cerebral infarction, acute renal failure and pneumonia. Work is ongoing to monitor and address clinical issues along with clinical coding, for example DBTH data shows less co-morbidities than the national average despite being in a deprived area. There is also an issue with the depth of coding where further work is required. An external review into clinical coding, documentation and impact on mortality rate data quality and income/complexity has commenced. Initial findings have identified financial opportunities in elective and non-elective pathways and mortality rate quality improvement. In addition, a Structured Judgement Review (SJR) Action Plan has been developed to optimise learning to improve patient care and outcomes. A number of actions are in progress / complete. The Sepsis Action Group are planning to review all incidences of pneumonia.



Integrated Quality & Performance Report

Reporting Period - March 2024

Report Purpose

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

Data Source(s)

Mega Cube
Data Warehouse
MS Forms

Report Created

02/04/2024

Report Layout Modified

29/04/2024

Report Owner

Executive Director of
Restoration, Innovation and
Transformation

Contact Details

dbth.information@nhs.net
srequests@nhs.net

Training

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

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



DBTH Health

8.25%

(Last Month 6.75%)

(13+20 / 400 = 6.5 %)



Finance

NOT AVAILABLE



Unvalidated

People

0 %

0 out of 6 KPI's

Health Inequalities

0 %

0 out of 1 KPI's



Patients

45 %

13 out of 29 KPI's



Performance

33 %

20 out of 62 KPI's

Coming Soon

SET Training	85.78%
Completed Appraisals	85.25%
Employee Turnover	9.85%
Sickness Absence	5.81%
Workforce Vacancies	6.70%
Consultants with Signed	
Off Job Plans in EJP	64.00%
Time to Fill Vacancies	59 Days

Health Inequalities 0/1

IPC	6/6
Patient Safety	1/4
Patient Experience	1/3
HSMR	1/3
Falls	2/5
Friends and Family Test	0/2
Medical Examiner	1/1
Audit & Effectiveness	N/A
Skin Integrity	1/2
VTE	0/1

Urgent and Emergency Care	0/11
Waiting List	2/8
Cancer	5/8
Activity Against Plan	3/9
Elective Recovery Fund	5/5
Stroke	3/6
Elective Outpatients	0/9
Elective Theatres	2/7

Finance

Coming Soon

People

People

People Forms Data

People Forms Data 2

Health Inequalities

Ethnicity Recorded

Patients

IPC

HSMR

Patient Safety

Skin Integrity

Falls

Patient Experience

Claims

Friends and Family Test

Audit and Effectiveness

VTE

Reducing Length Stay

Medical Examiner

Performance

Urgent & Emergency Care

Urgent & Emergency Care Trends

Waiting List

Waiting List Trends

Cancer

Cancer Trends

Activity Against Plan

Activity Against Plan Outpatients Trends

Activity Against Plan Inpatients Trends

Elective Recovery Fund

Elective Recovery Fund Trends

Stroke

Stroke Trends

Elective Outpatients

Elective Outpatients Trends

Elective Theatres

Elective Theatres Trends

All Performance KPIS Trends



Data refresh

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Ambulance Handovers



Ambulance Handovers
Within 15 Mins

43.17 %!
Goal: 65.00 %



Ambulance Handovers
Within 30 Mins

77.45 %!
Goal: 95.00 %



Ambulance Handovers More
Than 60 Mins

6.98 %!
Goal: 0.00 %



EM Wait Times



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

76.10 %!
Goal: 95.00 %



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

3.10 %!
Goal: 2.00 %



Self Arrivals - Initial
Assessment Within 15 Mins

48.85 %!
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

13.52 %!
Goal: 95.00 %



Specialty Item Category	A&E Attendance s Count	Patients leaving A&E from clinically ready to proceed to admission within 60 Mins
PAEDIATRICS	136	52.50 %
GYNAECOLOGY	101	50.00 %
OTHER	359	27.37 %
GENERAL SURGERY	192	8.43 %
TRAUMA AND ORTHO SURGERY	109	7.84 %
GENERAL MEDICINE	1061	7.68 %
Total	1958	13.52 %

Non Admission Wait Times

(For Monitoring Only)

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

55.39 %!
Goal: 95.00 %

Attendance Disposal Item	A&E Attendan ces Count	Patients leaving A&E from clinically ready to proceed to departure within 60Mins
ANP Discharge	6	100.00 %
Brought in Dead	1	
Dead on Arrival	1	
Died in department	21	16.67 %
Discharged	11175	57.27 %
Discharged home with COVID-19 advice to self-isolate	3	0.00 %
ESA - Direct to Orthopaedics	4	
ESA - Direct to Urology	1	
ESA - Referred to Ambulatory Care	204	60.00 %
Total	15208	55.39 %

Hospital

Doncaster Royal Infirmary

Bassetlaw District General Ho... Mont...

[Click here for EM Trends](#)



Urgent & Emergency Care



Data refresh

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Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
A&E: Max wait four hours from arrival/admission/transfer/discharge	76.10 %	95.00 %	❗	
Ambulance Handovers Within 15 Minutes	43.17 %	65.00 %	❗	
Ambulance Handovers Within 30 Minutes	77.45 %	95.00 %	❗	
Ambulance Handovers More Than 60 Minutes	6.98 %	0%	▲	
% Patients with Total Length of Stay in Emergency Department >12 hours	3.10 %	2.00 %	❗	
TOTAL -% patients leaving ED from clinically ready to proceed to admission within 60 mins	13.52 %	95.00 %	❗	
Self Arrivals - Initial Assessment Within 15 Mins	48.85 %	95.00 %	❗	



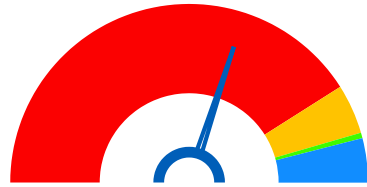
Data refresh

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

RTT Waiters

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

60.10 %



RTT Number of 52 Weeks Waiters

1351

RTT Number of 78 Weeks Waiters

3

Target 0

RTT Number of 65 Weeks Waiters

16

Target 0

RTT Number of 104 Weeks Waiters

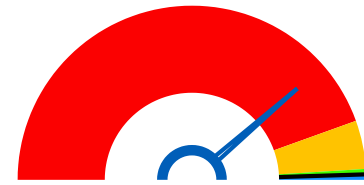
0

Target 0

Waiters - Diagnostic Activity

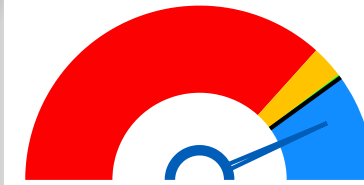
% of patients waiting less than 6 weeks from referral for a diagnosti...

77.26 %!
Goal: 99.00 %



Trust - % DM01 Diagnostic Activity vs 19/20 levels

130.00 %✓
Goal: 120.00 %



RTT Clock Stop Activity

Clock Stop Activity (% against 19/20)

98.11 %!
Goal: 110.00 %



Division (Drill Down For Speciality)

Surgery and Cancer

Unknown

Medicine

Childre...

[Click here for RTT Waiters Trends](#)



Waiting List



Data refresh

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Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
RTT Number of 52 Weeks Waiters	1,351.00			
RTT Number of 78 Weeks Waiters	3.00			
RTT Number of 104 Weeks Waiters	0.00		✓	
% of patients waiting less than 6 weeks from referral for a diagnostics test (DM01)	77.26 %	99.00 %		
% of patients waiting less than 18 weeks from referral to treatment	60.10 %		✓	



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...

82.90 % ✓
Goal: 75.00 %



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

97.20 % ✓
Goal: 96.00 %



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

62.10 % !
Goal: 85.00 %



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

87.50 % !
Goal: 90.00 %



Maximum 31 day wait for
subsequent treatment - Surgery

100.00 % ✓
Goal: 94.00 %



Maximum 31 day wait for
subsequent treatment - Drugs

100.00 % ✓
Goal: 98.00 %



Cancer Waiting Times Open
Suspected Cancer Pathways 63 -
104 Days

13 ✓
Goal: 22



Cancer Waiting Times Open
Suspected Cancer Pathways 104
Days +

6 !
Goal: 0



[Click here for Cancer Trends](#)





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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Maximum 31 day wait for subsequent treatment - Drugs	100.00 %	98.00 %	✓	
Day 28 Faster Diagnosis Standard (patients received diagnosis or exclusion of cancer within 28 days)	82.90 %	75.00 %	✓	
Maximum 31 day wait from decision to treat to first definitive treatment for all cancers	97.20 %	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	87.50 %	90.00 %	▲	
Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	62.10 %	85.00 %	!	
Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days	13.00	22.00	✓	
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	6.00	0.00	▲	



Data refresh

Daily Refresh



Monthly Refresh



Inpatients



TOTAL Activity against plan

45822!

Plan: 49344(-3522)



Non Elective Activity - Discharges (for monitoring)

6115



Endoscopy Activity against plan

1494!

Plan: 1889(-395)



Day Case Theatre Activity against plan

1,018!

Plan: 1,031 (-13)



Non-Theatre Elective Activity - excluding Endoscopy against plan

232

Plan: 180 (-2)



In Patient Elective Theatre Activity against plan

469!

Plan: 511 (-42)



Outpatients



Outpatient Procedures (For Monitoring Only)

8,356



Outpatient New Activity - face to face Including Procedures against plan

12,185!

Plan: 12,560 (-375)



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

22,276!

Plan: 23,792 (-1,516)



Outpatient New Activity - Virtual against plan

1,887✓

Plan: 1,728 (+159)



Outpatient Follow Up Activity - Virtual against plan

3,866✓

Plan: 3,001 (+865)



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



Division (Drill Down Currently Not Available for Inpatients Section)

Surgery and Cancer

Medicine

Children and Families

Cli...

U...

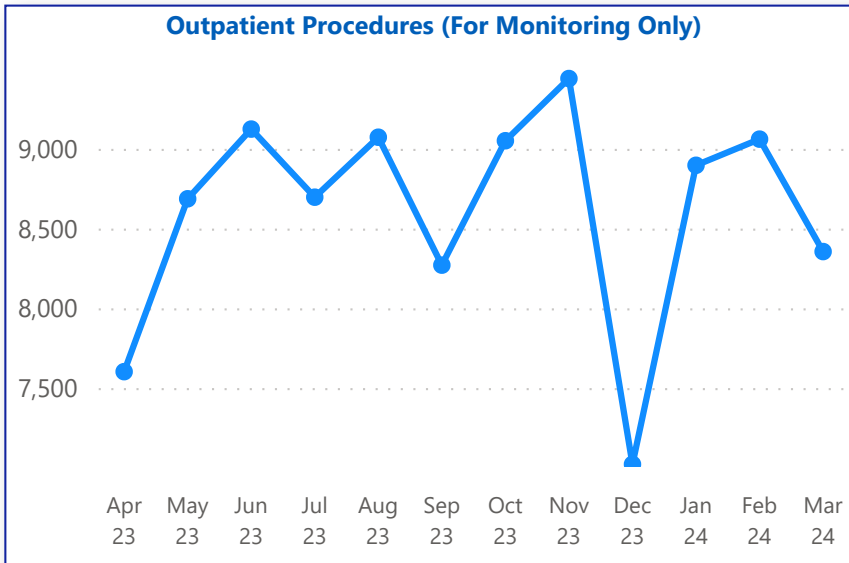
Activity Against Plan Trends - Outpatients



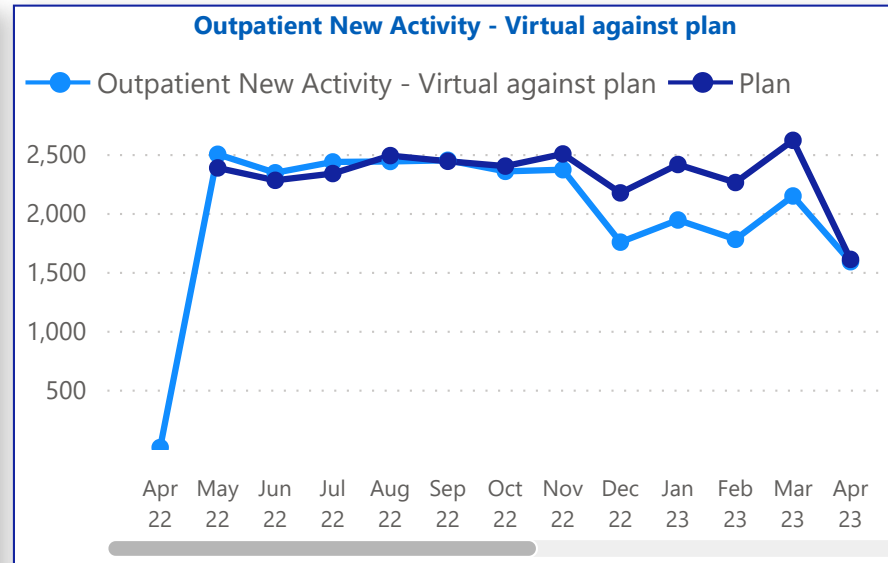
Data refresh

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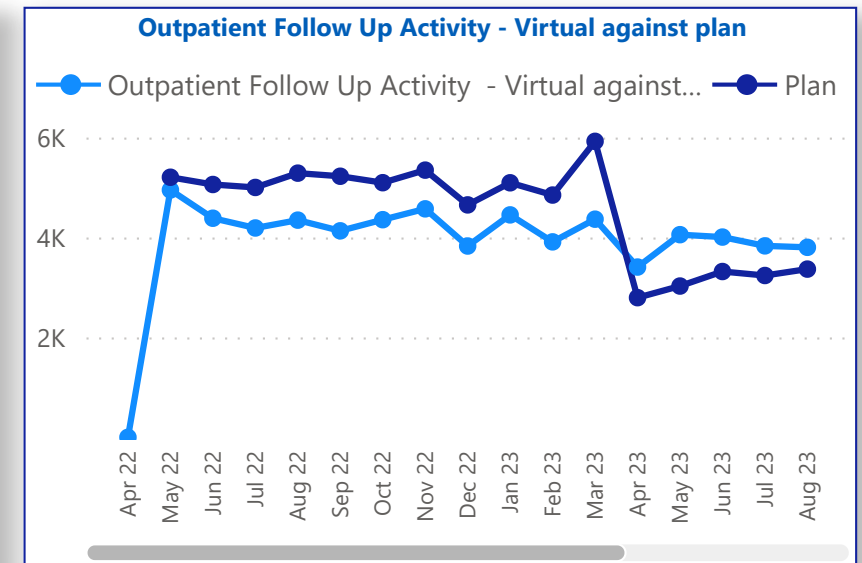
Outpatient Procedures (For Monitoring Only)



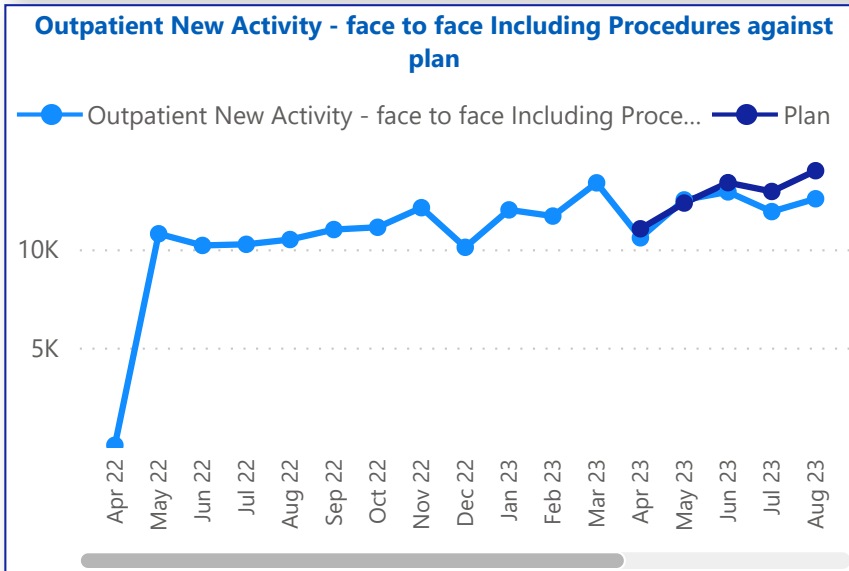
Outpatient New Activity - Virtual against plan



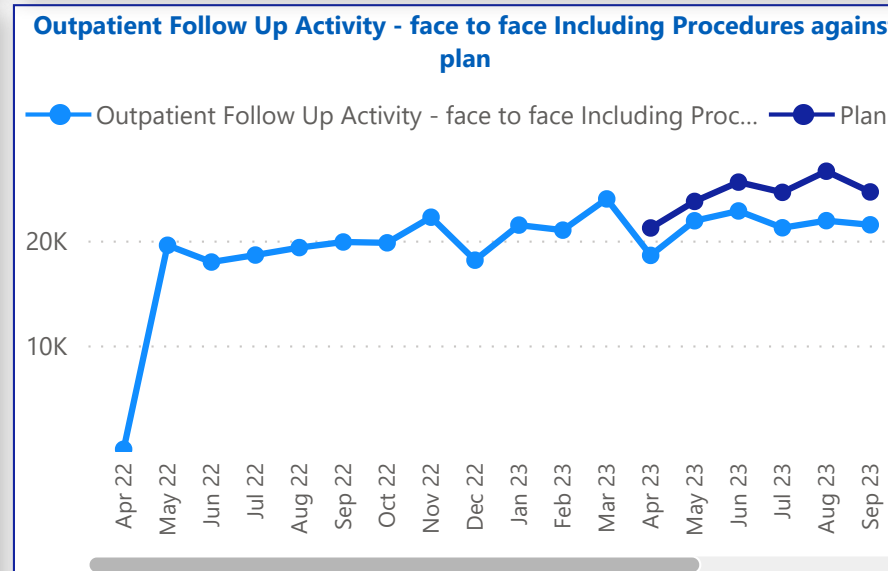
Outpatient Follow Up Activity - Virtual against plan



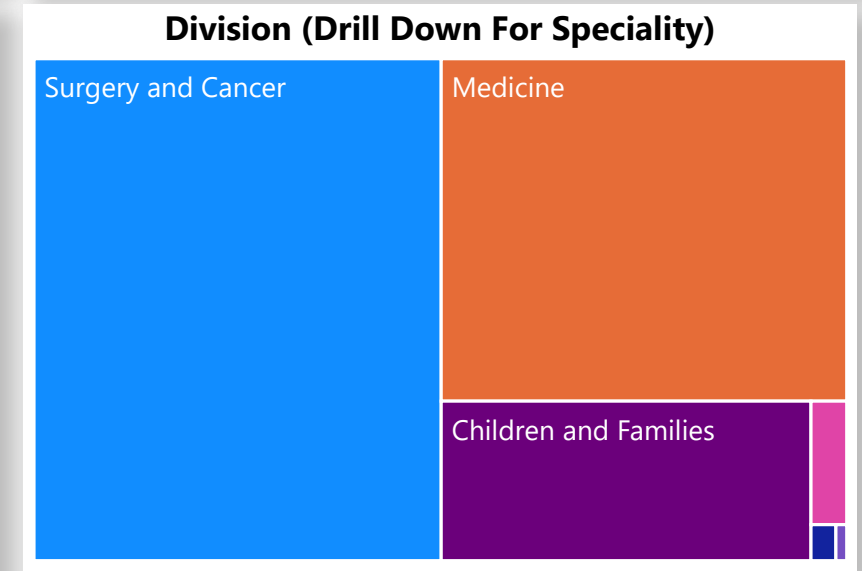
Outpatient New Activity - face to face Including Procedures against plan



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



Division (Drill Down For Speciality)



30/04/2022

31/12/2099



[Click here for Inpatients Trends](#)



Activity Against Plan Trends - Inpatients

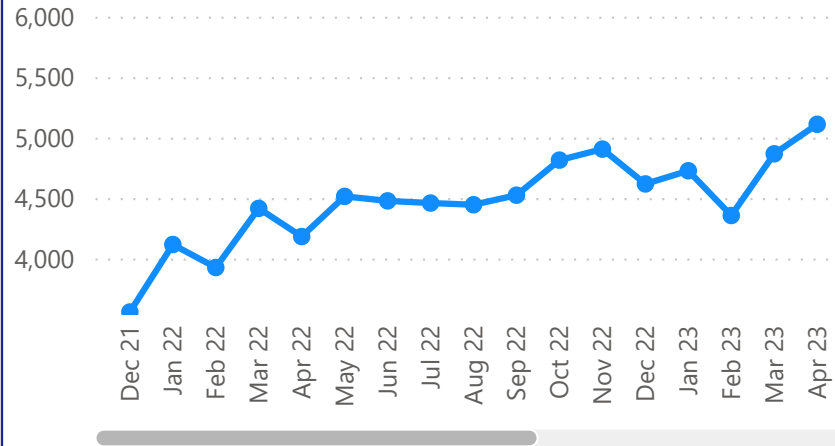


Data refresh All KPIs on this page are refreshed on daily basis.

TOTAL Activity against plan

Not Available

Non Elective Activity - Discharges (for monitoring)

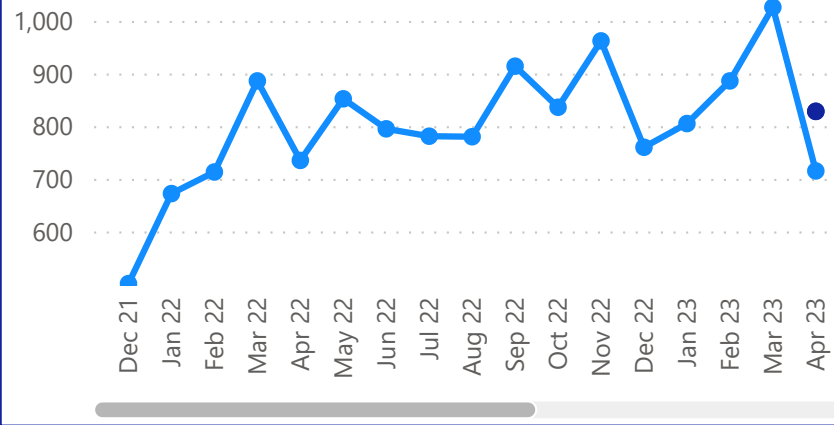


Endoscopy Activity against plan

Not Available

Day Case Theatre Activity against plan

Day Case Theatre Activity against plan Plan

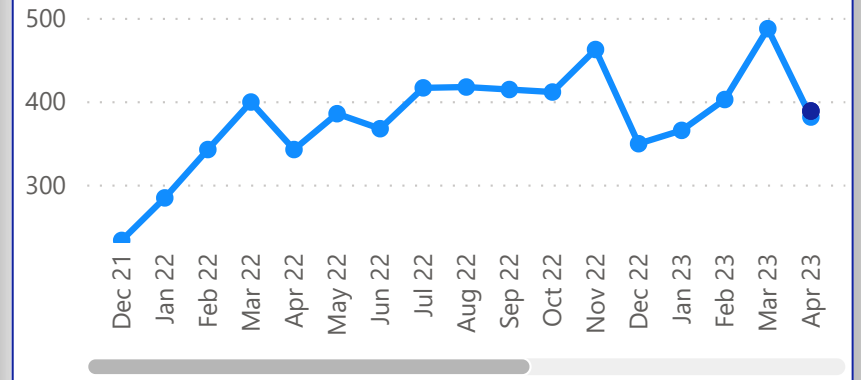


Non-Theatre Elective Activity - excluding Endoscopy against plan

Not Available

In Patient Elective Theatre Activity against plan

In Patient Elective Theatre Activity against plan Plan



Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Fa...

07/12/2021

31/12/2099



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

Core Activity

TOTAL Core Activity Value
(% against 19/20)

97.58 % ✓

Goal: (Blank)



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

100.18 % ✓

Goal: (Blank)



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

99.60 % ✓

Goal: (Blank)



Outpatient Procedures Core Value
(% against 19/20)

93.78 % ✓

Goal: (Blank)



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

84.50 % ✓

Goal: (Blank)



TOTAL Activity Value
(% against 19/20)

Not Available



TOTAL Independent Sector Activity Value
(Sum of Price Actual)

£118,584.80

TOTAL Independent Sector Activity Value
(Sum of Total Income)

£117,201.87

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

£262,770.46

Division (Drill Down For Speciality)

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

Elective Recovery Fund Trends



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

Metric Name	Current Value	Comparison Value	Sparklines	Year To Date Value
Trust ERF Core Income Value Against 19/20	97.58 %			93.44 %
Outpatient New ERF Core Income Value Against 19/20	100.18 %			92.47 %
Outpatient Procedures ERF Core Income Value Against 19/20	93.78 %			97.40 %
Elective ERF Core Income Value Against 19/20	84.50 %			83.17 %
Daycase ERF Core Income Value Against 19/20	99.60 %			93.27 %



Data refresh

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

Percentage treated by a stroke skilled Early Supported Discharge team

61.02 %✓

Goal: 24.00 %



Overall SSNAP Rating

B

Goal: B



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

37.29 %!

Goal: 75.00 %



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

47.46 %!

Goal: 48.00 %



Percentage discharged given a named person to contact after discharge

62.71 %!

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	37.29 %	75.00 %	❗	
Percentage treated by a stroke skilled Early Supported Discharge team	61.02 %	24.00 %	✅	
Percentage of eligible patients given thrombolysis	100.00 %	90.00 %	✅	
Proportion of patients scanned within 1 hour of clock start (Trust)	47.46 %	48.00 %	⚠️	
Percentage discharged given a named person to contact after discharge	62.71 %	80.00 %	❗	



Data refresh

Daily Refresh

(D)

Monthly Refresh

(M)

Utilisation



Central - Out Patient Booking %
Appointments Booked 2 weeks Prior

74.20 %!

Goal: 95.00 %

(D)

Invalidated

Divisional - Out Patient Booking %
Appointments Booked 2 weeks Prior

74.48 %!

Goal: 95.00 %

(D)

Invalidated

Utilisation - % Booked Out Patient Clinic
Slots Attended

85.90 %!

Goal: 90.00 %

(D)

Invalidated

Number of Registered Referrals not
Appointed

36,409

(M)

Attended Appointments



New to Follow Up Ratio
19/20 Comparison

0.10!

Goal: -25.00 %

(D)

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

14.31 %!

Goal: 25.00 %

(D)



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

5.72 %!

Goal: 16.00 %

(M)

Invalidated

Not Attended Appointments



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

58.19 %!

Goal: 5.00 %

(D)

Out Patients DNA Rate
19/20 Comparison

0.76 %!

(D)

Out Patients: DNA Rate
(First Appointment)

10.69 %

(for monitoring only)

(D)

Out Patients: DNA Rate
(Follow Up Appointment)

9.79 %

(for monitoring only)

(D)

Typing Turnaround

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

In Development

Patient Initiated Follow Up Pathway

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

2.96 %!

Goal: 5.00 %

(D)



Data Quality

Number of Unreconciled
Appointments 14 days +

1318!

Goal: 0

(D)

Invalidated

Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and F...

Clinical Spe...

**Click here for Elective
Outpatients Trends**



Elective Outpatients Trends



Data refresh

Daily Refresh



Monthly Refresh



Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Out Patients: % Provider Cancellation Rate (less than 6 weeks notice) (D)	58.19 %	5.00 %	!	
Central - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	74.20 %	95.00 %	!	
Divisional - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	74.48 %	95.00 %	!	
TRUST - % of OP appointments delivered virtually (video or telephone) (D)	14.31 %	25.00 %	▲	
% of First Out Patient Appointment via ERS Advice & Guidance Activity (M)	5.72 %	16.00 %	▲	
Number of Registered Referrals not Appointed (M)	36,409	0		
Typing Turnaround Time (dictation to letter sent) (Trust Contract) within 2 WD (D)	In Development			
Number of Unreconciled Appointments 14 days + (D)	1318	0	!	
TRUST - % patients discharged onto Patient Initiated Follow Up Pathway in Month (D)	2.96 %	5.00 %	▲	
Utilisation - % Booked Out Patient Clinic Slots Attended (D)	85.90 %	90.00 %	▲	

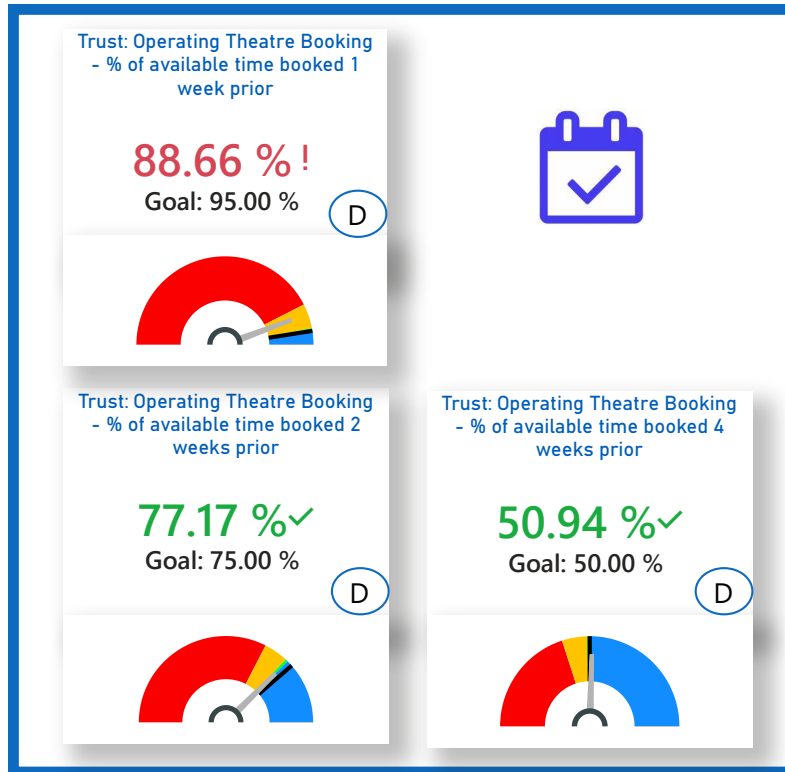


Data refresh

Daily Refresh



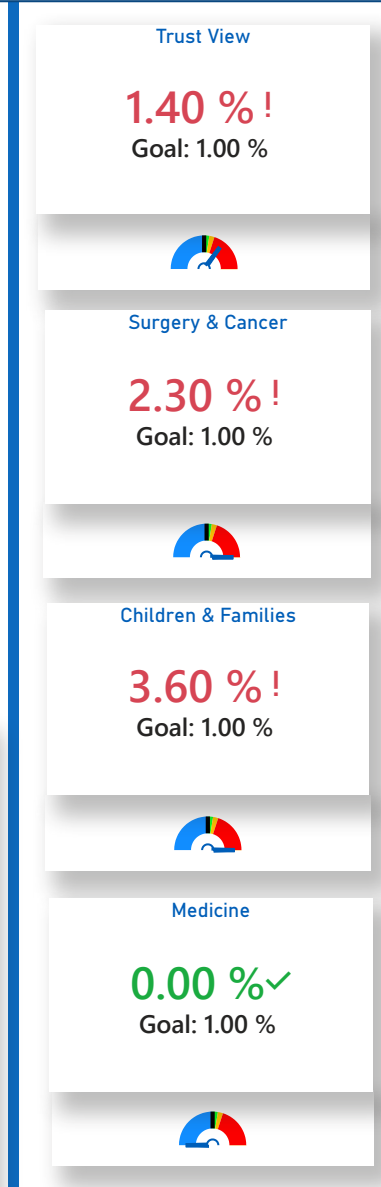
Monthly Refresh



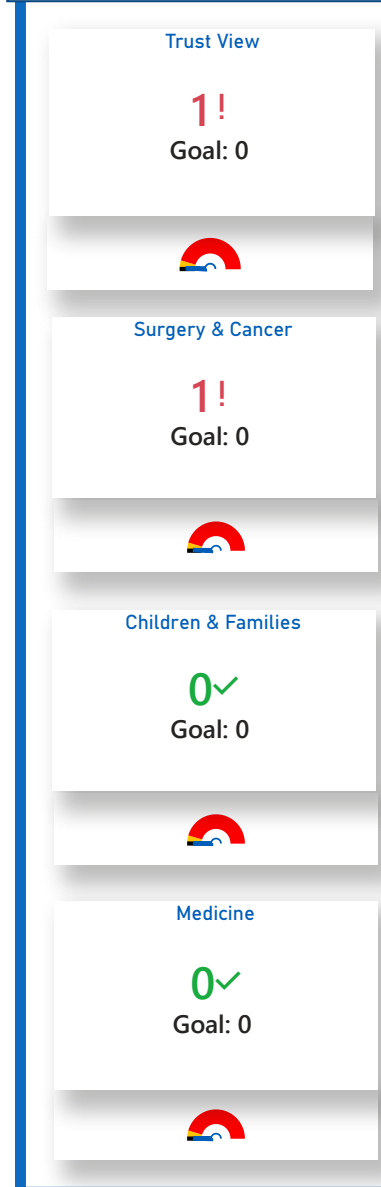
Division (Drill Down For Speciality)



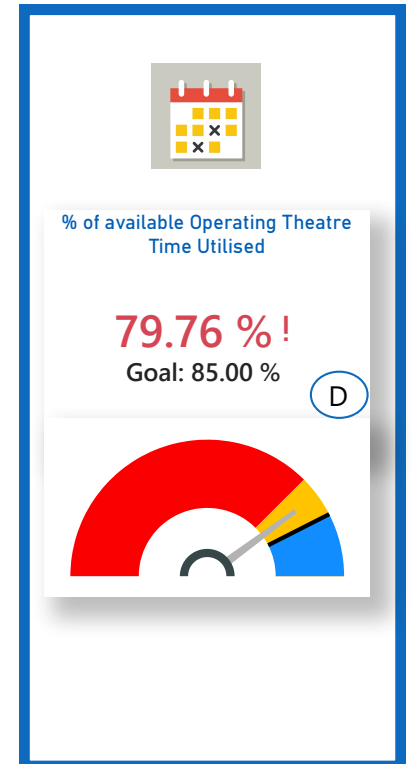
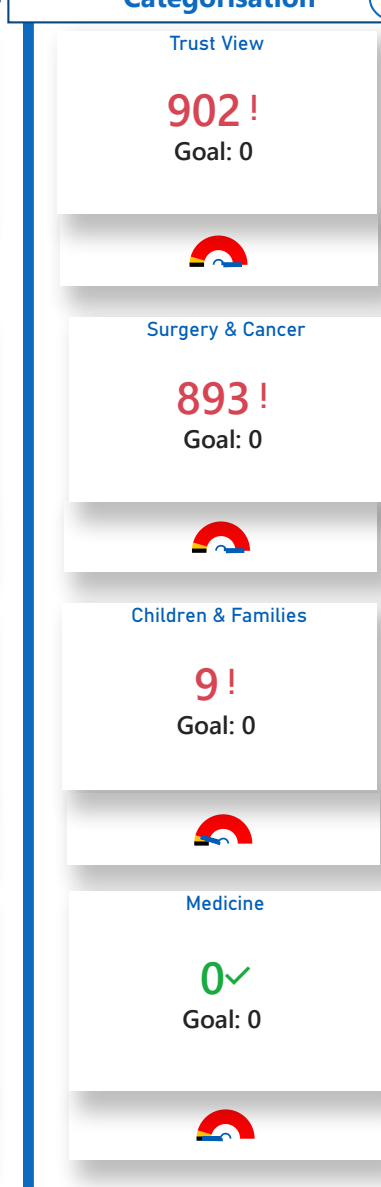
% Cancelled Operations on the day (non-clinical reasons)



Cancelled Operations Not Rebooked within 28 Days



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



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	88.66 %	95.00 %	▲	
Operating Theatre Booking - % of available time booked 2 weeks prior	77.17 %	75.00 %	✓	
Operating Theatre Booking - % of available time booked 4 weeks prior	50.94 %	50.00 %	✓	
% of available Operating Theatre Time Utilised	79.76 %	85.00 %	▲	



Data refresh

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

Hospital Acquired MRSA (Colonisation) Cases Reported in Month

Trust View

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





Data refresh

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

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

Trust View

In Month	YTD
4! Goal: 2	55! Goal: 22

Medicine Division

In Month	YTD
4! Goal: 2	43! Goal: 22

Surgery & Cancer Division

In Month	YTD
0✓ Goal: 2	10✓ Goal: 22

Children & Families Division

In Month	YTD
0✓ Goal: 2	0✓ Goal: 22

Clinical Specialities Division

In Month	YTD
0✓ Goal: 2	2✓ Goal: 22

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

Trust View

In Month	YTD
0✓ Goal: 2	10✓ Goal: 22

Medicine Division

In Month	YTD
0✓ Goal: 2	3✓ Goal: 22

Surgery & Cancer Division

In Month	YTD
0✓ Goal: 2	7✓ Goal: 22

Children & Families Division

In Month	YTD
0✓ Goal: 2	0✓ Goal: 22

Clinical Specialities Division

In Month	YTD
0✓ Goal: 2	0✓ Goal: 22



Data refresh



All KPIs on this page are refreshed on monthly basis.

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

105.44 !
Goal: 100.00

Hospital Services Mortality Rate
(HSMR): Elective (rolling 12 Months)

64.55 ✓
Goal: 100.00

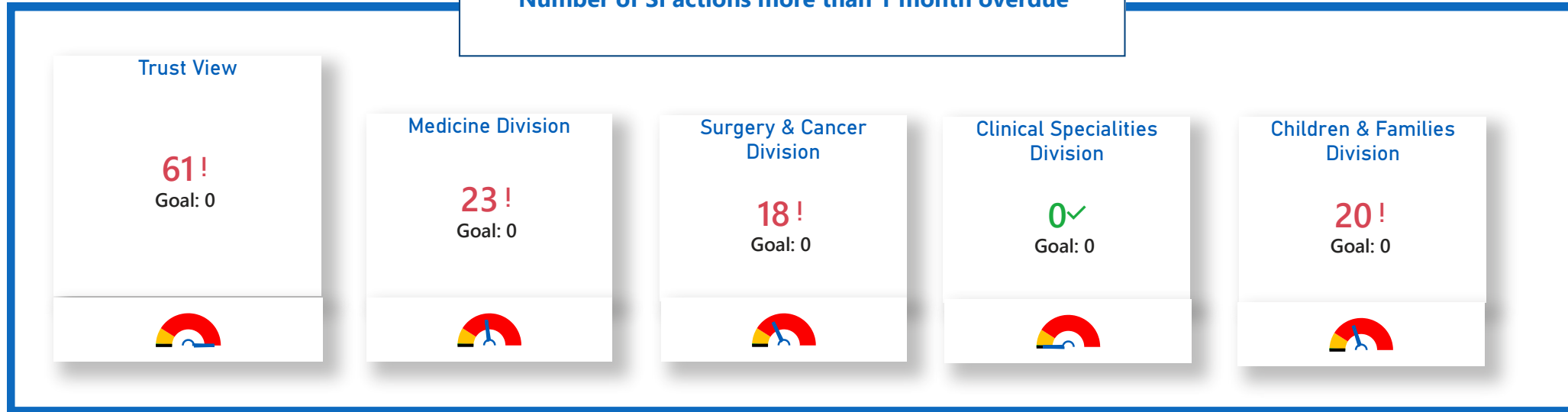
Hospital Services Mortality Rate
(HSMR): Non-Elective (rolling 12
Months)

105.88 !
Goal: 100.00

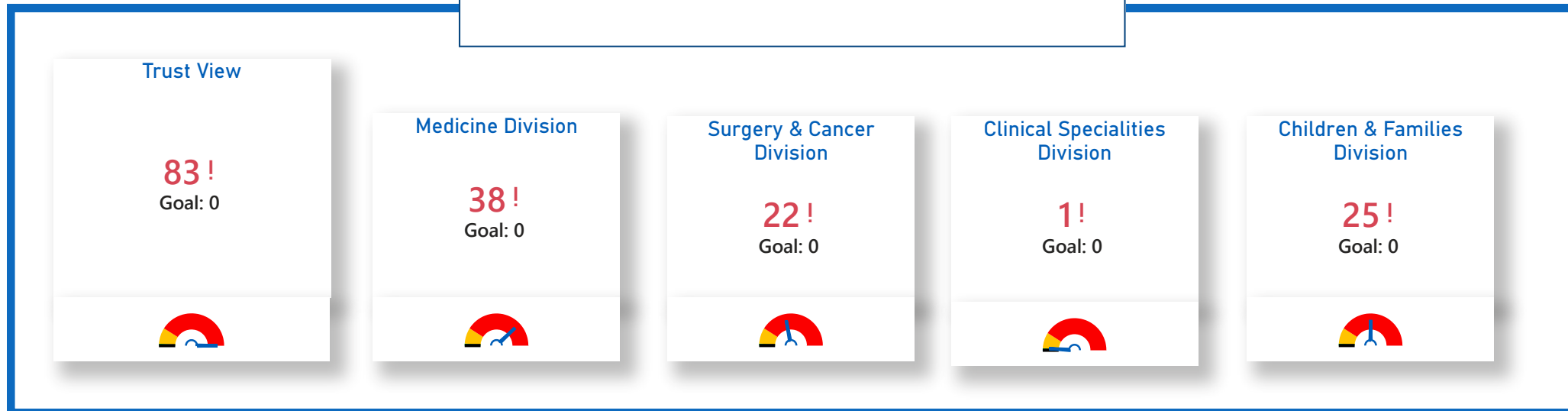


Data refresh **M** All KPIs on this page are refreshed on monthly basis.

Number of SI actions more than 1 month overdue



Number of SI actions overdue



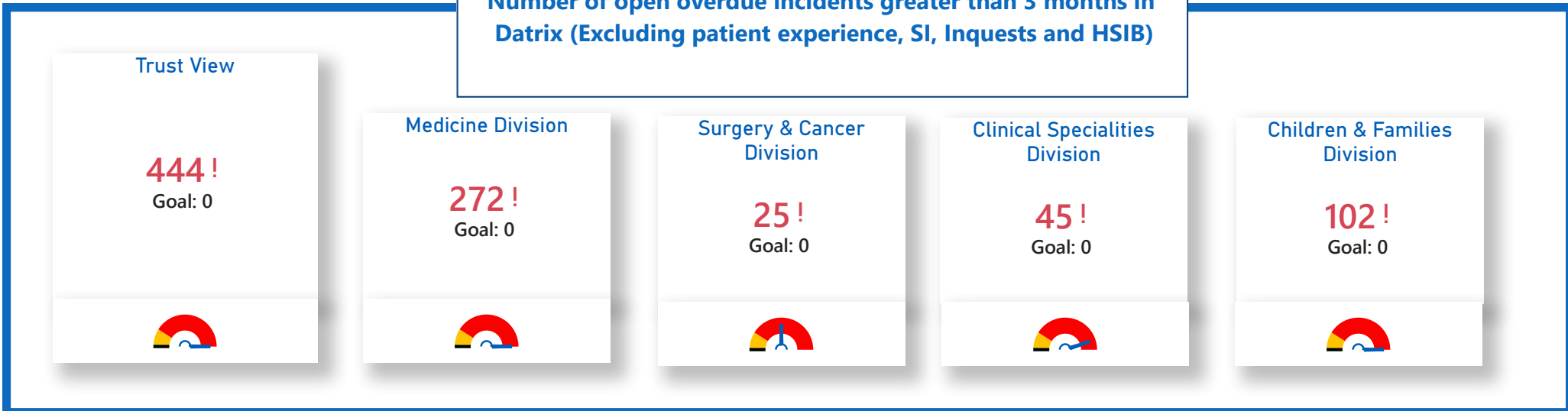


Data refresh M All KPIs on this page are refreshed on monthly basis.

Serious Incidents Reported in Month (For Monitoring Only)



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





Data refresh

M

All KPIs on this page are refreshed on monthly basis.

Never Events - Reported in month

Trust View

0✓
Goal: 0



Medicine Division

0✓
Goal: 0



Surgery & Cancer
Division

0✓
Goal: 0



Clinical Specialities
Division

0✓
Goal: 0



Children & Families
Division

0✓
Goal: 0





Data refresh

M

All KPIs on this page are refreshed on monthly basis.

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

Trust View

In Month

61!

Goal: 56

YTD

550✓

Goal: 672

Medicine Division

In Month

35✓

Goal: 56

YTD

311✓

Goal: 672

Clinical Specialities Division

In Month

6✓

Goal: 56

YTD

44✓

Goal: 672

Surgery & Cancer Division

In Month

11✓

Goal: 56

YTD

113✓

Goal: 672

Children & Families Division

In Month

3✓

Goal: 56

YTD

10✓

Goal: 672

Non Inpatient Areas

In Month

6✓

Goal: 56

YTD

75✓

Goal: 672



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

-18.52 %✓
Goal: -10.00 %

Current Year

22

Last Year

27

Medicine

-29.17 %✓

Current Year

17

Last Year

24

Surgery & Cancer

66.67 %!

Current Year

5

Last Year

3

Children Families

NaN✓

Current Year

0

Last Year

0

Clinical Specialities

NaN✓

Current Year

0

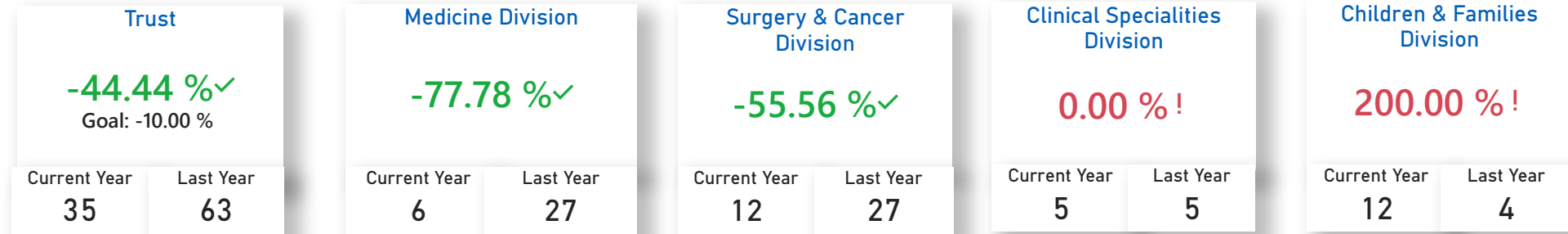
Last Year

0

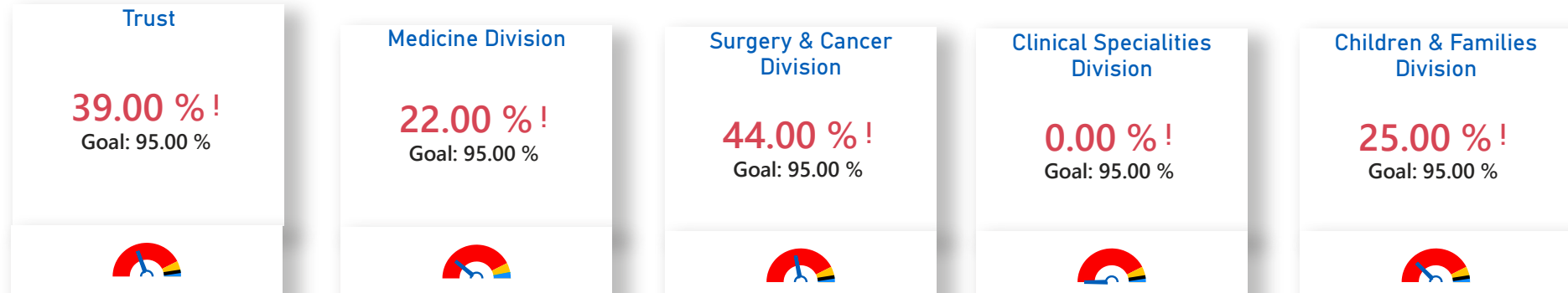


Data refresh M All KPIs on this page are refreshed on monthly basis.

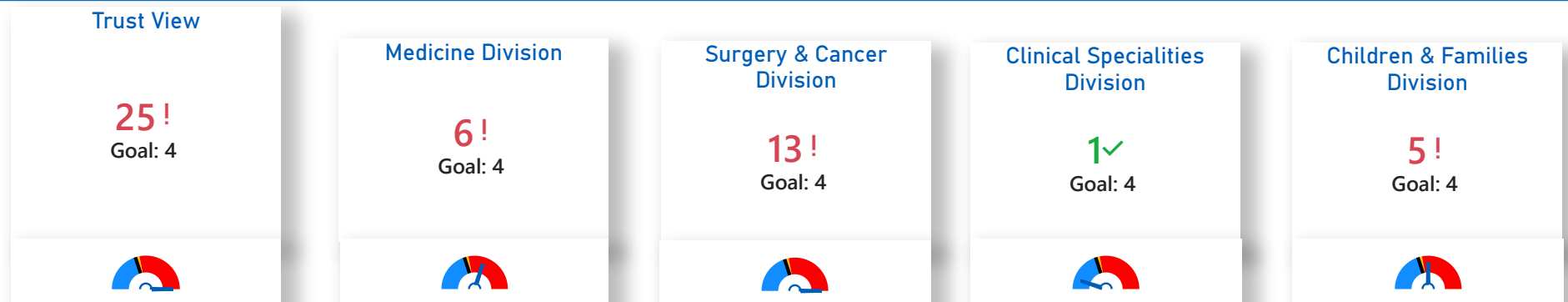
Complaints - New in month



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



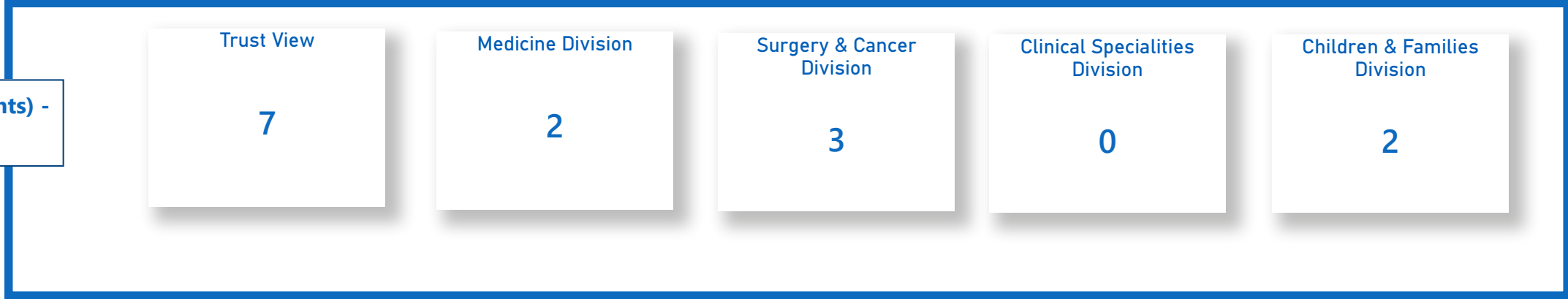
Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman



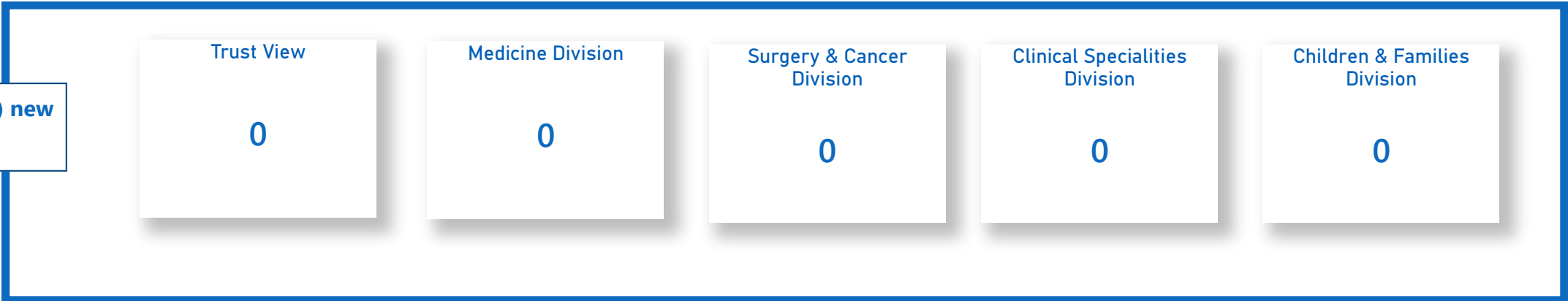


Data refresh **M** All KPIs on this page are refreshed on monthly basis.

Claims CNST (patients) - new in month



Claims LTPS - (staff) new in month





Data refresh



All KPIs on this page are refreshed on monthly basis.

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

2.06 %!
Goal: 10.00 %

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

4.20 %!
Goal: 15.00 %

Patients: Audit and Effectiveness



Data refresh

M

All KPIs on this page are refreshed on monthly basis.

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

Trust View

Medicine Division

Surgery & Cancer
Division

Clinical Specialities
Division

Children & Families
Division



**NICE Guidance Response
Rate Compliance**

Trust View

Medicine Division

Surgery & Cancer
Division

Clinical Specialities
Division

Children & Families
Division



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

Trust View

Medicine Division

Surgery & Cancer
Division

Clinical Specialities
Division

Children & Families
Division



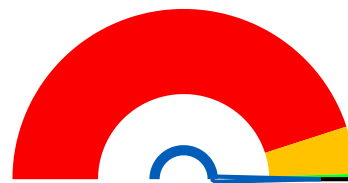
Data refresh

M

All KPIs on this page are refreshed on monthly basis.

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

100.00 %✓
Goal: 100.00 %





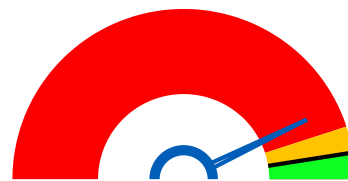
Data refresh

M

All KPIs on this page are refreshed on monthly basis.

VTE - % of patients having a VTE Risk Assessment

85.60 %!
Goal: 95.00 %



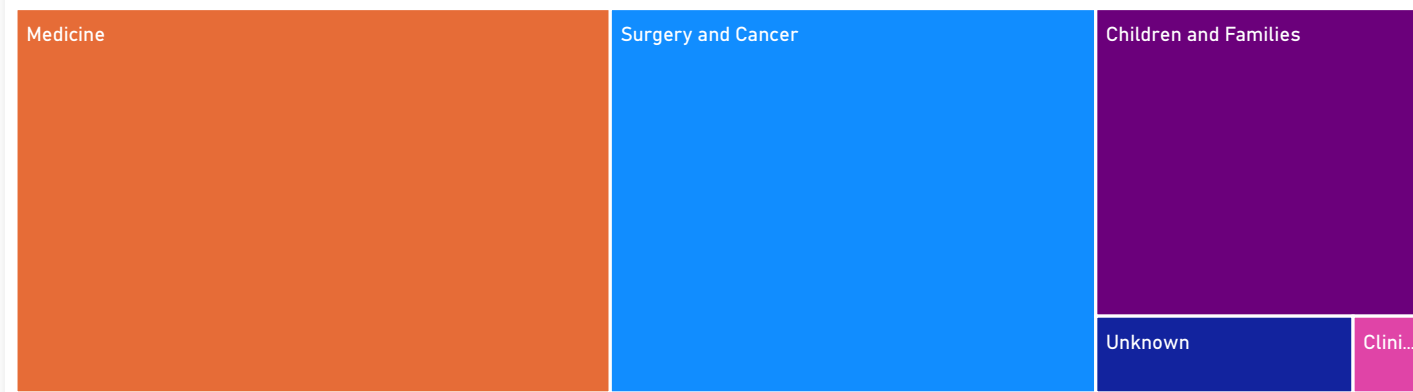


Data refresh D All KPIs on this page are refreshed on daily basis.

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

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

Division (Drill Down For Speciality)





Data refresh



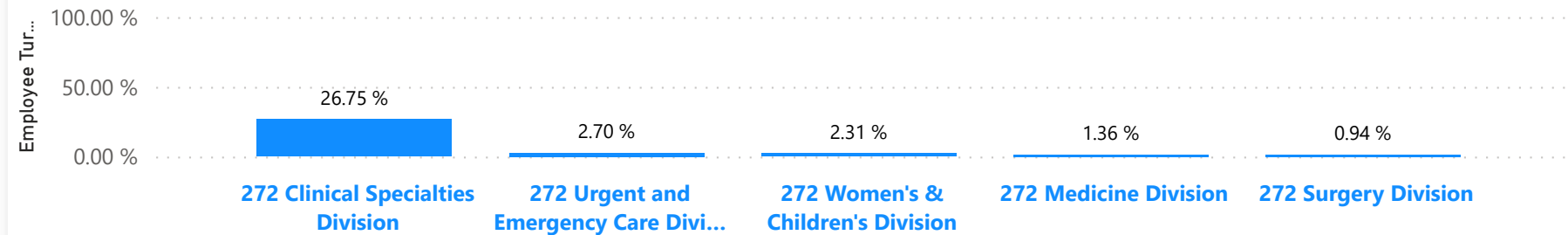
All KPIs on this page are refreshed on monthly basis.

Employee Turnover

9.85 %!

Goal: 0.83 %

Division - Employee Turnover

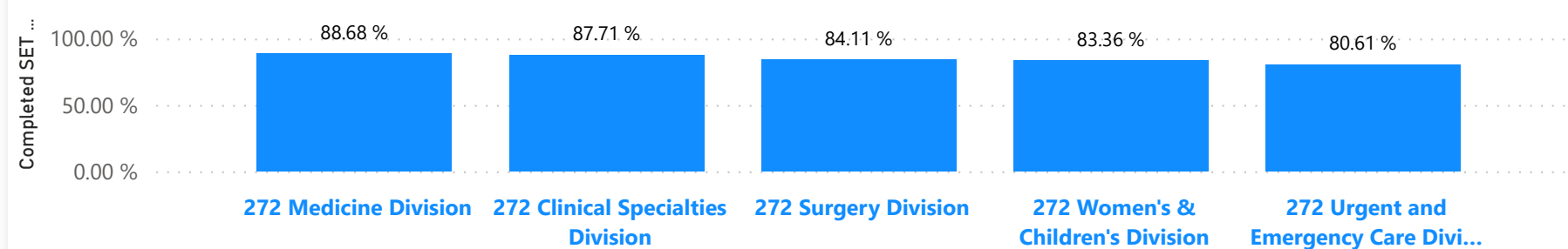


Completed SET Training

85.78 %!

Goal: 90.00 %

Division - Completed SET Training

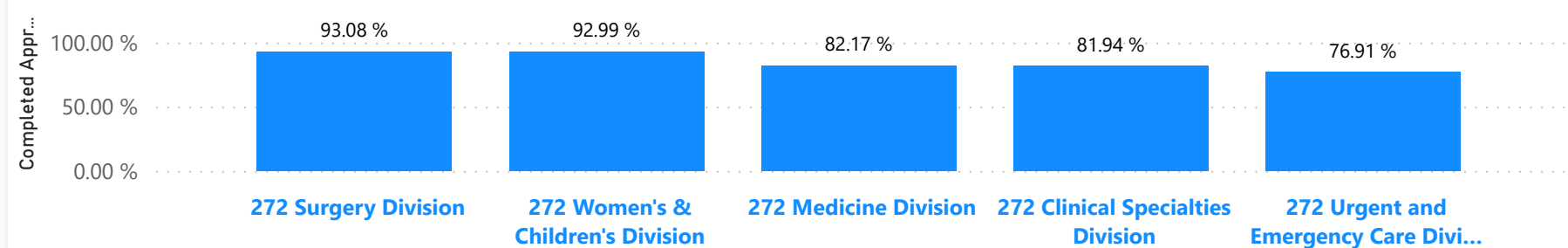


Completed Appraisals

85.25 %!

Goal: 90.00 %

Division - Completed Appraisals





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

Overall Staff Sickness Absence

5.81 %!
Goal: 5.00 %

Overall Staff Vacancies

6.70 %!
Goal: 5.00 %

Consultants with Signed Off Job Plans in EJP

64.00 %!
Goal: 90.00 %

Medicine Division Sickness Absence

6.43 %!
Goal: 5.00 %

Children & Families Sickness Absence

6.68 %!
Goal: 5.00 %

Medicine Division Workforce Vacancies

7.62 %!
Goal: 5.00 %

Children & Families Workforce Vacancies

2.34 %✓
Goal: 5.00 %

Medicine Division Consultants with Signed Off Job Plans in EJP

76.00 %!
Goal: 90.00 %

Children & Families Consultants with Signed Off Job Plans in EJP

80.00 %!
Goal: 90.00 %

Surgery & Cancer Sickness Absence

6.39 %!
Goal: 5.00 %

Clinical Specialties Sickness Absence

5.00 %✓
Goal: 5.00 %

Surgery & Cancer Workforce Vacancies

5.75 %!
Goal: 5.00 %

Clinical Specialties Workforce Vacancies

8.08 %!
Goal: 5.00 %

Surgery & Cancer Consultants with Signed Off Job Plans in EJP

42.00 %!
Goal: 90.00 %

Clinical Specialties Consultants with Signed Off Job Plans in EJP

65.00 %!
Goal: 90.00 %



Data refresh

M

All KPIs on this page are refreshed on monthly basis.

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

59!
Goal: 47 Days

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

58!
Goal: 47 Days

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

52!
Goal: 47 Days

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

45✓
Goal: 47 Days

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

71!
Goal: 47 Days



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

Theme	DBTH 2021 Score	National Sector Average 2021	DBTH 2022 Score	National Sector Average 2022	DBTH 2023 Score	National Sector Average 2023
We are compassionate & inclusive	7.2	7.2	7.3	7.2	7.41	7.41
We each have a voice that counts	6.7	6.7	6.7	6.6	6.82	6.70
We are always learning	5.2	5.2	5.6	5.4	5.90	5.61
We are a team	6.4	6.6	6.6	6.6	6.81	6.75
Staff Engagement	6.7	6.8	6.8	6.8	6.94	6.91

People Forms Data



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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Time To Fill Vacancies	58.70	47.00		
Consultants With Signed Off Job Plans In EJP	64.00 %	90.00 %		
Overall Workforce Vacancies	6.70 %	5.00 %		
Overall Staff Sickness Absence (rolling 12 Months)	5.81 %	5.00 %		
Completed Appraisals	87.40 %	90.00 %	▲	
Employee Turnover	4.05 %	0.83 %	!	
Completed SET Training	85.85 %	90.00 %	▲	



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

% Patients on CAMIS with Ethnicity Recorded

95.95 %!
Goal: 100.00 %

Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Families

Clinical Specialties

Unkno...



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

📍

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

EM Hospital

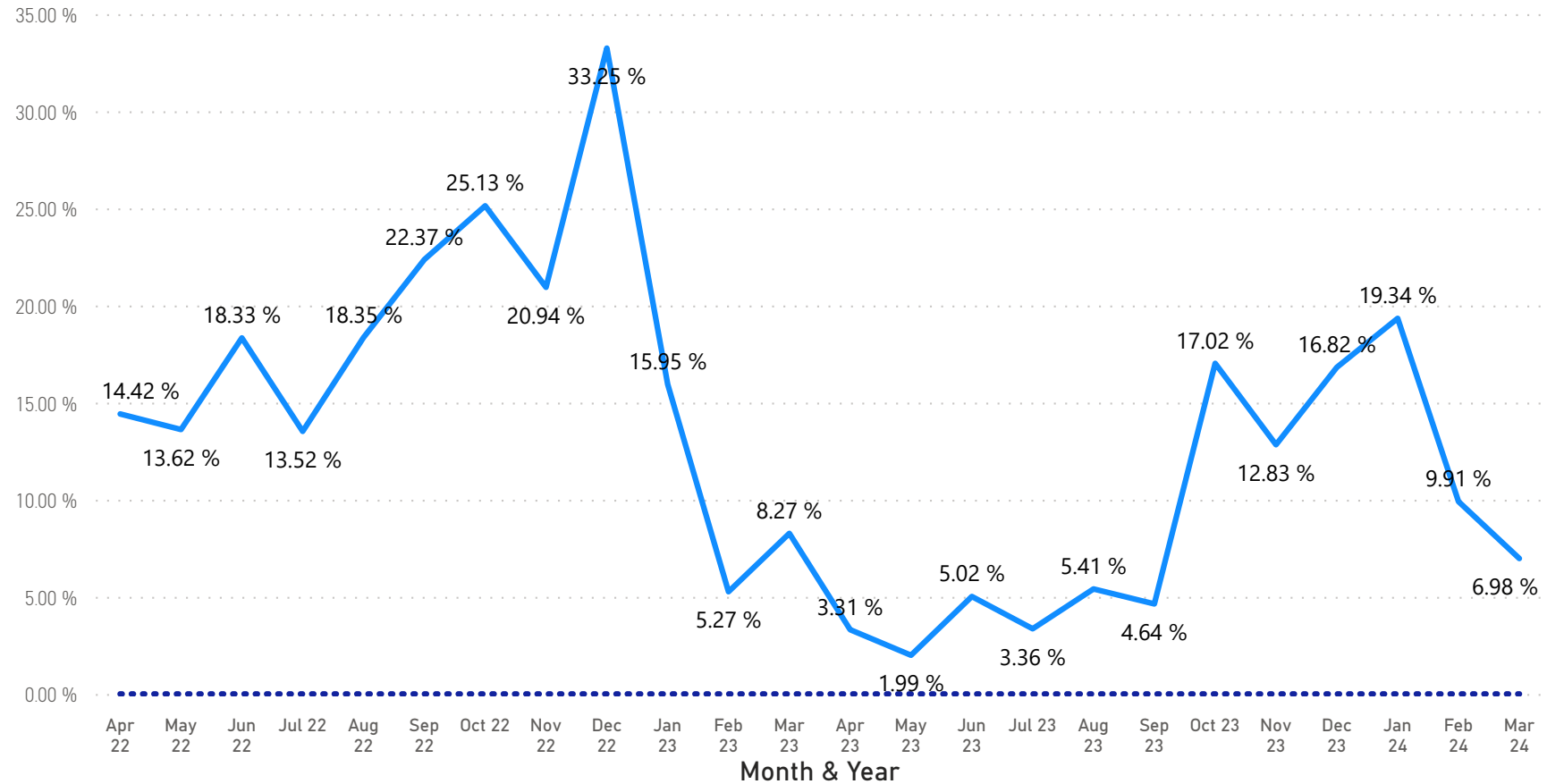
Doncaster Royal Infirmary

Bassetlaw District Ge...

Montagu Hospital

Ambulance Handovers More Than 60 Minutes

● Ambulance Handovers Breaches KPI waited more than 60 Mins ● Ambulance Handovers Breaches KPI waited more than 60 Mins Goal



2403 - D1.1 FINANCIAL POSITION & FINANCIAL PLAN UPDATE

● Decision Item


👤 Jon Sargeant, Chief Financial Officer

🕒 11:15

5 minutes

REFERENCES

Only PDFs are attached

 D1.1 - Financial Position and Financial Plan Update.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	7 May 2024	Agenda Reference:	D1.1
Report Title:	Financial Position and Financial Plan Update		
Sponsor:	Jon Sargeant, Chief Financial Officer		
Author:	Alex Crickmar, Deputy Director of Finance Finance Team		
Appendices:			
Executive Summary			
Purpose of report:	<p>To set out to the Board an update with regards to the Trust's financial position at Month 12.</p> <p>To set out to the Board an update on the 24/25 financial plan.</p>		
Summary of key issues:	<p>Year End Financial Position</p> <p>The Trust's year end reported deficit (before technical adjustments e.g. impairments) was £23.7m, which was £3.1m favourable to plan and forecast. Some of the overperformance (£1.6m) is due to the funding for industrial action which flowed to Trusts in month 12.</p> <p>Elective Recovery Fund (ERF) Performance was £1.6m behind plan at month 12. Pay expenditure is adverse to plan by c.£21.4m YTD. £13.6m of this are one-off adjustments relating to the notional pension adjustment and the Consultants pay award, both are offset with income, and £1.3m of the YTD adverse variance is recharges which is offset with income, meaning the underlying pay position is £6.5m adverse to plan YTD. Within this are strike costs of £2.6m, which are offset by a £1.4m favourable variance on admin staff (due to vacancies).</p> <p>Non-pay expenditure is £1.6m adverse to plan. Key areas of overspend includes drug expenditure (£2.8m), independent sector usage (£0.8m) and Medical and Surgical equipment. Excluding reserves and recharges, non-pay expenditure is £0.8m adverse to forecast YTD. £1.5m of this relates to non-PbR drugs which are offset with income.</p> <p>Capital</p> <p>The YTD position is £57.6m against a forecast position of £57.6m and therefore achieving the forecast target.</p> <p>Cash</p> <p>The cash balance at the end of March was £36.3m (February: £31.8m), meaning cash increased by £4.5m in the month. This is as a result of the Trust receiving £6.2m of revenue PDC cash, as well as £2.4m of capital PDC cash, partially offset by £1m of capital cash expenditure in excess of depreciation and £5m PDC revenue bi-annual payment.</p> <p>The year end cash position is supported by c. £24m of capital creditors, meaning that the underlying revenue cash balance is c. £12m. This is broadly in line with expectations and slightly ahead of the same time last year.</p> <p>The Trust had initially requested national revenue cash support of c£10m for Q1 of 24/25 in line with an assumed deficit of c£40m (in the absence of agreed financial plans). This will be updated following submission of the 24/25 plan.</p> <p>Better Payment Practice has had a slight dip in month on invoice count at 50% (prior month: 59%) and value at 83% (prior month: 87%). Both dips have been due to a</p>		

	<p>large number of invoices for a particular supplier being sat in legitimate query in month.</p> <p>CIPs (Cost Improvement Programme) In month, the Trust has delivered £1.2m of savings versus the plan submitted to NHSE of £2.6m and therefore is £1.4m adverse to plan. YTD the Trust has delivered £17.5m of savings versus the plan submitted to NHSE of £22.1m and is therefore adverse to plan by £4.6m.</p> <p>24/25 Financial Plan Update</p> <p>System Context</p> <p>At the time of writing the system has yet to agree its 24/25 financial plan submission which is due for submission on the 2nd May with discussions ongoing. A verbal update will be provided at the Board meeting with regards to the final position submitted.</p> <p>DBTH March Plan submission</p> <p>The Trust is planning on submitting a £26.3m deficit with CIPs of £21.2m (c4%) in its submission on the 2nd May. The financial plan has a number of significant risks as set out in the paper including delivery of activity targets and therefore earning of the elective recovery fund (ERF) and delivery of the CIP target.</p>				
Recommendation:	<p>The Board is asked to note the Trust's deficit YTD at month 12 (March 2024) was £23.7m, which was £3.1m favourable to plan and forecast.</p> <p>The Board is asked to support the financial plan submission and note the risks to delivery.</p>				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.				
Corporate risk register:	See above				
Regulation:	No issues				
Legal:	No issues				
Resources:	No issues				
Assurance Route					
Previously considered by:	Finance and Performance Committee				
Date:	26/4/24	Decision:	Supported/Approved the financial plan submission		
Next Steps:					
Previously circulated reports to supplement this paper:					

FINANCIAL PERFORMANCE

Month 12 – March 2024

1. Income and Expenditure vs. Budget										2. CIPs					
Performance Indicator	Monthly Performance			YTD Performance			Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000			
	Actual £'000	Variance to budget £'000	Variance to forecast £'000	Actual £'000	Variance to budget £'000	Variance to forecast £'000		Plan £'000	Actual £'000	Plan £'000	Actual £'000				
Income	(63,522)	(18,904) F	(18,143) F	(568,450)	(26,602) F	(24,185) F	Local / Unidentified	951	456 A	8,967	10,905 F	9,130			
Pay	44,279	14,749 A	11,177 A	384,649	21,442 A	17,449 A	Cross Cutting - Pay - Job Plans / Agency	867	279 A	6,500	3,990 A	6,500			
Non Pay	17,934	2,043 A	4,842 A	200,439	1,589 A	4,140 A	Cross Cutting - Elective - Theatres/OP/Diagnostics/LOS	365	31 A	3,298	606 A	3,250			
Financing Costs	(350)	(933) F	(1,175) F	6,459	(537) F	(1,603) F	Cross Cutting - Procurement	82	37 A	720	352 A	720			
(Profit)/Loss on Asset Disposals	298	298 A	298 A	298	298 A	298 A	Cross Cutting - Major Contracts	135	214 F	1,115	1,183 F	1,000			
(Surplus)/Deficit for the period	(1,360)	(2,747) F	(3,001) F	23,395	(3,812) F	(3,900) F	Cross Cutting - RPA	56	0 A	500	0 A	500			
Adj. for donated assets	418	452 A	459 A	192	602 A	686 A	Cross Cutting - Corp Pay/Benefits from PLACE	125	220 F	1,000	500 A	1,000			
WOS consolidation	92	92 A	92 A	92	92 A	92 A									
Adjusted (Surplus)/Deficit for the purposes of system achievement	(850)	(2,203) F	(2,450) F	23,678	(3,118) F	(3,122) F	Total CIP	2,580	1,238 A	22,100	17,537 A	22,100			
Key Income: Over-achieved F, Under-achieved A Expenditure: Underspent F, Overspent A F = Favourable A = Adverse										4. Other					
3. Statement of Financial Position										Monthly Performance		YTD Performance		Annual Plan	
				Opening balance £'000	Closing balance £'000	Movement £'000	Performance Indicator	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Annual Plan £'000			
Non Current Assets				324,471	294,324	-30,147	Cash Balance		36,311		36,311	1,900			
Current Assets				73,888	73,080	-808	Capital Expenditure	15,108	12,848	56,899	56,897	65,051			
Current Liabilities				-95,326	-95,806	-480	5. Workforce								
Non Current liabilities				-14,300	-14,577	-277		Funded WTE	Substantive WTE	Bank WTE	Agency WTE	Total worked WTE			
Total Assets Employed				288,733	257,021	-31,712	Current Month	6,885.52	6,308.09	453.64	127.04	6,888.77			
Total Tax Payers Equity				-288,733	-257,021	31,712	Previous Month	6,881.21	6,276.20	410.29	168.97	6,855.46			
							Movement	4.31	31.89	43.35	-41.93	33.31			

1. Month 12 Financial Position Highlights

Income and Expenditure

The Trust's year end reported deficit (before technical adjustments e.g. impairments) was £23.7m, which was £3.1m favourable to plan and forecast. Some of the overperformance (£1.6m) is due to the funding for industrial action which flowed to Trusts in month 12.

Elective Recovery Fund (ERF) Performance was £1.6m behind plan at month 12.

Pay expenditure is adverse to plan by c.£21.4m YTD. £13.6m of this are one-off adjustments relating to the notional pension adjustment and the Consultants pay award, both are offset with income, and £1.3m of the YTD adverse variance is recharges which is offset with income, meaning the underlying pay position is £6.5m adverse to plan YTD. Within this are strike costs of £2.6m, which are offset by a £1.4m favourable variance on admin staff (due to vacancies).

Non-pay expenditure is £1.6m adverse to plan. Key areas of overspend includes drug expenditure (£2.8m), independent sector usage (£0.8m) and Medical and Surgical equipment. Excluding reserves and recharges, non-pay expenditure is £0.8m adverse to forecast YTD. £1.5m of this relates to non-PbR drugs which are offset with income.

Capital

The YTD position is £57.6m against a budget of £57.6m and therefore achieving the forecast target.

Cash

The cash balance at the end of March was £36.3m (February: £31.8m), meaning cash increased by £4.5m in the month. This is as a result of the Trust receiving £6.2m of revenue PDC cash, as well as £2.4m of capital PDC cash, partially offset by £1m of capital cash expenditure in excess of depreciation and £5m PDC revenue bi-annual payment.

The year end cash position is supported by c. £24m of capital creditors, meaning that the underlying revenue cash balance is c. £12m. This is broadly in line with expectations and slightly ahead of the same time last year.

The Trust had initially requested national revenue cash support of c£10m for Q1 of 24/25 in line with an assumed deficit of c£40m (in the absence of agreed financial plans). This will be updated following submission of the 24/25 plan.

Better Payment Practice has had a slight dip in month on invoice count at 50% (prior month: 59%) and value at 83% (prior month: 87%). Both dips have been due to a large number of invoices for a particular supplier being sat in legitimate query in month.

CIPs (Cost Improvement Programme)

In month, the Trust has delivered £1.2m of savings versus the plan submitted to NHSE of £2.6m and therefore is £1.4m adverse to plan. YTD the Trust has delivered £17.5m of savings versus the plan submitted to NHSE of £22.1m and is therefore adverse to plan by £4.6m.

2. 24/25 Financial Plan Update

System Context

At the time of writing the system has yet to agree its 24/25 financial plan submission which is due for submission on the 2nd May with discussions ongoing. A verbal update will be provided at the Board meeting with regards to the final position submitted.

DBTH May plan submission

The Trust is planning on submitting a £26.3m deficit with CIPs of £21.2m (c4%) in its submission on the 2nd May. This compares to the March submission of a £38.2m deficit with CIPs of £15.9m (c3%) as presented previously.

A high-level summary of the 24/25 financial plan is presented in the table below:

Summary I&E	24/25 Financial Plan
	£m
Income	578.2
Pay Expenditure	(377.3)
Non-Pay Expenditure	(240.3)
Financing Costs	(8.1)
Deficit before CIPs	(47.4)
CIPs	21.2
Deficit after CIPs	(26.3)

The key assumptions within the plan include:

- 23/24 outturn has been used as the starting financial position, adjusted for:
 - Non-recurrent items including CIPs and Industrial Action funding.
 - Full year effect of committed expenditure including CIG cases approved in 23/24 and implementation of national cleaning standards
 - Impact of efficiency deflator of 1.1% per national guidance and convergence adjustment for non-south Yorkshire contracts. Convergence has not been applied to South Yorkshire contracts.
 - Impact of capital programme and cash borrowing
 - No centrally held contingency/cost pressure reserve
 - No workforce growth from 23/24 outturn is assumed in the plan unless for centrally funded schemes e.g. CDC or MEOC or approved business cases from 23/24.
 - ERF target assumed to be fully delivered and no strike costs.
 - Growth funding and capacity funding is included in the plan per that set out from South Yorkshire ICB.

Growth/Capacity Funding	£m
ICB Capacity Funding	1.9
ICB Targeted Growth	8.0
Additional Growth	5.0
Total	15.0

- The clinical income included within the plan is based on contract offers where received (and where not received based on 23/24 outturn adjusted for national planning assumptions. Other income is based on forecast outturn adjusted for non-recurrent items.

24/25 Capital plan

There have been no changes to the capital plan since the March submission.

The total ICS capital budget (CDEL) for 24/25 is £92.1m. The current proposed share of this for DBTH is £22.2m.

	Depreciation	Self financed	Backlog	RAAC	Total
	£'000	£'000	£'000	£'000	£'000
Barnsley FT	6,310	969	1,138	320	8,737
DBTH	9,828	2,737	9,644	0	22,209
RDASH	3,768	729	499	0	4,996
SCH	5,560	895	1,351	0	7,806
SHSC	3,406	702	588	0	4,696
STH	21,556	4,830	6,807	0	33,193
Rotherham FT	8,107	1,838	516	0	10,461
	58,535	12,700	20,543	320	92,098

The following additional sources of capital are expected for ringfenced schemes funded by PDC.

- Community Diagnostic Centre £6,314k
- Electronic Patient Record £11,166k
- BDGH 2nd CT Scanner £1,561k – Awaiting final approval

This gives the Trust a total expected capital budget of c£41.2m for the year.

The three capital working groups (Estates, Digital and Medical Equipment) have identified the requirements for 24/25, this equates to £31.9m which is significantly higher than the £22.2m available.

Within the requirements there is significant pre-commitments across the groups of £4,509k. The table below summarises the current allocation proposals taking into account the pre-commitments and also allocating a contingency reserve of £2.1m to support in year pressures / re-prioritisation.

	Total	Pre-Commitments	Balance
Estates	10,750	3,593	7,157
MEG	4,000	132	3,868
Digital	5,359	784	4,575
Contingency	2,100	0	2,100
Total CDEL	22,209	4,509	17,700
CDC	6,314	6,314	0
EPR	11,166	11,166	0
	1,561	1,561	0
Total PDC	19,041	19,041	0
Total Capital Plan 24/25	41,250	23,550	17,700

Since capital expenditure will be above available cash resources, the Trust will need to ask for capital support of c£3-5m in 24/25 (for context in 23/24 the Trust requested c£7m).

Efficiency

The trust has completed significant work in identifying and quantifying efficiency opportunities for 2024/25 against the CIP target of £21.2m. The table below summarise the schemes against the stages of development and their current delivery “risk rating”:

PMO RAG Rating - development of plans

Workstream	Black	Green	Amber	Red	White	Total
Cross Cutting - Corporate Benchmarking		150,000			550,000	700,000
Cross Cutting - Diagnostics			803,586		696,414	1,500,000
Cross Cutting - Drugs				500,000		500,000
Cross Cutting - E&F Major Contracts		449,407			50,593	500,000
Cross Cutting - Education & Research			500,000			500,000
Cross Cutting - Job Planning				500,000		500,000
Cross Cutting - Outpatient Productivity		48,897	1,510,016		341,087	1,900,000
Cross Cutting - Procurement Non-Pay		491,977			208,023	700,000
Cross Cutting - RPA & Clinical Printing				250,000	250,000	500,000
Cross Cutting - Theatre Productivity			1,409,196		90,804	1,500,000
Cross Cutting - Workforce Agency Rates		4,700,000				4,700,000
Cross Cutting - Flow & LOS					2,000,000	2,000,000
Cross Cutting - System Based Initiatives					2,700,000	2,700,000
Local		1,237,615		63,747	1,698,638	3,000,000
Total	-	7,077,896	4,222,798	1,313,747	8,585,559	21,200,000

PMO Risk Rating - delivery of plans

Workstream	High	Medium	Low	Total
Cross Cutting - Corporate Benchmarking	550,000		150,000	700,000
Cross Cutting - Diagnostics	696,414	803,586		1,500,000
Cross Cutting - Drugs		500,000		500,000
Cross Cutting - E&F Major Contracts	50,593		449,407	500,000
Cross Cutting - Education & Research			500,000	500,000
Cross Cutting - Job Planning	500,000			500,000
Cross Cutting - Outpatient Productivity	341,087	1,510,016	48,897	1,900,000
Cross Cutting - Procurement Non-Pay	208,023		491,977	700,000
Cross Cutting - RPA & Clinical Printing	250,000	250,000		500,000
Cross Cutting - Theatre Productivity	90,804	1,409,196		1,500,000
Cross Cutting - Workforce Agency Sickness		4,700,000		4,700,000
Cross Cutting - Flow & LOS	2,000,000			2,000,000
Cross Cutting - System Based Initiatives	2,700,000			2,700,000
Local		1,802,385	1,197,615	3,000,000
Total	7,386,921	10,975,183	2,837,896	21,200,000

Work to fully finalise the documentation for schemes has been delayed by the wider workforce plan development issue and sign off of control totals. Now this has been resolved a number of these schemes will rapidly move into black.

Key risks

There are a number of key risks to the plan including:

- Industrial action impacting elective recovery and incurring additional costs not budgeted for
- Any benefits that come up in year will be taken to the bottom line by the ICB (rather than being available for Trusts)
- ICB currently still has a financial gap to breakeven so more pressure likely to come to reduce the deficit further
- No contingency in the plan
- ERF double count in system and local organisation plans and concerns about costs being covered in the budget for plans due to lack of clarity.
- Workforce plans better but still more work to do.
- Delivery of elective activity targets and thereby earning ERF.

- Delivery of 4% CIPs. Delivery of CIPs is always a challenge however there are clear opportunities identified through the work undertaken in year.
- Organisational capacity to support transformation and efficiency specifically if further periods of industrial action occur.
- Inflation pressures. In the current economic context it is difficult to predict the level of inflationary pressures the Trust will see in 24/25. Coupled with this if there is a difference in the pay award from the national assumption this may cause the Trust a cost pressure as historically funding has not always matched the cost pressure.
- Winter – The trust has set aside £0.75m for winter in line with this year however this is always a potential area of pressures depending on clinical/operational demands.
- The Trust will need to continue to borrow revenue cash support from NHSE at least up to the value of its deficit.

Recommendations

- The Board is asked to note the Trust's deficit YTD at month 12 (March 2024) was £23.7m, which was £3.1m favourable to plan and forecast.
- The Board is asked to support the financial plan submission and note the risks to delivery.

2403 - D1.2 DRIVERS OF THE DEFICIT REPORT

● Discussion Item


👤 Jon Sargeant, Director of Recovery, Innovation & Transformation

🕒 11:20

5 minutes

REFERENCES

Only PDFs are attached

 D1.2 - Drivers of the Deficit.pdf

 D1.2 - Appendix Summary of Findings.pdf

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	7 May 2024	Agenda Reference:	D1.2		
Report Title:	Drivers of the Deficit				
Sponsor:	Jon Sargeant, Chief Financial Officer				
Author:	Jon Sargeant, Chief Financial Officer				
Appendices:	Summary of Findings				
Executive Summary					
Purpose of report:	Sets out the findings of the Deloitte's drivers of the deficit report and provides a brief update on the position at the end of the last financial year.				
Summary of key issues:	<p>The Deloitte's report was finalised in October 2023, the key findings of the report were as follows:</p> <p>Underlying deficit 2022/23 – Trust assessment of underlying deficit of £49.7m appears valid and within the range identified by Deloitte (£43.5m to £53.3m)</p> <p>Drivers of Deficit</p> <ul style="list-style-type: none"> ➤ Deloitte have identified drivers of the deficit ranging from £27m (low range) to £70m (high range) depending on the assumptions applied. ➤ This indicates operational opportunities of between £15m to £28m, strategic drivers, which contribute £5m to £24m and structural drivers, which contribute £7m to £19m. ➤ This does not include other structural service factors including the relatively lower bed base and income allocation. ➤ A system wide review is required to obtain a clearer picture in particular as to the allocation between Operational (within Trust control) and Strategic (which require a wider System approach) <p>The South Yorkshire ICB is having similar reports produced for all the provider organisations within its system with Deloitte being commissioned to replicate the work carried out with DBTH over the next 3 months.</p>				
Recommendation:	The Board is asked to note the report and how it has been used to inform the Trusts 2024/25 planning.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1: <i>To provide outstanding care for our patients</i>	TN SA2: <i>Everybody knows their role in achieving the vision</i>	TN SA3: <i>Feedback from staff and learners is in the top 10% in the UK</i>	TN SA4: <i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.				
Corporate risk register:	See above				
Regulation:	No issues				

Legal:	No issues		
Resources:	No issues		
Assurance Route			
Previously considered by:	Trust Board, Finance and Performance Committee		
Date:		Decision:	
Next Steps:			
Previously circulated reports to supplement this paper:			

DBTH Drivers of Deficit

Summary of Findings

May Board Meeting 2024

Jon Sargeant

CFO

Scope & Overview of Work Performed

Scope

- Validation of Trust's underlying deficit assessment
- Analysis of financial performance movements between 2019/20 to 2022/23
- Identify and refresh of the drivers of the deficit

Approach

- Initial set of Key Lines of Enquiry ('KLOEs') through conversations with Exec Directors
- Review of Trust analysis, working papers and Board Papers
- Benchmarking (NHSE Model Hospital, ERIC data etc)

Limitations

- Analysis draws on benchmarking which is an indication of potential drivers rather than absolute
- Data used for benchmarking is self-reported and therefore there can be differences between organisations
- Further work will be required to more robustly understand the opportunities for addressing the underlying deficit particularly at system level

Key Findings

2019/20 to 2022/23 Key Movements

- The cost base of the Trust has increased by around 30% since 2019/20 with levels of recurrent income not keeping pace driving an increase to the underlying deficit
- Expenditure increased by £122.7m over the period – driven by £42m pay inflation, £24m increased temporary staff spend, £8m additional substantive WTE, £20m non-pay costs and c£7m depreciation

Underlying deficit 2022/23 – Trust assessment of underlying deficit of £49.7m appears valid and within the range identified by Deloitte (£43.5m to £53.3m)

Drivers of Deficit

- We have identified drivers of the deficit ranging from **£27m (low range) to £70m (high range)** depending on the assumptions applied.
- This indicates **operational** opportunities of between £15m to £28m, **strategic** drivers, which contribute £5m to £24m and **structural** drivers, which contribute £7m to £19m.
- This does not include other structural service factors including the relatively lower bed base and income allocation.
- A system wide review is required to obtain a clearer picture in particular as to the allocation between Operational (within Trust control) and Strategic (which require a wider System approach)

2022/23 Underlying Deficit

	Trust View	Deloitte – Range	
		High	Low
	£'m	£'m	£'m
Reported Surplus / (Deficit) 2022/23	(10.1)	(10.1)	(10.1)
Total Non-recurrent Movements	(39.6)	(43.2)	(33.4)
Underlying Surplus / (Deficit) including system top up	(49.7)	(53.3)	(43.5)
System top up	0.0	(27.8)	0.0
Underlying Surplus / (Deficit) excluding system topup	(49.7)	(81.1)	(43.5)

- The Trust's assessment of their underlying deficit appears to be within a reasonable range. The Trust have calculated a £49.7m underlying deficit with our assessment ranging from £43.5m to £53.3m.
- NHS funding includes 'system top ups' which are expected to reduce over a period of time as the ICB moves towards its Fair Share. Excluding this element of income further increases the longer term underlying deficit position.

	DBTH
£m	Surplus / (Deficit)
2023/24 plan surplus / (deficit)	(26.8)
Movements from plan to outturn	3.1
2023/24 outturn surplus / (deficit)	(23.7)
Remove NR balance sheet benefit	(8.7)
Remove NR 22/23 system brokerage	(8.0)
2023/24 exit run rate surplus / (deficit)	(40.4)
Total other NR underlying adjustments	(12.0)
2023/24 underlying surplus / (deficit)	(52.4)

The exit run rate from 23/24 shows that the Trusts underlying deficit has stayed within the range previously identified by Deloitte. It is worth noting that other acute providers have seen similar proportionate increases in their underlying position in the financial year 2023/24.

Key line of enquiry	Low (£m)				High (£m)				Basis of Allocation
	Total	Operational	Strategic	Structural	Total	Operational	Strategic	Structural	
Workforce									
Temporary	6.1	3.7	1.8	0.6	12.6	7.6	3.8	1.2	Operational – grip / control, Strategic – system rates and Structural -hard to fill posts
Substantive – WTE	4.5	2.7	1.4	0.4	9.0	5.4	2.7	0.9	Operational – vacancy control, Strategic – system roles and Structural – hard to fill posts
Substantive – skill mix	0.0	0.0			1.0	1.0			Within Trust control, considered Operational
Operational Productivity and Performance									
DNA rates	1.9	1.9			3.6	3.6			Within Trust control, considered Operational
Theatre Utilisation	1.4	1.4			2.5	2.5			Within Trust control, considered Operational
Length of Stay / Delayed Days	4.0	4.0			16.5	4.0	12.5		Low range reduction in LoS considered Operational. High end requires system solutions
Non-Pay									
CNST	1.4		1.4		2.2		2.2		Medium term to address so considered Strategic in nature
Corporate Services									
HR	0.5	0.5			1.3	0.5	0.8		Low end considered within Trust control so Operational but to achieve high end this is likely to require collaboration at system level so categorised Strategic
Legal	0.0	0.0			0.2	0.0	0.2		
Finance	0.0	0.0			0.6	0.0	0.6		
IM&T	0.0	0.0			0.9	0.0	0.9		
Procurement	0.0	0.0			0.4	0.4	0.0		
Estates									
Other estates costs	0.5	0.5			2.2	2.2			Within Trust control, considered Operational
Overall utilities	0.2	0.2			0.4	0.4			Within Trust control, considered Operational
Unused space	1.2			1.2	1.4			1.4	Related to major issues with Estate – as not on NHP no ability to fundamentally resolve so considered Structural
Estate inefficiency	4.8			4.8	15.1			15.1	
Total	26.5	14.9	4.6	7.0	69.9	27.6	23.7	18.6	

DBTH CIP Plan 24/25

Area of Opportunity	Target Value	RAG (delivery confidence)	Drivers of the deficit review value	Identified schemes
Flow and length of stay	£2m	Red	£4m - £16.5m	
Theatre productivity	£1.5m	Amber	£1.4m - £2.5m	£1.5m
Outpatient productivity	£1.9m	Amber	£1.9m - £3.6m	£1.4m
Corporate Benchmarking	£0.7m	Red	£0.5m-£3.4m	£0.2m
Diagnostics	£1.5m	Red	N/A	£0.2m
Estates	£0.5m	Amber	£6.7m - £19.1m*	£0.5m
Workforce	£4.7m	Amber	£10.6m - £22.6m	£4.7m
Robotic process automation and digitising processes	£0.5m	Amber	N/A	£0.5m
Drugs	£0.5m	Amber	N/A	£0.5m
Non-pay	£0.7m	Green Amber	N/A	£0.45m
Job planning	£0.5m	Red	*See workforce	£50k
Education and research	£0.5m	Green Amber	*See workforce	£0.3m
Local schemes	£3m	Green Amber		£2.1m
Total	£18.5m			£12.4m
<i>System based efficiency (20%)</i>	<i>£5m</i>	Red		
Grand Total	£23.5m			
<i>Gap</i>	<i>£1.5m</i>			

Target values were assigned to workstreams based on:

- Areas identified in the drivers of the deficit report
- Detailed benchmarking utilising model hospital and GIRFT data


A number of these now have detailed worked up underpinning schemes and project charters. The values associated with these are included in the “identified” column.


Further work is ongoing ahead of the NHSE submission next week so this represents an “in progress” view of development.

BREAK 11:25 - 11:35

2405 - D2 CHAIR'S ASSURANCE LOG - QUALITY & EFFECTIVENESS

COMMITTEE

 Discussion Item

 Jo Gander, Non-executive Director

 11:35

5 minutes

REFERENCES

Only PDFs are attached

 D2 - Chair's Assurance Log - Quality & Effectiveness Committee.pdf

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


Subject:	Quality & Effectiveness Committee Meeting	Board Date: May 2024
Prepared By:	Jo Gander, Committee Chair & Non-executive Director	
Approved By:	Quality & Effectiveness Committee Members	
Presented By:	Jo Gander, Committee Chair & Non-executive Director	
Purpose	The paper summaries the key highlights from the Quality & Effectiveness Committee meeting held on 02 April 2024	


Matters of Concern (Moderate, Partial or No Assurance)	Work Underway / Major actions commissions
<p>Concerns raised again with regards to the reduced uptake by staff of Flu and COVID Immunisations and potential risk of increased staff absence. Recommendation for this to be followed up by People's Committee specifically on why staff choosing not to present for immunisation and/or confirmation on whether had vaccine even if not provided by DBTH to be confirmed potentially via future staff survey if possible.</p> <p>Risk ID 3209 -Patient tracking Inaccuracies – Although an update was provided to QEC and a plan is in place to address existing concerns in relation to this, concerns were raised in relation to the impact on patients due to the delay in this issue being resolved, with plans for this to be clear by the end of April '24. QEC requested an update be provided to the next board on progress due to the next QEC not meeting until June '24. Partial Assurance</p> <p>SJR Improvement plan – risk on ability to deliver due to limited training resource availability. Partial Assurance</p> <p>Audit & Effectiveness Update- deferred until next QEC as no supporting evidence to confirm actions have been delivered. Partial Assurance</p> <p>Executive Medical Director report – Much of the report focussed on changes to the Governance structure with content from the Clinical Governance update report which provided reassurance rather than evidence and/or follow up. Partial Assurance</p> <p>Quality Delivery Plan – Requested that report includes progress against delivery of Measures of success outlined in Quality strategy moving forward with supporting narrative. Partial Assurance</p>	<p>Risk ID 3209 -Patient tracking Inaccuracies recommend further assurance be presented to April Board.</p> <p>Q3 CQINS report – work continues to address Clinical frailty assessments in A&E with early sign of improvement for Q3 but only recently included in symphony reporting system so not demonstrated in data for Q3 although expected in Q4.</p> <p>Effectiveness Committee TOR to be brought back to June's QEC when clarity on changes to Governance structure confirmed and can be linked to Caring & Safety Committees.</p> <p>Maternity Strategy, CQUIN and CQC Update noted – Relevant elements of CQC Action plan to come to QEC/Other Committees to be confirmed in discussion with Chief Nurse.</p>

Significant or Full Assurances	Decisions Made
<p>Ward Accreditation update linked to peer review visits and outcomes. Significant Assurance</p> <p>Exception report -Hospital acquired Pressure Ulcers Category 4 along with mitigating actions to address. Significant Assurance</p> <p>PSIRF Themes report. Significant Assurance</p> <p>Board Assurance Framework – Strategic Aim 1 reviewed which will be updated moving to reflect assurance being received through new governance structure. Significant Assurance</p>	<p>QEC Effectiveness survey and Annual report approved.</p>

Assurance Levels	
Internal - Second Line of Defence	
Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified management actions are not considered vital to achievement of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions have been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operational weaknesses have been recognised. Existing performance presents an unacceptable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accepted as urgently required.
External - Third Line of Defence	
Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.

2405 - D2 CHAIR'S ASSURANCE LOG - PEOPLE COMMITTEE

 Discussion Item


 Mark Bailey, Non-executive Director

 11:40

5 minutes

REFERENCES

Only PDFs are attached

 D3 - Chair's Assurance Log - People Committee.pdf

People Committee - Chair's Highlight Report to Trust Board		
Subject:	People Committee	Board Date: May 2024
Prepared By:	Mark Bailey, Committee Chair & Non-Executive Director	
Approved By:	People Committee Members	
Presented By:	Mark Bailey, Committee Chair & Non-Executive Director	
Purpose	The paper summaries the key highlights from the People Committee meeting held on Tuesday 16 th April 2024	
Matters of Concern (Moderate, Partial or No Assurance)	Work Underway / Major actions commissions	
<p><u>Board Assurance Framework (BAF 2) People</u></p> <p>The ambitions within the NHS long term workforce plan are not in the short term aligned with the 2024/25 business planning guidelines, with the latter having a focus on restricted workforce growth in the short term.</p> <p>The Committee noted that despite the significant assurance on the implementation of the DBTH People Strategy and positive movement on key People Indicators the BAF strategic was not expected to reduce to the target risk level of 9 given the national context The Committee agreed it remained at 12.</p> <p>Understanding on near term workforce risk/ mitigation for clinical and non-clinical role types and the attendant patient service area has been requested.</p>	<p><u>Workforce</u> A summary on the workforce position commensurate with 2024/25 business planning to provide further clarity on specific areas of risk and actions in place or planned to mitigate.</p> <p><u>National Staff Survey:</u> Divisional / Directorate engagement with teams on local and Trust level results. Expectation for individualised improvement actions to be co-produced with support and assurance oversight by Executive and the People Committee.</p> <p><u>Education:</u> DBTH Education Quality Framework data expansion and refinement including benchmarking with other acute comparable NHS providers.</p> <p><u>Research & Innovation</u> Development of a detailed 5-year business case starting in the financial year 2024 to support the research & innovation strategy.</p>	

Significant or Full Assurance	Decisions Made
<p>People Strategy: Full Assurance Comprehensive high-level summary of implementation of in-year actions in the strategy and forward view of the delivery plans. Positive movement in operational performance and staff survey measures in line with in-year targets. ‘One year in’ review planned to confirm / refine activities and priorities.</p> <p>Engagement & Leadership: Significant Assurance Very strong engagement evidenced by 2023 annual staff survey response of 67%: one of the highest nationally for acute providers. Year on year improvements in all People Promise themes, staff engagement and morale. Continuing to embed DBTH Way leadership with Just Culture and Patient Safety Incident Response Framework.</p> <p>Education: Significant Assurance Statutory compliance at end February 2024 was 89.2% (83.4% in 2022) v. 90% target – the highest recorded at DBTH. Assurance of on-going alignment with national requirements e.g. additional patient safety and learning disabilities / autism training.</p> <p>Equality, Diversity and Inclusion - Annual Report: Significant Assurance Fully defined and monitored EDI plan with all NHS EDI Improvement high impact actions (6 areas) either in-place or near to completion. Evidence from mandatory reporting, year on year improvements in NHS staff survey results.</p> <p>Workforce Supply & Demand: Maternity Services - Significant Assurance Comprehensive data driven review of proactive recruitment, development and retention action to ensure maternity staffing meets the care needs of increasing complexity in women accessing the service. The Trust now has its highest level of registered midwives in place and expects to be fully recruited by the end of 2024.</p> <p>Nursing Workforce review & Safe Staffing: Significant Assurance Evidence of further improvement in vacancy reduction across unregistered and registered workforce. Actions taken to embed additional support to the resultant increases in staff transitioning from supernumerary / early years status.</p> <p>Job Planning: Significant Assurance Compliance with all recommendations from 2021 internal audit with all actions complete. Consistency Committee in operation and upgrade to electronic job planning capability planned. Progress on managed reduction in high PA job plans.</p> <p>Medical Appraisal: Significant Assurance 92% compliance at 4th April. NHSE standard is 85% / DBTH standard 90%.</p>	<p>Approved for inclusion in the Trust’s annual review and reporting of governance:</p> <ul style="list-style-type: none"> - The People Committee Annual Report 2023-24 - The People Committee Effectiveness Survey 2023-24 - Revision to the Terms of reference for the Health & Wellbeing Committee

Widening Participation 2023/24 Q3: Significant Assurance

Extensive school engagement in Doncaster with plan to increase in Bassetlaw. Career pathways in place with strong apprenticeship programme (4% of workforce).

The Committee also noted for assurance the following:


- The introduction of a strategic framework for the **Knowledge and Library** service to support the People and Research & Innovation strategies.
- The process undertaken for the **Local Clinical Excellence Awards** and the outcomes.
- Improvements and achievements of the **Occupational Health** service.


Assurance Levels	
Internal - Second Line of Defence	
Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified management actions are not considered vital to achievement of strategic aims & objectives - although if unaddressed may increase likelihood of risk
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2405 - D4 CHAIR'S ASSURANCE LOG - FINANCE & PERFORMANCE

COMMITTEE

 Discussion Item

 Mark Day, Non-executive Director

 11:45

5 minutes
to follow

2405 - D5 CHAIR'S ASSURANCE LOG - AUDIT & RISK COMMITTEE

● Discussion Item


👤 Kath Smart, Non-executive Director

🕒 11:50

5 minutes

REFERENCES

Only PDFs are attached

 D5 - Chair's Assurance Log - Audit & Risk Committee.pdf

Audit and Risk Committee (ARC) - Chair's Highlight Report to Trust Board

Subject:	Audit & Risk Committee Meeting	May 2024
Prepared By:	Kath Smart, Committee Chair and Non-executive Director	
Approved By:	Audit & Risk Committee Members	
Presented By:	Kath Smart, Committee Chair and Non-executive Director	
Purpose	The paper summaries the key highlights from the Audit and Risk Committee meeting held on 18 April 2024	

Matters of Concern (with Moderate, Partial or No Assurance)	Work Underway / Major actions commissioned
<p>Interim Head of Internal Audit Opinion</p> <ul style="list-style-type: none"> • Although no HoIA assurance level for 23/24 has yet been assigned (22/23 is Moderate – 23/24 due in May/June) the Committee wished to appraise the Board that the current Audit Recommendations closure rate has improved to 77% for timely closure and 90% overall closure rate. The target aim for this was 75% for timely closure. The Committee were satisfied this represents a positive move forward with managements increased focus on closing high and medium risks. The Committee were hoping the 75% is sustainable and look to review the target for 24/25. • Management of Reviews, Visits, Inspections and Accreditations Policy – This report demonstrated Moderate assurance in relation to the notification of inspections/ reviews across the Trust. Work is planned to raise the profile, schedule in cyclical visits and ensure the register is more comprehensive (see work underway) 	<ul style="list-style-type: none"> a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery via 360 Assurance follow-up of audit recommendations b) Board Assurance Framework – This was reviewed by ARC alongside the Interim HOIA feedback from Internal Audit which showed there are areas for improvement which are currently being addressed. Committees appear to be actively utilising the BAF, and there are plans to further utilise the BAF more effectively with Deep Dives and driving the Committees agenda. The BAF will be reviewed by IA in Q4. c) Risk Management Board & Trust Risk register– ARC received report evidencing the work of RMB in continuing to improve the Trusts Risk Management process & progress and plans for the future. Progress has been made in reviewing 15+ risks (and now 12+ risks); linking to actions on Datix & reducing the number of extreme risks by ensuring consistency of scoring. It was noted 100% of risks had actions plans which is a positive improvement This will be reviewed by IA in Q4. d) Committee Effectiveness – The effectiveness review results based on the HFMA standards/ questions were positive. A full report with an assigned assurance level will be brought back to Board in the ARC Annual Report once considered alongside the other Committees effectiveness. e) Payroll Overpayments – Internal audit have produced a benchmarking report showing overpayments performance. A number of areas were highlighted for consideration and this was referred for further work with Chief People Officer to determine any actions. f) Implementation of Management of Reviews, Visits, Inspections and

Accreditations Policy – This report demonstrated some compliance with Policy with management advising more work to be done. ARC requested an update in 6months time.

- g) Annual Items – ARC Annual Report, Committees Annual Report, Effectiveness Reviews and Annual Governance Statement – These were all shared in draft for review and comment before the year end process in June 2024.
- h) Contract positions for Internal and External Audit – Work is underway to bring recommendations to the Council of Governors in terms of their statutory role in appointing the External Auditors.

Significant or Full Assurances


Decisions Made

- a) Counterfraud Progress 23/24 – Significant assurance on the update on work for 23/24, and cases being progressed. Also, Significant assurance on the work programme and risk assessment for 24/25.
- b) Internal Audit Progress & delivery – 23/24 – Significant assurance on the delivery of the IA plan.
- c) Internal Audit Review of Estates Planned Maintenance – Significant Assurance on the arrangements in place to establish the PPM programme and to monitor performance against delivery. This work was viewed positively by ARC, with 2 x medium risk recommendations and 6 x low recommendations for implementation in 2024.
- d) Single Tender Waivers – Significant assurance for compliance with the Trust process
- e) Losses & Compensations – Significant Assurance for compliance with the Trust financial process. However, concern remains of the number and volume of hearing aids/dental /patient property losses which may impact patient experience.
- f) Register of Interests, Corporate Hospitality & Sponsorship – Significant Assurance was given to the process for ensuring a robust approach and the Committee acknowledged the positive steps resulting in a 97% compliance rate for declarations of interest for decision makers.
- g) Security Management - The report demonstrated that overall system for Security Management is in place and working to mitigate security risks with significant assurance.


- a) ARC recommended Board approval of the refreshed Terms of Reference

Assurance Levels	
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2405 - D6 BOARD ASSURANCE FRAMEWORK (RISKS 1 - 7)

 Discussion Item


 Executive Directors


 11:55

20 minutes

REFERENCES

Only PDFs are attached

 D6 -Board Assurance Framework.pdf

 D6 - Trust Risk Register 15+.pdf



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

BOARD ASSURANCE FRAMEWORK

April 2024



Our vision

The ambition of the Trust

True north

How we arrive at our vision

Breakthrough

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

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

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

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

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

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

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

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

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

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



BOARD ASSURANCE FRAMEWORK SUMMARY

Jan-24

Strategic Objective	BAF Ref	BAF Executive Owner	Strategic Risk		Oversight Committee	Timeline														
			IF	THEN		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-22	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Current LxC	Current	Target Score
PATIENTS	BAF 1	Chief Nurse	DBTH is not a safe trust which demonstrates continual learning and improvement	Risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	QEC	NA	NA	NA	12	12	12	16	16	16	16	16	16	4 (L) x 4 (C)	16	12
PEOPLE	BAF 2	Chief People Officer	DBTH is unable to recruit, motivate, retain and develop sufficiently skilled workforce to deliver services	Patient and colleague experience and service delivery would be negatively impacted and would not be embedded inclusive culture in line with our DBTH Way	PEOPLE	NA	NA	NA	9	12	12	12	12	12	12	12	12	4 (L) x 3 (C)	12	9
PERFORMANCE (Operational)	BAF 3	Chief Operating Officer	Demand for services at DBTH exceeds capacity	Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	F&P	NA	NA	NA	16	16	16	12	12	12	12	12	12	4 (L) x 3 (C)	12	9
PERFORMANCE (Estates)	BAF 4	Chief Financial Officer	DBTH's estate is not fit for purpose	DBTH cannot deliver services and this impacts on experience for patients and colleagues	F&P	NA	NA	NA	16	20	20	20	20	20	20	20	20	5 (L) x 4 (C)	20	20
PERFORMANCE (Financial)	BAF 5	Chief Financial Officer	DBTH cannot deliver the financial plan	DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	F&P	NA	NA	NA	16	16	16	16	16	16	16	16	16	4 (L) x 4 (C)	16	12
PARTNERS/ PREVENTION	BAF 6	Dep CEO	DBTH does not effectively engage and collaborate with its partners and communities will miss opportunities to address strategic risks which require partnership solutions	DBTH fails to meet its' duty to collaborate and deliver integrated care for benefit of people of Doncaster and Bassetlaw	QEC	NA	NA	NA	6	6	6	6	6	6	6	6	6	2 (L) x 3 (C)	6	6
QUALITY IMPROVEMENT	BAF 7	Chief Financial Officer	DBTH does not deliver continual quality improvement, research, transformation & innovation	the Organisation won't be sustainable in long term	F&P	NA	NA	NA	6	6	6	6	6	6	6	6	6	2 (L) x 3 (C)	6	6

Board Assurance Framework 2023/24

Links to Strategic Ambitions <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">True North Strategic Aim 1</td></tr> <tr><td style="padding: 2px;">Patients</td></tr> </table>	True North Strategic Aim 1	Patients	Strategic Objective <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">To provide outstanding care and improve patient experience</td></tr> </table>	To provide outstanding care and improve patient experience	Breakthrough Objective <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Ensure Divisions & Directorates have the capacity and capability and support to deliver our 2023/24 objectives</td></tr> </table>	Ensure Divisions & Directorates have the capacity and capability and support to deliver our 2023/24 objectives						
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BAF 1 Executive Owner <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Karen Jessop</td></tr> <tr><td style="padding: 2px;">Chief Nurse</td></tr> </table>	Karen Jessop	Chief Nurse	Strategic Risk <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">BAF1</td> <td style="padding: 2px; text-align: center;">If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action</td> </tr> </table>	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	Current Risk Score <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: red; color: white; text-align: center; padding: 10px; font-weight: bold;">16</td></tr> </table>	16					
Karen Jessop												
Chief Nurse												
BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action											
16												
Key Issues that could impact on ability to manage the strategic risk <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Risk of a lack of learning from incidents, risks, complaints inquests and deaths</td></tr> <tr><td style="padding: 2px;">Risk of inconsistent standards of care</td></tr> <tr><td style="padding: 2px;">Identified risk in compliance with Mental capacity act and deprivation of liberty safeguards</td></tr> <tr><td style="padding: 2px;">Lack of fully implemented Accessible information standard (AIS)</td></tr> <tr><td style="padding: 2px;">Identified gaps following analysis of Safeguarding compliance with National Safeguarding accountability and assurance</td></tr> <tr><td style="padding: 2px;">Failure to deliver on the clinical audit action plan</td></tr> <tr><td style="padding: 2px;">Potential review of submission for Clinical Negligency Scheme for Trusts (Yr 5) outcome of CQC inspection</td></tr> <tr><td style="padding: 2px;">Failure to embed the recommendations of the Clinical Governance Review</td></tr> </table>		Risk of a lack of learning from incidents, risks, complaints inquests and deaths	Risk of inconsistent standards of care	Identified risk in compliance with Mental capacity act and deprivation of liberty safeguards	Lack of fully implemented Accessible information standard (AIS)	Identified gaps following analysis of Safeguarding compliance with National Safeguarding accountability and assurance	Failure to deliver on the clinical audit action plan	Potential review of submission for Clinical Negligency Scheme for Trusts (Yr 5) outcome of CQC inspection	Failure to embed the recommendations of the Clinical Governance Review	Overseeing Committee <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Quality & Effectiveness Committee (QEC)</td></tr> </table> Date of last Committee review <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">6th February 2024</td></tr> </table>	Quality & Effectiveness Committee (QEC)	6th February 2024
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Risk Assessment <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 10%;">Consequence</th> <th style="width: 10%;">Likelihood</th> <th style="width: 10%;">Risk Score</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Initial Risk assessment (July -23)</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center; background-color: yellow;">12</td> </tr> <tr> <td style="padding: 2px;">Current Risk assessment</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center; background-color: red;">16</td> </tr> <tr> <td style="padding: 2px;">Target Risk (Plan for Dec 23)</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center; background-color: red;">16</td> </tr> <tr> <td style="padding: 2px;">Target Risk (Plan for Mar 24)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center; background-color: yellow;">12</td> </tr> </tbody> </table>		Consequence	Likelihood	Risk Score	Initial Risk assessment (July -23)	4	3	12	Current Risk assessment	4	4	16	Target Risk (Plan for Dec 23)	4	4	16	Target Risk (Plan for Mar 24)	3	4	12	Risk Appetite <p>Quality - (Cautious) - Our Preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the the possibility of improved outcomes and appropriate controls are in place</p> <p>Regulatory / Compliance (MINIMAL) We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.</p>
	Consequence	Likelihood	Risk Score																		
Initial Risk assessment (July -23)	4	3	12																		
Current Risk assessment	4	4	16																		
Target Risk (Plan for Dec 23)	4	4	16																		
Target Risk (Plan for Mar 24)	3	4	12																		

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned								
1) Nursing Midwifery and Allied Health Professional Quality Strategy (2023-2027) Approved by Trust Board of Directors	Strategy delivery plan and update to QEC provided for start of Q1 (2) Quality steering Group (2) PSIRF Implementation Group (2) Approved NMAHPS Quality Strategy with SROs for each theme (2) Internal audit report Mental Capacity Act (3)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> <tr><td style="background-color: green;">Significant assurance</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> </table>	Partial Assurance	Full Assurance	Full Assurance	Significant assurance	Partial Assurance			
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2) Chief Nurse Quality Oversight framework, developed and implementation commenced	Chief Nurse Quality and Safety Report to QEC (2) Picker Patient surveys UEC and Maternity (3) CQC Quarterly engagement meetings (3) Chief Nurse Executive Group (2) Patient Experience and Involvement Committee (2) Commencement of the Care Accreditation Peer review process (2) Rapid Quality Reviews for key events in place (2) Recent CQC Core Services Inspection with immediate action plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: blue;">Full Assurance</td></tr> <tr><td style="background-color: green;">Significant Assurance</td></tr> <tr><td style="background-color: green;">Significant Assurance</td></tr> <tr><td style="background-color: green;">Significant Assurance</td></tr> <tr><td style="background-color: yellow;">Assured</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: green;">Significant Assurance</td></tr> <tr><td style="background-color: green;">Significant Assurance</td></tr> </table>	Full Assurance	Significant Assurance	Significant Assurance	Significant Assurance	Assured	Partial Assurance	Significant Assurance	Significant Assurance
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Assured										
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3) Maternity services has executive level oversight: CN Board level Safety Champion	Maternity and Neonatal Safety & Quality Cttee (2) Children & Young People's Committee (2) Maternity and Neonatal report to Board Bi Monthly (2) Bi Monthly ED and NED safety champion visits & mtg Submission of Board declaration for CNST (Yr 5) compliance LMNS CNST Check and Challenge Meeting (3)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">*</td></tr> <tr><td style="text-align: center;">*</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> </table>	*	*	Full Assurance	Full Assurance	Full Assurance	Full Assurance		
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4) Clinical Governance processes in place and established	Trust Clinical Governance Meeting (2) Divisional Governance meetings (1) Mortality Governance and Data Assurance Group (1) Audit and Effectiveness Committee (2) Internal audit Report Clinical Audit (3) Learning from deaths Quarterly report (2) Medical Examiner external review (3)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: yellow;">Partial Assurance</td></tr> <tr><td style="background-color: blue;">Full Assurance</td></tr> </table>	Partial Assurance	Partial Assurance	Partial Assurance	Partial Assurance	Partial Assurance	Partial Assurance	Full Assurance	
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5) Risk Management Board established and working effectively	Risk Management Board monthly meeting (2) Internal audit Report - Divisional Risk Management (3)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: green;">Significant Assurance</td></tr> <tr><td style="background-color: green;">Significant Assurance</td></tr> </table>	Significant Assurance	Significant Assurance						
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Significant gaps in current controls <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Divisional Clinical Audit processes</td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Divisional Clinical Audit processes			Areas where further assurance against controls is required <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Will need to evaluate the new committee structure when embedded - towards end of</td></tr> <tr><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td></tr> </table>	Will need to evaluate the new committee structure when embedded - towards end of		
Divisional Clinical Audit processes							
Will need to evaluate the new committee structure when embedded - towards end of							

Key actions to close gaps	Lead	Target Date	Progress
Establishment of Patient Safety, Effectiveness and Caring Committees	EMD and CN	Quarter 2 (24/25)	TORs being drafted, meetings being established as per paper to QEC feb 24
Clinical Audit	EMD	Quarter 4	Plan progressing as outlined in December 2023 meeting
MCA action plan developed following internal audit report	CN and EMD	Quarter 1 (24/25)	Progress update for QEC planned for April 2024
Accessible information standards gap analysis complete	CN	Quarter 4	Trust Task and Finish group progressing actions with wider stakeholders.
CNST Year 6 publication expected	CN	Quarter 4 (24/25)	Initial publication received, full plan expected 2nd April 2024
Complete the SJR Review process	EMD	Quarter 1 (24/25)	Review commenced.

Links to Operational Risks					
Ref	Consequence	Likelihood	Risk Score	Risk Title	
3291		3	4	12	Behaviour of Concern
3197		4	4	16	Safeguarding Compliance
3246		5	3	15	Mental Capacity Act and Deprivation of Liberty Safeguards



Board Assurance Framework 2023/24

Links to Strategic Ambitions True North Strategic Aim 3 People	Strategic Objective Team DBTH feel valued and feedback from colleagues and learners in top 10% in UK	Breakthrough Objective Demonstrate Trust-wide cultivation of an inclusive, caring and kind culture to ultimately drive improvement in patient and colleague feedback
BAF 2 Executive Owner Zoe Lintin Chief People Officer	Strategic Risk BAF2 If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	Current Risk Score <div style="background-color: #FFD700; text-align: center; padding: 5px;">12</div>
Key Issues that could impact on ability to manage the strategic risk Availability of overall workforce in context of national shortages in some areas and the nationally identified need to increase training numbers National context of continuing industrial action Introduction of NHS Long Term Workforce Plan (LTWP), which is aligned with our People Strategy. Further details to be confirmed nationally on the LTWP including funding National context including 24/25 operational and financial planning guidance, which has a focus on restricted workforce growth in the short term. In this context, and despite significant assurance on the implementation of the DBTH People Strategy and positive movement on key People indicators, the People Committee agreed at its meeting on 16.04.24 that the risk score remains at 12		Overseeing Committee People Committee Date of last Committee review Committee review Board - 30 January 2024, PC - 16 April 2024

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Risk Assessment</th> <th style="width: 10%;">Consequenc</th> <th style="width: 10%;">Likelihood</th> <th style="width: 10%;">Risk Score</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Assessment (Jul- 23)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Current Risk Assessment</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Target Risk (Plan for Dec-23)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Target Risk (Plan for Mar-24)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>	Risk Assessment	Consequenc	Likelihood	Risk Score	Initial Risk Assessment (Jul- 23)	3	4	12	Current Risk Assessment	3	4	12	Target Risk (Plan for Dec-23)	3	4	12	Target Risk (Plan for Mar-24)	3	3	9	Risk Appetite People- (OPEN)-We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties. We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.
Risk Assessment	Consequenc	Likelihood	Risk Score																		
Initial Risk Assessment (Jul- 23)	3	4	12																		
Current Risk Assessment	3	4	12																		
Target Risk (Plan for Dec-23)	3	4	12																		
Target Risk (Plan for Mar-24)	3	3	9																		

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned
1 People Strategy 2023-27 launched May 2023, with detailed delivery plans and regular assurance reporting to People Committee	Chief People Officer Senior Leadership Team (1) Reports to every People Committee meeting (2) Annual staff survey results and learner surveys (3) Internal audit on health & wellbeing planned for Q4 (3) Recognised as Employer of the Year at Doncaster Business Awards Dec 23 (3) Recognition and award nominations at national level (3)	Assured Assured Assured TBC Assured Assured Assured
2 Development of strategic Trust-wide workforce plan, including implementation of strategic workforce planning tool and embedding of deep dive/focus workshop approach	Workforce & Education Committee (1) Reports to every People Committee meeting (2) Internal audit report - Recruitment (22/23) (3) Internal audit report - Return to work interviews (22/23) (3)	Assured Assured Assured Partial Assurance Moderate assurance
3 Launch and ongoing embedding of the DBTH Way to set out expectations on behaviours and embed an open and inclusive organisational culture	Reports to Trust Executive Group (1) Reports to People Committee (2) Annual staff survey results and learner surveys - further significant improvements seen in 2023 staff survey results (3)	Assured Assured Assured
4 Equality, diversity and inclusion action plan including NHS England high impact actions	EDI Committee (1) Reports to People Committee (2) Annual staff survey results and learner surveys (3) NHS England Dashboard (3)	Assured Assured Assured Assured Assured
5 Provision of quality education, learning and development	Workforce & Education Committee (1) Reports to Trust Executive Group (1) Reports to every People Committee meeting (2) Education quality visits and outcome reports - positive feedback in NHSE report Q4 23/24 (3) Learner surveys (3)	Assured Assured Assured Assured Assured

Significant gaps in current controls	Areas where further assurance against controls is required
Estates/environment impacts on colleague morale and training capacity 2. Succession and talent management approaches to be embedded 3. Retention data requires review through exit interview themes	Strategic issue, local mitigation 2. Succession planning approach developed and rolled out Q4 23/24, Talent management tools developed in Q3, piloted in Q4 and launch late March 2024 to align with 2024 appraisal season 3. New format for capturing exit interview data launched Q2 to increase amount of data received, plan to review data at WEC from Q4. Renewed focus in Q4 to increase amount of data being collated centrally.

Ref	Action	Lead	Target Date	Progress
1	Delivery of year 1 of People Strategy in line with agreed delivery plan	Zoe Lintin	31/03/2024 for year 1	Delivery plans updated March 24 and assurance report to be presented at People Committee on 16 April. Plans on track, actions completed.
3	Launch DBTH Way with communications and embedding plan	Zoe Lintin	30/09/2023 for launch - to be completed 31/10/23. Embedding is throughout 2023/24 & future years	Successful launch of DBTH Way completed. Embedding work continues including facilitated sessions with leadership groups e.g. Clinical Directors, incorporating into appraisal season form, inclusion in new job description and person specification templates. Update presented to PC on 9 Jan as part of Engagement & Leadership report. Committee assured.
2	Implementation of strategic workforce planning tool and embedding of deep dive and focus workshops	Zoe Lintin/Anthony Jones	Mar-24	Implementation phase nearing completion and planning for handover of the strategic workforce planning tool from KPMG to the Trust. Use of the tool considered for business as usual activities and incorporated within business planning process for 2024/25. Update & demo of the tool presented to PC on 9 Jan in Workforce Supply & Demand report. Committee assured.
4	Refresh of EDI plan to include NHSE High Impact Actions and delivery of 2023/24 actions in the plan	Zoe Lintin/Gavin Portier	Mar-24	EDI action plan refreshed to reflect NHS High Impact Actions with new actions added. Presented to People Committee on 4 July, Committee assured. Summary to Board on 25 July. Board Assured. Update EDI report presented to PC on 9 Jan, actions are on track with no escalations - Committee assured. EDI annual report to be presented to PC on 16 April.
1	Delivery of education priorities within People Strategy and Research & Innovation Strategy including new Education Quality Framework	Zoe Lintin/Sam Debbage	31/03/2024 for year 1	Plans on track. Education report presented at People Committee on 9 Jan (Committee assured) and further Education report to be presented to PC on 16 April. Education Quality Framework developed, approved and launched in Nov, aligned with the Quality Strategy. Positive feedback received from NHS England education quality visit and report.

Links to Operational Risks

Ref	Consequen	Likelihood	Risk Score	Risk Title
19 PEO1	4	3	12	Inability to engage with and involve colleagues, learners and representatives to improve experiences at work

Board Assurance Framework 2023/24

Links to Strategic Ambitions	Strategic Objective	Breakthrough Objective
True North Strategic Aim 2 Performance (Operational)	Everybody knows their role in achieving the vision	Ensure Divisions & Directorates have the capacity and capability and support to deliver our 2023/24 objectives
BAF 3 Executive Owner	Strategic Risk	Current Risk Score
Denise Smith Chief Operating Officer	BAF3 If Demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	12
Key Issues that could impact on ability to manage the strategic risk		Overseeing Committee
Increased waiting list size following the pandemic Increased waiting times following the pandemic with long waits for elective surgery Lack of capacity to meet the demand and clear the backlog Underutilisation of clinical capacity High bed occupancy and low bed base per 1000 population compared to peers		Finance & Performance Committee
		Date of last Committee review
		Apr-24

Risk Assessment				Risk Appetite
Initial Risk Assessment (Jul- 23)	4	4	16	Quality- (OPEN) -We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards Regulatory / Compliance (MINIMAL) We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.
Current Risk Assessment	3	4	12	
Target Risk (Plan for Dec-23)	3	4	12	
Target Risk (Plan for Mar-24)	3	3	9	

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned
1. Urgent and Emergency Care Improvement Programme which includes maximising same day emergency care and reducing length of stay in order to reduce inpatient bed demand and bed occupancy	Monthly SRO oversight through the Programme Board (1) Monthly highlight reports to Doncaster UEC Delivery Board (2) Monthly report to Transformation Board (2) Monthly report to F&P (2) National data submissions confirm Trust position / performance (2) Monthly ICB / Regional report detailing performance / benchmarking (2) GIRFT reports (3) Model health reports (3) Trust participation in national benchmarking programme (3)	Partial Assurance - with improvements required
2. Diagnostic Improvement Programme to ensure demand is in line with clinical guidelines / best practice and to maximise productivity and efficiency	Monthly SRO oversight through the Programme Board (1) Monthly Diagnostic & Elective Oversight Group for Acute Fed performance (2) Monthly Programme Board report to Transformation Board (2) Monthly Access Standards report to F&P (2) National data submissions confirm Trust position / performance (2) GIRFT reports (3) JAG accreditation for Endoscopy (3) Model Health reports (3)	Partial Assurance - with improvements required
3. Outpatient Improvement Programme to manage demand for new / follow up appointments, maximise technology enabled care and maximise productivity and efficiency	Monthly SRO oversight through the Programme Board (1) Monthly Diagnostic & Elective Oversight Group for Acute Fed performance (2) Monthly report to Transformation Board (2) Monthly Access Standards report to F&P (2) National data submissions confirm Trust position / performance (2) GIRFT reports (3) Model health reports (3) Trust participation in national benchmarking programme (3) Internal audit report (waiting list management) (3)	Partial Assurance - with improvements required

4. Theatres Improvement Programme to maximise productivity and efficiency

Monthly SRO oversight through the Programme Board (1)
 Monthly Diagnostic & Elective Oversight Group for Acute Fed performance(2)
 Monthly report to Transformation Board (2)
 Monthly Access Standards report to F&P (2)
 National data submissions confirm Trust position / performance (2)
 GIRFT reports (3)
 Model health reports (3)
 Trust participation in national benchmarking programme (3)
 Internal audit report (waiting list management) (3)

Partial Assurance - with improvements required

Significant gaps in current controls	Areas where further assurance against controls is required
UEC Improvement Programme for 24/25 to finalise plans to deliver CIP	
Outpatient Improvement Programme for 24/25 to finalise plans to deliver CIP	
Theatres improvement programme for 24/25 to finalise plans to deliver CIP	
	Deliver Elective Care Improvement Programme for 24/25
	Operational Delivery Group to provide Exec oversight of operational service delivery
	Develop Clinical Prioritisation Policy
	Develop Validation Policy

Key actions to close gaps				
Ref	Action	Lead	Target Date	Progress
1	Confirm UEC Project Charter	COO	Q1	In progress - draft developed
2	Confirm Outpatient Project Charter	COO	Q1	In progress - draft developed
3	Confirm Theatres Project Charter	COO	Q1	In progress - draft developed
4	Establish Operational Delivery Group	COO	May-24	Monthly meetings to take place from May 24
5	Draft Clinical Prioritisation Policy in line with national guidance	COO	Q1	Due for submission to TLT in June 24
6	Draft Validation Policy in line with national guidance	COO	Q1	Due for submission to TLT in June 24

Links to Operational Risks				
Ref	Consequence	Likelihood	Risk Score	Risk Title
3434	4	3	12	Timely access to diagnostic services
3435	4	3	12	Timely access to elective care
3436	4	3	12	Timely access to cancer services
3437	4	4	16	Timely access to emergency care

Board Assurance Framework 2023/24

Links to Strategic Ambitions	Strategic Objective	Breakthrough Objective
True North Strategic Aim 4 Performance (Estates)	To be in recurrent surplus to invest in improving patient care	Demonstrate clear improvements in efficiency and effectiveness to achieve our financial control totals.
BAF 4 Executive Owner	Strategic Risk	Current Risk Score
Jon Sargeant Chief Financial Officer	BAF4 If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	20
Key issues		Overseeing Committee
<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation(i) Breaches of regulatory compliance and enforcement including:</p> <p>Risk of Failure of Critical Ventilation Plant Throughout the Trust due to Condition and Operating Standard Non-Conformance. A significant number of the critical air handling systems providing supply and exhaust ventilation to operating theatres and other critical areas Trust wide are not fit for purpose and do not comply with the standards of: HTM 03-01, Health Building Note 26 and NHS Model Engineering Specification CO4. In many cases the 6/7 facet information and annual verification reports identify the plant as being</p> <ul style="list-style-type: none"> - Aged - Life expired - Unsuitable - Inappropriate <p>Fire - Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the RRFSO. Increased Risk to Life and Property in the Event of Fire Due to Current Inadequacy of Fire Compartmentation ire compartmentation has been identified as being inadequate in each of the Trust's properties. Fire compartmentation is required to minimise the spread of fire and smoke, and to facilitate progressive horizontal evacuation (PHE) strategies. As a result there is currently an increased risk to life and property in the event of fire. Update: Suspected Fire Incident occurred 22nd October in South Block, full evacuation required due to strong smell of smoke, smoke and presence of soot/ash covering S12. SYFR investigated, felt to be ventilation system pulling in smoke/odour from external bonfires in neighbouring gardens.</p> <p>Electrical - Risk of electrical failure due to age and condition of HV/LV infrastructure AE Audit reports completed across Trust properties for HV/LV electrical systems have identified a number of non-compliances with the requirements of HTM 06-01, HTM06-02 & HTM 06-03.</p> <p>Water Systems/Legionella - Local Water Storage Tanks Local cold water storage tanks located Trust-wide have been identified as requiring remedial work and/or replacement due to their age and condition. The tank condition has been verified by both 6 facet surveys and water quality risk assessments. Failure to maintain clean, safe and appropriate water storage systems poses an increased risk of unsafe water systems, leading to a risk to all users</p> <p>Lifts - Risk of critical lift failure leading to (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area</p>		Finance & Performance Committee
		Date of last Committee review
		31/10/23 Board & 27/11/2023 F&P

Risk Assessment						
	Impact	Likelihood	Risk Score	Risk Appetite		
Initial Risk Assessment (Jul- 23)	4	4	16	Finance/VFM- (OPEN) We strive to deliver our services within the budgets set out in our financial plans and are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.		
Current Risk Assessment	4	5	20			
Target Risk (Plan for Dec-23)	4	5	20			
Target Risk (Plan for Mar-24)	4	5	20			

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned
<p>1 Granger Review 2021 & action plan contains a number of actions that are either completed or on track. Includes an action to purchase Top-Up Insurance for DRI site Monitored via F&P. Jan update Top up insurance now in place.</p> <p>2 Full Asset capture 2022/23 - informing business case to increase Planned Preventative Maintenance schedule to reflect infrastructure risks in line with industry standard SFG 20. Review included all sites.</p> <p>Business case due to November CIG. Jan update, BC being adjusted to include phasing of recruitment for 1,2 & 3 year period. Values are circa £600k pay and £300k revenue specialist contractors (tbc requires tendering)</p> <p>3 Report provided to BoD June regarding way forward for DRI site to invest in the current site, and progress the support for the new build bid. Both pieces of work aim to eradicate risk of poor infrastructure of the DRI site. Request from DHSC to develop bid (s) to reduce risk and backlog on DRI site, focus on highest risk block east Ward Block, additional bids for theatres/relocation of DCC to ESAC/Complete W&C fire works and refurb. Announcement expected Nov 22nd as part of the Autumn Statement, bids for EWB, Theatres, DCC and W&C have been developed in readiness. Update Jan 24, no announcement in Autumn statement, working with DHSC Vicki Cave to identify funding <£25m 24/25 and EWB bid £300m. Meeting took place with Simon Corben NHSE EFM Lead 16th Jan, request for seed funding to develop bids further.</p> <p>4 Annual Capital Programme developed using Risk Based methodology - focus on DRI backlog/Critical infrastructure risk reduction. £74m invested in DRI site in last 5 years</p> <p>5 Key Financial Control Processes in place: Vacancy Control Panel, CIG, Grip and Control, Capital Monitoring Committee, Cash Committee. Reintroduction of financial escalation process with Divisions from June.</p> <p>6 Comprehensive EFM Risk Register in place, containing actions to mitigate and eradicate risk</p>	<p>Reports to Audit and Risk Committee (via H&S Report) (2)</p> <p>Reports to Finance & Performance Committee (2)</p> <p>Reports to Finance & Performance Committee (2)</p> <p>Board Report (1)</p> <p>Annual Programme to Board of Directors for approval (2)</p> <p>Annual Programme to ICB for information (3)</p> <p>Reports to Finance & Performance Committee (2)</p> <p>POSM & Transformation meetings (1)</p> <p>360 assurance performance mgt audit Q4 2022/23 (3)</p> <p>Internal Audit 21/22 (3)</p> <p>Reports to Audit and Risk Committee (via H&S Report)</p>	<p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Partial Assurance - with improvements required</p> <p>Partial Assurance - with improvements required</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p>

Significant gaps in current controls	Areas where further assurance against controls is required
Insufficient investment to eradicate backlog/infrastructure risk at the DRI site	Further assurance Enhanced planned preventative maintenance
lack of an effective NHS capital regime	
A requirement for additional revenue to support Top Up Insurance of £500k pa and increased estates resource value of circa £900k (£600k pay, £300k revenue)	

Key actions to close gaps				
Ref	Action	Lead	Target Date	Progress
3	Develop options for investment of the current DRI site, as per request from DHSC to develop bid (s) to reduce risk and backlog on DRI site, focus on highest risk block east Ward Block, additional bids for theatres/relocation of DCC to ESAC/Complete W&C fire works and refurb	JS	Dec-23	Paper to Board in June, Paper F&P 26th July 2023. updated paper to F&P and BoD in Sept re Autumn statement funding announcement Bid pack completed as required in November, shared with DHSC and NHSE, awaiting further instruction regarding next steps
3	Progress with bid for new DRI site	JS	Mar-25	Paper to Board in June, Paper to F&P 26th July 2023. On hold
3	Discuss National Audit Office findings relating to DRI being removed from the list of 40 new hospitals with DoHSC and NHSE	RP/JS	Aug-23	Paper to Board in June, Paper to F&P 26th July 2023. complete
2	Prepare to submit Short Form Business case for any funding that may become available in the Autumn of 2023	JS	Sep-23	Paper to Board in June, Paper to F&P 26th July 2023. update to action 1. complete
2	Business case to CIG November to support PPM	JS	Aug-23	BC being adjusted to include phasing of recruitment for 1,2 & 3 year period. Values are circa £600k pay and £300k revenue specialist contractors (tbc requires tendering)
1	Business case for Top Up Insurance went to CIG Sept - approved	JS	Nov-23	Purchase Order being raised with Griffiths & Armour Oct, due to time elapsed a new procurement exercise needs to be undertaken. Costs remained the same, insurance now in place - complete

Links to Operational Risks					Risk Number		Risk Description	
Ref	Consequence	Likelihood	Risk Score	Risk Title				
12	4	3	20	Risk of Fire to the Estate	12		Failure to ensure that estates in upgraded in line with current le	
					1214		Increased Risk to Life and Propert of Fire Compartmentation	
					1277		Increased Risk of Fire and Smoke Compartmentation	
					1246		Risk of Failure of Critical Ventilat and Operating Standard Non-Co	
					1783		IV Electrical Distribution DDL if	

Board Assurance Framework 2023/24

Links to Strategic Ambitions	Strategic Objective	Breakthrough Objective
True North Strategic Aim 4 Performance (Financial)	To be In recurrent surplus to invest in improving patient care	Demonstrate clear improvements in efficiency and effectiveness to achieve our financial control totals.
BAF 5 Executive Owner	Strategic Risk	Current Risk Score
Jon Sargeant Chief Financial Officer	BAF5 If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term	16
Key issues	Overseeing Committee	
<p>1) The Trust submitted a deficit financial plan of £26.8m with an assumed CIP delivery of £22.1m. The Trust is under scrutiny given its financial position, including a national review of the Trust's financial plan earlier in the financial year, pressure from the ICB and needing a national request for revenue cash support. The Trust is currently forecast to deliver a £25.8m deficit (before industrial action impact on Dec/Jan) which is £1m improvement on plan. However this is short of the £4m stretch requested by the ICB. This position whilst an improvement on plan has been non-recurrently achieved with a starting gap for next financial year currently estimated at c.£65m with an underlying deficit still at c£50m. The SY ICB is currently forecasting a £49.5m deficit at year end against a break even plan, however this includes a number of mitigations at the end of the year to achieve this position.</p> <p>2) The Trust has a c£50m underlying deficit, placing pressure on its long term financial sustainability. A key issue is delivering recurrent cash releasing CIPS in order to support reducing this deficit position.</p> <p>3) Cash - the Trust has had to request central revenue cash support of £26.8m to meet its obligations and c£7m capital. This comes at a cost to the Trust of 3.5% worsening the Trust's financial position but also reduces the ability to invest in services.</p> <p>4) Productivity - reductions in productivity were seen during COVID, where activity being delivered is below pre-pandemic levels, whilst resource has increased. The challenge in 23/24 has been to deliver above pre-pandemic levels of activity within resources allocated whilst providing safe and sustainable services. However in this year this has been impacted by the ongoing industrial action. The Trust is currently achieving ERF, however this has been supported by additional independent sector spend and the non-recurrent baseline changes to activity targets. The challenge as we enter 24/25 is to deliver the activity lost from industrial action and improve productivity further within the resources the trust has. If activity is not delivered in line with plan the Trust's income position will be at risk. National guidance is awaited on any changes to rules regarding the Elective Recovery Fund for 24/25 but these are not expected to be material.</p> <p>5) Non-pay inflation is currently very high in the economy and is not funded at those levels within the funding allocations. There is a risk that inflation assumptions are not sufficient to cover the actual cost increases both in terms of revenue and capital projects.</p> <p>6) Temporary Staffing Spend - agency spend remains above pre-pandemic levels. Further work in this area is required to reduce agency spend where a national target will be set for 24/25 (3.2% or better).</p> <p>7) Impact of industrial action and pay awards - this includes the risk that the source of funding for pay awards has not yet been made clear for Drs and therefore this may impact on other national budgets which reduces potential resource for the Trust. Industrial action is impacting on pay costs in the Trust and also impacting on the Trust's ability to deliver its elective activity targets and thereby may impact on levels of income for the Trust and thereby delivery of the Trust's financial plan. It is not clear yet if this impact will not be counted against outturn.</p>	Finance & Performance Committee	
	Date of last Committee review	
	31/10/2023 & 27/11/2023 F&P	

Risk Assessment	Risk Appetite																				
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Target Risk (Plan for Mar-24)	4	3	12																		

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned
<p>1 Key Financial Control Processes: Vacancy Control Panel, Corporate Investment Group (CIG), Grip and Control Nursing and Medics, Capital Monitoring Committee, Cash Committee. Escalation through financial meetings with Divisions and to POSM. SFI's/SOs.</p> <p>2 Commissioning of drivers of underlying financial deficit.</p> <p>3 Budget Setting and Business Planning</p> <p>4 Internal and external audit programme including counter fraud</p> <p>5 23/24 financial forecast prepared for F&P</p> <p>6 Working with the ICB and Doncaster PLACE through CEO's and DoFs regarding financial delivery and saving opportunities</p> <p>7 Development and Delivery of CIP plan</p>	<p>Internal Audit - HFMA Review</p> <p>Internal Audit - Temporary Staffing</p> <p>External Audit - 22/23</p> <p>DoF Senior Leadership Team @ POSM</p> <p>SFI's/SO's updated and being reviewed by ARC and Board in July</p> <p>Reports to Audit and Risk Committee</p> <p>Reports to Finance and Performance Committee</p> <p>Draft Report from Deloitte (26/6). Final report rec'd October</p> <p>Board and F&P sign off of plan (June 2023)</p> <p>Review of financial plan by national team</p> <p>Internal Audit - HFMA 22/23 Review</p> <p>Internal Audit - Temporary Staffing</p> <p>Counter Fraud reports to ARC</p> <p>External Audit - 22/23</p> <p>Report to F&P October</p> <p>Reports to Finance and Performance Committee</p> <p>Reports to Finance and Performance Committee</p>	<p>Significant Assurance - with minor improvement opportunities</p> <p style="background-color: orange;">Partial Assurance - with improvements</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p style="background-color: lightblue;">FULL Assurance</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Assured</p> <p style="background-color: orange;">Partial Assurance - with improvements required</p> <p>Significant Assurance - with minor improvement opportunities</p> <p style="background-color: orange;">Partial Assurance - with improvements required</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p>Significant Assurance - with minor improvement opportunities</p> <p style="background-color: orange;">Partial Assurance - with improvements required</p> <p>Significant Assurance - with minor improvement opportunities</p>

Significant gaps in current controls	Areas where further assurance against controls is required
Medical Agency Spend	Medical grip and control meetings

Estates critical infrastructure risk at DRI key financial issue, risk level 20, frequent incidents occurring.	Develop options for investment of the current DRI site, as per request from DHSC to develop bid (s) to reduce risk and backlog on DRI site, focus on highest risk block east Ward Block, additional bids for theatres/relocation of DCC to ESAC/Complete W&C fire works and refurb

Key actions to close gaps				
Ref	Action	Lead	Target Date	Progress
1	Review and progress of national actions on the 23/24 financial plan including independent assessment of the Trust's underlying financial position.	CFO	Completed	Most of the actions from the national review have been implemented or are being progressed. External assessment of underlying position has been commissioned with final report to Board and F&P shortly. Draft presentation at June Finance and Performance Committee. CLOSED
2	Delivery of external and internal audit recommendations	CFO	Mar-24	Internal audit actions implemented on time relating to 22/23. Internal Audit in 23/24 due in Q4. External audit actions progressed significantly since 22/23 per ISA 260 report.
3	Development and delivery of CIP plan	CFO	Ongoing	Delivery of CIP plan in year has seen good progress but further work required on delivery of recurrent savings. Focus now on developing CIP plan for 24/25.
4	Delivery of reduced temporary staffing spend including grip and control in medic areas.	CPO	Ongoing	Nursing temporary staffing spend has reduced in 22/23 due to reduction in agency and bank rates, usage and improved controls. Further assurance now required in medic spend including robust implementation of medic grip and control meetings.
5	Daily cash flow forecast and submission of national request for central cash support	CPO	Ongoing	Daily cash flow in place, with more robust controls in place regarding payment sign off (e.g. sign off by Deputy Dof and Head of Procurement). National request for cash support completed for revenue and capital. Awaiting confirmation from central team on cash for revenue and capital

Links to Operational Risks				
Ref	Consequence	Likelihood	Risk Score	Risk Title
13	4	3	12	Risk of economic crime against the Trust by not complying with Government Counter Fraud Functional Standard GovS 013 – Counter Fraud

Board Assurance Framework 2023/24

Links to Strategic Ambitions	Strategic Objective	Breakthrough Objective
True North Strategic Aim 1 Partners/Prevention	To provide outstanding care and improve patient experience	Maintain and improve CQC ratings by achieving improvements in quality outcomes
BAF 6 Executive Owner	Strategic Risk	Current Risk Score
Zara Jones Deputy Chief Executive	BAF6 If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its' duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw	6
Key issues	Overseeing Committee	Date of last Committee review
Lack of a clear partnership strategy for DBTH aligned to its other Trust strategies (to enable their delivery) Failure to develop effective partnerships and achieve agreed outcomes DBTH aligned to 2 different ICS's causing complexity and inefficient working for DBTH	To be reviewed with proposal to have different elements across	April 2024

Risk Assessment	Impact	Likelihood	Risk Score	Risk Appetite
Initial Risk Assessment (Jul- 23)	3	2	6	Quality- (OPEN) -We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards Regulatory / Compliance (MINIMAL) We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.
Current Risk Assessment	3	2	6	
Target Risk (Plan for Dec-23)	3	2	6	
Target Risk (Plan for Mar-24)	3	2	6	

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned
1 Duty to collaborate evidence: Partnership working: ICS, Provider Collaboratives ,Place, Neighbourhood - agreements & Memorandums of Understanding	informal feedback to Trust through committees and Board (1) Sign off of Partnership agreements & MOU's at BOD (2) Increased capacity at Exec Director & NED level to support attendance and influence at ICS forums (1) ICB , Provider collaborative minutes, repots and strategies (2)	Partial Assurance - with improvements required Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities
2 Duty to collaborate evidence: Supporting the Governor body in achieving its statutory duty	Briefing sessions to governors with leaders from both ICB's (1) Governor annual conference & Workshops around duties to hold to account across ICS and individual Trusts (2)	Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities
3 Health Inequalities strategy at Trust and Place level led by Directorate of Recovery, Innovation & Transformation to ensure focused in business planning and performance processes.	Monitored via F&P meetings (2)	Significant Assurance - with minor improvement opportunities
4 Additional Executive capacity created (new DCE post) for partnership working with a particular focus on Nottinghamshire ICS relationships	Embedded support and input in the Notts Provider and ICS/ICB leadership forums. Work commenced on Acute Fed Clinical Services review. Staregy Directors PPG workplan to develop clear strategy and roadmap will help DBTH articulation of partnership priorities, alongside outputs of clinical services.	Significant Assurance - with minor improvement opportunities
5 Ensuring our operational risks (Trust Risk Register) are linked to applicable risks relating to partnership / collaboration or system required support.	BAF risks on Datix for mapping to new or existing operational risks to strategic ones. Newly created partnership risk under the same process. Discussed at RMB, requires further development/embedding.	Partial Assurance - with improvements required

Significant gaps in current controls	Areas where further assurance against controls is required
4 Lack of overall partnership strategy linked to other Trust strategies	This has progressed since the last update with links made between our operational and strategic partnership risks. Overall strategy work continues as described above with commitment to develop a Trust Strategy with clear partnership intentions in 2024/25.

Key actions to close gaps				
Ref	Action	Lead	Target Date	Progress
4	External meetings and engagements mapping to develop clarity of purpose and input for DBTH in partnership forums	ZJ	Ongoing	Lists have been created but need linking across to relevant work objectives once we are clearer on key areas of focus for the year ahead
4	Development of Partnership Strategy linking to our existing DBTH strategies to support delivery and clearer intent and actions for our partnership working	ZJ	Mar-24	Progress and focus on initially refreshing Trust Strategy. Vision and priorities developed. Emphasis on partnership within this in terms of our revised vision and priorities.

Links to Operational Risks				
Ref	Consequence	Likelihood	Risk Score	Risk Title
				9 risks on our TRR have been linked to an overarching partnership risk. Reported to the risk management board monthly.



Board Assurance Framework 2023/24

Links to Strategic Ambitions True North Strategic Aim 3 Quality Improvement and Research and Innovation	Strategic Objective Team DBTH feel valued and feedback from staff and learners in top 10% in UK	Breakthrough Objective Demonstrate Trust-wide cultivation of an inclusive, caring and kind culture to ultimately drive improvement in patient and colleague feedback
BAF 7 Executive Owner Jon Sargeant Director of Recovery, Innovation & Transformation	Strategic Risk BAF7 If DBTH does not deliver continual quality improvement, research, transformation & innovation then the Organisation won't be sustainable in long term	Current Risk Score <div style="background-color: yellow; padding: 5px; text-align: center;">6 - reflect R&I as incorporated</div>
Key issues There is a risk that DBTH & PLACE/ICB quality improvement methodology and objectives are not aligned New Research & Innovation Strategy to take account of Improvement Innovation in addition to Research Innovation DBTH to be recognised as a University Teaching Hospital (requires expansion of R&I) Qii Strategy 2022 Out of date - review linked to NHSE Impact published March 23 Requirement for Board of Directors to receive training in Quality Improvement methods aligned to NHSE Impact Guidance Risk that Innovation ideas are not captured and taken forward due to staff not knowing where to access the right support, Qii or Research Team		Overseeing Committee Finance & Performance Committee Date of last Committee review 31/10/2023 Board

Risk Assessment <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Assessment (Jul- 23)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Current Risk Assessment</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Target Risk (Plan for Dec-23)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Target Risk (Plan for Mar-24)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Impact	Likelihood	Risk Score	Initial Risk Assessment (Jul- 23)	3	2	6	Current Risk Assessment	3	2	6	Target Risk (Plan for Dec-23)	3	4	6	Target Risk (Plan for Mar-24)				Risk Appetite Innovation (OPEN) The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. Innovation is encouraged at all levels within the organisation, where a commensurate level of improvement can be evidenced, and an acceptable level of management control is demonstrated
	Impact	Likelihood	Risk Score																		
Initial Risk Assessment (Jul- 23)	3	2	6																		
Current Risk Assessment	3	2	6																		
Target Risk (Plan for Dec-23)	3	4	6																		
Target Risk (Plan for Mar-24)																					

Key controls currently in place to manage the risk	Key assurances relating to effectiveness of the controls & associated Line of Defence	Current Assurance Level Assigned
1 Head of Qii part of PLACE/ICB network. Self assessment of DBTH Qii methods are aligned to new NHSE Impact guidance	Reports to TEG (1) Reports to F&P (2) Reports to QEC Annual Review (2) Links to Clinical Audit Work with PMO and Monday.com	Significant Assurance - with minor improvement opportunities
2 Collaboration with Director of Education and Director of Innovation & Infrastructure, Head of Research and Head of Qii to inform content of both strategies	Reports to TEG (1) Reports to F&P (2) Reports to QEC Annual Review (2) People Committee (2) Teaching Hospital Board (2)	Significant Assurance - with minor improvement opportunities
3 Outdated Qi Strategy 2022 currently being updated with new NHSE Impact Guidance by October 23. Draft Qii Strategy went to Trust Executive Group on Monday 13th November, and will then go to F&P and Board of Directors for approval.	Reports to TEG (1) Reports to F&P (2) Reports to QEC Annual Review (2) New strategy to TEG November 23	Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities
4 Proposal for BoD Qii Training developed and submitted to Exec Team for 2nd August meeting for discussion. Update BoD workshop taking place 31st October. Workshop complete and a second will be held to ensure NED's achieve level 1 equivalent Qii training. Executive team will have further sessions in order to achieve level 2 training	Reports to TEG (1) Reports to F&P (2) Reports to QEC Annual Review (2)	Significant Assurance - with minor improvement opportunities
5 Collaboration with Director of Education and Director of Innovation & Infrastructure, Head of Research and Head of Qii to develop joint Innovation Form via Hive for streaming and selection	Reports to TEG (1) Reports to F&P (2) Reports to QEC Annual Review (2)	Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities Significant Assurance - with minor improvement opportunities
6 Research and Innovation strategy (2023-2028) approved at Board (January 2023)	Reports to TEG (1) Reports to THB (1) and PC (2) Reports to People Committee (2)	Assured
7 R&I Delivery plan developed (2023: Year 0 & 1)	Reports to THB (1) and PC (2)	Assured
8 5 year business case to be developed and submitted from April 2024 (Year 1-5)	Work with PMO and Monday.com	Assured

Significant gaps in current controls	Areas where further assurance against controls is required
Estate to support a Clinical Research Facility Capability and Capacity of current workforce	Strategic issue. Locally mitigated by use of clinic space. Collaborative planning with local Higher Education Institutes

Key actions to close gaps				
Ref	Action	Lead	Target Date	Progress
1	Delivery of year 0 of the Research and Innovation Strategy in line with agreed delivery plan	Sam Debbage/ Jane Fearnside	31/3/24 for year 0	Delivery plans updated Dec 2023 and assurance report to be presented at People Committee on 9 Jan 2024. Plans on track, actions completed.
2	Research and Innovation Strategy publicly launch	Sam Debbage/ Jane Fearnside	31/6/23	Formal launch in June 2023 with all significant partners.
3	Develop a 5 year detailed business case from April 2024	Sam Debbage/ Jane Fearnside	31/4/24	Outline draft in progress for 28/2/24
4	Update Qii Strategy and reflect NHS Impact	Kirsty Edmondson-Jones/Rob Mason	Feb-24	Draft went to Nov TEG, feedback being incorporated and due to F&P Feb 24
5	Board Training programme to be developed	Kirsty Edmondson-Jones/Rob Mason	Oct-23	First session commenced October - ongoing
6	meetings with Director of Education and Director of Innovation & Infrastructure, Head of Research and Head of Qii to ensure process for capturing Innovation ideas with correct streaming process	Kirsty Edmondson-Jones/Sam Debbage	Sep-23	meetings have taken place and process been agreed.

Links to Operational Risks

Ref	Consequence	Likelihood	Risk Score	Risk Title

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

Trust Risk Register

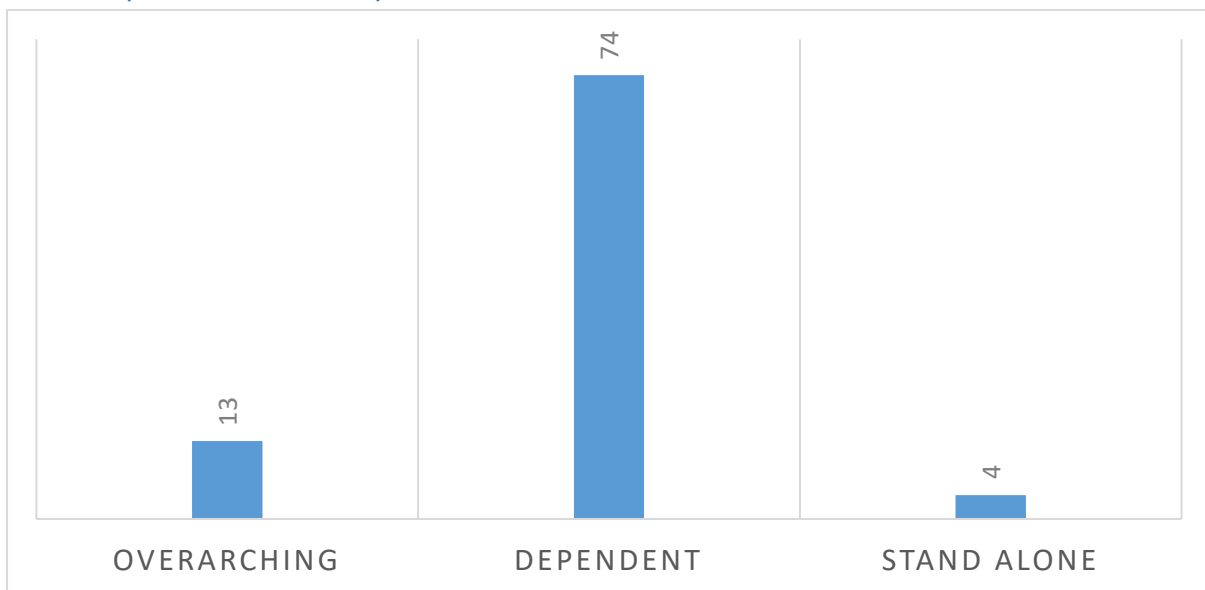
The Trust Risk Register is compiled of Overarching Operational Risks linked with the Trust Strategic Risk and the 15+ stand-alone risks and notates the dependent risks. Dependent risks can be seen on linked records field of the Overarching risk. See **Appendix 1** for the Trust Risk Register details. Detailed mitigating control and actions can be found by accessing the risk record within the DATIX risk management system.

Top 3 Risks

The top 3 risk themes on the Trust Risk Register pertain to:

1. **Workforce**
2. **Finance**
3. **Infrastructure (Estate and Equipment)**

Risks by Risk Authority



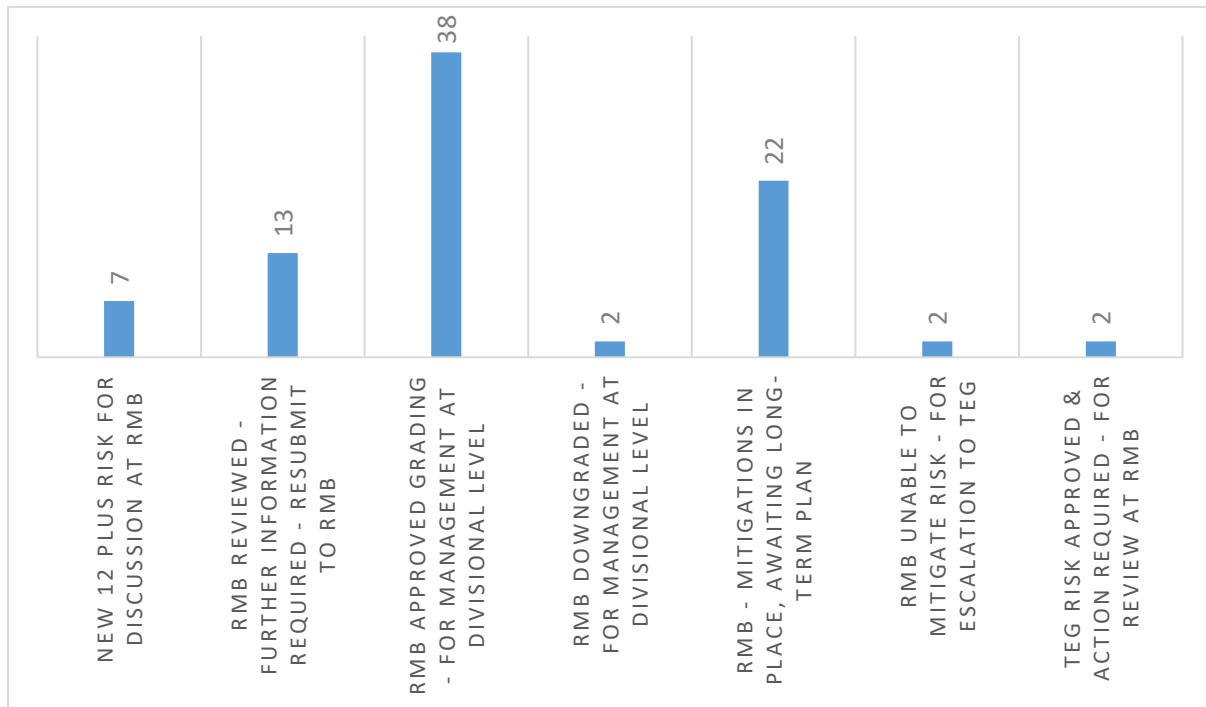
There are 13 overarching risks* with 74 dependent risks and 4 standalone (Five of these overarching risks, linking to the Board Assurance Framework (BAF) sit below the extreme threshold for the Trust Risk Register, but are included in Appendix 1).

*The agreed in principle proposal to have a defined list of Overarching themes for the Operational Risks is still ongoing, still awaiting the addition of two further Overarching Risks to cover the themes of: Regulatory Aspects and Business Continuity linking with BAF 1.

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

Risks by RMB Status



There are 86 Risks rated as Extreme (15+); a decrease of 4 since last month.

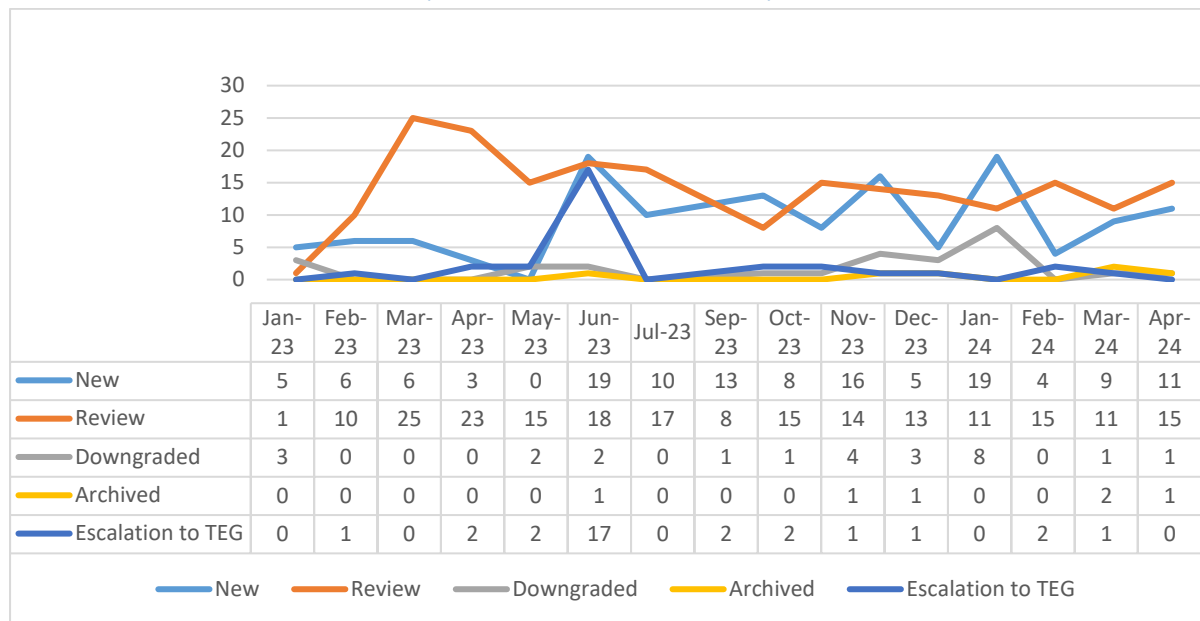
There are 7 new 15+ risks included in this total. 7 Extreme risks have been closed and 4 further risks have been downgraded since the March report.

All risks have now either been discussed at RMB, with the Risk Manager or are scheduled for discussion at the next RMB.

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

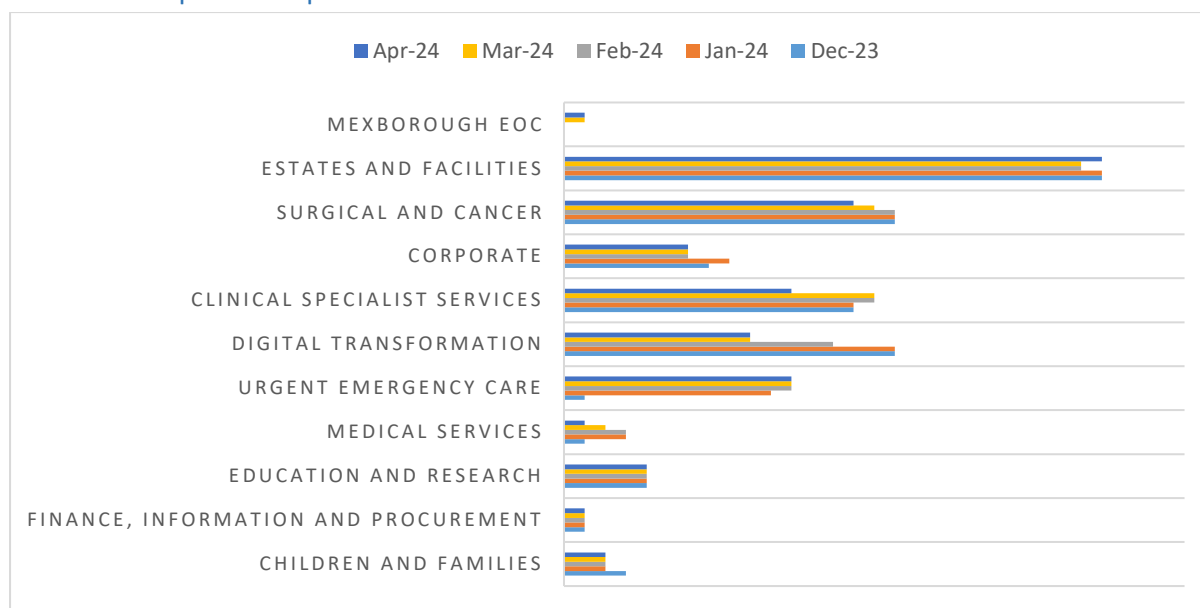
Cumulative RMB Status (12+ Risks discussed)



The data is downloaded prior to the RMB meeting, therefore the outcome of RMB will be updated in the report following the meeting to ensure all data is included for the Executive meetings. The March meeting saw 9 new risks discussed and a review of 11 further risks. The review saw 1 risk downgraded and 2 archived. There was one escalation to TEG in relation to overarching risks pertaining to regulation and business continuity.

April has 11 new risks scheduled for discussion and a review of 15 further risks. The review saw 1 risk downgraded and 1 archived. There were no escalations to TEG.

15+ Risks per Corporate and Division over time

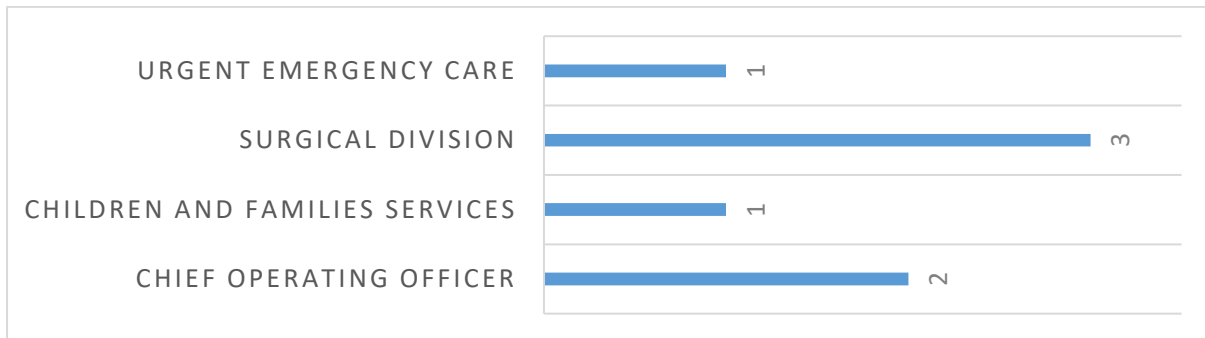


There is a reduction of 4 risks in Clinical Specialist Services, 1 in Medicine and 1 in Surgery. There is an increase in 1 risk in Estates and Facilities.

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

Overdue Risks on Trust Risk Register



There are currently 7 risks (8.13%) on the Trust Risk Register that have breached their review date.

All risks and their review dates are logged in the “To Do List” on Datix for the individual responsible for the risk, as a trigger. The risks that have breached the review date are marked with a red triangle on Datix, and there is a facility to sort the list by those due today, this week and this month. Each risk has had a minimum of two reminders and offer of support to review and update their risks from the Risk Manager, and the Governance Coordinator in the Divisions have undertaken additional reminders. This breach will be raised at Risk Management Board with the Directors responsible to ensure compliance and assurance for future reports.

Action Plan Status on Trust Risk Register

There are 17 Risks on the Trust Risk Register; of the risks, 13 have actions (76%). The 13 risks have a total of 31 actions between them, 13 actions are active (41.9%) and 18 actions have been completed (58.1%). Of the active actions, there are four that are overdue (30% of the active actions).

Action Plan Status on 15+ Risks

There are 86 Extreme Risks within DBTH, with seven of these risks having a new status that are scheduled for discussion at RMB, therefore 79 active approved risks. Of the 79 approved risks, one risk does not have an action plan in place to further mitigate the risk (1.3%).

The 78 risks have a total of 151 Action plans between them, 78 actions are active (51.7%) and 73 actions have been completed (48.3%). Of the active actions, there are 13 that are overdue (16.7% of the active actions).

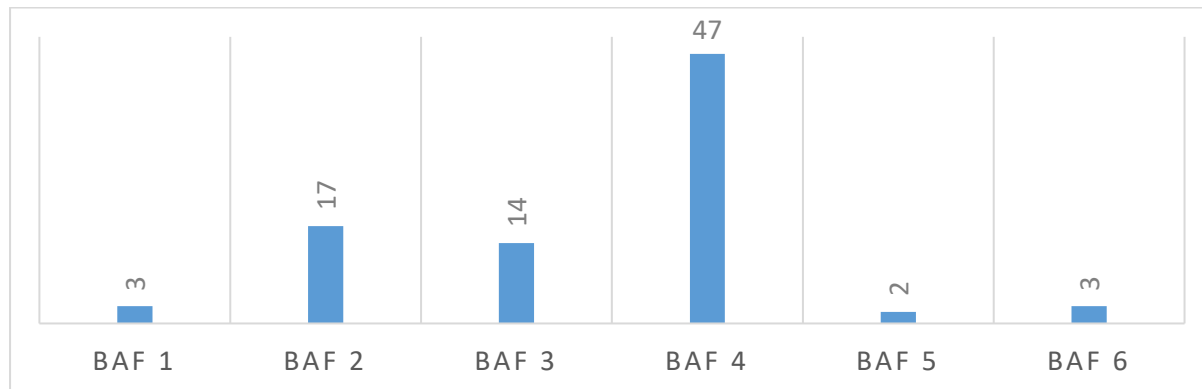
All risk action plans and their deadline dates are logged in the “To Do List” on Datix for the individual responsible for the action, as a trigger. The actions that have breached the complete by date are marked with a red triangle on Datix, and there is a facility to sort the list by those due today, this week and this month. On a monthly basis, the Action Owner (and the Risk Owner if different) receive an email notification from the Risk Manager when the action date has been exceeded. This will be raised at Risk Management Board with the Directors responsible to ensure compliance and assurance for future reports.

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

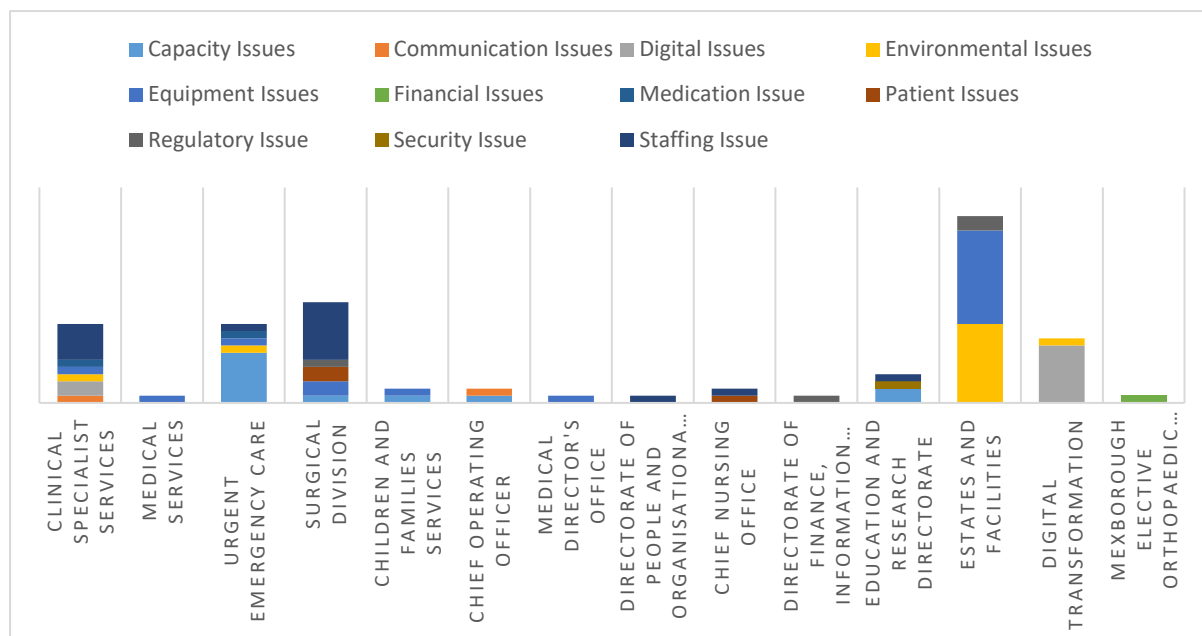
15+ Risk relationship with BAF Risks

Work has been completed to align each of the 15+ Risks to one of the Strategic Risks within the Board Assurance Framework.



Over half of the 15+ risks (54.7%) are directly related to BAF 4, the DBTH Estate which includes Estate Infrastructure, Digital Infrastructure and Equipment, 19.8% pertaining to BAF 2, workforce and 16.3% to BAF 3, Capacity.

Risk Themes

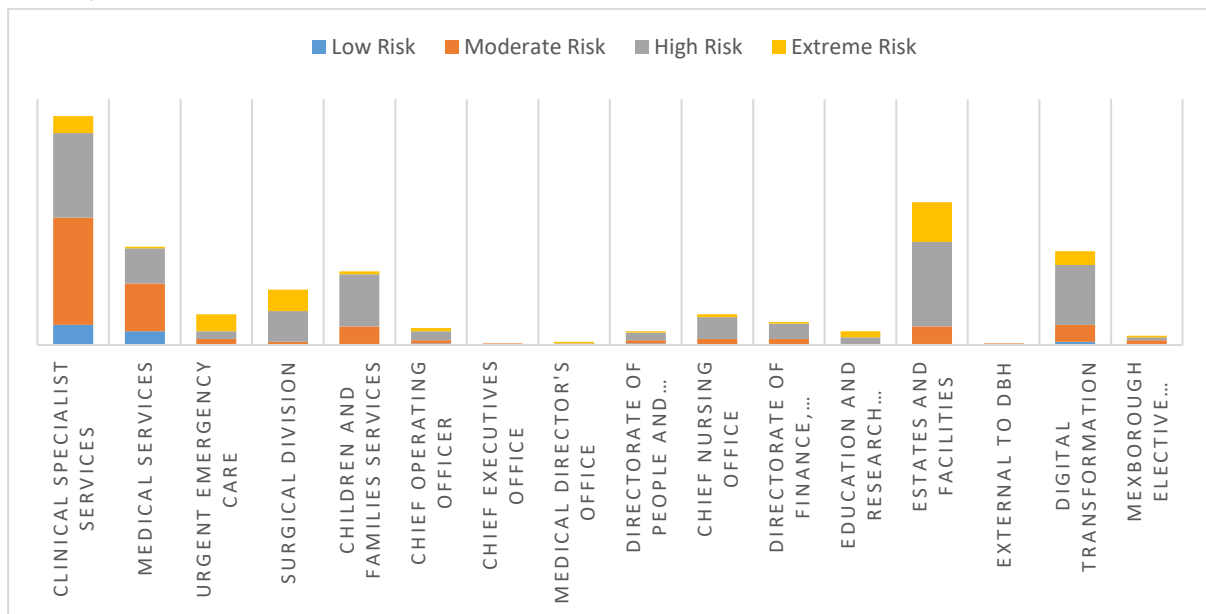


The highest risk issues are linked to equipment, with 23.3% of the risk profile. Staffing issues second highest with 19.8%, Environmental issues at 16.3% and Capacity issues has increased to 14.0%. Digital issues remain fifth highest with 11.6%.

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

Complete Trust Risk Profile



Overall, there are 545 risks on Datix (7 less than March), of which there are 26 low risks, 159 Moderate risks, 274 High Risks and 86 Extreme Risks. Clinical Specialist Services has the greatest number of risks and cover the greatest number of individual specialties.

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
11	Sargeant, Jonathan	Failure to achieve compliance with financial performance and achieve financial plan	[12/10/2023 11:27:00 Fiona Dunn] reviewed. kept on TRR but strategic risk on BAF.	30/04 2024	16	Extreme Risk	8	Overarching	Extreme 3439 High 3017, 3170, 3179 Moderate 3174, 3175	BAF 5	15992	Review of financial controls including authorised signatory list	30/06 2023	03/01 2024
											15993	Complete an analysis of the drivers of deficit with Deloitte	30/06 2023	03/01 2024
12	Timms, Howard	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	[11/10/2023 08:15:08 Howard Timms] Asset Capture Complete Estates Business Case being finalised to support additional staffing requirements and compliance with SFG20	30/09 2024	20	Extreme Risk	10	Overarching	Extreme 1078, 1082, 1083, 1095, 1096, 1097, 1208, 1209, 1246, 1264, 1274, 1277, 1782, 2335, 2863, 2868, High 1781, 2867, 3190 Moderate 2878,	BAF 4	1914	Maintain CSR 3 or above	31/03 2020	10/10 2016
											6207	Development of Estates condition operational risk and investment requirements – short term Estates Strategy.	31/03 2017	12/08 2017
											16159	Complete Asset capture at all sites and produce Estates maintenance business case in accordance with the seven point plan	13/12 2023	12/12 2023
											17817	Ongoing Estates Planning and Strategy Development	31/03 2025	

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
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Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

16	Lintin, Zoe	Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs	[07/11/2023 09:18:18 Anthony Jones] Deep Dive Workforce Planning Workshop Update - Nov 23. A schedule of Deep Dive workshops arranged throughout 2023/24 and will continue into 2024/25. Introduction of focused planning sessions for areas struggling to support Deep Dive approach.	28/06 2024	16	Extreme Risk	12	Overarching	Extreme 26, 2465, 2768, 2781, 2865, 2948, 3006, 3010, 3043, 3120, 3127, 3159, 3197, 3200, 3212, 3213, 3219, 3244, 3250, 3257, 3259, 3265, 3266, 3267, 3311, 3322, 3323, 3342, 3345, 3426, 3423, 3450 High 441, 1047, 1228, 2427, 2715, 2745, 2749, 2872, 2880, 3001, 3023, 3067, 3143, 3152, 3183, 3187, 3192, 3211, 3240, 3245, 3333, 3329, Moderate 1448, 1855, 2535, 2537, 2850, 2963, 3003, 3026, 3035, 3130, 3327	BAF 2	1920	P&OD workforce action plan	31/05 2016	13/09 2018
											15995	development of trust-wide multiyear strategic workforce plan	31/03 2024	
											15996	reintroduction of deep dive workforce planning workshops in specialty areas	31/08 2023	29/09 2023

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
1412	Timms, Howard	Failure to ensure that estates infrastructure is adequately	[07/09/2023 15:24:45 Howard Timms] Works in	30/09 2024	15	Extreme Risk	10	Overarching	Extreme 1077, 1214, 1216, 1225,	BAF 4	16703	6 facet survey review - Trust wide	19/02 2024	

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

		maintained and upgraded in accordance with the RRFSO	progress as part of 23/24 Capital Programme						1786, 2941, High 1197 Moderate 147,		16704	Review critical infrastructure risks on E&F risk register	20/05 2024	
											16705	Investment in Critical Infrastructure included within the Capital programme	13/05 2024	
1807	Hutchinson, James	Risk of Critical Lift Failure in a Number of Passenger Lifts Trust Wide	[21/02/2023 14:10:51 Sean Alistair Tyler] Work commenced on South block and Women's and children's hospital lifts DRI. MMH pain management lift included within the MEOC project FY23/24.	01/07 2024	15	Extreme Risk	8	Overarching	Extreme 1224, 1239, 2682, High 885, 1240, 2798, 3154 Moderate 2608, 2681, 3360,	BAF 4	10218	Maintain CSR 3 or above	31/03 2020	10/10 2016
											10219	Development of Estates condition operational risk and investment requirements – short term Estates Strategy.	31/03 2017	12/08 2017
											16158	Lift replacement and upgrade forms part of the overall Trust Capital plan	13/06 2024	

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
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Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

3010	Debbage, Sam	Cost pressure National Level 4 - Resus Courses - Regional facility	[15/01/2024 09:11:43 Tracy Evans-Phillips] Business case has been approved, and E&R are in the process of ordering the kit and working with the Resus Council to gain accreditation as an NLS course centre	02/09 2024	16	Extreme Risk	8	Stand alone		BAF 3	16346	Prioritise access to NLS training until cost pressure list approved to support NLS faculty & Course centre at DBTH	01/03 2024	
											16599	Complete business case for CIG submission	18/09 2023	24/10 2023
											17456	2024/25 Prioritise access to NLS training whilst preparations to develop NLS faculty & course centre at DBTH	31/03 2025	
3114	Debbage, Sam	Door access for learners across all areas	[02/11/2023 09:19:29 Lisette Caygill] A project manager has been assigned via PMO to oversee this work. Provisional timelines are agreed for separate phases of implementation and the risk will be reviewed and amended accordingly on completion of each phase.	19/04 2024	15	Extreme Risk	10	Stand alone		BAF 4	16347	Collaborate with E&F through NETS2 working group to complete project	15/03 2024	

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
3157	Rajasundaram, Ramanan	One Stop BDGH Prostate Clinic not running and patients seen at separate appointments - inequitable service across Trust	[16/11/2023 09:16:47 Sally Jones] discussed at last sg 10/11 - also discussed with LH and DED 16/11 - further questions have been asked and responses given despite same questions previously asked. still awaiting input from Finance	10/05 2024	16	Extreme Risk	4	Stand alone		BAF 1	16873	Appointment of consultant to open the service at Bassetlaw	29/12 2023	31/01 2024
3209	Smith, Denise	Inaccuracies in patient tracking across multiple pathways leads to potential harm to patients	[23/02/2024 09:28:07 Tracy Evans-Phillips] Recruitment for Data Quality Team ongoing 10 filled, 2 outstanding. Source group extended further past March, PPMS significant amount of data cleansing, clinical engagement though the Business Manager. Pilot sites identified and roll out programme planned	20/03 2024	20	Extreme Risk	6	Overarching	Extreme 3051, High 3094 Moderate 2568	BAF 1	15706	Expand report to include clinic / consultant level data	19/06 2023	12/01 2024
											15707	Identification of patients in other buckets for tracker	17/04 2023	12/01 2024
											17455	Round table discussion	29/03 2024	14/03 2024

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
3246	Brown, Simon	Mental Capacity Assessment and Deprivation of Liberty Safeguards	[05/04/2024 15:43:44 Denise Phillip] Risk remains. Action plan in place to meet outcome from External audit. Quarterly 'snap shot' internal audits will commence from Q1. Roll out of Safeguarding sessions to adult areas agreed with timetable of areas of reach confirmed to start from Q1. Trust MCA / DOLS face to face slides reviewed and updated to be used from next face to face session in Q1. Awaiting implementation of new MCA / DoLS elearning modules that has been agreed at REST panel. Development of MCA Trust forum being planned to continue work from Q1 project. Review of ToR for Strategic Safeguarding Committee to clearly outline oversight of MCA workstreams.	03/05 2024	15	Extreme Risk	9	Stand alone		BAF 1	16329	Coding of Risk and Update	31/07 2023	20/07 2023
											17791	Complete 360 Audit action plan	28/06 2024	

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
3348	Mallaband, Nicholas	As a result of equipment being near EOL there is a risk of malfunction & will be unable to meet service objectives	[12/01/2024 07:53:38 Tracy Evans-Phillips] Senior divisional managers are responsible for identifying division priorities for the replacement of medical devices and the requirement for the procurement of new/extra medical equipment. Business cases for replacement or updates are discussed at MEG. Goodwill gestures from the companies or our internal team to maintain the machines as best they can	30/06 2024	20	Extreme Risk	10	Overarching	Extreme 2819, 3147, 3184, 3237, 3238, 3251, 3320, 3346, 3419, 3420, 3415 High 53, 2581, 2935, 3036, 3142, 3146, 3288, 3298, 3308 Moderate 795, 971, 2372 Low 1012, 2623,	BAF 4	17451	2023/24 Keep and manage a database of all Trust Medical Equipment	29/03 2024	15/01 2024
											17452	2023/24 Notification to users equipment that reaches EoL	29/03 2024	15/01 2024
											17453	2023/24 Development of risk assessment process	29/03 2024	15/01 2024
3437	Smith, Denise	Timely access to emergency care - Demand, Capacity & Flow	To be added by COO w/c 18-March-2024	18/03 2024	16	Extreme Risk	16	Overarching	Extreme 3386, 3398, 3437, 3400, 3401, 3402, 3403, 3405	BAF 3				

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
3384	HOWARD, DAN	Unsupported or unreliable software/hardware may increase the risk of outage/unavailability of key Clinical/Corporate Systems.	[23/01/2024 10:50:32 Wayne Chapman] A prioritised list for capital funding is being worked on, and will be approved by CIG. The delivery plan will be regularly reviewed by the heads of department.	07/06 2024	12	High Risk	8	Overarching	Extreme 1410, 1670, 2685, 2717, 2727, 3184, 3224, 3280, 3282, 3283, 3284, 3285, 3287, 3375 High 1663, 1664, 1674, 1675, 1676, 1677, 1678, 2116, 2135, 2534, 2686, 2691, 2695, 2703, 2720, 2721, 2722, 2726, 2732, 2734, 2735, 2736, 2747, 3056, 3060, 3078, 3111, 3186, 3215, 3225, 3226, 3281, 3286, 3295 Moderate Risk 1665, 1667, 1671, 2733, 2848, 3160 Low Risk 2378, 2624, 2740, 2755	BAF 4	17918	Create Action Tracker for EOL Services/Systems	17/05 2024	

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
3409	JONES, ZARA	Failure to gain partnership solutions to deliver services safely for the community	Development of clear strategy for partnership Contribution to system operational meetings and proactive support to our partners to support reciprocated help and building of relationships. Development of Place plans to support targeted investment in prevention and ensuring 'Every Contact Counts' across our services in identifying opportunities for secondary prevention or sign-posting to other support. Delivery of Health Inequalities strategy and prioritisation according to need when delivering health care e.g. addressing waiting list backlogs.	29/02 2024	6	Moderate Risk	6	Overarching	Extreme 3296, 2873 High 2839, 2977, 3056, 3186, 3242, 3305, 3397, 3412	BAF 6	17626	To review partnership risks that are absent from the Risk Register	31/10 2024	
											17627	Partnership Risk Profiling Report	31/05 2024	

Trust Risk Report – April 2024

Summary of data pulled from Datix Risk Management System 10th April 2024.

ID	Risk Owner	Title	Existing controls	Review date	Rating current	Risk level current	Rating Target	Risk Authority	Dependent Risks	BAF number	ID	Description	Due date	Done date
3434	Smith, Denise	Timely access to diagnostic services - Demand, Capacity & Flow	To be added by COO w/c 18/03/2024	18/03 2024	12	High Risk	12	Overarching	Extreme 2750, 3258, 3354, 3444 High 2775, 2977, 3032, Moderate 3292 Low	BAF 3				
3435	Smith, Denise	Timely access to elective care - Demand, Capacity & Flow	To be added by COO w/c 18-March-2024	18/03 2024	12	High Risk	12	Overarching	High 3101, 3109, 3124	BAF 3				
3436	Smith, Denise	Timely access to cancer services - Demand, Capacity & Flow	To be added by COO w/c 18-March-2024	18/03 2024	12	High Risk	12	Overarching	Extreme 3296	BAF 3				

2405 - D7 AUDIT & RISK COMMITTEE TERMS OF REFERENCE

● Decision Item


👤 Fiona Dunn, Director Corporate Affairs

🕒 12:15


5 minutes

REFERENCES

Only PDFs are attached

 D7 - Draft Audit & Risk Committee Terms of Reference - April 2024.pdf

Audit and Risk Committee (ARC) Terms of Reference

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

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

2 Internal Audit

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

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

3 External Audit

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

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

4 Other Assurance Functions

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

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

5 Management

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

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

6 Financial Reporting

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

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

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

7 Counter Fraud Arrangements

7.1 The Committee shall ensure that there is an effective counter fraud function established by management that meets the NHS Counter Fraud

standards and provides independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

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

8 Other areas of work

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

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

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

9 Special Assignments

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

10 Performance

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

- i. the Trust's corporate objectives;
- ii. NHSE's Code of Governance for NHS provider trusts, including the review of areas of non-compliance in the context of NHSE's "comply or explain" philosophy; and
- iii. key performance objectives as appropriate but not to duplicate the work of QEC or F&P

	<p>11 <u>Risk Management</u></p> <p>11.1 The Committee will provide assurance to the Board that the Risk Management Policy is being complied with, including, but not limited to, reviewing Risk Registers. The Committee shall request and review reports and assurance from directors and managers on effects of arrangements to identify and monitor risk. The Board will retain the responsibility for routinely reviewing specific risks.</p> <p>11.2 The Committee will receive an annual report and workplan from the Risk Management Board.</p> <p>12 <u>Workplan</u></p> <p>12.1 The Committee's annual work plan is an appendix to these Terms of Reference and is subject to annual review by the Committee.</p>
Policy approval	<p>The Committee has responsibility for approving the following policies:</p> <ul style="list-style-type: none"> • Fraud, Bribery & Corruption Policy and Response Plan; • Standards of Business Conduct and Employees Declarations of Interest Policy.
Chair	<p>A Non-Executive Director, appointed by the Board of Directors, will chair the Committee.</p>
Membership	<p>Five Non-Executive Directors.</p> <ul style="list-style-type: none"> • One of the Non-Executives shall have recent and relevant financial experience. • Each Board assurance committee Chair will be asked to sit on the Audit & Risk Committee to ensure full oversight of the governance structure and the Board Assurance Framework. • The Trust Chair of the Trust shall not be a member of the Committee.
In attendance	<ul style="list-style-type: none"> • Chief Financial Officer • Deputy Director of Finance • Deputy Chief Executive • Company Secretary (or relevant accountable officer for corporate governance matters) • Local Counter Fraud Specialist • Appropriate internal and external audit representatives • Corporate Governance Officer (Minutes) • Other trust staff as appropriate / requested <p>The Chief Executive, executive directors or other officers will be required to attend at the request of the Committee, for issues relevant to their areas of responsibilities.</p>

	<p>Two public governors, nominated by the Council of Governors, will be invited to attend the Committee, as observers.</p> <p>The Chair and Chief Executive of DBTH will be invited to attend at least annually.</p>
Secretary	Corporate Governance Officer / Trust Board Office representative
Voting	Matters will generally be decided by way of consensus. Where it is necessary to decide matters by a vote then each member will have one vote. The Chair will have a casting vote.
Quorum	Two members (2 out of the 5 NEDs for quoracy)
Attendance requirements	Committee members must attend at least 50% of meetings.
Frequency of meetings	<p>No less than quarterly and more frequently as required.</p> <p>At least once per year, the Committee should meet with the external and internal auditors, without management being present, to discuss matters relating to its responsibilities and issues arising from the audit.</p> <p>The External Auditor and Head of Internal Audit may request a private meeting if they consider that one is necessary. They will also have direct access to the Chair of the Committee.</p>
Papers	Papers will be distributed a minimum of three clear working days in advance of the meeting.
Permanency	The Committee is a permanent Committee.
Reporting Committees	<p>Health and Safety Committee</p> <p>Information Governance Committee</p>
Circulation of minutes and other reporting requirements	Following the Council of Governors appointment of the External Auditors, the Committee shall report to the Council of Governors regarding the reappointment, termination of appointment and fees of the External Auditors.
Date approved by the Committee:	18 April 2024
Date approved by the Board of Directors:	
Review date:	

2405 - D8 REPORT TO THE BOARD FOLLOWING THE REVIEW OF EFFECTIVENESS OF THE COUNCIL GOVERNORS

● Decision Item


👤 Zara Jones, Deputy Chief Executive

🕒 12:20

10 minutes

REFERENCES

Only PDFs are attached

 D8 - Report to the Board of Directors following the CoG Effectiveness Review.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	7 May 2024	Agenda Reference:	D8
Report Title:	Report to the Board following the Review of Effectiveness of the Council of Governors (CoG)		
Sponsor:	Suzy Brain England OBE, Chair of the Board		
Author:	Suzy Brain England OBE, Chair of the Board, Zara Jones, Deputy Chief Executive & Fiona Dunn, Company Secretary		
Appendices:			
Executive Summary			
Purpose of report:	<ol style="list-style-type: none"> 1. To update the Board of Directors on recent activities undertaken with our Council of Governors (CoG) including an NHS Providers CoG Effectiveness Survey and external independent consideration of the outcome of this review and next steps. 2. To summarise current engagement and information sharing mechanisms between CoG / Governors and the Board and wider organisation; giving opportunity to consider how we can build on this further. 3. To position this work and the proposed next steps in the context of building strong and effective working relationships between CoG and the Board of Directors and ensuring that the governance processes in place for CoG are robust, meeting the requirements of external assessment and scrutiny. 		
Summary of key issues:	<p>1. CoG Effectiveness Review</p> <p>As part of the organisation's overall process to review the effectiveness of its committees, the CoG were invited to take part in a survey to give feedback on a range of areas including understanding of the role, induction, training, management of meetings, effectiveness of the Council and Equality and Diversity.</p> <p>18 Governors participated in the survey (14 public, 2 staff and 2 partner) and discussions were held at the April CoG meeting.</p> <p>To support wider and related work around effectiveness of CoG and to draw on comparable experience and benchmarking outside of the organisation, an external independent expert was commissioned to reflect on this and provide recommendations for further consideration. Areas explored were linked to the effectiveness survey and offered reflections and recommendations. For example, improving diversity at CoG and effective representation of patient and wider community interests. There were also suggestions for how interactions, meetings and other engagements may be carried out to improve effectiveness and relationship formation/development.</p>		

2. Engagement, communication and information sharing

Governors have two primary functions:

- To hold the non-executive directors, individually and collectively, to account for the performance of the Board of Directors
- To represent the interests of Foundation Trust members and of the public.

Furthermore, it is important for the CoG to follow the guidance which exists to act as a collective body via the CoG with a collective voice, forming collective views rather than individual ones. *Directors and governors alike should always remember that the council of governors as a whole has the responsibilities and powers in statute, and not individual governors (Monitor 2013).*

To do this well, it is important that Governors have access to the appropriate information and are able to engage effectively with relevant stakeholders. A summary of some of these arrangements already in place are summarised below:

- Public board papers are readily available to CoG members and the public.
- Briefings, regularly held, with supporting documents. The briefings are a good way for executive and wider Trust colleagues to meet Governors and answer their concerns and illustrate new planned ways of working.
- The Trust Board Office (TBO) has set dates for the CoG to meet patients, the public and carers in our three hospitals of DRI, Bassetlaw and Montagu.
- Governors have been invited to a Christmas “coffee and cake” chat with directors and last year this was expanded to a number of coffee mornings.
- Buddy system. Over a number of years non-executive directors have offered to be at the end of the phone as a Buddy to Governors. Sometimes this has proved popular and others have not taken up the offer.
- The CoG agenda provides comprehensive assurance reports in addition to Executive Director or CEO presentations.
- We have had a system in place for a number of years to take questions from Governors and the public at and between meetings and publish the answers on a database, shared at the Council of Governor meetings and available on the Governor Portal. We brought a selection of those questions to the April Council of Governors meeting to highlight what the public and governors are concerned about.

It is recognised that we should continually review our methods of information sharing and communication to ensure ongoing learning and improvement.

Examples of this in relation to the above list include:

- Ensuring that dates for briefings are generated a year ahead and TBO works with the CoG to fill the slots.
- Dates actively promoted to Governors for site visits, the sites informed with TBO ensuring the paperwork is available and collated. The results of each visit can be articulated in AOB at the public board meetings which is a clear opportunity for governors to show they are representing communities and that the Board of Directors is hearing the public view.
- Coffee mornings continuing with all sites being included, dates set in advance, and directors invited to attend.
- Continuing to offer any Governor a NED Buddy, via request to the TBO.
- Review of the number of reports at each CoG meeting to get the balance right between presentation and discussion/questions.


	<ul style="list-style-type: none"> • Agenda items for Governors to bring matters to the directors at the CoG. • Invited guests / bodies who can brief Governors on health issues facing our communities and relevant partnership work/opportunities. <p>The effectiveness survey and independent external review also highlighted some further areas to explore including how meetings are conducted including face to face interactions vs online/virtual interactions.</p> <p>Equity of access is important for Governors individually and collectively, which includes meeting attendance and assessing the ‘pros and cons’ of virtual, face to face or hybrid options. The approach for Board meetings is determined by the Board of Directors. For CoG meetings, the Governors are encouraged to reflect on this further and share their thoughts with regards to CoG meetings to support future decision making. The TBO will continue to facilitate plentiful opportunities for Governor face to face interactions outside of formal meetings.</p> <p>There are some matters which require Board of Directors decision making in relation to recommendations made through the recent activities described in this report. In order to ensure such decisions are made on the basis of the best available feedback from Governor colleagues, it is proposed that all Governors are asked to provide feedback on areas, particularly including observer roles at Board committees and ward visits. These issues have had varying feedback to date, however only 18 Governors responded to the initial effectiveness survey and there was limited attendance at the April CoG meeting. We should endeavour to get as many responses as possible to these important matters. With regards to ward visits, this has been explored previously and the evidence previously used to determine the current approach will be re-shared to ensure the most appropriate decisions are made in any review of the current position.</p> <p>3. Positioning and next steps</p> <p>The Board is asked to note the information outlined above, recognising the existing methods of communication, information sharing and relationship building and the ‘live’ and ongoing work underway to ensure continual learning and improvement to our approaches.</p> <p>The Board is asked to support seeking wider views from all Governors, particularly those yet to share their suggestions and a further discussion to then be convened by the Board to decide on the matters which require Board level decision making. The CoG will be informed of the outcome of these decisions in due course. Following this, the TBO should seek nominations for the role of Lead Governor whose role will be to liaise between the organisation and CQC or other regulator where it would be inappropriate for the Chair to make contact.</p>
<p>Recommendation:</p>	<ol style="list-style-type: none"> 1. To note the report and give support to the further work proposed in seeking wider feedback from Governors on how we best support their roles, building on the existing methods of engagement and supporting an effective Council of Governors function. 2. To note the context of building strong and effective working relationships between CoG and the Board of Directors and ensuring that the governance processes in place for CoG are robust, meeting the requirements of external assessment and scrutiny.

	3. Once further Governor feedback has been sought and received, set up a further meeting of the Board of Directors to make any required decisions and support a delivery plan to be created.				
	4. TBO to seek nominations for the role of Lead Governor.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	SA1				
Corporate risk register:	Risk ID7 (F&P6)				
Regulation:	All NHSF trust are required to have a system in place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Health Care Act 2022				
Resources:	N/A				
Assurance Route					
Previously considered by:	NHS Providers Effectiveness Feedback session 6 th March 2024 & Council of Governors meeting 27/4/24				
Date:		Decision:			
Next Steps:	As described in the report.				
Previously circulated reports to supplement this paper:					

2405 - E1 CQC REPORT & ACTION PLAN

Information Item

 Karen Jessop, Chief Nurse

 12:30

20 minutes

REFERENCES

Only PDFs are attached



E1 - CQC Action Plan.pdf



E1 - Appendix 1 - CQC Covering Letter 230424.pdf



E1 - Appendix 2 - Final CQC Action Plan MASTER full detail.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	7 May 2024	Agenda Reference:	E1	
Report Title:	CQC Action Plan			
Sponsor:	Karen Jessop, Chief Nurse			
Author:	Karen Jessop, Chief Nurse			
Appendices:	Appendix 1 - Covering letter Appendix 2 - CQC action plan			
Report Summary				
<p>Executive Summary</p> <p>Following the receipt of the final CQC published report, we have developed a CQC action plan and have submitted to the CQC in response.</p> <p>The approach to the action plan is that the Executive lead for the entire plan will be the Chief Nurse, however each regulatory breach (or “must do”) has been allocated to the appropriate Executive Director and their chosen operational lead.</p> <p>The action plan delivery will be monitored via the relevant Executive Director through their chosen operational forum.</p> <p>The action plan will be uploaded onto Monday.com and progress monitored against the entire action plan via the Trust Leadership Team and will be reported quarterly by exception to the Quality and Effectiveness Committee.</p> <p>Recognising the time delay between the CQC inspection and report publication you will note that some of the actions are already in progress or have already completed, which is reflective of the work already underway when the CQC visited.</p> <p>The Chief Nurse will seek clarity from CQC colleagues during the engagement meetings in relation to their new Single assessment framework approach and what the requirements are for reassessment in relation to the regulatory breaches.</p>				
Recommendation:	For Trust Board of Directors to agree the approach outlined in relation to the CQC action plan and ongoing monitoring.			
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:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire & Bassetlaw ICS		NHS Nottingham & Nottinghamshire ICS	
	N/A		N/A	

Implications	
Board assurance framework:	N/A
Risk register:	No Changes
Regulation:	CQC overall regulations CQC Regulation 17 - specifically in relation to the action plan
Legal:	<i>No changes</i>
Resources:	
Assurance Route	
Previously considered by:	N/A
Date:	
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	



Chair of the Board: Suzy Brain England OBE
Chief Executive: Richard Parker OBE
PA to Chief Executive: Katie Michel
Tel: 01302 644153 or e-mail: k.michel@nhs.net



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

Doncaster Royal Infirmary
Armthorpe Road, Doncaster
South Yorkshire, DN2 5LT

Tel: 01302 366666
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23 April 2024

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

By Email

Our account number: RP5
Our inspection reference: INS2-15523930491

Dear Colleague

Further to your letter dated 19 March 2024 and the publication of our report on 28 March 2024, we enclose a copy of our action plan to address the regulatory breaches.

We have taken a trust wide approach to our action planning, as such you will see from the attached that any duplicated regulatory breaches have been amalgamated unless the content was service specific, for example some breaches in Maternity and Urgent and Emergency Care.

The action plan will be monitored through the Trusts internal governance processes.

We would welcome any further discussion about the action plan at future engagement meetings with CQC.

Should you require any further information, please do not hesitate to contact us via our dedicated CQC inbox dbth.cqcenquiries@nhs.net

Yours sincerely.

Richard Parker OBE

Chief Executive

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

The Trust was visited by the Care Quality Commission (CQC) during August and September 2024 as an unannounced inspection. The services inspected were:
Emergency & Unplanned Care
Maternity Services
Diagnostic Services (Medical Imaging)
Medicine
Surgery
The Well-Led inspection was performed October 2024

The CQC rate services against five key lines of enquiry:

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

QCRC Report Actions	Requirement Notices e.g. Reg Breach	Core Service	Location/Site	Actions	Exec/SMgr Lead	Responsible Officer	Date for completion	RAG status	Assurance Evidence (link ref)	Success Criteria/KPI	Signed off by
The trust must ensure staff feel supported to speak up by seeking and acting on feedback from relevant persons or other persons on the service provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. The Trust Board must have effective oversight of all Freedom to Speak Up actions.	Regulation 17(2)(e)	Trust	Trust Wide	Each Bi-annual report to People Committee & Board report will be strengthened to contain oversight of all FTSU actions and assurance measures against the 6 themes of the 2019 Speaking Up Strategy 2024-2026. Complete an evaluation of the FTSU speak up process to ensure it is in line with the National Guardian's Office guidance. Engagement sessions will be implemented to explore and understand colleagues' experiences and impact of using Speaking Up services. Speaking Up experience stories will be introduced as part of the wider learning presented in the "Showing what we have heard and what we have learnt" quarterly publication.	Zoe Lintin	Paula Hill	October 2024. Quarterly review of feedback			Bi-annual Reports to People Committee and Board presented by FTSU Guardian. NGO Data Submission	Bi-annual Board reports will provide information relating to quantitative and qualitative 'SU' data and wider performance against the 2024-2026 Speaking Up Strategy.
The trust must ensure there are effective systems and processes to identify where quality and safety are being compromised and to respond appropriately and without delay. It must ensure it improves its clinical audit processes and systems. It must continue to improve governance processes in particular the senior oversight of risk, quality of data and the management of risk.	Regulation 17 (1) (2) (a)	Trust	Trust Wide	To develop a document setting out clearly and transparently the required components of our clinical audit programme. These are: - NICE Guidelines - Patient Safety-related audits - Nationally Mandated audits - Service Developments Each component will have type of audit undertaken, trajectories for completion and follow up. Performance will be evaluated and reported against a pre-set plan of activities, recorded using Monday.com for transparency and to support an efficient reporting process. Re-audits will summarise completion of actions, shared learning and how this translates into improvements in quality and patient safety. Reorganisation of the Clinical Audit function. - Introduce a multi-professional approach to clinical audit activities with closer alignment of governance leads and clinical audit facilitators at divisional and specialty level, and the appointment of Divisional Quality Assurance and Compliance Leads, integrating quality improvement. - Clinical Audit facilitators redeployed within Divisions, to embed audit activity at the point of delivery - Head of Clinical Audit and Effectiveness to have a direct reporting line to the Executive Medical Director's office and oversight of Trust wide audit To improve monitoring and divisional accountability of action plans, ensuring actions plans are smart and progressed in a timely manner. Completion of actions documented and opportunities for learning to be shared. Quality improvement and outcomes to be reported. Provide evidence of learning from clinical audits, demonstrating reduction in the number of re-audits and demonstrating links to improved clinical safety via Quality improvement plans.	Nick Mallaband/Zara Jones	Youseff Sorour	March 2024		Audit & Effectiveness Forum report up to Effective Committee	Audit & Effectiveness Forum report up to Effective Committee	
					Nick Mallaband/Zara Jones	Youseff Sorour	March 2024		Staff aligned to divisions/ directorates evidenced through ESR MI	Staff aligned to divisions/ directorates - evidenced through ESR MI	
					Nick Mallaband/Zara Jones	Youseff Sorour	March 2024		Divisional audit reports	Divisional audit reports	
					Nick Mallaband/Zara Jones	Youseff Sorour	March 2024		Clinical audit reports to QEC	Clinical audit reports to QEC	
The trust must ensure staff receive appropriate support, training, and appraisal as is necessary to enable them to carry out the role they are employed to perform.	Regulation 18(2)(a)	UEC	DRI	Training and appraisal rates/progress will be monitored through Chief People Officer SLT, POSMs, Workforce & Education Committee, Trust Leadership Team, People Committee. Implement increased Safeguarding training awareness via increased briefings, huddles with teams, team debriefs. Implement a link between SET compliance and the Local Clinical Excellence Awards criteria for consultants.	Zoe Lintin	Sam Debbage, Anthony Jones	March 2025. Monthly reviews.		Reports/ papers to committees - Workforce & Education Committee, Trust Leadership Team, People Committee and IQPR	Improved appraisal completion rate to 90% target. Maintained positive feedback in staff survey on appraisals. Improved SET compliance, maintain positive feedback in relation to learning opportunities	
The trust must ensure staff follow infection control principles such as hand hygiene and bare below the elbows.	Regulation 17(2)(h)	UEC	DRI	Develop a new Tendable Divisional Nurse / Deputy divisional nurse CDC action plan audit to be completed monthly. Monitoring of compliance to continue via POSMs and Chief Nurse Oversight Framework Strengthen Communication of expectations in buzz and on staff facebook Review current Uniform Policy, Monitor compliance across the Trust	Karen Jessop Karen Jessop Karen Jessop	Simon Brown Adam Tingle / Simon Brown Kirsty Clarke	June 2024 June 2024 October 2024. Quarterly review of feedback	tendable audits	Peer Audit created & improved audit results. See and Sort it Evidence of post and views Updated policy / Comms		
The trust must ensure clinical areas are kept clean, cleaning records are up-to-date and staff clean equipment after patient contact, and label equipment to show when it was last cleaned.	Regulation 15 (1)(a)(e)	UEC	DRI	Complete and embed Tendable audits to review cleanliness. Implement a Trust wide review of cleaning schedules for each area Introduce Matron attendance on current facilities audit process Evaluate the current departmental checklists to ensure that they meet requirements and address any gaps Evaluate the current process of labelling clean equipment	Karen Jessop Karen Jessop Karen Jessop Karen Jessop	Divisional Nurses Ward Managers Matrons / E&E Ward Managers Mim Boyack/Simon Brown	August 2024 July 2024 June 2024 June 2024 August 2024	tendable audits	Tendable Results by division / area Governance minutes Audit documentation Tendable Results by division / area New process devised and audit created		
The trust must ensure it meets the requirements of relevant legislation and trust policy so that equipment is properly used, maintained, and stored.	Regulation 15(1) (d) (c)	UEC	DRI	Medical Technical Services to provide assurance of routine inspection and maintenance of devices and equipment, including measures in place to track the location of devices and equipment. Review process to ensure that a visual inspection is undertaken before medical devices and equipment are used/cleaned Ensure users are suitably competent and trained to use medical devices and equipment Review safe storage of medical devices and equipment	Jon Sargeant Jon Sargeant Jon Sargeant	Kirsty Edmondson-Jones Divisional Teams / Matron Ward Managers Ward Managers	May 2024 July 2024 May 2024 July 2024	1) IPM/PPM records for medical devices	1) IPM/PPM records for medical devices		
The trust must ensure the service's medical and nursing staff match the planned numbers. They must also ensure the service has enough medical staff with appropriate skill mix on each shift.	Regulation 18 (1)(2)(a)	UEC	DRI	Embed and Monitor relevant national guidance on workforce safeguards for safe nurse staffing. Develop an audit process for compliance with safe staffing escalation processes in nursing	Karen Jessop Karen Jessop	Kirsty Clarke Kirsty Clarke	Completed July 2024		Safer nursing care policy approved and in use Safe care processes embedded across the Trust Twice daily staffing meetings in place 7 days a week across the Trust Escalation process in place for staffing shortfalls Ongoing recruitment in line with workforce plan 8 annual SNET undertaken, process following National Quality Board guidance Red flag process in place		
					Nick Mallaband	Ken Agwuh	August 2024		Reports from medical rostering system		
The trust must ensure staff follow the proper and safe management of medicines, and the service uses systems and processes to prescribe and administer medicines safely.	Regulation 12 (2)(g)	UEC	DRI	Introduce a snap shot audit of medicines administration across all wards Evaluate the pharmacy returns process Schedule a Safety Seminar on Medicines Management Review storage of medicines across all areas and address any shortfalls identified.	Karen Jessop Karen Jessop Karen Jessop Karen Jessop	Corporate Nursing team / Divisional Nurse & Team Simon Brown / Kay Hattersley Simon Brown / Divisional Nurses / Education Corporate Nursing team / Divisional Nurse & Team	September 2024 July 2024 September 2024 September 2024	Audit results and action plan	Audit report and Action plan New process / Meds Management Committee minutes Evidence of seminar and attendance figures Audit report and Action plan		
					Karen Jessop	Simon Brown	September 2024		refined action plan	refined action plan	
The trust must ensure it maintains security an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This should include allergy status and the issuing of a	Regulation 17(1) (c)	UEC	DRI	Review of Dohar audits and action plans and address any shortfalls identified. Create audit of trust wide documentation Audit trust wide documentation and create action plan	Karen Jessop Nick Mallaband Nick Mallaband	Youseff Sorour Youseff Sorour	September 2024 November 2024	Audit and action plan	audit and action plan		
The trust must ensure the service has effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity. Where risks are identified the trust must have measures to reduce and remove the risks within a timescale that reflects the level of risk and the impact on people using the service.	Regulation 17(1)(a)(b)	UEC	DRI	Embed safety systems and processes to assess monitor and improve the quality and safety of the service, including the actions taken below utilising the Data reporting system for monitoring risks and actions via the risk management board. Once risks/issues/incidents are identified these are added to Dohar and discussed at specialty and divisional governance meetings. All risks graded 12+ (high/extreme) are escalated for discussion at Risk Management Board. Risk Manager provides support to divisions and directorates to ensure risks and actions are regularly reviewed and kept up to date in Dohar. Feedback loop from Risk Management Board to TEG and vice versa to ensure completeness. Training materials available on Trust intranet, and OLM risk management training in development Annual report from Risk Management Board to Audit and Risk Committee for assurance. Risk Management Board responsible for review of all high and extreme risks, providing moderation and mitigation of risks where possible, and escalating to Trust Executive Group those risks unable to be mitigated further.	Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband	Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband	Completed Completed Completed Completed Completed Completed Completed Completed Completed	Risk management board minutes and reports	Ongoing RMB		
The trust must implement effective systems and processes to ensure all nursing and medical staff are compliant with mandatory training, including but not limited to, safeguarding vulnerable adults and children, to a level appropriate for their role.	Regulation 18(2)(a)	Medicine	DRI	Training and appraisal rates/progress will be monitored through Chief People Officer SLT, POSMs, Workforce & Education Committee, Trust Leadership Team, People Committee. Implement increased Safeguarding training awareness via increased briefings, huddles with teams, team debriefs. Implement a link between SET compliance and the Local Clinical Excellence Awards criteria for consultants.	Zoe Lintin	Sam Debbage	March 2025. Monthly reviews. October 2024 deep dive update on ReSET 'live' topics.		Reports/ papers to committees - Workforce & Education Committee, Trust Leadership Team, People Committee and IQPR	Improved SET compliance, to 90% target	
The trust must ensure it has enough nursing, medical and support staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.	Regulation 18(1)	Medicine	DRI	Medical staff Recruitment checks in place Once in post, job planning discussions are held and uploaded onto electronic job planning system and reviewed annually Systems in place to ensure annual medical appraisals and robust revalidation discussions, opinions and recommendations to GMC. Gaps in medical staff roles backfilled through existing staff additional sessions, bank sessions or agency locums. Embed and Monitor relevant national guidance on workforce safeguards for safe nurse staffing. Develop an audit process for compliance with safe staffing escalation processes in nursing	Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband Nick Mallaband	sudipto gosh Divisional Directors sudipto gosh Divisional Directors Kirsty Clarke Kirsty Clarke	March 2024 Ongoing March 2024 Ongoing Ongoing July 2024	Recruitment reports from Trac Reports from electronic job planning	Reports to people committee Audit proforma / gap analysis Audit proforma / gap analysis		
The trust must ensure substances hazardous to health are always stored securely, in accordance with Control of Substances Hazardous to Health Regulations 2002 and trust policy.	Regulation 15(1)(a)	Medicine	DRI	Estates to undertake an audit of COSHH storage across the Trust, to include appropriate actions for any gaps in assurance Monitor compliance with COSHH standards to include appropriate actions for any gaps in assurance To schedule and complete a safety seminar on COSHH Introduce Buzz / social media resources relating to COSHH products	Karen Jessop Karen Jessop Karen Jessop Karen Jessop Karen Jessop	Sean Tyler Ward Managers / E&F Gary Hewitt Gary Hewitt / Adam Tingle	May 2024 Ongoing September 2024 September 2024	Audit proforma / gap analysis Review of all areas tendable compliance presentation Evidence of post and views	Audit proforma / gap analysis Review of all areas tendable compliance presentation Evidence of post and views		
The trust must ensure there is an effective process in place for ensuring equipment is in date and safety checked.	Regulation 15(1) (e)	Medicine	DRI	Estates & Facilities to provide details of the processes employed to ensure that Portable Appliance Testing is carried out routinely and how this is monitored for assurance.	Jon Sargeant	Kirsty Edmondson-Jones	Completed		PAT testing records (link to storage location)	Demonstrable evidence of a rolling programme of portable appliance testing at all Trust premises.	

The trust must ensure there are effective systems and processes to identify where quality and safety are being compromised and to respond appropriately and without delay.	Regulation 17 (1)(2) (a)	Medicine	DRI	Introduce the role of Divisional Quality and Assurance Leads to support assurance of Quality and Safety priorities across the Trust Implement and monitor PSIRF divisional panels with escalation process Monitor via appropriate committees the effectiveness of Divisional Governance processes Review of clinical governance to form safe, effective and caring committee Monitor compliance and outputs of the tendable audit schedule	Karen Jessop/Nick Mallaband Karen Jessop/Nick Mallaband Karen Jessop/Nick Mallaband Zara Jones Karen Jessop/Nick Mallaband	Divisional Nurses Marie Hardacre Divisional Governance Leads Simon Brown/Julie Butler/Fiona Dunn Jeannette Cliffe / Taylor / Michelle Corbett	September 2024 October 2024 Ongoing April 2024 Ongoing	Zero Vacancy Audit Minutes Minutes Action plans / compliance	Zero Vacancy Audit Minutes Minutes Action plans / compliance
The trust must ensure that staff adhere to Infection, Prevention, and Control policies in relation to cleanliness.	Regulation 12 (2)(h)	Surgery	MMH	Monitor compliance with tendable cleaning audits already in situ Review of cleaning schedules for each area Matron to attend facilities audit process	Karen Jessop Karen Jessop Karen Jessop	Divisional Nurses Matrons / E&F Divisional Nurses	Ongoing Ongoing June 2024	Tenable Governance Minutes Audit completion	Tenable Governance Minutes Audit completion
The service must implement an effective process to manage, monitor and record the ambient temperature of rooms which store fluids and medication.	Regulation 17 (1)(2) (a)	Surgery	MMH	1) Communicate to Nursing staff to ensure compliance with requirement to monitor and record temperatures in fluid and medicine storage locations and ensure any areas experiencing unacceptable temperatures are escalated to Estates and Pharmacy for further action. 2) Estates to explore passive and active cooling solutions for any areas experiencing persistent problems with overheating	Jon Sargeant Jon Sargeant	Divisional Nurses James Hutchinson	April 2024 August 2024	Evidence of comms Cooling instu	Evidence of comms Cooling instu
The trust must ensure that all staff particularly medical staff complete safeguarding training relevant to their role.	Regulation 18(2)(a)	Surgery	DRI	Training and compliance and progress will be monitored through Chief People Officer SLT, POSMs, Workforce & Education Committee, Trust Leadership Team, People Committee. Implement increased safeguarding training awareness via increased briefings, huddles with teams, team debriefs. Implement a link between SET compliance and the Local Clinical Excellence Awards criteria for consultants.	Zoe Linton	Sam Debbage	March 2025. Monthly reviews.	Regular reporting on compliance throughout the appraisal season. Reports/papers to Trust Leadership Team and People Committee	Improved SET compliance on safeguarding training, to 90% target
The service must ensure that appropriate malnutrition universal screening tool (MUST) risk assessments are completed and recorded for patients who require support.	Regulation 12 (1)(2) (a) (b)	Surgery	DRI	Commence and evaluate an awareness campaign to Monitor completion of MUST score completed on admission within 24 hours.	Karen Jessop	Ward Managers	June 2024	Evidence of comms / improved	Quality Dashboard data
The trust must ensure that all staff understand the trusts incident reporting system and that incidents are reported consistently and appropriately.	Regulation 12 (2)(b)	Surgery	DRI	Review induction content with a view to adding the requirement for a discussion about incident reporting via the Data system	Karen Jessop	Divisional Teams	September 2024	Induction Agenda	Induction Agenda
The trust must ensure that persons providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely.	Regulation 12 (1)(2)(c)	Maternity	DRI	All staff attend NLS, PROMPT and Fetal monitoring study days, monitored in relation to CNST compliance and requirements SET training	Karen Jessop Karen Jessop	Lois Mellor Lois Mellor	Complete Ongoing	Monitored through CNST oversight committee Education team to bring to governance	Staff training compliance at 90% Staff training at 85%
The trust must ensure that community staff are suitably trained for home birth emergencies.	Regulation 12 (1)(2)(c)	Maternity	DRI	Implemented a Home Birth PROMPT study day now commenced by education team Commence Care community midwives working 1 day a month on CDS to update on intrapartum skills	Karen Jessop Karen Jessop	Sam Debbage Lois Mellor	April 2024 June 2024	Monitored through CNST oversight committee Evidenced through rosters	Staff training at 90% commences June 2024
The trust must ensure that staff receive practical training sessions in the use of hoists and written guidance on hoist use in clinical areas.	Regulation 12 (1)(2)(b)	Maternity	DRI	All staff attend manual and handling training every 2 years to include hoist training Implement communications to increase staff awareness of where written information can be accessed on the HIVE	Karen Jessop Karen Jessop	Sam Debbage Lois Mellor	Ongoing May 2024	Education team to monitor Training	Training compliance of 85%
The trust must ensure that daily checks of emergency boxes for hypoglycaemia, cord prolapse, sepsis and preeclampsia take place as policy.	Regulation 12 (1)(2)(g)	Maternity	DRI	Daily checklist has been updated and audit of checklist to take place	Karen Jessop	Lois Mellor	April 2024	Managers weekly check list Matron monthly spot checks	100% compliance 100% compliance
The trust must ensure that the missing emergency medicine from each box is replaced.	Regulation 12 (1)(2)(g)	Maternity	DRI	Added to daily checks for each area Emergency drugs in sealed boxes and stored in locked room	Karen Jessop Karen Jessop	Lois Mellor Lois Mellor	April 2024 April 2024	Managers Tenable Matron tendable	100% compliance 100% compliance
The trust must ensure that sharps bins are dated and signed on opening.	Regulation 12 (1)(2)(g)	Maternity	DRI	Added to daily checks by MSW / midwives Information to be sent out to all staff via team leaders/matrons	Karen Jessop Karen Jessop	Lois Mellor Lois Mellor	April 2024 April 2024	weekly tendable Matron monthly spot checks	compliance levels
The trust must ensure that oxygen is prescribed by a specialist practitioner after a clinical review and documented on the prescription chart.	Regulation 12 (1)(2)(g)	Maternity	DRI	Communication to all staff re changes To incorporate into Welshy (electronic prescribing system) education prior to roll out Introduce Welshy training	Nick Mallaband Nick Mallaband Nick Mallaband	Lois Mellor Lois Mellor Lois Mellor	June 2024 June 2024 June 2024	Audit compliance Managers and matrons spot checks	100% compliant
The trust must ensure that oxygen and Entonox cylinders are stored securely.	Regulation 12 (1)(2)(g)	Maternity	DRI	Identify and Ensure all areas have a secure area for storage Review all areas to ensure secure cages are in all areas for holding entonox/ovgen cylinders	Karen Jessop Karen Jessop	Matt Gleadall Lois Mellor	September 2023 June 2024	Managers weekly checks Matron spot checks	All areas 100% compliant
The trust must ensure that tamper proof seals and medicine lists are present in all the separate boxes used for specific conditions.	Regulation 12 (1)(2)(g)	Maternity	DRI	Maternity service will collaborate with Pharmacy colleagues to review provision of tamper proof seals and medicine lists in the emergency boxes Introduce an audit to check compliance re tamper proof seals and updated lists	Karen Jessop Karen Jessop	Lois Mellor Lois Mellor	April 2024 April 2024 April 2024	Log of information sharing at governance news letter tenable audits	all staff received update 100 % compliance
The trust must assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.	Regulation 17 (1)(2)(b)	Maternity	DRI	Governance midwife in post Ensure all staff to have access to Data and understand process Implement Governance information boards in all areas of maternity	Karen Jessop Karen Jessop Karen Jessop	Lois Mellor Lois Mellor Lois Mellor	Complete complete Complete	Role in post Added to governance updates visible in all areas	staff can articulate process
The trust must ensure they have enough staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment.	Regulation 18 (12)(a)	Maternity	DRI	Continue to recruit to Birth rate plus recommendations All staff to attend PROMPT, fetal monitoring and NLS sessions as per CNST guidance/action plan Professional Development Midwifery team to produce work plans and highlight reports on skills training	Zoe Linton Zoe Linton Zoe Linton	Lois Mellor Lois Mellor Lois Mellor	Onetime Ongoing Ongoing	Workforce data Monitor data through CNST oversight committee	Fully recruited consistently at 90% and above
The trust must ensure the service has enough medical staff, and always has a good skill mix of medical staff on each shift.	Regulation 18 (1)(2)(d)	UEC	BDGH	Implementation of Medical Workforce Systems following a procurement exercise in 23/24 to support divisions in job planning, appraisal and rostering L2P Enterprise Ltd for electronic medical appraisal and job planning systems, Health Rota for electronic rostering for medical staff. This ensures all medical staff are compliant with the medical appraisal and revalidation process, 100% of job plans are visible on the job planning software and process are in place to ensure these are reviewed on an annual basis, and robust rota in place to ensure all shifts filled appropriately and that skill mix per shift is good.	Nick Mallaband	Ken Agwuh	September 2024	Systems in place and functioning effectively Reports available Progress reported through TEG/ Governance	Systems in place and functioning effectively Reports available Progress reported through TEG/ Governance
The trust must ensure staff complete, record, and monitor daily checklists for all adult and child emergency resuscitation trolley	Regulation 12(2)(e)	UEC	BDGH	Evaluate the question set relating to resuscitation trolley/equipment checking to ensure this is fit for purpose on tendable, amend and implement changes if required	Karen Jessop	Simon Brown / Jeannette Cliffe Taylor	June 2024	Tenable question set	Tenable audits improved

equipment across the department so it is safe to use.													
The trust must ensure the mental health assessment room has environmental risk assessments completed and signs informing patients and the public closed circuit television (CCTV) is in use.	Regulation 15(1)(b)	UEC	BDGH	Review MH assessment room, risk assess and ensure signs in place	Nick Mallaband	Joanna Siedman	May 2024		Risk assessment and poster Governance minutes	Poster Risk assessment			
The trust must ensure substances hazardous to health are always stored securely, in accordance with Control of Substances Hazardous to Health Regulations 2002 and trust policy.	Regulation 15(1)(a)	Medicine	BDGH	1. Review all Estates and Facilities Cleaning cupboards/rooms to ensure physical coded locks installed - if not install a physical coded lock. Ensure all staff are fully aware that the cleaning cupboard/room should be locked at all times. 2. Review all Ward/Department Sluice rooms to ensure that there is a lockable cupboard in place, and process for securely storing the key to gain access at all times. 3. Trust H&S Advisor to review current COSHH awareness for all Trust Colleagues, update as required and deliver COSHH awareness tool box talks Online communication programme delivered through Buzz, Facebook, managers brief, DBTH H&S App. 4. Review and update all current COSHH cleaning folders on all wards/departments.	Jon Sargeant Jon Sargeant Jon Sargeant Jon Sargeant	Kirsty Edmondson-Jones Kirsty Edmondson-Jones Kirsty Edmondson-Jones Kirsty Edmondson-Jones	May 2024 July 2024 May 2024 September 2024		Spreadsheet required detailing list of locations and confirmation that locks, lockable cupboard, updated COSHH files available	1) List of locations with confirmation that doors have locks fitted 2) List of locations with confirmation that lockable cupboards available where needed 3) Confirmation of updated COSHH information on Hive 4) Confirmation that 100% COSHH files updated and available			
The service must implement an effective system to monitor and improve compliance with medical appraisals and revalidation.	Regulation 17 (1)(2)(a)	Surgery	BDGH	Implementation of L2P electronic medical appraisal system in place 1 April 2024. Revalidation team manage medical appraisal process ensuring all medical staff are aware of appraisal deadlines and ensure appraisal meetings and conversations are scheduled. Medical appraisal performance at 91.8% and final position in April once all paperwork completed and evidence submitted expected to be 94%.	Nick Mallaband	sudipato gosh	April 2024		Reports from L2P	BMA compliance rate of 85% Trust compliance rate of 90% for all staff			
The trust must ensure that patients are prioritised based on risk or condition when being seen in the maternity day assessment unit so that patients who present with the highest risks are seen first.	Regulation 12 (1)(2)(a)(b)	Maternity	BDGH	Education of staff in area using BSOTS model in stratification of green/amber and red patients Forms part of the staff induction process into area Posters displayed in MADU Standard operating procedure developed and in place, audit of compliance with SOP	Karen Jessop Karen Jessop Karen Jessop Karen Jessop	Lois Mellor Lois Mellor Lois Mellor Lois Mellor	April 2024 Ongoing April 2024 April 2024		Staff Training data SOP to go through guideline group Audit of BSOTS risk stratification Audit results	100% staff trained who work in area SOP approved improving audit results Audit results			
The trust must ensure that there is out of hours senior support in place for community midwives and community staff are suitably trained for home birth emergencies.	Regulation 12 (1)(2)(b)	Maternity	BDGH	Manager On Call available overnight and weekends Home birth PROMPT study day now commenced by education team Plan for community midwives to work 1 day a month on CDs to update on intrapartum skills - commencing in June 2024	Karen Jessop Karen Jessop Karen Jessop	Lois Mellor Lois Mellor Lois Mellor	Complete complete June 2024		Post in place Added to governance updates Visible in all areas	Staff can articulate process			
The trust must ensure all nursing staff complete mandatory and safeguarding training modules relevant to their role as per trust policy to meet target. This must include training in the Mental Capacity Act or Deprivation of Liberty Safeguards.	Regulation 18 (1)(2)(a)	UEC	MMH	Training compliance rates will be monitored through Chief People Officer SLT, PQOMs, Workforce & Education Committee, Trust Leadership Team, People Committee. Implement increased Safeguarding training awareness via increased briefings, huddles with teams, team debriefs. Implement a link between SET compliance and the Local Clinical Excellence Awards criteria for consultants.	Zoe Linton	Sam Debbage	March 2025, Monthly reviews, October 2024 deep dive update on ReST 'live' topics.		Reports/ papers to committees - Workforce & Education Committee, Trust Leadership Team, People Committee and IQPR	Improved SET compliance, to 90% target			
The trust must ensure staff keep all daily cleaning records and (fire and defibrillator) safety checks up to date.	Regulation 12 (2)(b)	UEC	MMH	Evaluate the question set relating to fire and resuscitation trolley/equipment checking to ensure this is fit for purpose on a tendable, amend and implement changes if required	Karen Jessop	Simon Brown / Jeannette Cliffe Taylor	June 2024		Tendable question set	Tendable			
The trust must ensure that all staff know the emergency procedures that are in place for patients who may deteriorate.	Regulation 12 (1)(2)(b)	Diagnostic Imaging	RET	Implement a Staff brief for all staff who go to retford to understand expectation Include this element on local induction Create posters for displaying near crash trolley and phones	Karen Jessop Karen Jessop Karen Jessop	Emma Galloway Emma Galloway Emma Galloway	May 2024 Ongoing May 2024		Evidence of brief Copy of induction process View posters	Evidence of brief Copy of induction process View posters			
The trust must ensure that there is a resuscitation trolley available to staff in case of emergency.	Regulation 15 (1)(f)	Diagnostic Imaging	RET	Resuscitation Trolley to be obtained and placed in Dept	Karen Jessop	Emma Galloway	Complete		Initial and Picture	Initial and Picture			

2405 - E2 MATERNITY & NEONATAL UPDATE

● Discussion Item


👤 Lois Mellor, Director of Midwifery

🕒 12:50

15 minutes

REFERENCES

Only PDFs are attached

 E2 - Maternity & Neonatal Update.pdf

 E2 - Glossary of Terms - Maternity.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	7 May 2024	Agenda Reference:	E2
Report Title:	Maternity & Neonatal Update		
Sponsor:	Karen Jessop, Chief Nurse		
Author:	Lois Mellor, Director of Midwifery Laura Churm, Divisional Nurse, Paediatrics		
Appendices:			
Report Summary			
Executive Summary			
<p>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.</p> <p>The service continues to undertake perinatal mortality reviews, and as further learning / assurance have commissioned the LMNS to undertake an independent review of the latest stillbirths.</p> <p>The neonatal service remains stable and has an action plan to achieve full compliance with British Association for Perinatal Medicine (BAPM) standards over the next three years. Staffing has improved with BAPM standards being achieved 94% of the time, non-compliance with BAPM is due to there not being supernumerary co-ordinator on shift.</p> <p>Work is ongoing with the saving babies lives care bundle v3, an external review assessed the service as 87% compliant with the care bundle. Term babies admitted to the neonatal unit is below the local and national targets, and action plans are in place to reduce this further.</p> <p>Training compliance remains challenging and requires proactive management weekly. All staff have been allocated dates to attend training where possible, and this is monitored through the governance meetings, and the CNST and single delivery plan oversight committee.</p> <p>The maternity and neonatal voices partnership work closely with the DBTH team and have recently undertaken the 15 step challenge on both sites.</p> <p>The service has been awarded full compliance with year 5 clinical negligence scheme for trusts and has now commenced work on year 6.</p> <p>The board level safety champion meeting was undertaken, and concerns were raised by the ante natal clinic at BDGH. A meeting was already planned and the senior team have a number of actions to consider. The number of red flags has remained low on both sites.</p> <p>Midwifery staffing is in an improving position, and a significant number of newly qualified midwives have submitted applications to work at DBTH. The obstetric staffing is stable, and there has been no incidents of non-attendance by an obstetric consultant.</p> <p>Performance against the Birmingham System Specific Obstetric Triage system has improved.</p>			

Recommendation:	For the Trust Board of Directors to take assurance from the detail provided within this Maternity and neonatal report.			
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:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire & Bassetlaw 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 Maternity and Neonatal safety and Quality Meeting			
Date:	Next meeting 5 th April 2024			
Any outcomes/next steps	Support to continue improvements in maternity & neonatal service, and achieve year 6 CNST standards			
Previously circulated reports to supplement this paper:				

Monthly Board Report

May 2024

1. Findings of review of all perinatal deaths

1.1 Stillbirths and late fetal loss > 22 weeks

There was 1 stillbirth in March 2024.

1.2 Neonatal Deaths

There were no neonatal deaths in March 2024.

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

Date	Type of Death	Gestation	Antenatal / Intrapartum / Neonatal	Information
Sept	Late Neonatal Death	37+2 weeks	Neonatal	Fetal abnormality not compatible with life awaiting review Sent to Sheffield for review of their care
Dec	Stillbirth	31+4	Antenatal	Report written, and shared
Jan	Stillbirth	35+3	Antenatal	Completed and closed
Jan	Stillbirth	37+0	Antenatal	Reported completed and closed
Jan	Stillbirth	26+5	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified For review in April meeting
March	Stillbirth	Approx. 30/40	Antenatal	For April review

Learning from deaths

There was a missed opportunity to follow up a lady who did not attend (DNA) and engage with her more closely. This has been shared as a learning point through the governance route, and newsletters.

The LMNS have been commissioned to undertake a review of stillbirths in the service as external assurance and/ or learning from the last two years. This work commenced on 9th March 2024 and is expected to be completed by the beginning of May 2024.

2. Neonatal Services

Neonatal staffing is 89% recruited with 83% of establishment at work, with 6% maternity leave. The Qualified in Speciality ratio is below the 70% standards at 64% on the Neonatal Unit (NNU). During March we had 94 % of shifts resourced within British Association of Perinatal Medicine (BAPM) standards compared to a quarter 3 average of 75% at DRI and 59% at Bassetlaw. All the shifts below BAPM standards were due to there being a missing supernumerary co-ordinator. A workforce review and 3 year plan to meet BAPM and CNST standards was discussed in the Trust Executive Group in September 2023, the gaps were acknowledged and it was agreed to support the development of a phased business plan to be submitted to Trust Capital Investment Group and included in the divisions business planning requirements for 2024/25. We are currently awaiting an update on proposed workforce plans for nursing and medical rotas to agree next steps.

The Local Maternity and Neonatal Service (LMNS) and Operational Delivery Network (ODN) have been updated on the gaps and action plan.

No new serious incidents or Maternity and Newborn Safety Investigation Programme (MNSI) eligible cases.

2.1 Avoiding Term Admissions into Neonatal Units (ATAIN)

This service is working to reduce term admissions to the neonatal unit, and below is the current performance.

Month	Live Births All Gestations	Term babies Inborn (>37/40)	Inborn admissions: (all gestations)	Inborn TERM admissions (>37/40) excl transfers	Term Admissions as % of Live Births	5% Local Ambition	6% National Target	Avoidable Admissions (Enter Below)	% Avoidable Admissions
Apr-23	331	309	32	9	2.7%	5.0%	6.0%	2	6.3%
May-23	391	362	30	11	2.8%	5.0%	6.0%	3	10.0%
Jun-23	381	333	38	15	3.9%	5.0%	6.0%	5	13.2%
Jul-23	404	366	46	15	3.7%	5.0%	6.0%	0	0.0%
Aug-23	397	370	34	13	3.3%	5.0%	6.0%	2	5.9%
Sep-23	384	351	27	13	3.4%	5.0%	6.0%	4	14.8%
Oct-23	390	361	25	9	2.3%	5.0%	6.0%	1	4.0%
Nov-23	387	355	26	10	2.6%	5.0%	6.0%	0	0.0%
Dec-23	387	348	53	12	3.1%	5.0%	6.0%	2	3.8%
Jan-24	391	356	32	15	3.8%	5.0%	6.0%	6	18.8%
Feb-24	388	338	30	13	3.4%	5.0%	6.0%	2	6.7%
Mar-24	391	347	36	9	2.3%	5.0%	6.0%	4	11.1%

The variation in the percentage of term admission is partly due to the small numbers involved. The most common reason is for respiratory conditions, and further work is ongoing to understand what is driving this, and what further work is required to reduce them.

2.2 Saving babies Lives V3 (SBLV3) deep Dive

A meeting was held on 13th March 2024 between DBTH and the local maternity and neonatal system team to review the progress against SBLV3. The evidence was reviewed by the LMNS team, for all of the six elements. Below is the compliance as assessed by the LMNS:

Element	Compliance
1	80%
2	90%
3	100%
4	80%
5	89%
6	83%

The LMNS is planning to reassess progress on 19th June 2024.

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

Executive summary

Table 1 MNSI cases

	Cases to date
Total referrals	27
Referrals / cases rejected	8
Total investigations to date	19
Total investigations completed	19
Current active cases	0
Exception reporting	0

3.1 Reports Received since last report

None.

3.2 Current investigations

No cases.

3.3 Maternity and Newborns Safety Investigations (MNSI) / NHS resolutions (NHSR) / Care quality Commission (CQC) or other investigation with a concern or request for action made directly to the Trust

None.

4. Patient Safety Investigation Review Framework and Learning

The service has implemented twice weekly maternity and gynaecology patient safety event response panels (MG-PSERP). These have replaced the existing incident review panels. More

members of the team are undertaking the training increasing the number of staff able to undertake after action reviews and assist with the process.

5. Training Compliance

Training figures as at 31st March 2024 are as below:

K2 E learning package and Cardiotocograph (CTG) Study Day

Table 2 - K2 & CTG figures

Staff Group	K2 CTG Compliance	Study Day Compliance
90% of Obstetric Consultants	100% →	86.7% →
90% of All other Obstetric Doctors including trainees	90% ↓	95% ↑
90% of Midwives including Bank & NHSP	91.1% ↓	91.9% ↓

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

Table 3 - PROMPT figures

Staff Group	Prompt Compliance
90% of Obstetric Consultants	86.6 % ↓
90% of All other Obstetric Doctors including trainees	85 % ↑
90% of Midwives including NHSP & agency	91.9 % ↓
90% of Maternity Support Workers	80 % ↓
90% of Obstetric Anaesthetic Consultants	82.3 % ↑

Newborn Life Support (NLS) Training

Table 4 - NLS figures

Staff Group	NLS Compliance
90% of neonatal consultants or paediatric consultants covering neonatal units	93 % →
90% of neonatal junior doctors	93% ↓
90% of neonatal nurses (Band 5 7 above)	97% ↑
90% of advanced neonatal practitioner (ANNP's)	100% →
90% of Midwives	89.2% ↓

6. Service User Feedback

The maternity and neonatal voices partnership continues to work closely with the maternity service (see below), the next meeting is on 13th June 2024.

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

None.

8. Progress in achievement of Clinical Negligence Scheme for Trusts (CNST) and Single delivery plan for maternity

The service has been awarded full compliance for the year 5 standards and is currently working on compliance with year 6 standards. The CNST and Single delivery plan oversight committee continue to meet monthly to assess progress against the standards and will be reporting to the new bimonthly Maternity Safety and Quality Committee which is chair by the board level safety champion.

Progress continues with the single delivery plan. The report from the LMNS assurance visit has been received. The team have highlighted opportunities for improvement which the service will take forward.

8.1 Board Level Safety Champion

A clinical visit was undertaken by the non-executive director on 14th March 2024 in ante-natal clinic at BDGH. There were several issues raised by the team, however it was noted that there was a planned meeting on 15th March 2024 with the senior midwifery team. This meeting was held and a number of actions have been agreed with the team. This will be monitored through the operational midwifery meetings, and the board safety champion meeting.

The maternity and neonatal voices partnership updated the following that they are currently undertaking 15 steps challenge, the team will consider the recommendations from these visits. The MNVP continues to work with the most vulnerable groups and will be working with the Trust to develop the 2024/25 work plan.

8.2 Culture, Leadership & SCORE survey

Feedback from the Paul Furey work has been received and is currently being reviewed. The Obstetric consultant team has met with Paul Furey and the divisional director is meeting to discuss feedback and further plans.

The senior midwifery team have had a time out day to look at operational workloads, and what they need to emotionally thrive in their leadership roles. The organisational development team are currently working on a support programme.

The quadrumvirates have a planned time out to continue the work from the perinatal quadrumvirate culture and leadership development programme on 25th April 2024. Three of the senior midwifery team and one of the neonatal team have been nominated to undertake

culture coach training as part of Phase 3 of the perinatal quadrumvirate culture and leadership development programme.

9. Perinatal Surveillance dashboard

The perinatal surveillance dashboard is currently under review and will be presented in the new format at the next board meeting.

10. Midwifery staffing

Midwifery staffing continues to improve with ongoing recruitment to specialist midwife posts, and retention of the current workforce. The service currently has 208.81 WTE midwives in post, has received a significant number of newly qualified midwife applications for posts to commence in October 2024.

Skill mix on shifts can be challenging due to the numbers of early career midwives, but the pastoral team continues to provide support to the midwives and maternity support workers on a daily basis. The senior midwives, and matrons provide support and there is senior midwifery manager on call every night to provide guidance and support.

One to one care in labour remains stable, and for the month of March 2024 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 March 2024:

Table 5 Doncaster BR+ © data

Red Flag	Number of times
Coordinator unable to maintain supernumerary status-providing 1:1 care	1
Management Actions taken	
Redeploy staff internally	10
Staff unable to take allocated breaks	1
Staff stayed beyond rostered hours	1
Staff sourced from bank / agency	5
Unit on divert	3
Escalate to Manager on call	4

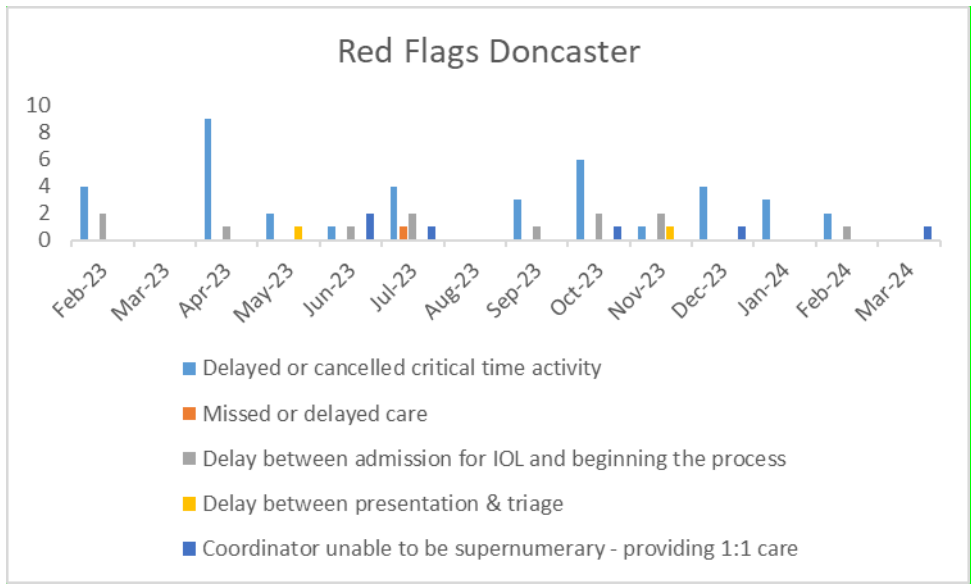
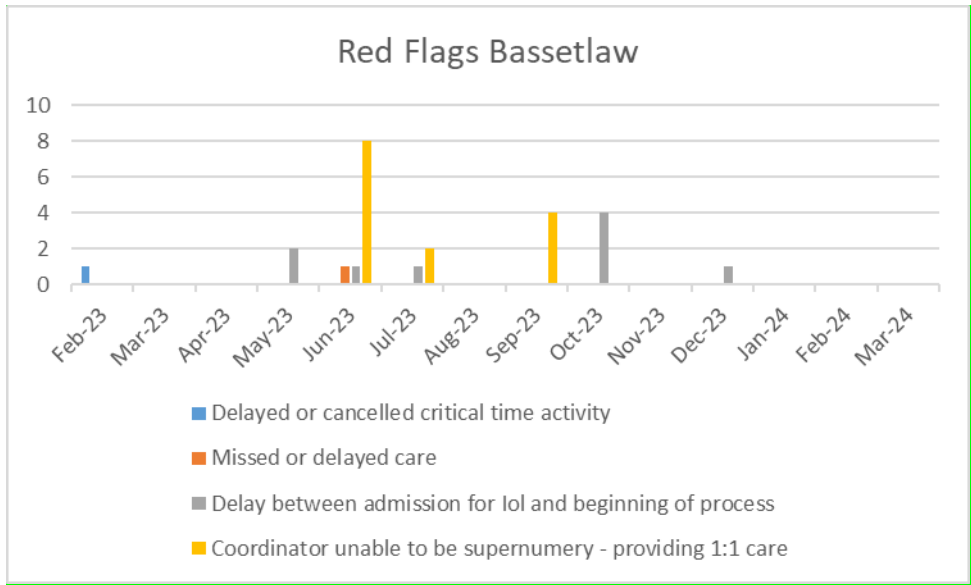


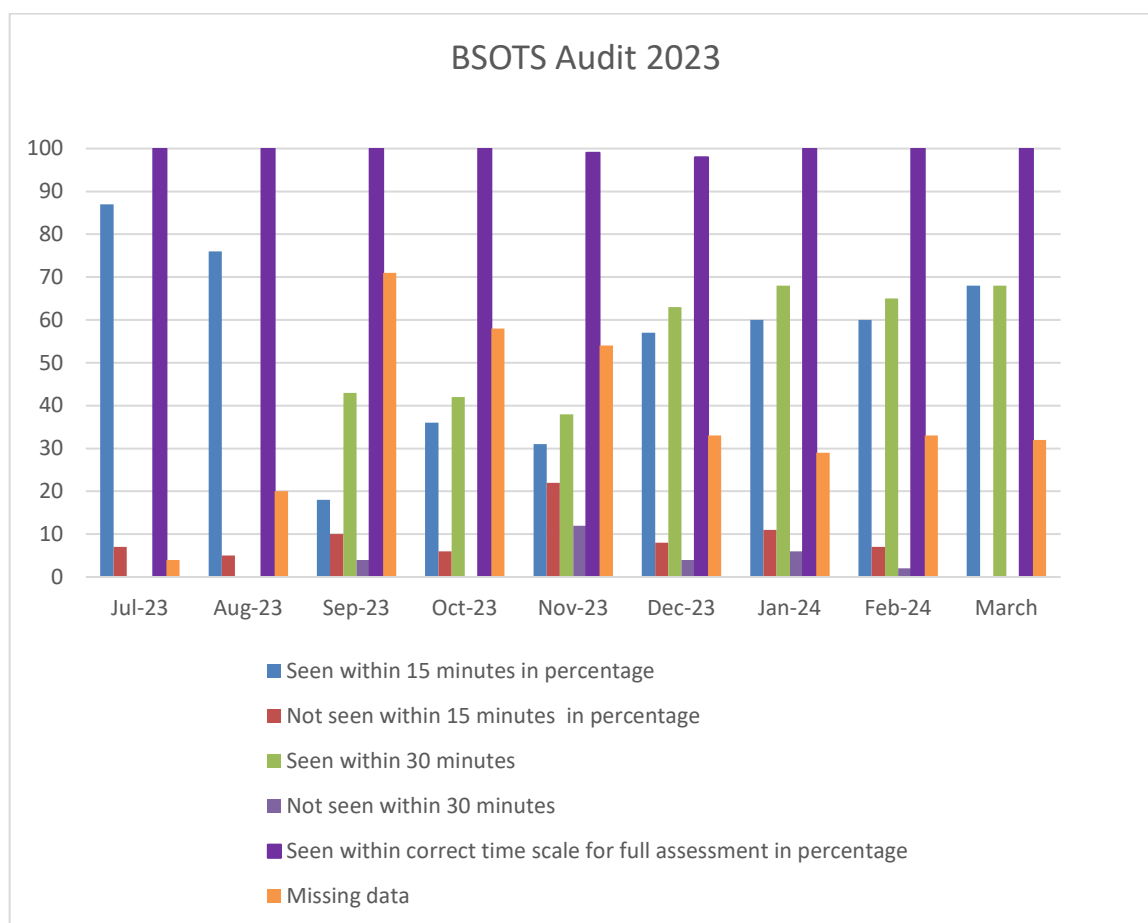
Table 10 Bassetlaw BR+ © data

Red Flag	Number of times
None	
Management Actions taken	
None	



The Triage Service

Performance in triage against the 15 and 30 minutes standards to be seen continues to be closely monitored. Below is the performance:



The service is performing well and continues to improve.

11. Medical Workforce

Medical staffing in obstetrics and neonates remains stable.

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

12. Conclusion

This report contains the details of the Trust performance against local and nationally agreed measures to monitor maternity services, actions are in place to improve and monitor the quality and safety in maternity services. Full compliance with the ten safety actions for year 5 has been achieved, and work has commenced on year 6. Progress with the single delivery plan, and saving babies lives V3 is being made. The Trust Board of Directors are asked to consider the assurance provided in this report.

Glossary of terms / Definitions for use with maternity papers

AN - Antenatal (before birth)

ATAIN - Avoiding term admissions to neonatal unit (Term 37-42 weeks)

BAPM - British Association of Perinatal Medicine (neonatal)

BR+® - Birthrate plus (workforce tool to calculate the number of midwives required to look after a cohort of women)

Cephalic - Head down

CNST - Clinical Negligence Scheme for Trusts

CTG - Cardiotocography (fetal monitor)

CQC - Care Quality Commission (Our regulator)

Cooling - baby actively cooled lowering the body temperature

DoM - Director of Midwifery

EFW - Estimated fetal weight

FTSU - Freedom to speak up

G - Gravis (total number of pregnancies including miscarriages)

GIRFT - Getting it right first time (Benchmarking data)

HSIB - Health Service Investigation bureau

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

IUD - intrauterine death (in the uterus)

LMNS - Local maternity and neonatal system (the four trusts in south Yorkshire)

MNVP - Maternity and neonatal voices partnership (our service users)

MSDS - Maternity dataset

NED - Non-executive director

NICU - neonatal intensive care unit

NMPA - National maternity and perinatal Audit (provide stats & benchmarking)

OCR - Obstetric case review (learning meeting for interesting cases)

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

PFDR - Prevention of future deaths

PMRT - Perinatal Mortality Review Tool (system used assess care given)

PPH - Postpartum haemorrhage (after birth)

PROMPT - Practical Obstetric Multi-professional training (skill based training)

QI - Quality Improvement

RDS - respiratory distress syndrome (breathing problems)

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

RIP - rest in peace

SVD - Spontaneous vaginal delivery

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

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


Other information

Term is 37-42 weeks long

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

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

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

 13:05

2405 - F1 BOARD OF DIRECTORS WORK PLAN

● Information Item

👤 Fiona Dunn, Director Corporate Affairs

🕒 13:05

REFERENCES

Only PDFs are attached

 F1 - Board of Directors Workplan.pdf

● Information Item

👤 Jon Sargeant, Chief Financial Officer

🕒 13:05

REFERENCES

Only PDFs are attached



F2 - NHSE 2024-25-Priorities and Operational Planning Guidance-v1.1.pdf



F2 - DBTH Summary of 2024 to 2025 Priorities and Operational Planning Guidance.pdf

2024/25 priorities and operational planning guidance



Version history

Version	Date	Changes
V1.0	27 March 2024	Initial Version
V1.1	10 April 2024	Updates: Section 2D. Elective care, clarification made to the 12 week wait validation. The Capital guidance update 2024/25 link has been updated.

Foreword from the NHS CEO

Over the past year, NHS teams have made significant progress delivering key priorities for patients, as we have continued our recovery from the pandemic, in the face of strong headwinds from industrial action, increased demand and pressures on budgets due to inflation.

We have improved against almost every headline objective of 2023/24 – we have either done what we set out to do, or made meaningful progress towards it. This is all thanks to the commitment, adaptability and professionalism shown by staff across the NHS. In particular, we have:

- Increased primary care access, with GPs and their teams delivering over 348 million appointments in 2023 – 19.4 million more than the previous year, which means nearly 1.4 million appointments have been provided every working day. We have introduced our Pharmacy First service so that people can now directly access advice and treatment from their local pharmacy for seven common conditions.
- Improved urgent and emergency care, with 4-hour A&E performance improving for the first time since 2009 (outside the first year of the pandemic). Average category 2 ambulance response times reduced by 17 minutes. This has been possible because we have more ambulances on the road, more beds, greater use of urgent community response and admission avoidance services, increasingly mature discharge hubs and over 11,000 virtual ward beds.
- Treated more elective patients and reduced long waits, with 17.3 million elective pathways completed in 2023 – despite the disruption of industrial action, an increase of over 1.3 million treatments compared to the year before. From one stop shops for checks in the heart of local communities to surgical hubs, NHS staff have shown real ingenuity and dedication to reduce the longest waits.
- Focused on meeting the growing need for mental health support, with more people than ever before now in contact with NHS services for support for their mental health, autism and/or learning disabilities. Almost five million patients have been in contact with services in 2022/23, an increase of nearly 300,000 compared to the year before. We are on track to expand our mental health support teams in schools to cover over 40% of pupils in the coming weeks so young people can get the support they need at an earlier stage.

- Made further inroads on early diagnosis and treatment of cancer, with almost 3 million people being seen for urgent cancer checks over 2023 – the highest on record, and over a quarter more since before the pandemic. Similarly, over 336,000 people started treatment for cancer in 2023 – again, the highest year on record – and thanks to initiatives such as Targeted Lung Health Checks we are now diagnosing more cancers at Stage 1 and 2 when cancer is easier to treat.
- Introduced a comprehensive and evidence-based approach to tackling health inequalities, with a focus on our Core20PLUS5 approach which, amongst other achievements, has helped increase the number of people from the most deprived communities access our Targeted Lung Health Checks.
- Continued to develop and adopt new and innovative treatments, such as liquid biopsy testing for patients with suspected lung cancer, carried out the UK's first womb transplant, and continued to roll out the latest diabetes technology to provide tens of thousands of people with lifechanging devices to manage their condition.

None of the progress we have made together has been easy, and none of it was guaranteed. It has taken careful planning, hard work and ingenuity – qualities that health service staff and our partners continue to demonstrate despite the daily pressures they face.

The outlook for 2024/25 is equally challenging. In the recent Spring Budget, the Chancellor announced £2.45 billion of extra funding for the next year, which covers the recurrent cost of the pay deal and gives the NHS flat real funding for 2024/25. This will help us continue to make important progress on the things that matter most for patients: improving waiting times and safety in urgent and emergency care, further reducing the longest waits for tests and treatment for cancer and elective care, making it easier for people to access primary care, and much more besides – benefiting the health and lives of millions of people.

Many of the ambitions for 2024/25 reflect the reality of the multi-year process of recovering from the impact of the pandemic and improving services for patients. We know that given the current context, many of them will be stretching.

We also know that achieving them will need a relentless focus on improvement, fewer delays and unnecessary processes so that we can provide better care for patients, and greater value for taxpayers. We go into this year with more capacity in hospitals, community services, primary care, ambulance and mental health services, better data flows and new safety reporting systems. It is imperative that we focus on consolidating these assets to make progress on our shared desire to deliver more for patients with the resources we have.

Despite the challenges we face, there are real reasons for optimism. We are already putting in place the building blocks for a better future. The £3.4 billion investment of capital in data and technology – from 2025/26 onwards – announced in the Spring Budget will allow us to roll out technology and digital services to improve access, waiting times and outcomes. Coming less than a year on from the NHS Long Term Workforce Plan, this investment has the promise to be transformational, for both patients and for our staff.

We also have increasingly mature partnerships in operation at ICP, ICB and place level – with an ageing population, and growing numbers of patients with multiple and complex conditions, the NHS and our partners must continue to adapt so that we can help people to live longer, healthier lives.

We cannot do this alone. As set out in the NHS Long Term Workforce Plan, to better meet patients' needs in the future, we will need fit for purpose estates, ongoing investment in social care, and a co-ordinated, ambitious approach to prevention. But we now have a stronger base on which to plan service improvement over the medium term, and we look forward to working with you on this over the coming months.

As has always been the case, progress next year will depend on the continued hard work of NHS staff. We must therefore continue to do everything we can to make the NHS somewhere that people want to join, want to stay part of, and want to give their all for. This guidance sets out some of the things we know can make, and are already making, a big difference to the working lives of our colleagues. But they should be seen as the floor, rather than the ceiling, of our collective ambition to be a better and more responsive employer.

The NHS, in common with advanced healthcare systems across the world, is facing major challenges in recovering services and meeting the growing needs of an ageing population. But this year the NHS has once again shown that it can rise to the challenge, and real improvement is possible even in the toughest of circumstances – so thank you for your continued efforts on behalf of our patients, our staff and taxpayers.

Amanda Pritchard

NHS Chief Executive

Our priorities for 2024/25

The overall priority in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience we must continue to:

- maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach
- improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24
- reduce elective long waits and improve performance against the core cancer and diagnostic standards
- make it easier for people to access community and primary care services, particularly general practice and dentistry
- improve access to mental health services so that more people of all ages receive the treatment they need
- improve staff experience, retention and attendance

We expect integrated care boards (ICBs), trusts and primary care providers to work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. We have invested in significant extra capacity over the last three years. With total NHS funding flat in real terms for 2024/25 we now need to consolidate. At the same time, we will lay the groundwork to improve and transform the health service for the rest of the decade, progressing the NHS Long Term Workforce Plan (LTWP) and investing in technology.

Recovery of our core services

The recovery plans for elective care, urgent and emergency care (UEC), NHS dentistry and access to primary care set out the essential actions for all systems. These include continuing to develop services that shift activity to settings outside acute hospitals using funding from the Better Care Fund (BCF); increasing diagnostic capacity; shifting the balance of outpatient activity towards first appointments or for a procedure; improving the productivity of priority cancer pathways; investing in technology and improvement support

for GP practices; and increasing the use of community pharmacies. System plans should reflect the needs of all age groups, including children and young people (CYP).

NHS IMPACT will support delivery of clinical and operational excellence, helping to develop the leadership and organisational capacity, capability and infrastructure to create the conditions for improvement. It will also deliver a small number of centrally led national programmes to drive adoption and local adaptation of operational processes and clinical pathways that are proven to improve quality and productivity. The focus for 2024/25 will be interventions that improve patient flow.

Our [operating framework](#) sets out how NHS England will work to empower and support local systems to deliver on their responsibilities. We will shortly engage with systems on a new oversight framework with the aim of providing further clarity on the role of NHS England and ICBs in oversight and ways of working with providers. During 2024/25, we will continue to support all ICBs in integrating the planning and commissioning of suitable specialised services with their wider population-level commissioning responsibilities, in line with their individual timeline for delegation. All systems are asked to make progress in transforming pathways of care in their priority areas.

Supporting our workforce

Our people are key to everything we do, and our immediate priority remains improving staff experience, retention and attendance, drawing on best practice and learning from the [national retention programme](#). The evidence is clear that improving staff engagement will help to improve patient outcomes and safety.

We expect employers to implement the new national pregnancy and baby loss people policy framework to establish a minimum expectation of support for staff who unfortunately lose a pregnancy. Further guidance on supporting women experiencing symptoms of the menopause will follow, building on improvements made following previous guidance in 2022.

We will also shortly be setting out changes to be made locally and nationally to improve the working lives of our staff, including junior doctors, by addressing some of the most widely felt frustrations that adversely impact their experience working in the NHS.

The NHS Staff Survey 2023 showed important improvements which organisations are asked to build on further, including embedding the [NHS equality, diversity and inclusion \(EDI\) improvement plan](#). They also showed that far too many colleagues, particularly women, have been the target of unwanted behaviour of a sexual nature at work. So while we have seen a strong voluntary response to the first-ever NHS sexual safety charter, we

are now asking every organisation to implement the actions it sets out to improve safety at work.

Improving productivity

We all share the desire to deliver more for patients with the resources that we have. A relentless focus on improvement, reducing delays and unnecessary processes will be critical to delivering on the priorities of patients and balancing system finances. Key priorities include reducing temporary staffing spend and removing off-framework agency use; reducing the delay for patients who are still in hospital beyond their discharge ready date; and improving the adoption of and compliance with best value frameworks and contracts. We must also implement more productive and flexible working practices to make the most of the growth in workforce across the NHS in recent years. NHS England will report on productivity and supporting metrics at a national, ICB and trust level starting from the second half of 2024/25.

National NHS objectives for 2024/25

The table below sets out our national objectives for 2024/25. These will be the basis for how we assess the performance of the NHS alongside the local priorities agreed by ICSs.

Area	Objective
Quality and patient safety	<ul style="list-style-type: none"> Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	<ul style="list-style-type: none"> Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	<ul style="list-style-type: none"> Improve community services waiting times, with a focus on reducing long waits Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	<ul style="list-style-type: none"> Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107% Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 Improve patients' experience of choice at point of referral
Cancer	<ul style="list-style-type: none"> Improve performance against the headline 62-day standard to 70% by March 2025 Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	<ul style="list-style-type: none"> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	<ul style="list-style-type: none"> Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	<ul style="list-style-type: none"> Improve patient flow and work towards eliminating inappropriate out of area placements Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019) Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025 Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	<ul style="list-style-type: none"> Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025 Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	<ul style="list-style-type: none"> Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025 Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025 Increase vaccination uptake for children and young people year on year towards WHO recommended levels Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	<ul style="list-style-type: none"> Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	<ul style="list-style-type: none"> Deliver a balanced net system financial position for 2024/25 Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Planning for the future

As we focus on delivering for patients in 2024/25, we also need to plan for, and take steps towards, transforming the way we deliver care, and create stronger foundations for the future.

Improving health and joining up care

Our ambition is to improve health at every stage of life. This reflects the vision set out in most systems' inaugural 5-year joint forward plans (JFPs), and the triple aim of better health outcomes, better experiences for people and better use of resources.

We ask systems to work together to build on their initial JFPs and set out the steps they will take to address the most significant causes of morbidity and premature mortality, and improve the co-ordination of services to reflect the growing prevalence of multi-morbidity, including steps to:

- expand evidenced-based approaches to population health, focusing on a healthy start to life, prevention, self-care and better management of long-term conditions
- join up care closer to home including through [integrated neighbourhood teams](#) and place-based arrangements with local authorities and other system partners
- integrate and streamline UEC pathways, with a particular focus on the management of older people with complex needs and frailty
- continue to drive improvements in productivity and operational effectiveness

Systems are asked to take account of the forthcoming government's Major Conditions Strategy.

The NHS Long Term Workforce Plan

The [NHS Long Term Workforce Plan](#) sets out how the NHS will train more staff, retain our existing staff and reform the way we work. We ask systems to set out their workforce plans in their JFPs, describing how they will deliver the skill mix required to meet the needs of their population over the next 5 years, demonstrating how the '[one workforce](#)' approach across health and social care is being developed.

Modernising our infrastructure

The NHS needs modern and sustainable infrastructure to deliver high-quality and efficient care and our net zero commitment. We ask systems to work together to develop

infrastructure strategies. We have published [guidance and resources for developing these strategies](#), and we will support systems to do so by the end of July 2024.

Harnessing data, digital and technology

Strong digital foundations are essential for transformation, supporting access, quality and productivity. We ask systems to continue to support the levelling up of provider digital maturity across all sectors, with a focus on deploying and upgrading electronic patient record systems in line with the [What Good Looks Like framework](#).

NHS England will continue to develop the NHS App as the digital front door to the NHS and is rolling out the Federated Data Platform (FDP). We ask systems to keep connecting services to and championing the use of the NHS App, and to engage with the national FDP team to ensure planned investments are aligned with the FDP.

We will work with systems to develop robust plans for the technology investment announced in the 2024 Spring Budget to support delivery of the NHS productivity plan for the years from 2025/6. In support of this, we will improve the measurement and reporting of productivity across all sectors.

Planning assumptions

Funding and financial planning assumptions

NHS England has issued updated revenue allocations for 2024/25. Base growth has been increased by 1.0% to reflect additional pressures since the original 2024/25 allocations were published in January 2023. ICBs will continue to receive Service Development Funding (SDF) allocations to support the delivery of the national objectives set out in this guidance. The SDF for 2024/25 will continue to be bundled into high-level groupings. Further detail is set out in [the Revenue finance and contracting guidance for 2024/25](#).

Baseline ICB capital allocations to 2024/25 have already been published and remain the foundation of capital planning for future years. For 2024/25, the finance incentive element will operate in broadly the same way as the 2023/24 scheme with up to £150m capital available. Further detail is set out in [the Capital guidance update 2024/25](#). Capital allocations will be topped up with a further £150 million nationally, in line with the incentive scheme for providers with a Type 1 A&E department set out in [Delivering operational resilience across the NHS this winter](#).

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will continue to be to pay unit prices for activity delivered.

Development of integrated system plans

We ask ICBs and their partner trusts and foundation trusts to work with wider system partners to develop plans to meet the national objectives set out in this guidance and the local priorities agreed by ICSs. To assist them in this, the annex identifies the most critical, evidence-based actions that we ask systems and NHS providers to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access and safety.

System plans must be triangulated across activity, workforce and finance, and signed off by ICB and partner NHS trust and foundation trust boards. NHS England has separately set out the requirements for [plan submission](#).

We ask ICBs and their partner trusts to work with local authorities and other system partners to further develop their JFPs¹ addressing the priorities set out in this guidance. To provide the opportunity for this, NHS England is setting 30 June 2024² as the date for ICBs to publish and share their plan with us, their integrated care partnerships and health and wellbeing boards.

¹ NHS England has published updated [guidance to support the refreshing of JFPs](#).

² ICBs and their partner trusts have a duty to prepare a JFP before the start of the financial year.

Annex

This annex sets out the key evidence-based actions that will help deliver the objectives set out above. We ask all systems to develop plans to implement these. To support implementation NHS England will provide an operational update on progress against the recovery plans for elective care, UEC and access to primary care. To assist systems in developing their plans, a summary of other guidance, best practice, toolkits and support available from NHS England is available on [FutureNHS](#).

1. Quality and patient safety

To improve patient outcomes and experience we must continue to maintain our collective focus on the overall quality and safety of our services, based on the approach set out in [A shared commitment to quality](#) and [The NHS Patient Safety Strategy](#). This includes applying the [Patient Safety Incident Response Framework \(PSIRF\)](#) in the development and maintenance of patient safety incident response policies and plans.

Key actions in addition to those set out across this guidance are:

- complete the [NHS IMPACT self-assessment](#) (ICBs and providers) and use this to create a shared, measurable plan for embedding improvement, systematically using improvement as the approach to deliver key priorities. Specific actions include:
 - supporting board and executive development, focused on adopting and embedding improvement
 - building staff capability, including across system partners where appropriate
 - putting in place the infrastructure (within the provider, or across the system – at neighbourhood, place or ICS level) to support an improvement approach
 - applying best practice in the design and delivery of improvement programmes that include tackling flow, safety, productivity
 - participating in national programmes such as improvement collaboratives and peer learning networks
- ensure each organisation has robust governance and reporting frameworks in place. NHS England will shortly publish [The Insightful Board](#) guidance to help boards identify and use the information needed to ensure effective internal reporting to support them in their role
- embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans)

- improve the engagement of patients and families in response to incidents
- use the new Learn From Patient Safety Events (LFPSE) service to support learning
- support the uptake of training under the NHS Patient Safety Syllabus, the first system-wide standardised approach to training and education in patient safety across the NHS
- ensure the insight patients bring is embedded by appointing at least 2 patient safety partners to safety-related governance committees

In 2024/25, NHS England will begin implementing [Martha's Rule](#). We will support participating provider sites to devise and agree a standardised approach to all 3 elements of Martha's Rule.

2. Recover our core services

2A. Urgent and emergency care (UEC) and urgent community services

The [Delivery plan for recovering UEC services](#) sets out the actions that systems are asked to continue to focus on in 2024/25, to meet the 2 headline ambitions: improving A&E waiting times and improving Category 2 ambulance response times. Systems are also asked to reduce the proportion of waits over 12h in A&E compared to 2023/24. We will operate an incentive scheme for providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering over 80% A&E 4-hour performance by the end of the year³.

We ask systems to focus on 3 areas:

- I. maintaining the capacity expansion delivered through 2023/24
 - II. increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
 - III. continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge
- I. With additional funding in 2023/24 made recurrent in 2024/25 we ask systems to:
- maintain acute G&A beds as a minimum at the level funded and agreed through operating plans in 2023/24

³ NHS England will set out details of the scheme separately.

- improve access to virtual wards by ensuring utilisation is consistently above 80%, with a focus on frailty, acute respiratory infection, heart failure and CYP. This should be done in line with [Getting It Right First Time \(GIRFT\) guidelines](#) and national clinical standards, and supported by remote monitoring technology and rapid access to diagnostics (including point of care testing). Relevant services and partners are asked to work closely together to increase the proportion of virtual ward beds accessed from home (step up virtual wards) and maximise the impact on system flow. This includes directing patients to a virtual ward from emergency departments and same day emergency care (SDEC) following initial assessment where appropriate
- expand bedded and non-bedded intermediate care capacity, through the additional £400 million distributed via the Better Care Fund (BCF),⁴ to support improvements in hospital discharge and enable step-up care in the community
- maintain ambulance capacity and support the development of services that reduce ambulance conveyance to acute hospitals where appropriate. This includes increasing clinical assessment of calls in ambulance control centres to ensure the sickest patients are prioritised for ambulances. Patients who do not need a face-to-face response from the ambulance service should be transferred quickly to services more appropriate for their needs, including urgent community response, urgent treatment centres, SDEC and primary care. We ask ambulance trusts to focus on embedding culture improvement alongside the delivery of operational targets, by implementing the recommendations set out in the [culture review of ambulance trusts](#).

II. To improve flow and therefore waiting times and clinical outcomes we ask that you focus on reductions in:

- admitted and non-admitted time in emergency departments, and in particular arranging appropriate services for mental health patients requiring urgent care
- the number of patients who are still in hospital beyond their discharge ready date, as well as the length of delay. Systems are asked to:

⁴ Systems are expected to consider the capacity set out in BCF plans as part of wider UEC demand and capacity plans, and consider how this aligns with wider local authority commissioning and planning. An update to the [BCF policy framework, BCF planning requirements and technical guidance](#) will set out further information on aligning estimates for capacity and demand for intermediate care across ICB, BCF and local authority plans. ICBs and local authorities are expected to jointly review the use of the £1 billion Discharge Fund against final requirements and allocations. NHS funding (including the additional Adult Social Care Discharge Funding) should be focused on increasing intermediate care capacity to free up G&A beds.

- address process issues and capacity (NHS-only and those at the interface of NHS and social care), including improving the effectiveness and impact of care transfer hubs, working in partnership with local authorities
- implement a discharge to assess (D2A) model where going home (pathways 0 and 1) is the default, with appropriate assessment to take place for people who cannot go straight home (pathways 2 and 3)
- ambulance handover delays
- length of stay in community beds

Systems are asked to maintain clinically-led [system co-ordination centres](#) to effectively manage risk, and ensure that all trusts are consistently and accurately recording key metrics including the Discharge Ready Date, SDEC activity in the Emergency Care Data Set (ECDS), and the Ambulance Data Set; and sharing this data centrally to support delivery of new discharge metrics and the wider UEC recovery plan

III. We will continue to consolidate and integrate services that support admission avoidance and hospital discharge, and support ambulance response times, by treating people in the most appropriate setting for their level of need. This includes urgent community response (UCR), virtual wards, acute frailty services, intermediate care and SDEC. We ask systems to:

- Increase referrals to and the capacity of UCR services, whilst still ensuring a timely response, with a particular focus on developing and standardising referrals from 999, 111, clinical assessment services and care homes
- ensure all Type 1 providers have an SDEC services in place at least 12 hours a day, 7 days a week and an acute frailty service in place at least 10 hours a day, 7 days a week
- bring together multidisciplinary teams to create a single point of access to provide an integrated care co-ordination (ICC) service. Where possible ICCs should provide health and social care professionals with access to urgent care services such as UCR, acute respiratory infection hubs and falls services. In some areas, systems may wish to extend this option to include SDEC, acute frailty services or virtual wards. ICCs will support GPs and integrated neighbourhood teams to manage the escalation of patients with urgent and complex needs at home (including care homes), avoiding unnecessary hospital admissions. There should be clear pathways from 111, 999 and other services into each ICC, and ambulance crews should be supported to embed call before convey in local practice. We will publish

further advice and guidance on the key principles of ICCs shortly and share early learning from ongoing evaluation models in spring 2024.

Systems are also asked to:

- continue to make progress on the [10 UEC high impact initiatives](#) which will support delivery of the headline UEC objectives and key actions set out in this guidance. We will evaluate and work with systems to implement the most impactful actions
- ensure that patients with mental health needs and CYP are explicitly included in the plans to recover services. For CYP, this includes paediatric virtual wards, paediatric SDEC and implementation of the standardised Paediatric Early Warning System (PEWS) across inpatient settings. For mental health patients, this includes continued improvement of local crisis mental health pathways, roll out of new specialist mental health response vehicles and integration of 24/7 crisis text lines
- expand coverage of [high intensity use](#) services as a cost-effective intervention to both manage A&E demand and address health inequalities

2B. Primary care and community services

Continuing to improve timely access to primary care and community health services is a core part of NHS recovery, and central to delivery of the ambitions set out in the [Delivery plan for recovering UEC services](#) and the [Delivery plan for recovering access to primary care](#).

Key actions for systems will continue to focus on:

- empowering patients, including encouraging the use of community pharmacies for lower acuity and common conditions through increasing uptake of the new Pharmacy First service, and expanded blood pressure and oral contraception services, alongside other services within the Community Pharmacy Contractual Framework. ICBs are asked to also continue to support practices to expand patient choice at the point of referral
- implementing Modern General Practice Access, including supporting practices to ensure people can more easily contact their GP practice. We expect all practices to:
 - use high-quality digital tools to enhance digital access, information gathering, navigation, prioritisation and practice allocation of appointments
 - have high-quality cloud-based telephony in place and utilise its functionality, including call-back function

- building capacity, including establishing a full understanding of demand and capacity in primary care

The [2024/25 GP contract](#) changes will support delivery of these priorities and NHS England will publish detailed guidance to support implementation. We ask ICB boards to regularly review progress and act on feedback from patient surveys.

To support recovery of primary care and community services, systems are also asked to:

- develop a comprehensive plan by June 2024 to reduce the overall waiting times for community services, including reducing waits over 52 weeks for children's community services. We will work with ICBs and providers to set a specific ambition and improve data capture
- support the implementation of faster data flows, submitting timely, accurate data to provide a better understanding of long waits
- implement annual sight tests within special day and residential schools and dental checks within special residential schools during 2024/25, following engagement and market testing. Specific funding has been made available to support this

As a step to building integrated neighbourhood teams and to support the integration of primary care and community services, we ask systems to help improve the alignment of relevant community services to the primary care network footprint. The initial focus should be on delivering proactive care to the most complex and vulnerable patients with the aim of reducing avoidable exacerbations of ill-health and improving the quality of care for older people. This includes continuing to deliver proactive support for people living in care homes, in line with the latest [enhanced health in care homes guidance](#).

The [plan to recover and reform NHS dentistry](#) sets out actions to make dental services faster, simpler and fairer. For 2024/25 this includes a new patient premium to support dentists to take on new patients, golden hello incentives to encourage dentists into under-served areas and support those practices with the lowest rates of payment for their work, and new dental vans to bring dental care to our most isolated communities.

We ask ICBs to take all necessary steps to support delivery of the recovery plan, continue to identify areas with challenged dental access, and work with local partners to recover activity to pre-pandemic levels, demonstrating a significant improvement in access. We have developed [guidance to support local commissioning](#) by ICBs, including on how UDA rates can be addressed locally to support better delivery of dental care for patients.

We will apply a [ringfence to NHS dentistry budgets for 2024/25](#), and collect monthly returns from all ICBs to establish current and planned spend against the ringfenced dental

allocations budget. We will also work with ICBs to identify opportunities to support contractors to deliver additional capacity beyond their existing contractual requirements.

2C. Primary-secondary care interface

Streamlining the patient pathway by improving the interface between primary and secondary care is an important part of recovery and efficiency across healthcare systems. As recommended by the [Academy of Medical Royal Colleges](#), all trusts are expected to deliver on the 4 key areas set out in the [access to primary care recovery plan](#):

- onward referrals
- complete care (fit notes and discharge letters)
- call and recall
- clear points of contact

Every trust should have a designated lead for the primary–secondary care interface and we ask ICB boards to regularly review progress.

2D. Elective care

Industrial action has had a significant impact on elective recovery. All providers and systems must now eliminate 65-week waits by 30 September 2024 (except where patients choose to wait longer or in specific specialties). Recognising that we cannot continue to reduce long waiters while the overall waiting list grows, systems are asked to also focus on reducing the overall list size and improve productivity.

Key actions for systems to support this are:

- make significant improvement towards the 85% day case and 85% theatre utilisation expectations where these are not already being met, using GIRFT and moving procedures to the most appropriate settings
- continue to shift the balance of outpatient activity towards clock-stopping, ensuring that the wait to first appointment continues to reduce. To support this, we have introduced a new metric measuring the proportion of all outpatient attendances that are for first or follow-up appointments attracting a procedure tariff (the proportion of activity that is pathway completing). To meet the national ambition of 46% we are asking systems to deliver a 4.5 percentage point improvement against their 2022/23 baseline up to a maximum local ambition of 49%⁵. The clinical capacity to deliver this improvement will be released from continuing to implement outpatient

⁵ Where this is less than H1 2023/24 performance systems are asked to at least maintain this level

transformation approaches, including patient initiated follow-up (PIFU) and remote monitoring. We will spread and scale the further faster approach to support this, sharing learning and actions in key specialties

- ensure every ICB has an established approach to ensure referrals to secondary care are appropriate, including through increased use of advice and guidance (A&G) to avoid unnecessary referrals and allow patients to receive the appropriate advice or intervention more quickly
- improve patient and list management, including consistent application of the referral to treatment (RTT) rules suite, utilisation of the national access policy and a strong focus on validation, so that at least 90% of patients waiting over 12 weeks are validated every 12 weeks.
- continue the significant expansion of patient choice at the point of referral, with patients offered a choice of 5 providers where appropriate, actively encouraging access to non-local NHS providers or the independent sector where this can shorten wait times for patients (measured by patient survey). This will be supported by the introduction of capacity alerts in the NHS e-Referral Service (eRS) to facilitate informed choice for patients

Individual system activity targets are the same as those agreed for 2023/24⁶, consistent with the national value weighted activity target of 107%. To fully cover the costs of increased activity, the contract default will be to pay for most elective activity delivered (including ordinary, day and outpatient procedures and first appointments but not follow-ups) at unit prices. Within total funding, which is flat in real terms, NHS England will allocate the Elective Recovery Fund (ERF) to ICBs and regional commissioners on a fair shares basis. Further details are set out in the accompanying [Revenue finance and contracting guidance and Capital guidance update](#).

2E. Cancer

In August 2023, alongside announcing changes to [cancer waiting times standards](#) that came into effect from 1 October 2023, we stated the intention to shift focus away from the 62-day backlog and towards 62-day performance based on reducing the backlog to manageable levels. Systems need to retain the progress made. We also announced the FDS target rising from 75% to 80% by March 2026. This year systems need to reach 77% as an interim step towards that milestone, ensuring they also reduce month-to-month variation.

⁶ Before adjustments to account for the impact of industrial action

Key actions for systems to improve standards and continue recent progress on early diagnosis are:

- improve productivity in priority pathways; lower GI (at least 80% of referrals accompanied by a FIT result), skin (accelerate the adoption of teledermatology) and urological cancers (continued implementation of nurse-led biopsy and implementation of risk-stratification tools in prostate cancer)
- establish, where not already in place, breast pain pathways and unexpected bleeding pathways for women receiving HRT, to effectively manage patients who do not require a full clinical assessment on an urgent suspected cancer pathway
- ensure the transfer of funding responsibility from Cancer Alliances to ICBs for the recurrent commissioning of key services, which will underpin progress on early diagnosis,⁷ where this has not already happened
- support the delivery of NHS-wide early diagnosis programmes, including the expansion of targeted lung health checks (TLHC), by ensuring sufficient CT-guided biopsy, endobronchial ultrasound (EBUS) and treatment capacity to diagnose and treat people identified with cancer, and commissioning the required phlebotomy capacity to support implementation of the Multi-Cancer Blood Test Programme in participating areas
- work with Cancer Alliances and providers to implement a regular demand and capacity assessment of systemic anti-cancer therapy services and ensure that, as part of provider multi-year capital plans, they have replacement plans for radiotherapy equipment

As in previous years, the Cancer Alliance planning pack will support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans. Cancer Alliances will receive £266m of place-based SDF funding, as well as targeted funding for specific initiatives such as TLHCs, to support delivery of these actions.

In 2024/25, we will continue to extend the NHS Bowel Cancer Screening Programme to additional cohorts (50 to 52-year olds) and increase MRI capacity for the NHS Very High Risk Breast Screening programme. We will also continue to support the development of the TLHC Programme into a fully operational national screening programme for lung cancer.

⁷ This includes non-specific symptom pathways, testing for Lynch syndrome and improved surveillance scanning for those at increased risk of liver cancer.

Key actions for systems are:

- ensure NHS screening programme workforce and diagnostic requirements are included in planning
- work with regions to increase screening colonoscopy capacity, by optimising ways of working across the symptomatic GI and screening services
- work with regions to increase contrast-enhanced MRI capacity for the Very High Risk NHS Breast Screening Programme
- work with the NHS England regions to support initiatives that increase uptake and coverage of NHS screening programmes; use of community diagnostic centres and women's health hubs should be explored

2F. Diagnostics

Timely access to diagnostics is critical to providing responsive, high-quality services and supporting elective recovery and early cancer diagnosis. With most capital investment cases now approved, ICBs are expected to complete the opening of this new capacity to deliver planned additional activity, improve waiting times and support the delivery of targets across elective and cancer care.

The NHS has delivered record diagnostic activity in 2023, supported by the new capacity that systems have installed to date. However, the new elective capacity in community diagnostic centres is being partly offset by an unprecedented increase in unscheduled diagnostic activity in acute trusts. Systems are asked to continue to work towards the elective care recovery plan target of 95% of patients receiving their tests within 6 weeks. We will agree individual improvement trajectories with systems through the planning process.

Key actions for systems are:

- complete the opening of all new and upgraded community diagnostic centres, as well as new acute imaging and endoscopy capacity
- complete the planned digital diagnostics investments including digital pathology, LIMS and MRI acceleration, improving productivity in pathology and imaging networks
- utilise this new capacity to commission a significant expansion in GP direct access, ensuring GPs do not need to refer patients into secondary care because they cannot access core diagnostics directly. This includes direct access to diagnostics for patients with symptoms that may suggest cancer but who do not meet the

threshold for an urgent suspected cancer referral, in line with [our guidance](#), and patients requiring spirometry, fractional exhaled nitric oxide, and the N-terminal pro B-type natriuretic peptide test

- focus wider new capacity on specialties with significant waiting lists, seeking to implement one stop diagnostic testing ahead of first outpatient appointments wherever possible and ensuring a maximum 10-day turnaround time from referral to report for urgent suspected cancer patients

2G. Maternity and neonatal services and women’s health

In March 2023 NHS England published a [Three year delivery plan for maternity and neonatal services](#). For 2024/25 and the following 2 years, we ask systems and services to implement the key actions related to the plan’s 4 high-level themes and use the [success measures](#) to monitor outcomes and progress.

Key actions for systems are:

- make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- reduce inequalities in experience and outcomes for the groups who experience the greatest inequalities (Black, Asian and mixed ethnic groups and those living in the most deprived areas)
- increase fill rates against funded establishment by growing and retaining the maternity and neonatal workforce, and continue to invest in the skills and capacity to provide high-quality care
- agree safe staffing levels for the obstetric workforce in trusts, and support trusts to achieve them through action on recruitment and retention
- ensure all women and families have personalised and safe care, with every woman offered a personalised care plan and being supported to make informed choices
- consistently implement best practice, including the revised National Maternity Early Warning Score (MEWS) and Newborn Early Warning Trigger and Track (NEWTT-2) tools
- continue to develop a positive safety culture, including regular board-level review of the progress of a focused plan to improve and sustain culture

As announced at Spring Budget 2024, a Maternity Safety Package has been agreed for delivery over three years. For 2024/25 and the following two years, systems and services are

asked to support implementation of the package, which includes rollout of the reducing brain injury programme, training an additional 6,000 midwives in neonatal resuscitation, nearly doubling the number of clinical staff receiving specialist training in obstetric medicine, funding 160 new midwife posts over three years, and funding to support the rollout of maternity and neonatal voice partnerships.

ICBs are also asked to work in partnership with local authorities to:

- establish and develop at least one women's health hub in every ICB by the end of December 2024 in the line with the [core specification](#), improving access, experience and quality of care. NHS England will work with ICBs to ensure that at least 75% have a hub in place by July 2024 that meets minimum requirements, including a virtual option.
- support and develop universal services for pregnancy and beyond in family hubs

2H. Mental health

To support delivery of national and local priorities, we expect ICBs to continue to meet the Mental Health Investment Standard. NHS England has allocated funding to grow the workforce and expand services to support delivery of the NHS Long Term Plan mental health commitments, including the additional funding announced in the 2023 Spring Budget and Autumn Statement to expand individual placement and support (IPS) services and support the digitisation and expansion of NHS Talking Therapies.

Nationally, the number of inappropriate out of area placement (OAPs) has been rising since the start of 2022/23, despite strong progress in reducing these in some systems. OAPs are detrimental to patient safety, experience and outcomes. Their significant reduction represents a key opportunity to improve quality and value for money in the mental health sector in 2024/25.

Workforce constraints and increased acuity have impacted delivery of our ambitions for CYP access, perinatal access and dementia diagnosis in 2023/24. In 2024/25 we must focus on recovering performance and improve performance on the existing waiting time standards for CYP Eating Disorder services. This will be supported by an additional £70m of SDF for CYP services, training new CYP staff in critical roles, and a communications and engagement programme to raise the national profile of dementia. Systems are also asked to focus on reducing long waits in CYP and adult UEC and community mental health services and develop local plans to support this, including by improving data quality. We will work with systems to develop an agreed baseline and improvement trajectories for waits over 104 weeks in autumn 2024, based on new metrics reported from April 2024.

Key actions for systems are:

- improve patient flow and reduce average length of stay in adult acute mental health wards, delivering more timely access to local beds. The mental health discharge challenge identified [10 high impact actions](#) to drive improvements in flow and reduce delayed discharge. We ask systems to focus their improvement resources on those initiatives that will drive the biggest improvements locally
- support improvements in the quality and safety of all-age inpatient care, by finalising and publishing system 3-year plans to localise and realign inpatient care in line with the [mental health inpatient commissioning framework](#) by June 2024
- embed digital technology to transform mental health care pathways, provide more personalised and joined-up care, improve clinical productivity, and support improvements in access, waiting times and outcomes. NHS England will work with mental health service providers to ensure Frontline Digitalisation objectives are met, including optimising electronic patient records (EPRs) and increasing digital maturity
- improve timeliness and quality of mental health activity, outcomes and equality data to evidence the expansion and transformation of mental health services, and the impact on population health. This includes improving data flows into the Mental Health Services Data Set (MHSDS) from partner organisations, including primary care and the voluntary, community and social enterprise (VCSE) sector

In addition, we ask systems to:

- review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge
- put systems in place to monitor performance and effectiveness of 111 *2 for mental health NHS crisis line services being rolled out in April 2024, including unanswered calls, wait times and patient feedback by Q2 2024/25
- work closely with ICS partners, including primary care, provider collaboratives and the VCSE sector, to develop and deliver a workforce plan that supports the system's mental health and NHS Long Term Workforce Plan growth ambitions. This includes actions to build supervisory and placement capacity, retain existing staff, and improve productivity
- implement the [patient and carers race equality framework](#) (PCREF) by the end of 2024/25, including establishing the governance structure and reporting metrics at

trust level to monitor the access, experience and outcomes of ethnic minority groups and build organisational competencies

21. People with a learning disability and autistic people

While we have made considerable progress in reducing the learning disability mental health inpatient population, we have seen significant growth in the numbers of autistic people in a mental health inpatient setting. We must therefore continue to focus on making sure that people with a learning disability and autistic people are admitted into a mental health inpatient setting only for the purpose of care and treatment of mental health conditions, and that they receive the right model of care and support in this setting.

Key actions for systems are:

- reduce admissions of autistic people into mental health inpatient care and increase discharges into community settings so that the overall number of autistic people in hospital is lower
- continue to discharge people with a learning disability with the longest lengths of stay into community settings and continue to make progress on reducing the number of people with a learning disability in hospital
- ensure that each learning disability annual health check is accompanied by a health action plan

Other key actions are:

- develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance (using the 2022/23 workforce baseline exercise to inform plans)
- ensure training for staff includes training in learning disability and autism, appropriate to their role, in accordance with the requirements of the Oliver McGowan Code of Practice,⁸ and support delivery and uptake of wider [learning disability](#) and [autism workforce initiatives](#) such as the [National Autism Trainer Programme](#)
- improve autism diagnostic assessment pathways through implementation of the [national framework](#)

⁸ The [Oliver McGowan Mandatory Training on Learning Disability and Autism](#) is the standardised training developed for this purpose and is DHSC's and NHS England's preferred and recommended training for health and social care staff.

- continue to improve the accuracy and increase the size of GP learning disability registers
- support delivery and use of the reasonable adjustment digital flag to reduce the health inequalities of people with a learning disability and autistic people

3. Transform the way we deliver care and create stronger foundations for the future

3A. Embedding measures to improve health and reduce inequalities

Vaccination, immunisation and screening

Vaccination saves lives and protects communities. Through the implementation of the national [vaccination strategy](#) we will continue to work with regions and local systems to build on the successes of the COVID-19 Vaccination Programme as well as our established routine and seasonal immunisation programmes.

Key actions for systems are:

- continue to work with NHS England to:
 - implement local MMR vaccination improvement plans to increase uptake in unvaccinated cohorts through national call/recall and expansion of alternative operational delivery models that increase access to vaccination
 - establish collaborative working arrangements for vaccination commissioning for 2024/25, ensuring ICBs are fully engaged in preparation for delegation of functions in April 2025
- put plans in place to:
 - maximise uptake of childhood vaccinations and flu vaccinations for CYP, achieving the national KPIs in the Section 7a public health functions agreement, including reducing inequalities
 - deliver any other vaccination programmes required by DHSC as informed by advice or recommendation from the Joint Committee on Vaccination and Immunisation (JCVI)

Systems are also asked to work with NHS England to support initiatives to increase uptake and coverage of NHS screening programmes, including by exploring the use of community diagnostic centres and women's health hubs.

Key actions for systems are:

- implement the updated NHS Fetal Anomaly Screening Programme (FASP) clinical guidance
- support the evaluation and implementation of newborn screening for severe combined immunodeficiency (SCID) as part of the Newborn Blood Spot Screening Programme
- implement optical coherence tomography (OCT) as part of the NHS Diabetic Eye Screening Programme, to reduce unnecessary referrals to hospital eye services and improve the quality of the screening service
- support the development and improvement of Child Health Information Services (CHIS) IT systems

Prevention of ill-health and tackling health inequalities

Funding is provided through core ICB allocations to support the delivery of system plans developed with public health, local authority, VCSE and other partners. The formula includes an adjustment to weight resources to areas with higher avoidable mortality, and the £200m of additional funding allocated for health inequalities was made recurrent in 2023/24. ICBs are expected to demonstrate how they are using this funding to target areas of highest need and premature morbidity and mortality in line with the [Core20PLUS5](#) approach and in collaboration with primary care and VCSE colleagues.

Key actions for systems are:

- update plans for the prevention of ill-health and incorporate them in JFPs, with a particular focus on improving outcomes for the Core20PLUS5 populations and NHS England's [high impact interventions for secondary prevention](#), developed jointly with the DHSC's Office for Health Improvement and Disparities and The National Institute for Health and Care Excellence (NICE). Plans should include a focus on:
 - continuing to provide a suite of lifestyle programmes and behavioural interventions to address inequalities in cardiovascular disease (CVD) prevention; smoking and alcohol cessation; diabetes prevention; weight management; and diabetes remission, with improved participation rates in the most deprived quintiles of the population
 - supporting people to stop smoking, including through implementing opt-out treatment for patients in hospital and as part of maternity pathways

- collaborating with local authorities and family hubs to support the Healthy Child Programme framework and stronger parent–infant relationships
- Continue to deliver against the [5 strategic priorities](#) for tackling health inequalities and, by the end of June 2024, publish joined-up action plans to address health inequalities and implement the Core20PLUS5 approach. These plans should:
 - address long-term conditions with a particular focus on secondary prevention actions as set out in the Core20PLUS5 approach
 - build on NHS recovery plans for elective care, UEC and primary care
 - take actions to address inequalities facing CYP and reflect the [Core20PLUS5 approach to reducing health inequalities for CYP](#) in plans
 - meet the needs of inclusion health groups through implementation of the [inclusion health framework](#) and mitigate against digital exclusion, including by implementing the [framework for NHS action on digital inclusion](#)
 - increase the capacity and capability of the workforce to understand their role in reducing healthcare and wider inequalities

Systems are also asked to sustain efforts to combat antimicrobial resistance (AMR) in line with the [UK 20-year vision](#) for effective containment, control and mitigation of AMR, particularly with regard to reducing the proportion of antibiotics used from the World Health Organization watch and reserve categories. We expect government to update the 2019 to 2024 UK action plan in due course.

3B. Supporting our workforce

Our collective focus should be supporting our current staff and those in education and training, to improve staff experience, retention and attendance. Evidence shows higher engagement among staff who feel supported, and that this improves productivity, patient outcomes and safety.

Key actions are:

- implement the set of actions and best practice made available through the [retention hub](#), including from [the People Promise Exemplars](#). Employers are asked to:
 - undertake the [retention self-assessment tool](#)
 - implement the [5 High Impact Actions](#) for all staff
 - use [Model Health System Retention Compartment](#) to benchmark and learn
 - engage in the national [People Promise Communities of Practice](#).

- provide work schedules in advance, with compassionate on-call rostering and leave request management so that doctors are not asked to work shifts that clash with major life events. NHS England will review the lead employer model with a view to wider rollout, and review and strengthen the role of guardians of safe working
- align with the latest [Core Skills Training Framework](#) by the end of June 2024 and implement the free eLearning for Healthcare packages and shorter e-assessments by end of October 2024
- implement the [growing occupational health and wellbeing strategy](#) and the improving attendance toolkit to improve sickness absence
- embed the 6 high impact actions in the [NHS equality, diversity and inclusion \(EDI\) improvement plan](#) to improve performance against the metrics described in this plan
- commit to the 10 principles and actions of the [sexual safety charter](#) and act on the feedback to the NHS Staff Survey
- fully implement the [Fit and Proper Person Test framework](#) and guidance including adoption of the [leadership competency framework for board members](#)

System workforce numbers must be aligned to service priorities and the financial resources available. Providers are expected to be able to demonstrate robust establishment control measures and to review any significant change with their ICB. We expect to see a significant reduction in temporary staffing costs.

In June 2023, NHS England published the first [NHS Long Term Workforce Plan](#), which sets out how the NHS will address the workforce challenges in meeting healthcare demand from a growing and ageing population over the next 15 years.

Key actions for systems, working with higher education institutions and placement providers, to support growth in the longer term are:

- deliver their share of the agreed increase in education places in 2024/25 for nursing associates, advanced clinical practitioners and physician associates. This includes ensuring sufficient, high-quality clinical placement and educator/training capacity
- complete the clinical expansion planning process and agree plans by clinical profession with NHS England to ensure alignment with system strategies and NHS Long Term Workforce Plan ambitions
- work with NHS England to plan for the necessary workforce expansion in every system from 2025, and utilise [the education tariff](#) to implement the [Educator Workforce Strategy](#)

3C. Digital and data

Systems are asked to continue to deliver on the commitments set out in the strategic plans for the digitisation of services to support integration and service transformation: [A plan for digital health and social care](#) and [Data Saves Lives](#) (see also: [Data Saves Lives – one year on](#)).

Key actions for systems are:

- level up the digital maturity of provider organisations, across all sectors. NHS trusts and foundation trusts with a completed outline business case should aim to have deployed their electronic health record system by March 2025
- use the latest [What Good Looks Like](#) digital maturity assessment to ensure plans are improving adherence to standards for well led – digital leadership, and will deliver a smart foundation for basic digital infrastructure
- support both national and regional activity within the NHS Research Secure Data Environment Network, actively enabling the secure availability of linked, research-ready data. Systems should leverage nationally co-ordinated investment in the Sub-National Secure Data Environment teams as the default route through which access to data for research purposes is granted
- support and prioritise the implementation of the Federated Data Platform (FDP) to support elective recovery, care co-ordination (including optimising discharge), population health management and vaccination programmes. We plan to roll out the FDP to at least 70 organisations in 2024/25, and those looking to optimise scheduling processes for theatres, waiting list validation and discharge are invited to come forward. Systems are asked to work with the national FDP team to align their data architecture and consider the potential of the FDP in planning investments. Licences and the deployment of the core platform will be funded by the FDP programme
- continue to connect services to and champion use of the NHS App and website as the digital front door to the NHS, to help people get and stay well and manage their own health, and maximise adoption of the patient engagement portal services
- continuously improve core enterprise IT suites to remove the constraints of legacy technology

We will work with systems to develop robust plans for the technology investment announced in the 2024 Spring Budget to support delivery of the NHS productivity plan for the years from 2025/6.

We expect ICBs to have a system-wide plan for maintaining robust [cyber security](#), including development of centralised capabilities to provide support across all organisations.

3D. Use of resources

We expect ICBs and providers to work together to develop impact assured plans that meet the minimum 2.2% efficiency target and raise productivity to levels that will deliver on the objectives set out in this guidance within allocated resources. Plans should fully triangulate across activity, workforce and finance.

Actions for systems include:

- improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance
- improve workforce productivity and reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25
- release efficiency savings through reducing variation, optimising medicines value and improving the adoption of and compliance with best value frameworks

ICBs are expected to work with acute trusts to complete a full analysis of current productivity compared to that in 2019/20 and put in place improvement plans. We expect all acute trusts to recover productivity towards pre-pandemic levels (adjusted for structural factors, case mix changes and uncaptured activity) and make use of [national guidance](#), [best practice](#) and [toolkits](#).

NHS England will share core productivity and efficiency metrics with benchmarked opportunities, initially for all acute providers but with the intention to expand this to primary, community and mental health services. This will increase transparency and help providers and systems compare their performance with relevant peers to identify their biggest productivity and efficiency opportunities. The core metrics will include measures of overall productivity at trust level, measures of operational and clinical productivity (for example, no criteria to reside rate, capped theatre utilisation, diagnostic utilisation rate and turnaround time), workforce productivity (for example, outpatient appointments per consultant, care hours per patient day, bank and agency spend as a proportion of pay costs), and efficiency metrics (for example, national medicines optimisation opportunity delivery). The initial set of draft metrics will be tested and further developed with systems and acute trusts.

Key actions for systems include:

Operational and clinical productivity:

- deliver the key actions set out in the service-specific sections of this annex to improve whole system flow, transform elective care, and improve productivity in priority cancer pathways and diagnostics
- implement best practice service models in community services to improve patient outcomes and secure better value, implementing evidence-based service changes (for example, preventing and improving the care of leg ulcers)
- leverage opportunities such as digital therapy to provide more high-quality care within existing capacity in mental health services
- reduce low value interventions in line with [evidence-based interventions guidelines](#)

Workforce productivity:

- conduct a robust workforce establishment review and develop an action plan to improve workforce productivity. Plans should include a reconciliation of staff increases since 2019/20, identifying the rationale for increases based on outcomes, safety, quality or new service models. All acute providers are asked to use the [national diagnostic tool](#) we have developed to inform the development of their 2024/25 plans
- adopt best practice workforce deployment processes and tools, including e-rostering and e-job planning, and improve meaningful use standards attainment by a minimum of one level through regular reviews and robust governance
- reduce temporary staffing costs and increased use of collaborative temporary staffing approaches across systems. The [NHS reserve](#) contingent staffing model should continue to be embedded as part of wider system resilience approaches
- improve agency price cap compliance and eliminate off-framework agency use (where this exceeds national framework rates). By July 2024, trusts are expected to end the use of all off-framework agencies, and in the intervening period all off-framework use must be signed off at chief executive level or through a designated deputy. We ask ICBs to support trusts to deliver this requirement and put in place governance arrangements for assuring plans and monitoring delivery
- collaborate and share data on agency pay rates to improve agency price cap compliance and effective bank use, making use of [the supporting toolkits](#).

Efficiency savings:

- optimise all-age continuing care placement pricing by reducing unwarranted variation through standardised complex care specification(s), improved sharing of placement data and integrated 'at scale' commissioning practices
- optimise medicine value through:
 - monthly review of prescribing trend data and action plans through trust and ICB medicines optimisation governance structures
 - increasing adoption of new generics and biosimilars for priority molecules to a minimum of 80% within 6–12 months
 - delivering against at least 5 of the national medicines optimisation opportunities alongside locally identified priorities. For example, as a minimum 80% of prescribing of blood glucose and ketone meters, testing strips and lancets should be in line with national commissioning guidance
- make full use of published benchmarking data and improvement tools to reduce the cost of running corporate services per £100m turnover, including through standardisation, consolidation, collaboration and digitisation at scale
- optimise energy value by channelling demand through a new national contract developed with Crown Commercial Services (CCS). We will expect all trusts to procure energy through this route going forward, with CCS providing Energy Bureau services
- drive procurement and commercial efficiencies and value by working to accepted operating models and commercial standards, making full use of the consolidated supplier frameworks agreed through NHS Supply Chain and procuring from frameworks operated by an accredited framework host (where goods, services and works are available via that route). NHS England has published [the Host Accredited Framework List](#)

3E. System working

Systems across the country are making solid progress in considering the best model of delivery to respond to their JFP. Each system is developing its approach to building the components of system working: integrated neighbourhood teams, development of place-based partnerships, provider collaboratives and changes to commissioning and planning.

Key actions for systems are:

- continue to develop core population health management capabilities including risk stratification and using joined-up data between primary and secondary care to support the implementation of the [proactive care framework](#)
- continue to develop local system architecture to support the delivery of JFPs. We will work with ICBs to ensure that each system has a plan that shows over 3 years how:
 - primary care and community organisations will work to shape integrated neighbourhood teams
 - place-based partnerships will develop. It is particularly important that NHS leaders work through their health and wellbeing boards and integrated care partnership arrangements to ensure the wider public sector and non-statutory partners are included in these arrangements
 - provider collaborative arrangements will work. We expect all NHS trusts and their boards to be working in at least one collaborative, and that these collaboratives will have a focus on fully realising the benefits of scale (including greater resilience, efficiency and reductions in unwarranted variation) as well as transforming services for the future

NHS England will support ICBs to describe how they plan to strategically commission and resource these arrangements with their partners. This should include an explicit development plan to work with the VCSE sector to drive the transformation.



Operational Planning Guidance and Priorities 2024/25 Summary

Published 27th March 2024, full details can be accessed via [2024/25 priorities and operational planning guidance \(england.nhs.uk\)](https://www.england.nhs.uk/2024/25-priorities-and-operational-planning-guidance/). The overall priority remains:

Recovery of our Core Services and Productivity following the COVID-19 pandemic and to Improve Patient Outcomes and Experience

We must continue to:

- Maintain our focus on **quality and safety of services**, particularly **maternity and neonatal services**, and **reduce Health Inequalities** in line with the Core20PLUS5 approach
- **Improve ambulance response and A&E waiting times** by supporting **admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity** that systems and individual providers committed to put in place for the final quarter of 2023/24
- **Reduce elective long waits and improve performance** against the core **cancer and diagnostic** standards
- Make it easier for people to **access community and primary care services**, particularly general practice and dentistry
- Improve **access to mental health services** so that more people of all ages receive the treatment they need
- Improve **staff experience, reduce bank and agency use, increase retention, attendance and training opportunities/improving doctor's in training lives**. Also remaining focus on EDI Transformation Plan delivery.

- Integrated care boards (ICBs), trusts and primary care providers to work together to plan and **deliver a balanced net system financial position and deliver against the ICBs Joint Forward Plans (JFPs) with effective use of resources and system working**
- Improve and transform the health service, **progressing the Long Term Workforce Plan (LTWP) and investing in technology and data** with £3.4 billion investment coming 2025/26 onwards. Setting out workforce plans in JFPs, with how the **'one workforce'** approach will work across the health and social care system.
- **Recovery of Core Services** - continuing to develop services that **shift activity to settings outside acute hospitals using funding from the Better Care Fund (BCF);**
 - **increasing diagnostic capacity;**
 - **shifting the balance of outpatient activity towards first appointments or for a procedure;**
 - **improving the productivity of priority cancer pathways;**
 - **investing in technology and improvement support for GP practices and increasing the use of community pharmacies.**
- **NHS IMPACT** will establish leadership and capability for centrally led national programmes to drive adoption and local adaptation of operational processes and clinical pathways that are proven to improve quality and productivity. **The focus for 2024/25 will be interventions that improve patient flow.**

Quality and patient safety	<ul style="list-style-type: none"> Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	<ul style="list-style-type: none"> Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025
	<ul style="list-style-type: none"> Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	<ul style="list-style-type: none"> Improve community services waiting times, with a focus on reducing long waits
	<ul style="list-style-type: none"> Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	<ul style="list-style-type: none"> Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	<ul style="list-style-type: none"> Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	<ul style="list-style-type: none"> Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	<ul style="list-style-type: none"> Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	<ul style="list-style-type: none"> Improve patients' experience of choice at point of referral
Cancer	<ul style="list-style-type: none"> Improve performance against the headline 62-day standard to 70% by March 2025
	<ul style="list-style-type: none"> Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	<ul style="list-style-type: none"> Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	<ul style="list-style-type: none"> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	<ul style="list-style-type: none"> Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment
	<ul style="list-style-type: none"> Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities

Mental health	<ul style="list-style-type: none"> • Improve patient flow and work towards eliminating inappropriate out of area placements
	<ul style="list-style-type: none"> • Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)
	<ul style="list-style-type: none"> • Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery
	<ul style="list-style-type: none"> • Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025
	<ul style="list-style-type: none"> • Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	<ul style="list-style-type: none"> • Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025
	<ul style="list-style-type: none"> • Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	<ul style="list-style-type: none"> • Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025
	<ul style="list-style-type: none"> • Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025
	<ul style="list-style-type: none"> • Increase vaccination uptake for children and young people year on year towards WHO recommended levels
	<ul style="list-style-type: none"> • Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	<ul style="list-style-type: none"> • Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
	<ul style="list-style-type: none"> • Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
	<ul style="list-style-type: none"> • Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	<ul style="list-style-type: none"> • Deliver a balanced net system financial position for 2024/25
	<ul style="list-style-type: none"> • Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

Quality Patient Safety and Performance	UEC & Urgent Community Services	Elective Care
<p>Using approach of A shared commitment to quality and The NHS Patient Safety Strategy. Applying the Patient Safety Incident Response Framework (PSIRF).</p> <p>Key actions include:</p> <ul style="list-style-type: none"> ○ Complete NHS IMPACT self-assessment ○ Ensure robust governance and reporting frameworks – aligning to NHSE - The Insightful Board guidance ○ Embed a robust quality and equality impact assessment (QEIA) process within financial and operational decision-making (including CIPs) ○ Improve engagement of patients and families in response to incidents and use new Learn From Patient Safety Events (LFPSE) service ○ Training via NHS Patient Safety Syllabus for standardised practice ○ Appointing at least 2 patient safety partners to safety-related governance committees ○ Implementing Martha’s Rule. 	<p>Implementing actions from The Delivery plan for recovering UEC services, including 10 high impact initiatives with 2 headline ambitions:</p> <ul style="list-style-type: none"> • improving A&E waiting times (including proportion over 12hr in A&E and access to MH services and improving Category 2 ambulance response times and conveyance to non-acute setting where appropriate: • improve access to virtual wards (80% utilisation min.) focus - frailty, acute respiratory infection, heart failure and CYP, in line with Getting It Right First Time (GIRFT) and clinical standards inc. SDECs • expand bedded and non-bedded intermediate care capacity, via Better Care Fund <p>Incentive scheme for Type 1 A&Es with Greatest Improvement and/or delivering over 80% A&E 4 hour performance by the end of the year.</p> <p>Systems are to focus on 3 areas:</p> <ul style="list-style-type: none"> • maintaining capacity expansion delivered 2023/24 • increasing the productivity of acute and non-acute services, improving flow and length of stay, and clinical outcomes • shifting activity to settings outside an acute hospital maximising use of urgent community response (UCR), virtual wards, acute frailty services, intermediate care and SDEC (All Type 1 SDECs minimum 12 hrs a day, 7 days pw and an acute frailty service in place at least 10 hrs a day, 7 days pw) • MDTs to create a single point of access to provide an integrated care co-ordination (ICC) service • CYP - paediatric virtual wards, paediatric SDEC and implementation of the standardised Paediatric Early Warning System (PEWS) 	<p>Priority eliminating 65-week waits by 30 September 2024 (except patients who choose to wait longer/specific specialties). Also focus on overall list size and productivity, with appropriate referrals, increase use of advice and guidance and reduction in follow-ups, other actions include:</p> <ul style="list-style-type: none"> • Improvement towards the 85% day case and 85% theatre utilisation, using GIRFT • Improve clock-stopping, reduce waits to first appointment • new metric measuring outpatient attendances - To meet the national ambition of 46%, to deliver a 4.5 percentage point improvement against their 2022/23 baseline up to a maximum local ambition of 49%. • Outpatient transformation inc. patient initiated follow-up (PIFU), remote monitoring and expansion of patient choice with patients offered a choice of 5 providers • Consistent application of the referral to treatment (RTT) rules suite and national access policy with a strong focus on validation, aim at least 90% of patients waiting over 12 weeks are validated <p>Individual system activity targets are the same as those agreed for 2023/24, consistent with the national value weighted activity target of 107%. Elective Recovery Fund (ERF) via ICBs and regional commissioners on a fair shares basis.</p>

Diagnostics	Maternity and Neonatal Services and Women's Health	Cancer
<p>Priority - Timely access supporting elective recovery and early cancer diagnosis with Elective care recovery plan target of 95% of patients receiving their tests within 6 weeks.</p> <p>Key actions for systems include:</p> <ul style="list-style-type: none"> • complete the opening of all community diagnostic centres, giving new funded capacity • complete planned digital diagnostics investments including digital pathology, LIMS and MRI acceleration, improving productivity in pathology and imaging networks • utilise this new capacity to commission a significant expansion in GP direct access. (Inc. patients may suggest cancer but don't meet the threshold for an urgent suspected cancer referral and patients requiring spirometry, fractional exhaled nitric oxide, and the N-terminal pro B-type natriuretic peptide test) • implement one stop diagnostic testing ahead of first outpatient appointments and maximum 10-day turnaround time from referral to report for urgent suspected cancer patients. 	<p>Implementation of NHSE Three year delivery plan for maternity and neonatal services.</p> <p>Key actions are:</p> <ul style="list-style-type: none"> • national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury • reduce inequalities in experience • growing and retaining the maternity and neonatal workforce (giving safe staffing levels) • personalised and safe care, with personalised care plans • consistently implement best practice, including the revised National Maternity Early Warning Score (MEWS) and Newborn Early Warning Trigger and Track (NEWTT-2) tools • positive safety cultures, including regular board-level review of the progress of a focused plan (inc. Maternity Safety Package) <p>And training</p> <ul style="list-style-type: none"> • ICBs are also asked to work in partnership with local authorities to establish and develop at least one women's health hub in every ICB by the end of December 2024 - improving access, experience and quality of care. (at least 75% required to have a hub by July 2024 meeting minimum requirements, including a virtual option) 	<p>Focus on 62-day performance and reducing the backlog. FDS target is rising from 75% to 80% by March 2026 and to 77% this year.</p> <p>Key actions include:</p> <ul style="list-style-type: none"> • improve productivity in lower GI (at least 80% of referrals accompanied by a FIT result), skin (accelerate the adoption of teledermatology) and urological cancers (inc. nurse-led biopsy and risk-stratification tools in prostate cancer) • establish, breast pain pathways and unexpected bleeding pathways for women receiving HRT • Early diagnosis programmes: Expansion of targeted lung health checks (TLHC), CT-guided biopsy, endobronchial ultrasound (EBUS) and treatment capacity to diagnose and treat cancer • Phlebotomy capacity to support the Multi-Cancer Blood Test Programme. Extending NHS Bowel Cancer Screening Programme to 50 to 52-year olds and increase MRI capacity for the NHS and Very High Risk Breast Screening programme. Testing for Lynch syndrome and improved surveillance scanning for those at increased risk of liver cancer. • anti-cancer therapy services assessment and ensure replacement plans for radiotherapy equipment. • women's health hubs should be explored.

Primary Care and Community Services

Timely access to primary care and community health services. Key focus on:

- community pharmacies, increasing uptake of Pharmacy First service
- implementing Modern General Practice Access (ease of access) and demand management
- Recover and reform NHS dentistry

Primary-secondary care interface -

Streamlining the patient pathway, all trusts to support primary care recovery plan: onward referrals, complete care (fit notes and discharge letters), call and recall and clear points of contact, **every trust should have a designated lead for the primary-secondary care interface** and ICB boards will regularly review progress.

Mental Health and People with a learning disability and Autistic People

ICBs to continue to meet the **Mental Health Investment Standard**. **Grow the workforce** and expand services to support delivery of the **NHS Long Term Plan mental health commitments** and **expand individual placement and support (IPS)** services and supporting the **digitisation and expansion of NHS Talking Therapies**.

Reduce inappropriate out of area placement (OAPs)

Also **improve CYP access** (inc. Eating Disorders), perinatal access and dementia diagnosis. **Reducing long waits in CYP and adult UEC and community mental health services** and improving data quality.

Engagement programme to **raise the national profile of dementia**.

Ensure people with a **learning disability and autistic people are admitted into appropriate mental health settings and receive the right model of care and support**.

2405 - F3 NOTTINGHAM & NOTTINGHAMSHIRE REFRESHED INTEGRATED
CARE STRATEGY 2023/27 (MARCH 2024)


● Information Item

👤 Zara Jones, Deputy Chief Executive

🕒 13:05

REFERENCES

Only PDFs are attached

 F3 - Nottingham & Nottinghamshire Refreshed Integrated Care Strategy 2023-27.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	7 May 2024	Agenda Reference:	F3	
Report Title:	Refreshed Nottingham & Nottinghamshire Integrated Care Strategy 2023/27			
Sponsor:	Zara Jones, Deputy Chief Executive			
Author:	Nottingham & Nottinghamshire Integrated Care Board			
Appendices:	Integrated Care Strategy for Nottingham & Nottinghamshire 2023/27: Review of Impact in 2023/24 and proposed next steps			
Report Summary				
<p>Following approval of the Nottingham & Nottinghamshire Integrated Care Strategy 2023/27 in March 2023, a decision was taken by Nottingham & Nottinghamshire Integrated Care Partnership to undertake a light touch review at the end of year one of the strategy.</p> <p>The review considered updated guidance from the Department of Health & Social Care, progress against the strategy's priorities, including risks to delivery and the approach for ongoing oversight of the strategy.</p> <p>The refreshed strategy was approved by the Nottingham & Nottinghamshire Integrated Care Partnership on 22 March 2024 and is shared with the Board of Directors for information.</p>				
Recommendation:	The Board is asked to receive and note the report.			
Action Required:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from colleagues and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Board assurance framework:	N/A			
Risk register:	N/A			
Regulation:	Health & Care Act 2022			
Legal:				
Resources:				
Assurance Route				
Previously considered by:				
Date:				
Any outcomes/next steps				
Previously circulated reports to supplement this paper:				

Nottingham
City CouncilNottinghamshire
County CouncilNottingham and
Nottinghamshire
Integrated Care Board

Meeting Title:	Integrated Care Partnership
Meeting Date:	22/03/2024
Paper Title:	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact in 2023-24 and proposed next steps
Paper Reference:	ICP 23 018
Report Author:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Report Sponsor:	Lucy Dadge, Director of Integration, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Presenter:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Lucy Rutter, Consultant, Public Health, Nottinghamshire County Council

Summary:

The Integrated Care Partnership (ICP) confirmed in October 2023 that there would be a light touch review of the Integrated Care Strategy at the end of its first year. The updated Strategy is presented with the changes outlined in the paper for the ICP to consider. A summary of progress against the 14 priorities of the Strategy is also provided highlighting key successes and where work continues to progress.

As part of the refresh, partners have been considering the approach to provide ongoing oversight of delivery of the Strategy. It is proposed that the added value of the ICP is in understanding the collective impact of the changing operating and financial context across partner organisations and ensuring a collective approach to maintaining the commitment to the principles of prevention, equity, and integration.

An approach to ongoing oversight and future development is proposed that will enable a collective understanding of the impact of the Integrated Care Strategy.

Recommendation(s):

The Integrated Care Partnership is asked to:

- **Consider and approve** the updated Integrated Care Strategy following the light touch review.
- **Note** progress with delivery of the 14 priorities of the Integrated Care Strategy.
- **Discuss** the proposed approach for the Integrated Care Partnership to provide ongoing oversight of the Integrated Care Strategy through the development of a Strategy Oversight Group.

How does this paper support the Integrated Care System’s core aims to:

Improve outcomes in population health and healthcare	The Integrated Care Strategy is fundamental to meeting the four core aims.
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:

- Appendix A: Integrated Care Strategy 2023-2027 (refreshed March 2024).
- Appendix B: Proposed amendments to the 14 priorities.
- Appendix C: Summary of progress against 14 priorities.

Report previously received by:

Previous strategy papers have been presented at each meeting of the Integrated Care Partnership since its establishment in July 2022.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact in 2023-24 and proposed next steps

Introduction and context

1. The Integrated Care Partnership (ICP) approved the Nottingham and Nottinghamshire Integrated Care Strategy on 13 March 2023. The Strategy has been publicised on the ICS website: https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf.
2. Subsequent work has focussed on understanding the mechanisms to oversee delivery of the Strategy, recognising the role of the local Health and Wellbeing Boards in monitoring delivery of their respective Joint Local Health and Wellbeing Strategies, and the role of local NHS organisations in monitoring the requirements of the NHS Joint Forward Plan.
3. The ICP agreed in October 2023 to a light touch review of the Integrated Care Strategy at the end of its initial year, including a review of progress with the 14 key deliverables.
4. This paper presents the refreshed Strategy, a summary of progress in year one and recommendations for the role of the ICP in ongoing oversight of the Strategy.

Refresh of the Integrated Care Strategy

5. The ICP agreed in October 2023 to a light touch review of the Integrated Care Strategy.
6. Since the meeting, the Department of Health and Social Care has published updated guidance on the preparation of Integrated Care Strategies.¹ These changes do not materially impact on the decision made by the ICP about the review and can be summarised as:
 - a) Additional guidance on localised decision-making at place level, including how local place plans could shape the strategy.
 - b) Greater clarity on the opportunity of considering the wider determinants of health.
 - c) Greater clarity on the expectation for ICPs to promote widespread involvement when developing their strategies, including involving inclusion

¹ <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

- health groups, seldom heard voices, groups that may be routinely missed in needs assessments and important life phases and transition points.
- d) Supporting a full life course approach, including a new case study on palliative and end of life care.
 - e) Addition of more case studies throughout the guidance.
 - f) Addition of references to new developments since July 2022, including the NHS Long Term Workforce Plan.
7. The refresh has considered the impact of the Strategy for health and care in Nottingham and Nottinghamshire, and the risk to delivery in light of the current operational and financial context.
8. The refreshed Integrated Care Strategy is provided at Appendix A. The changes are summarised as:
- a) Refreshed Foreword from the Chair and Vice Chairs.
 - b) Strengthened wording and proposed re-ordering of the 14 priorities with an emphasis on children and young people, frail older people, and long-term conditions. Appendix B highlights these changes and proposed prioritisation.
 - c) A shorter document focussed on the priorities and actions, with much of the background information referenced to the Strategy published in March 2023.
 - d) Updated case studies for the four aims of the Strategy to demonstrate examples of progress from the last year.
9. The ICP is asked to consider and approve the refreshed Strategy for the coming year.

Delivery of the 14 priorities of the Integrated Care Strategy

10. The Integrated Care Strategy set out 14 priority areas. A summary of progress is shown at Appendix C. This is not intended to be exhaustive but provides examples of work that has progressed.
11. Key successes include:
- a) Place Based Partnerships working with local communities on a wide range of initiatives including children and young people's mental health, Making Every Contact Count, and a co-ordinated approach to the cost-of-living crisis.
 - b) ICS Carers Strategy co-produced with carers, with work now progressing to support the identification of carers and to provide access to carer support.

- c) Work commenced on the rotation of Occupational Therapists across Health and Local Authorities. Additional charity funding has been secured to progress the work further.
12. There will be a continued focus during 2024/25 on the opportunities to maximise our collective approach to delivering the Integrated Care Strategy.

Proposed approach for ongoing oversight of the Integrated Care Strategy

13. The Integrated Care Strategy sets out the vision, aims, guiding principles and an approach to delivery, providing an overarching framework for the functioning of the Integrated Care System.
14. This is in the context of detailed delivery objectives being set out in the Nottingham City and Nottinghamshire County Joint Local Health and Wellbeing Strategies, and the NHS Joint Forward Plan.
15. Delivery of the Joint Local Health and Wellbeing Strategies and NHS Joint Forward Plan is monitored, both in terms of progress with milestones and the impact on population outcomes, by the relevant governance forums i.e., the Nottingham City and Nottinghamshire County Health and Wellbeing Boards and the Integrated Care Board.
16. The value of the Integrated Care Strategy continues to be in setting direction for the health and care system. It is recommended that the ICP continues to focus on the three guiding principles of the strategy: prevention, equity, and integration, and understanding how partners collectively adhere and contribute to these principles.
17. It is recognised that partner organisations are experiencing a challenging operating and financial context with individual organisations required to make unavoidable and necessary savings, as are other areas nationally.
18. It is suggested that a system-wide health impact assessment approach is developed to collectively own and solve the implications of the current context and to determine the opportunities to maintain our ambitions for prevention, equity, and integration. The impact assessment will support a shared understanding of how to target our resources to optimise health and wellbeing and reduce health in the medium-and long-term.
19. This will enable the ICP, as the guiding mind of the system, to support future planning of the Integrated Care System and provide a framework in which we can understand and map the consequences of proposed changes to service offers to manage the operational and financial challenges.

Next steps

20. Partners are considering the optimal approach to ensure regular development and oversight of delivery of the Integrated Care Strategy. The opportunity for a Strategy Oversight Group is being considered to collectively understand progress with delivery, key risks, and issues arising across partner organisations, and to ensure the ongoing development of the Strategy throughout the year.
21. It is proposed that an annual report on delivery of the Integrated Care Strategy is produced from 2024/25 onwards. A proposal for the content of the annual report will be developed for consideration by the ICP.
22. Approaches to oversight of the Integrated Care Strategy will give due regard to existing reporting approaches for both Joint Local Health and Wellbeing Strategies and the NHS Joint Forward Plan and be clear about the added value.
23. A practical framework that articulates how we will deliver our ambitions for prevention, equity and integration will be developed. This will describe the ways in which partners will work to meet these principles, describing tangible actions that can be monitored and assessed for impact.
24. A Population Health Management Outcomes dashboard has been developed by the System Analytics Intelligence Unit. Work is progressing in Q1 2024/25 to confirm outcome targets/ambitions that reflect the refreshed Strategy and associated delivery plans.

DRAFT DOCUMENT

**To be considered
by the
Nottingham and
Nottinghamshire
Integrated Care
Partnership on 22
March 2024**

Appendix A



Integrated Care System
Nottingham & Nottinghamshire



Every person will enjoy their best possible **health** and **wellbeing**



Integrated Care Strategy 2023 - 27

March 2024



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Aim two: Tackle inequalities in outcomes, experiences and access	11
Aim three: Enhance productivity and value for money	14
Aim four: Support broader social and economic development	18



Foreword

The Nottingham and Nottinghamshire Integrated Care System (ICS) brings together partner organisations from across health and care with a renewed focus on providing joined up services and improving the lives of all people who live and work in the city and county.

We know that many people in Nottingham and Nottinghamshire could be living longer, healthier, happier lives than they currently do. To address this, our ICS health and care partners agreed in 2023 to work together to ensure that 'every person will enjoy their best possible health and wellbeing'. That is our vision, and this Integrated Care Strategy will guide us as we seek to deliver that vision over the next five years.

Our strategy was set against a backdrop of very challenging times as we sought to recover from the pandemic and cope with the cost-of-living crisis, issues which have both had a huge impact on people's health and wellbeing. Colleagues across the health and care system were facing an unprecedented challenge in delivering services, with pent-up demand from the pandemic, the ongoing increased demand on services due to Covid-19 and seasonal viruses, significant shortfalls of staff across services which are running a high number of vacancies, and continued pressures on budgets. In setting the strategy we were mindful that staff reported feeling over-stretched, stressed and exhausted.

Collectively we acknowledged that this is a situation that cannot be tolerated. We have to do things differently.

In spite of the challenges that we continue to face, we believe there is cause for optimism and that we have an opportunity to change how we approach improving health and wellbeing, with a sense of common purpose and shared endeavour across all partners. We have reviewed our strategy for the coming year to ensure that it continues to set out a way forward to best improve services, access, outcomes, experiences and, critically, tackle health inequalities.

The strategy is built on a series of important principles - placing a greater emphasis on supporting wellbeing and preventing ill health; ensuring equity in our approach to supporting people and their communities; and seeking to better integrate services – and we have made significant progress in each over the last few years. However, there is much more to do.

We remain committed over the next five years to:

- Reframe health and wellbeing as an asset, not a cost. We recognise that without good health and wellbeing, life becomes infinitely harder for people from all backgrounds
- Focus on children and young people, including the most vulnerable such as those with autism, special educational needs, disabilities and looked after children. They are the future and everything that we can do to support them to make a healthy start in life is an investment that benefits us all
- Increase investment in wellness, as well as sickness, and focus resources in such a way that frail older people are supported to remain independent in their own home and reduce our current reliance on hospital and social care
- Recognise that while some services are universal, access to the majority is not and where inequity in access or outcomes exists, we will seek to rectify it
- Use data and intelligence to help us understand issues better, like smoking and obesity. We will tailor and personalise support for people, so that they feel empowered to make healthy changes in areas that are important to them and their families

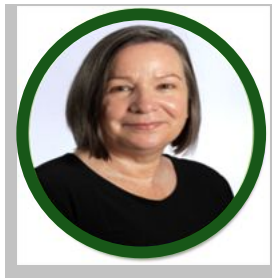
- Work together as a system, embracing the views and experiences of local people. We will work on the basis of what is best for our population, best for our system and best for our organisation, in that order and, in doing so, enable our staff to work across the system in genuinely integrated ways
- Make careers in health and care an attractive option for all, especially our young people, so that our workforce is representative of the people we serve
- Spend our money wisely, recognising the challenged economic circumstances and we will seek to support local business when we are buying goods and services
- Be honest, transparent and accountable for delivering what we set out in this strategy and we will be the first ICS to report progress in ways that puts health and wellbeing on a par with finance, wealth and productivity

The strategy highlights the importance of our role as large public sector organisations in adding 'social value' to our local communities. This will be particularly seen through the way we spend our money and how we recruit to our workforce in creating additional benefits for society. We also want to make sure that we are doing all that we can to reduce our impact on the environment and deliver sustainable health and care services.

We will work together for the people of Nottingham and Nottinghamshire to improve the health and wellbeing of our population, to make a difference through our combined resource and work in new and innovative ways.



Dr Kathy McLean OBE
Chair of the Integrated Care Partnership
Chair, NHS Nottingham and Nottinghamshire



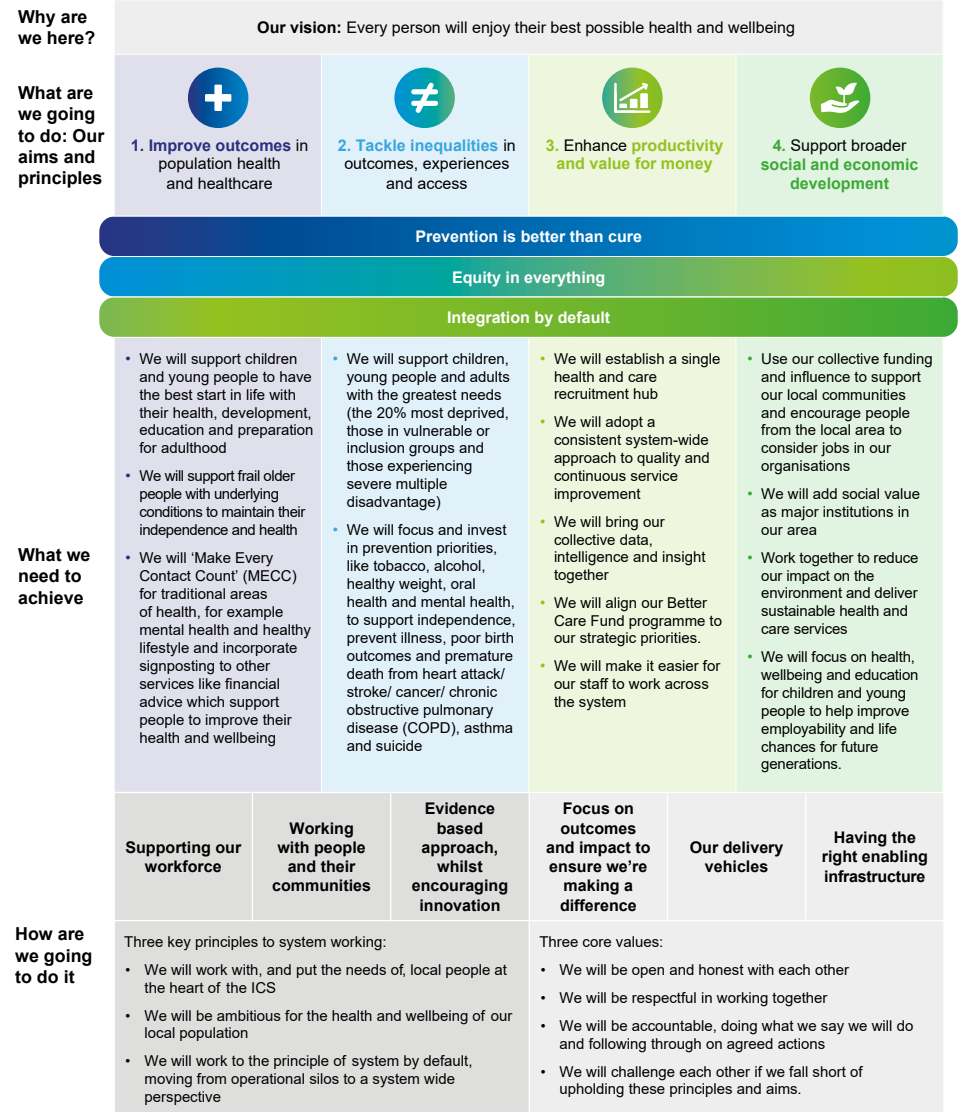
Cllr Linda Woodings
Vice Chair of the Integrated Care Partnership
Chair of Nottingham City Health and Wellbeing Board



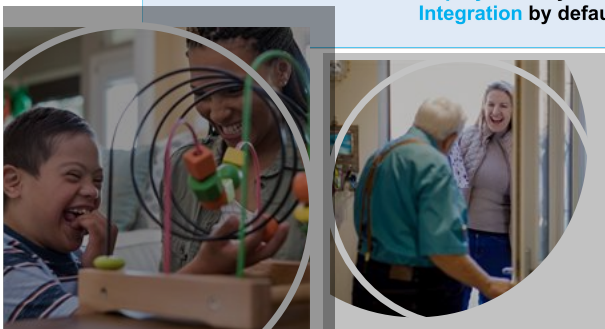
Cllr John Doddy
Vice Chair of the Integrated Care Partnership
Chair of Nottinghamshire Health and Wellbeing Board

Plan on a page

This is the five-year strategy of the Nottingham and Nottinghamshire Integrated Care System (ICS). Figure 1, below, summarises our vision, key aims, guiding principles and our approach to delivery.



Our agreed 14 Integrated Care Strategy Priorities
We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood.
We will support children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).
We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.
We will support frail older people with underlying conditions to maintain their independence and health.
We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide.
We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.
We will establish a single health and care recruitment hub.
We will adopt a consistent system-wide approach to quality and continuous service improvement.
We will bring our collective data, intelligence and insight together.
We will align our Better Care Fund programme to our strategic priorities.
We will make it easier for our staff to work across the system.
Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations.
We will add social value as major institutions in our area.
Work together to reduce our impact on the environment and deliver sustainable health and care services.
<p>Underlying principles guiding our delivery</p> <p style="color: #00AEEF; font-weight: bold;">Prevention is better than cure</p> <p style="color: #00AEEF; font-weight: bold;">Equity in everything</p> <p style="color: #00AEEF; font-weight: bold;">Integration by default</p>



Strategic aims

Overarching Ambitions of the Integrated Care Strategy		
Improving Healthy Life Expectancy	Improving Life Expectancy	Reducing Health Inequalities
An improvement in years of healthy life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	An improvement in years of life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	A reduction in life expectancy gap (measured in years) between those living in the most and least deprived areas of the ICS from 2018-2020 baseline.

Aim one: Improve outcomes in population health and healthcare

Our priority: We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood.	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will support children and young people to have the best start in life with their health, development, education and preparation for adulthood by:</p> <ul style="list-style-type: none"> • Prioritising the first 1,001 critical days including implementing recommendations from the Ockenden Review to equitably transform our maternity services • Develop multidisciplinary family hubs to support the holistic needs of all children and families and equip parents to make informed decisions • Tackling the impact of Covid-19 on our children, with a particular focus on emotional health and wellbeing and school readiness, including speech and language support • Delivering our six physical health transformation programmes, with a particular focus on developing a system approach to childhood obesity 	<p style="background-color: #E6F2E6; padding: 5px;">Our ambitions</p> <ul style="list-style-type: none"> • A reduction in the proportion of women smoking at time of delivery to close the gap between the local and England average so that the ICS matches the England average by March 2028 • An improvement in breastfeeding prevalence at six to eight weeks after birth to achieve an ICS average of 56% by March 2028 • A stabilisation of the rising rates of obese and overweight children in year six to a 2.7% rise from the 2021/22 baseline up to March 2028

- Recognising young carers at the earliest opportunity and ensuring that appropriate person-centred support is in place following a needs-led, strengths-based and personalised conversation
- Prioritising those children at greatest need. We know our most vulnerable groups can be similar to adults but also include those with special educational needs and disabilities, children in care and youth justice system, plus from the LGBTQ+ community and those with complexities requiring therapeutic placements to meet their emotional, behavioural and physical needs to avoid prolonged acute hospital stays
- Ensuring that palliative and end of life care services for children and young people are flexible and meet their needs

- Increase the percentage of children with free school meal status achieving a good level of development at the end of reception from the national average to statistically better than the national average by March 2028
- A sustained positive annual reduction from the 2020/21 baseline of 380.6 per 100,000 hospital admissions as a result of self-harm
- To continue to exceed the national annual targets set for numbers of children and young people who access mental health services
- By March 2028, 90% of children and young people who are identified in their last year of life have had an anticipatory care planning discussion recorded

Case Study

One version of the truth data to support hospital discharge

Teams from health and social care have worked together to create a 'one version of the truth' discharge dataset that all partners agree is accurate.

This data supports collaboration and data-informed practice across the wards and the multi-disciplinary Transfer of Care Hubs in managing the timely, safe and appropriate discharge of older people once they are well enough to leave hospital and return home.

It has supported better practice and decision making and more people are now going directly home in a shorter time, leading to people spending 20,000 fewer days a year in a hospital bed at one of our acute hospitals.



The work is being rolled out across all three acute hospital sites in the ICS and is viewed as national best practice, with NHS England and the Department of Health and Social Care featuring the project in their national workshops to consider new metrics for hospital discharge.

Our priority: We will support frail older people with underlying conditions to maintain their independence and health.

What will we do?

- We will focus on supporting frail and/or older people with underlying conditions to stay well, remain independent and avoid unnecessary admissions to hospital in the short term. This will include:
- Using risk stratification to identify, screen and categorise those people at greatest risk of frailty and admission to hospital
 - Developing multi-disciplinary personalised care plans for those at greatest need to support their health, care and independence needs
 - Seeking parity of esteem for mental and physical health needs including a focus on dementia
 - Prioritising secondary and tertiary prevention (including social care, falls prevention, home adaptations, and technology) to delay disease progression and maintain independence for as long as possible
 - A system review of hospital discharge and reablement pathways to get people back to their place of home as quickly and independently as possible. This includes implementing the Local Government Association recommendations on transfer of care, one shared data set and culture
 - Recognising carers of all ages at the earliest opportunity, and ensuring that appropriate person-centred support is in place following a needs-led, strengths based and personalised conversation
 - Further improving infection prevention and control practice and reducing antimicrobial resistance to reduce the likelihood and impact of hospital acquired infections

How will we know we have got there? A five-year ambition unless otherwise stated.

Our ambitions

- A 5% reduction in emergency hospital admissions over the next 5 years compared with an unmitigated growth scenario
- A reduction in the rate of emergency admissions due to falls in people aged 65 and over (rate per 100,000)
- An increase in the proportion of people who feel they have control over their daily life
- Achieve the NHS England annual target for the proportion of adults in contact with secondary mental health services living independently, with or without support
- 100% of discharges made on the same day or the next day as the person was deemed medically safe for discharge/medically fit for discharge (MFFD)
- Achieve annual targets to increase the proportion of people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (effectiveness of the service and offered the service)
- An increase in the proportion of carers who reported that they had as much social contact as they would like
- An increase in carer reported quality of life score
- To achieve national ICB annual targets to reduce hospital acquired infections including MRSA BSI, C.difficile and Gram -negative bloodstream infections (GNBSI)
- Reduce healthcare associated Gram -negative bloodstream infections (GNBSI) by 50% by 2024/25

Our priority: We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.

What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will ensure that all health and care staff understand the building blocks of health and health inequalities and are competent and confident to deliver brief interventions on a range of prevention topics to support people's wellbeing. This will include:</p> <ul style="list-style-type: none"> Developing a Making Every Contact Count (MECC) framework for action across ICS organisations Developing a flexible approach to MECC training and support that will be owned and tailored by the different services across the ICS. This will be linked to health literacy, shared decision making, better three conversations and strengths based approaches Embedding MECC training into the personal development plans and appraisals of all health and care staff, with consideration that MECC becomes mandatory training Clarifying signposting and referral mechanisms into prevention services, collaborating with local health and wellbeing services Prioritising brief interventions or those of greatest need Maximising the potential of roles that support the whole person, such as Social Prescribing Link Workers 	<p>Key actions</p> <ul style="list-style-type: none"> MECC framework developed <p>Our ambitions</p> <ul style="list-style-type: none"> A reduction in under 75 mortality rate from causes considered preventable from the 2017-2019 baseline 90% of frontline health and care professionals to have completed MECC training by 31st March 2028 70% of overall workforce to have completed MECC training within the past 5 years by 31st March 2028 All new starters to have completed MECC training as part of standard induction across all employers by March 2026 An increase in referrals into prevention services from 2022/23 baseline to 31st March 2028 An increase in the number of Social Prescribing Link Workers across the system

Aim two: Tackle inequalities in outcomes, experiences and access

Our priority: We will support children, young people and adults with the greatest needs (the 20% most deprived areas nationally, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)

What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will prioritise the areas and population groups of most need, including those living in the most deprived areas, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage. This will involve embedding a 'proportionate universalism' approach, delivering a core service to our people, but tailoring the scale and intensity to the level of need. This will include:</p> <ul style="list-style-type: none"> Delivering the priorities of the adult and children and young people NHS England Core20+5 frameworks - more information can be found at: https://bit.ly/41ygkfl Equitable access to immunisation and screening and health checks, including babies and children and those for people with severe mental health and learning disabilities Identifying and addressing the 'care gap' in effective anticipatory care and secondary prevention interventions that are not completed, to provide a holistic, personalised approach to care, prioritising those most in need Embedding a trauma informed approach across the system Ensure support and services for those with palliative and end of life care needs are in place and equitably available children, young people and adults. More information can be found at: https://bit.ly/3mgPzMW Delivering the priorities of the NHS Mental Health Implementation Plan and adopting the reforms to the Mental Health Act Reviewing progress of the local Learning Disability and Autism Programme 	<p>Key actions</p> <ul style="list-style-type: none"> Improving the data quality for ethnicity and disability <p>Our ambitions</p> <ul style="list-style-type: none"> To achieve equity in access and experience and equal outcomes from services for those of greatest need To meet the Core20+5 ambitions across the five clinical areas for adults – maternity, severe mental illness, cancer, respiratory and cardiovascular disease – and children and young people - epilepsy, asthma, mental health, diabetes and oral health A reduction in non-elective activity through proactive management of long-term conditions to achieve Long Term Plan and ICS Clinical Prioritisation ambitions 80% of target staff attending trauma informed approach training At least 75% of people aged 14 or older with a learning disability will have had an annual health check (NHS Long Term Plan) Reducing the number of people with learning disabilities and autism in an inpatient environment and increasing the number of people living in their local community, in line with our system trajectory

- Focusing on populations including those with severe mental illness, homelessness, domestic abuse, severe multiple disadvantage, financial vulnerability, multiple or life limiting illness, ethnic minority groups, care leavers and people with learning disabilities and/or autism
- Focusing on children and young people with complex needs requiring therapeutic placements



Case Study

BAME wig project

Feedback from patients at Nottingham University Hospitals NHS Trust showed that that no black hairdressers were on the list of eligible suppliers of wigs for patients suffering from alopecia due to cancer treatment.

The Black Asian Minority Ethnic Shared Governance Council worked closely with Sistas Against Cancer, a Nottingham based community support group that offers peer support to anyone affected by cancer or anyone supporting someone with cancer. They approached Nottingham Hospitals Charity for funding to purchase appropriate wigs and scarves for trial.

The project initially started off for BAME patients experiencing hair loss following chemotherapy, however the service now caters for all patients experiencing hair loss regardless of ethnicity. As of September 2023, 70 patients have accessed the trichologist services (providing scalp care).

Onyinye Enwezor, Development Lead for Clinical Leadership and Chair of the BAME council, said: "Within the African and Caribbean culture, a woman's hair is her pride but it's also her husband's pride and her family's, so that loss of hair feels like a huge chunk of their dignity is being taken away from them."

Our priority: We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/ stroke/ cancer/ chronic obstructive pulmonary disease COPD, asthma and suicide.

What will we do?

- We will prioritise equitable investment in prevention across the ICS, focusing on the key priorities of the two local Joint Health and Wellbeing Strategies. This will include:
- Creating an Inequalities and Innovation Investment Fund to tackle the top prevention priorities for local people, including tobacco, alcohol, healthy weight and mental health
 - Agreeing to adopt the principle of 'proportionate universalism' in future funding allocations across the partnership so that resources are deployed according to need rather than historic allocation
 - Completing an evidence-based system review of the prevention offer and operating model to reshape and integrate services

How will we know we have got there? A five-year ambition unless otherwise stated.

Key actions

- Development of an ICS all age Mental Health Strategy
- A commitment to increasing the proportion of spend on prevention.

Our ambitions

- Best start in life indicators
- A smoke free generation by 2040 ensuring that we take an equitable approach to working with our most vulnerable groups:
 - Reduction in smoking prevalence in adults (aged 18+) to 5% by 2035.
 - Smoking prevalence in adults (18+) with serious mental illness (SMI) - proportion (%)
 - Smoking prevalence in adults in routine and manual occupations (18 years to 64 years).
- A 10% reduction in alcohol-related hospital admissions from 2020/21 baseline
- A stabilisation of the rising rates of obese and overweight adults (aged 18+) from 2020/21 baseline (split by deprivation where possible)
- Suicide rates (persons, directly standardised rate per 100,000) to be statistically similar or lower than the England average by 2027/28
- A reduction in the numbers of children under 10 years who require tooth extraction in hospital



Aim three: Enhance productivity and value for money

Our priority: We will establish a single health and care recruitment hub.	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will explore opportunities to develop a single health and care recruitment hub. This is likely to include:</p> <ul style="list-style-type: none"> Leading on joint recruitment, enabling deployment and sharing of staff to respond to service needs. This could include benchmarking and exploring opportunities across the ICS and the wider D2N2 Local Enterprise Partnership Completing work to explore opportunities to address parity issues for care workers across the system 	Key actions
	<ul style="list-style-type: none"> Workforce is more reflective of our local population at Place (split by deprivation, age, ethnicity, gender and disability) – through all levels / bands. To determine what the breakdown currently is by March 2024 then develop bespoke targets by Place
	Our ambitions
	<ul style="list-style-type: none"> Provider collaborative at scale partners working together from April 2023. By April 2024, the model may be expanded to include wider partners for selected shared staff groups, such as care support workers and nurses A reduction in ICS health and care staff turnover rate to 10% by March 2028 An increase of 10% in the number of jointly employed health and care posts A reduction of staff sickness and absence rates to pre-Covid levels (4.5%)

Our priority: We will adopt a consistent system-wide approach to quality and continuous service improvement.	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will adopt a consistent system-wide approach to quality and continuous service improvement, exploring opportunities and aligning where practicable.</p>	Key actions
	<ul style="list-style-type: none"> Strategic aims and principles embedded into staff induction by March 2024 and all staff performance development reviews by March 2026
	Our ambitions
	<ul style="list-style-type: none"> Staff trained in system-wide quality and improvement approach building on Quality, Service Improvement and Redesign (QSIR) foundations Adoption of the NHS IMPACT approach within QI communities approach by Q4 2024-25.

Our priority: We will align our Better Care Fund programme to our strategic priorities.	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will ensure our Better Care Fund programme is meeting the needs of local people and aligned with the ambition of this strategy</p>	Key actions
	<ul style="list-style-type: none"> Review of the Better Care Fund programme completed. Areas being explored where we can expand the programme and go further

Our priority: We will bring our collective data, intelligence and insight together.	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will collaborate on our collective data, intelligence and insight. This will include:</p> <ul style="list-style-type: none"> • Creating a common view of outcomes, quality and performance across the ICS • Looking for opportunities for alignment across the system to support service planning and integration • Developing 'one version of the truth' through agreed system metrics and dashboards • Developing a pipeline for the next generation of data, intelligence and insight workforce across the system 	<p>Key actions</p> <ul style="list-style-type: none"> • Development of a collaborative virtual intelligence system across the ICS • An agreed ICS outcomes framework, with associated dashboards, that is used to identify priorities across the system

Case Study

Promoting Independence Service

The Promoting Independence Service, delivered by Basselaw Action Centre, works with health and voluntary sector colleagues to provide practical interventions to help people regain their independence following a hospital stay. The support offered by the service includes befriending, home support with daily living tasks, housing advice, support to get active and a community car scheme. Patients are equipped with the tools and services they require to continue their recovery at home, regaining their independence, without specific time limitations. It is estimated that the service is saving £686,400 to the healthcare system every year in reduced hospital bed days.



Our priority: We will make it easier for our staff to work across the system.	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will make it as easy as possible for staff to work across different teams and organisations. This will include:</p> <ul style="list-style-type: none"> • Establishing jointly employed head of commissioning posts for Ageing Well and Living Well, and head of quality and market management • Further developing the Memorandum of Understanding for mutual aid between organisations • All NHS providers being registered to utilise the digital staff passport to support movement of staff between organisations • Developing a rotational scheme to support allied health professionals to move between sectors (NHS providers, primary care and social care) • Establishing an integrated commissioning function and a quality and market management function across the ICS • Developing integrated discharge hubs to encourage an integrated approach to service delivery • Reviewing data sharing agreements to ensure staff have access to the information they need to deliver the best care 	<p>Key actions</p> <ul style="list-style-type: none"> • Recruited Head of Commissioning posts for Ageing Well and Living Well, and Head of Quality and Market Management • Refresh signed Memorandum of Understanding for mutual aid between NHS organisations by Q2 2023/24 and explore potential to roll out to wider partners where appropriate by March 2026 • Digital staff passport being fully utilised by March 2025 • Working with partners on a common Strategic Workforce Plan approach. • Integrated discharge hubs implemented • Integrated commissioning function and a quality and market management function established across ICS • Streamlined, appropriate information sharing in place • Agreed an ICS staff induction which sets out the expected standards across the workforce to embody this strategy's principles

Aim four: Support broader social and economic development

Our priority: We will add social value as major institutions in our area	
What will we do?	How will we know we have got there? A five-year ambition unless otherwise stated.
<p>We will use our role as large public sector organisations that are linked integrally to place, people and communities (anchor institutions), to go beyond normal service delivery. We will use our resources and influence to maximise social, economic and environmental impacts (social value) to improve the building blocks of health and reduce inequalities. Collectively, we have the potential to leverage our size and strengths to deliver greater benefits. We will also need to consider how other anchor institutions (private sector) can contribute to our aims and their local communities. This will include:</p> <ul style="list-style-type: none"> • Building on the work of local authorities to align the social value approach across the system • Strengthening the ICS Anchor Champions Network to explore how we maximise support for social and economic development through the collective work of anchor institutions and the ICS delivery groups • Implementing the Universities for Nottingham Civic Agreement as our mission for anchor institutions across the ICS and D2N2 Local Enterprise Partnership • Reducing our environmental impact by delivering our ICS Green Plan • Putting actions in place to support local people with the rising cost of living, including signposting to relevant support services and fair reimbursement for skills • Work directly with young people, looked after children, care leavers and carers including those with special educational and disabilities to consider working in health and care 	<p>Key actions</p> <ul style="list-style-type: none"> • Strengthen ICS contribution to key strategic partnerships for social and economic development. • Partnership working with all major suppliers that identifies opportunities for local apprentice schemes, supports disadvantaged groups and engages with local providers by March 2026 • Universities for Nottingham Civic agreement approved across all organisations party to the agreement • Finalise our Estates Strategy, including a system wide prioritised list of Estates and Infrastructure Schemes by March 2025 • Staff across all organisations are empowered to make changes, reducing waste in their work by March 2026 • Progress with delivery of national and local priorities and opportunities to reduce carbon emissions, as outlined in our ICS Green Plan <p>Our ambitions</p> <ul style="list-style-type: none"> • Increase the % of health and care workforce under the age of 25 years • An increased proportion of the population with health conditions who are supported back into work.

Our ambitions

Carbon Net zero

For scope 1 and 2 emissions:

- 80% carbon net zero by 2028-2032
- 100% carbon net zero by 2040

Supported by:

- 100% of electricity from renewable sources -April 2023
- 0% of secondary care sites primary heat sources are oil fuelled on– April 2023
- Ensuring over 90% of our owned or leased fleet vehicles under 3.5 tonnes are low emission vehicles, and 5% of those will be ULEV or ZEV (ultra-low –or zero-emission vehicles)
- CO₂ impact of inhalers is reduced by 50% by 2028



Case Study

Small Steps Big Changes Family Mentor Service

Family Mentors are a highly trained paid peer workforce that deliver the Small Steps at Home evidence-based programme of child development and preventative health support to parents of 0–4-year-olds.

The Family Mentor Service provides social value through commissioning established voluntary and community sector organisations that employ local people based on aptitude not qualifications. It provides accredited training at Level 2 (equivalent to GCSE). The Service is co-produced with and co-delivered by the community it serves and the mentors speak 14 non-English home languages.

Parents reported improvements in wellbeing and confidence in both parents and children, children eating healthy food options, and improved sleeping routines and behaviour (2019). Children who used the service scored significantly higher on communication and gross motor areas of the Ages and Stages Questionnaire in the first year.

“It has been amazing having a Family Mentor and sharing the first 4 years of my child’s life with her – the good, the bad and the hilarious., Knowing I could ask her anything without her judging me has been great.” Amanda, Aspley.

Appendix B: Proposed amendments to the 14 priorities

March 2023 Strategy	March 2024 Proposal																																
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Appendix C: Summary of progress with 14 priorities

Aim One: Improve outcomes in population health and healthcare
We will support children and young people to have the best start in life with their health, development, education, and preparation for adulthood.
<p>Nottingham City Place Based Partnership (PBP) is supporting the Nottingham City bid to be recognised by UNICEF as a “Child Friendly City”. A programme is in place focused on supporting children and young people leaving the care system. Since July 2020, the PBP has worked with Barnardo’s to deliver a range of services and support offers including supported lodgings, a befriending service, mental health support workers and tutors.</p> <p>Bassetlaw has increased volunteering initiatives for younger people through the Point of View project which has provided over 100 new volunteer opportunities.</p> <p>South Notts PBP has established a Children and Young People’s (CYP) Mental Health Programme with a range of initiatives including a project to support CYP to manage mild common mental health problems through green social prescribing - a service developed with Nottingham CVS and Positively Empowered Kids providing a range of activities for 15–19-year-olds.</p> <p>In Mid Notts PBP, the Ashfield Local Design Team (part of the Community Services Transformation programme) has identified mental health in children and young people as a priority and is working with partners including Active Notts, local schools, Child and Adolescent Mental Health Services (CAMHS) to identify areas of support required, co-produced with young people and their families.</p>
We will support frail older people with underlying conditions to maintain their independence and health.
<p>Engagement undertaken with frail older people by Voluntary and Community Sector organisations is informing the development of service redesign priorities.</p> <p>A Frailty Same Day Emergency Care (SDEC) service has been established at Nottingham University Hospitals and Sherwood Forest Hospitals.</p>

Appendix C: Summary of progress with 14 priorities

<p>Care navigation services are using e-HealthScope to identify those at greatest risk of escalating need to identify where discussion by a multi-disciplinary team would be beneficial and to identify suitable support offers.</p> <p>Work is progressing on advance care planning in care homes.</p> <p>Following a system-wide review of hospital discharge, Transfer of Care hubs have been embedded within acute hospitals.</p> <p>A Joint Carers Strategy in place across the ICS, co-produced with carers and is based on needs they have identified. Work is ongoing to implement the strategy and support carer identification and access to carer support across all services.</p> <p>Rehabilitation/reablement: Both City and County are on track to achieve the annual target for people (aged 65 and over) who were still at home 91 days after discharge from hospital at Q3 2023/24.</p>
<p>We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.</p>
<p>A MECC framework has been developed. There is recognition of the impact of wider determinants of health particularly through PBP working.</p> <p>In Mid Notts PBP partners have come together to ensure a co-ordinated approach to tackling the cost-of-living crisis including co-ordination of information in a variety of formats to ensure every household is aware, text messages sent to over 90,000 patients signposting them to support resources; Making Every Contact Count and Suicide Awareness training available for all PBP Partners' workforce.</p> <p>Bassetlaw PBP cost-of-living support booklet launched for the second year in a row, including a new version in Braille.</p> <p>South Notts PCN Practice Nurse Lead delivered Making Every Contact Count training to Health Care Assistants and Nursing Associates.</p>

Appendix C: Summary of progress with 14 priorities

Aim Two: Tackle Inequalities in outcomes, experience, and access
<p>We will support children, young people, and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).</p>
<p>The ICB Health Inequalities Investment Fund has allocated c£4.8m in 2023/24 and 2024/25 across nine schemes relating to three themes of Severe Multiple Disadvantage, Integrated Neighbourhood Working and Best Start in Life. The mobilisation of schemes has happened at a varying rate, primarily dependant on recruitment and whether there was already a service in place. It is expected the majority of schemes will fully mobilise in 2024/25.</p> <p>Work is progressing to improve the data quality for ethnicity and disability.</p>
<p>We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health, and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack / stroke / cancer / chronic obstructive pulmonary disease (COPD), asthma, and suicide.</p>
<p>An ICS all age Mental Health Strategy is being developed.</p> <p>ICB commitment to sustain the tobacco pathways for inpatient and maternity in Nottingham University Hospitals (NUH), Sherwood Forest Hospitals (SFH), and Doncaster and Bassetlaw Hospitals (DBH), and mental health inpatient and community services in Nottinghamshire Healthcare Trust. The ICB is working with public health to align these pathways with wider service offers.</p> <p>Alcohol Care Teams continuing to evolve. NUH, ICB and Public Health are working to deliver a sustainable service integrated with community provision. HIIIF funding supporting SFH service development.</p> <p>ICS Health Inequalities Group considering ongoing approach for alcohol and weight management.</p>

Appendix C: Summary of progress with 14 priorities

Aim Three: Enhance productivity and value for money
We will establish a single health and care recruitment hub
<p>A “One Workforce” approach is being developed that will consist of the right number of people, to meet demand and improve health outcomes, working at the right location to deliver the treatment and care our populations deserve, with the skills and training to support prevention as well as treatment to enable the population to stay healthy and at a cost that is affordable.</p> <p>This recognises that the future workforce will want to have flexible rewarding careers within a system that recognises and develops talent and is representative of the population of Nottingham and Nottinghamshire.</p>
We will adopt a single system-wide approach to quality and continuous service improvement
<p>All NHS organisations have adopted the Quality, Service Improvement and Redesign (QSIR) approach which builds improvement capability at scale.</p>
We will review our Better Care Fund Programme
<p>The Better Care Fund (BCF) review has been completed and is now focussed on progressing the review recommendations to identify opportunities for greater integration.</p> <p>In City HWB, the approach is for ongoing alignment with planned commissioning reviews particularly linked to community transformation. In County HWB a review is underway on early intervention/prevention commencing with 'navigator' type services.</p>
We will bring our collective data, intelligence, and insight together
<p>Work continues to take place between the ICB System Analytics Intelligence Unit and Public Health Intelligence to bring data and insight together.</p>
We will make it easier for our staff to work across the system

Appendix C: Summary of progress with 14 priorities

Work has commenced on the rotation of Occupational Therapists across Health and Local Authorities. Additional charity funding has been secured to progress the work further.

Three providers are in Wave 2 for the implementation of the Digital Staff Passport which will support the flexibility of staff movement between NHS organisations that utilise ESR.

Joint posts progressing with two posts recruited to focus on mental health inpatient flow and the development of community alternatives. The Head of Quality and Market Management has been recruited.

Aim Four: Support broader social and economic development

We will add social value as major institutions in our area

The Anchor Champions Network held an ICS workshop in September 2023 to stretch our thinking and identify priorities for 2024/25. This identified three broad themes: Employment, skills, and health; Community Anchor Principles; and Health as an Investment. Plans will continue to develop for these key areas.

The Network is maintaining links with Universities for Nottingham Civic Agreement and Midlands Engine.

The Working Well – East Midlands Individual Placement and Support in Primary Care service has been established locally to provide personalised support for people who are out of work or find it hard to retain a job due to disability or physical and mental health issues – to find, stay and thrive in employment. The service sits at the heart of the local work and health system, connecting together the wider support and services available to meet participants' needs.

A Social Value Procurement Policy has been developed which expands on our ambitions ensuring that we are adding social value throughout our commissioning, procurement, and contract management activity. The ICS will develop an appropriate reporting framework to measure the amount of social value procurement and associated benefits secured in contracts.

2405 - G1 MINUTES OF THE MEETING HELD ON 26 MARCH 2024

● Decision Item


👤 Suzy Brain England OBE, Chair of the Board

🕒 13:05

5 minutes

REFERENCES

Only PDFs are attached

 G1 - Public Board of Directors Minutes - 26 March 2024 v2.pdf



BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 26 March 2024 at 9:30am
via MS Teams

- Present:** Mark Bailey - Non-executive Director
Suzy Brain England OBE - Chair of the Board (Chair)
Hazel Brand - Non-executive Director
Mark Day - Non-executive Director
Jo Gander - Non-executive Director
Dr Emyr Jones - Non-executive Director
Zara Jones - Deputy Chief Executive
Zoe Lintin - Chief People Officer
Dr Nick Mallaband - Acting Executive Medical Director
Lucy Nickson - Non-executive Director
Richard Parker OBE - Chief Executive
Jon Sargeant - Chief Financial Officer
Kath Smart - Non-executive Director
Denise Smith - Chief Operating Officer
- In attendance:** Simon Brown – Deputy Chief Nurse
Fiona Dunn - Director of Corporate Affairs / Company Secretary
Mohammed Khan - Guardian of Safe Working (newly appointed – agenda item C2)
Lois Mellor - Director of Midwifery
Dr Anna Pryce - Guardian of Safe Working (agenda item C2)
Shaina O’Hara – Executive PA (minutes)
Daniel Ratchford - Senior Director, IQVIA (agenda item C1)
Emma Shaheen - Director of Communications & Engagement
- Public in attendance:** Rebecca Allen - observer
Mark Bright - Public Governor Doncaster
Denise Carr - Public Governor Bassetlaw
Gina Holmes - Staff Side
Annette Johnson - Public Governor Doncaster
George Kirk - Public Governor Doncaster
Lynne Logan - Public Governor Doncaster
Andrew Middleton - Public Governor Bassetlaw
Joseph Money - Staff Governor
Vivek Panikkar - Staff Governor
Gavin Portier - Staff Governor
Clive Smith - Public Governor Doncaster
Mandy Tyrrell - Staff Governor
Sheila Walsh - Public Governor Bassetlaw
- Apologies:** Karen Jessop - Chief Nurse
Angela O’Mara - Deputy Company Secretary

P24/03/A1 Welcome, apologies for absence and declaration of interest (Verbal)

The Chair of the Board welcomed everyone to the virtual Board of Directors meeting, including governors and observers. The above apologies for absence were received and no declarations of interest made.

P24/03/A2 Actions from Previous Meetings

There were no active actions.

P24/03/B1 Executive Medical Director Update (Enclosure B1)

The Acting Executive Medical Director brought the Board's attention to key points to note in his update paper.

Job planning continued to progress well with new software expected to be introduced over the next few months. Work also continued to reduce the high level of programmed activities (PAs) within some job plans.

The team continued to work to increase the patient pathways for virtual wards, the intention was to increase the use of appropriate pathways to increase the number of patients cared for in the virtual ward to 60 patients, currently sitting at 40 patients.

The latest appraisal data was shared, 87% completed vs target of 85%. The year end result was expected to be 90% above national target. The Board's attention was drawn to the reduction in the Trusts Hospital Standardised Mortality Ratio (HSMR). A decrease in the Summary Hospital Mortality Indicator (SHMI) was expected as a result of ongoing work within coding and clinical quality. Six additional people had been trained to undertake Structured Judgement Reviews (SJRs); the outcome from SJRs would be reported through the newly created Effectiveness Committee.

In response to a question from Emyr Jones regarding the redistribution of released PAs, the Acting Executive Medical Director confirmed most were recycled within the team. Some teams with consistently high PAs, e.g. GI Surgery and Neurology required further work to understand solutions, including alternative workforce models.

Non-Executive Director, Lucy Nickson requested a better understanding of the challenges around the virtual ward pathways and steps required to achieve other pathways. The Acting Executive Medical Director gave examples of antibiotic dosing levels and duration of treatment which were being considered to enable additional patient to benefit from the virtual ward pathway. New pathways for regional issues around eating disorders and heart failure pathways were being addressed including communications to improve patient up take. Non-Executive Director, Hazel Brand noted that patients had shared their experiences of the virtual ward pathway at a recent event, identifying that the patients reported very positively about their experiences and that they had benefited from continued care within their home.

In response to a further question in relation to speaking to bereaved families, the Acting Executive Medical Director confirmed he would advise Lucy Nickson outside of the meeting.

In response to a request for more narrative on the GIRFT (Getting It Right First Time) and Further Faster Programme from Non-Executive Director, Kath Smart. The Acting Executive

Medical Director highlighted areas such as ENT, Trauma and Orthopaedics, Audiology with the biggest waits. The challenges for these areas were different, however there was ongoing work to triangulate through the GIRFT process.

A further question from Non-Executive Kath Smart highlighting the KPIs around death certificates being issued. The Acting Executive Medical Director confirmed there was a 3 day standard where teams were encouraged to complete the certificates by the end of their shift.

The Chief Executive clarified the requirement the Trust must achieve in 2024/ 2025 in respect of staffing levels. The financial plan would be set for future years on how to effectively measure productivity, ensuring the Trust continued to be sustainable and safe for the future. In relation to the GIRFT Programme, the Deputy Chief Executive would be undertaking work on delivering the benefits of GIRFT which supported the Trust being safe, sustainable, effective and efficient. The Chair clarified the GIRFT programme and intention to support reduced waiting lists.

Non-Executive Director, Jo Gander supported the use of GIRFT, however noted as a caution that case mix and complexities of patients would also need to be considered as it may appear productivity wasn't being achieved.

In response to a question from Non-Executive Director, Mark Bailey around what other Trusts do to encourage the adoption of GIRFT. The Acting Executive Medical Director recognised the importance of effective clinical engagement, with a focus on improving quality and productivity.

The Board:

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

P24/03/B2 Chief Nurse Update (Enclosure B2)

The Deputy Chief Nurse highlighted key points from the report. There were 7 serious incidents logged in November 2023 and two patient safety incident investigations. The Deputy Chief Nurse pointed out the transition to Patient Safety Incident Response Framework (PSIRF) from December, terminology for Sis would now be referred to as Learning from Patient Safety Events (LFPSE).

The number of falls had reduced across November and December. Tenable audit results for December showed a compliance score of 98%.

Hospital Acquired Pressure Ulcers (HAPU) was reported, there were some complexities around the patient's medical condition. Learning was identified around nutrition and pain management, with further ongoing work with our skin integrity team.

There were six cases of C. Difficile reported in December, and it was noted that there has been an increase in the number of C.Diff cases seen nationally. The actions to improve the position had been shared at the Trust Executive Group in March. The Deputy Chief Nurse pointed out the purchase and use of a highly sensitive testing platform had possibly contributed to some of the increase. Standard testing had not picked up C.Diff toxin at lower levels. Trusts who used the same platform had also exceeded their targets.

The number of outstanding complaints had improved significantly, of the 55 complaints received in December 17 had not met the timeframe. The Deputy Chief Nurse assured the Board that actions continued to be adjusted in relation to performance, recent performance the actions were working.

The Friends and Family Test had transitioned to **Iwantgreatcare** in January 2024. This would be conducted as a 12-month pilot to include text messages to increase the numbers of survey responses.

Non-Executive Director, Emyr Jones enquired if the national team was aware of the increased sensitivity and if it would be taken into account due to the nationally imposed C.Diff target. The Deputy Chief Nurse advised there were ongoing conversations around the testing platform, the detail of which would be provided outside the meeting.

Non-Executive Kath Smart questioned the root cause of the missing documentation noted in the CNs report and if the patient's affected were subject to duty of candour. The Deputy Chief Nurse confirmed of the cases reviewed, none met the threshold, however as part of the review process patients had been contacted. Actions would be shared outside of the meeting.

In response to a further question from Non-Executive, Kath Smart around initial feedback on the **Iwantgreatcare** pilot, the Deputy Chief Nurse suggested an improvement in some of the response rates which would be discussed at the Quality & Effectiveness Committee in 6 months.

The Board:

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

P24/03/B3 Maternity & Neonatal Update (Enclosure B3)

The Board received the Maternity and Neonatal update, providing an overview of perinatal and neonatal deaths, Health Service Investigation Branch (HSIB) referrals, training compliance. The Director of Midwifery noted that the Trust believed that it had met all the requirements for the Clinical Negligence Scheme for Trusts (CNST). Year 5 results were expected to be published on 2 April.

The team await feedback following a recent visit from the Local Maternity and Neonatal System (LMNS) relating to the single delivery plan. The CQC Maternity Survey was received for February 2023 indicating a 41% response rate vs 27% prior year. An action plan would concentrate on the areas the survey had identified. The team would revisit the issue around delayed discharge from the postnatal wards as some families wish this process to be quicker.

Midwifery staffing was reported to be stable, recruitment for newly qualified midwives continued. The plan, by October would be to be fully recruited in this area.

The Chief Executive highlighted the significant challenges this particular team had been met with over the past year. The Chair and the Chief Executive recognised the positive report and personally commended the team on the progress they had achieved during a really difficult period. This praise was also mirrored by Non-Executive, Jo Gander who

highlighted the good relationships forged between DBTH and the Maternity and Neonatal Voices Partnerships.

The Chair clarified the presentation covered all four documents within the paper.

The Board:

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

P24/03/C1 People Update including Staff Survey Results (Enclosure C1)

The Chief People Officer introduced Daniel Ratchford, from IQVIA and provided a reminder the staff survey was undertaken, late September to November 2023 which was the same time frame as the CQC Inspections. The results were published nationally on 7 March 2024, a link to the full report could be found in the paper.

In summary the Trust achieved a really good response rate, 67%, which was one of the highest nationally, higher than the previous year, and the highest result achieved to date. It was encouraging to see there had been improvements in the majority of questions and across all of the people promise themes.

Daniel Ratchford provided some background information around IQVIA before congratulating the Trust on their fantastic set of results and response rate achieved, which he commented was virtually the best in the country. It was explained 67% of colleagues who responded equated to nearly 5000 colleagues, this provides clear signs of engagement. An in-depth presentation on the results from the survey was provided including new questions introduced by NHS England around nutritious and affordable food and unwanted sexual behaviour. A few areas of focus were highlighted around food, bullying, harassment and abuse including the new questions.

The Chair thanked Daniel Ratchford for presenting the impressive set of results.

When comparing data across the sector, the Deputy Chief Executive suggested turnover be taken into consideration. It was confirmed the survey captured length of service.

The Chief Executive shared the Chief People Officer's ambition to further improve the results, however acknowledged and thanked colleagues for the huge response in completing the survey. In response Daniel Ratchford confirmed that the driver to completing the survey was that colleagues clearly felt engaged by their organisation. It was noted all the data would be improved on, good and bad. The Chief People Officer highlighted where the Trust would be strengthening collectively by collaborating with partners, sharing information and best practice to make ongoing improvements.

In response to a question from the Chair around assurance that action plans were developed, and the survey results shared across the Trust, the Chief People Officer detailed the steps to share the information and the intention was to co design action plans with colleagues across the Trust. The Chief People Officer would oversee the action plans and report through the People Committee. The Director of Communications and Engagement confirmed the results had been shared internally as well as externally in local and social media.

The Board:

- ***Noted and took assurance from the People Update including Staff Survey Results***

P24/03/C2 Guardian of Safe Working Quarterly Report (Enclosure C2)

The Chair introduced Dr Anna Pryce, Guardian of Safe Working to what would be her last meeting and noted that the new Guardian of Safe Working was in attendance. Dr Anna Pryce introduced consultant Mr Mohammed Khan who would receive a phased handover in April and a full handover from May onwards.

The Guardian of Safe Working's quarterly report summarised exception reporting from November to January. The majority of the exception reports had been submitted by trainees working in General Medicine, General Surgery and Paediatrics. The increase in reports from the Paediatrics department was due to a couple of issues around an inappropriate work schedule for trainees and a regional exception reporting drive in paediatrics which DBTH took part in and as a result the more senior colleagues would support trainees. It was felt this would be a valuable tool for increasing exception reporting in other specialities and would be picked up as part of the ongoing work plan.

Another issue raised in relation to junior doctors who work additional hours when clocks go back, there had been a fine implemented for that circumstance. The report highlighted an increase in rota gaps in Surgical specialities, Obstetrics and Gynaecology and Paediatrics. The General Medical specialities are well staffed, although this area sees the highest number of exception reports.

The Guardian of Safe Working highlighted the increased number of exception reports which cause safety concerns due to junior doctors working out of hours shifts, noting that this needs to be addressed in a more effective way.

Missed education opportunities were also highlighted, departments had been asked to identify better ways to support trainees to attend.

Non-Executive Director, Kath Smart asked what mitigating actions would be taken around the inadequate provision for locum cover. In response, Acting Executive Medical Director advised the introduction of rota software would provide better visibility of upcoming gaps and provide an opportunity for doctors to fill gaps themselves. The software would be rolled out over the next 3 months. The Acting Executive Medical Director highlighted the new software would also help address another issue around less than full time working.

In response to a further question from Non-Executive Kath Smart around the fine received due to additional hours worked through summertime clock changes and the stance to ensure it would not be repeated. The Acting Executive Medical Director clarified the upcoming clock change was a better clock change, October means one hour extra. There had been previous discussions around alleviating the risk and advice had been taken from the BMA who shared the different models to mitigate the risk, however nationally there wasn't an agreed solution.

The Chief Executive highlighted that the significant and ongoing industrial unrest may have contributed to the clock change issue as previously that adjustments in summertime and wintertime hours historically had been absorbed.

The Board thanked Dr Anna Pryce for her contribution whilst in the role and formally welcomed Mr Mohammed Khan.

The Board:

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

P24/03/D1 Chair's Assurance Log – Finance & Performance Committee (Enclosure D1)

Non-executive Director, Mark Day shared the key highlights from the Finance & Performance Committee Chair's Assurance log, which included positive assurance, ongoing major programmes of work, matters of concern and decisions taken.

The partial assurance around financial planning for the year ahead was highlighted due to internal challenges associated to submitting a compliant financial and activity plan and the Board was encouraged to look at those issues.

The Board was significantly assured by the forecast outcome positions was favourable to plan, albeit a deficit plan. Full assurance on the year end planning processes whereby the Finance & Performance Committee agreed to prepare the accounts on a going concern basis.

The Board:

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

P24/03/D2 Finance Update (Enclosure D2)

The Chief Financial Officer reported a month eleven deficit of £24.5m, £1.0m favourable to plan and £0.7m favourable to forecast.

Capital spend in month eleven was £9.5m, against a plan of £9.3m, the year to date position was £44.1m against a plan of £49.9m. The Trust was on target to deliver its year end capital plan.

The cash balance at the end of February was £31.8m, an increase of £19.4m in month. The Trust had drawn down the final support of capital Public Dividend Capital (PDC) cash support of £22.6m. The Board was asked to note and approve a request of £10m cash support for Q1 based on the assumption of an assumed deficit of circa £40m included in the first draught of the plan.

The Board was asked to approve the preparation of the draft accounts on a going concern basis. The Chief Financial Officer confirmed discussions with the local commissioner and ICB regarding the provision of all services for the next 12 months. The cash position at the end of the year would be approx. £25m. The expectation to pull on central support for the next year was suggested.

The Chief Financial Officer clarified in detail how the Trust would reconcile being a going concern and the deficit position being addressed.

In response to a question from the Chair around a trajectory to balancing the accounts. The Chief Financial Officer confirmed that the ICB was working on a 2-year focus on clearing out the system deficit but that for DBTH this could be longer time period.

The Board noted the Trust's deficit year to date and the forecasted year end deficit position.

The Board approved the application of national revenue cash support of c£10m for Q1 of 24/25 in line with an assumed deficit of c£40m.

The Board approved the Trust to prepare the draft accounts on a going concern basis.

The Board:

- ***Noted the Finance Update and deficit YTD at month 11 and forecasted year end deficit.***
- ***Approved the application of national revenue cash support and draft accounts on a going concern basis.***

P24/03/D3 Directorate of Recovery, Innovation & Transformation Update (Enclosure D3)

The Chief Financial Officer took the paper as read and highlighted key points within the paper.

The Mexborough Elective Orthopaedic Centre (MEOC) had opened, there had been a number of teething issues, however these were resolved quickly with the support from the three Trusts. A big thank you to all three organisations for their support in getting these issues ironed out.

Non-Executive Director, Hazel Brand highlighted the Bassetlaw Emergency Village (BEV) charity appeal was launched for equipment for children and vulnerable adults, the closing date coincides with the completion of the BEV.

The Chief Executive highlighted the work which had gone into completion of the Trust capital plan, delivered on time and on budget and the significant improvements which have been made to the Trust's facilities. Including the MEOC as it was a shared capital programme across the Acute Federation involving three Acute Trusts Sincere thanks and congratulations from the Chief Executive to all colleagues who had been involved in the success of this project.

The Chair noted the number of VIPs who had visited and were interested in our new innovations and plans for the future. A special thanks to the Chief Financial Officer, who behind the scenes helped drive the team to success.

The Board:

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

P24/03/D4 Operational Performance Update (Enclosure D4)

The Chief Operating Officer highlighted key points from the paper and took the opportunity to update the Board on the urgent emergency care activities in March.

An overall increase of 13% in the Emergency Department activity which mirrored a national trend. Bed occupancy rates continued to be significantly above 92% standard. Diagnostic performance remained static.

Elective care, the number of patients waiting for surgery continued to reduce. The number of patients on a 78-week wait were expected to be eliminated by the end of March 2024. The Trust was expected to have around 20 patients waiting over 65 weeks. The national deadline for eradicating 65 week waits had been extended to the end of Q1.

The Trust benchmarked very well on cancer wait times standards and continued to achieve faster diagnosis standard, deliver 31 diagnoses to treatment and achieve upper quartile performance for 62-day referral to treatment waits.

The Chief Operating Officer updated the Board on the improvements to emergency care access in March. The new divisional leadership teams reported to be on track to deliver 75% for March, with no additional resources allocated into delivering this improvement.

The Chief Operating Officer shared headlines with the Board on the divisional management teams confirming that all of the Divisional leadership teams were now in place.

Changes have been made to the emergency medicine, medical staff, rotas which supports the initial wait to be seen time. A full analysis would be undertaken to understand the impact of these achievements.

The Chair thanked the Chief Operating Officer for a positive report.

In response to a question from Non-Executive Director, Lucy Nickson around the potential junior doctor's strike and plans to mitigate any risks/impact on elective activity. The Chief Operating Officer shared the plans to ensure the Trust continued to provide safe essential services. The focus would be on Life or Limb procedures, urgent or cancer related care and on long waiting patients.

Non-Executive Director, Emyr Jones questioned if the Trust would try to quantify the impact of not being able to expand workforce over the next 12 months. In response the Chief Executive confirmed that the expectation would be that the Exec Team would move the organisation forward strategically on the delivery of safe and sustainable high-quality care. Using tools such as the GIRFT programme to remove and reduce waste to ensure the trust continued to add value to the services.

The Board:

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

P24/03/E1 Charitable Funds Committee Chair's Assurance Log (Enclosure E1)

Non-executive Director, Hazel Brand shared the key highlights from the Charitable Funds Committee's Chair's Assurance log, which included positive assurance, ongoing major programmes of work, matters of concern and decisions taken.

The Board members received the latest update on the Head of Chairty interviews, Non-Executive Director, Hazel Brand shared the good news that an offer had been made to a candidate with the hope that they would be fully recruited and able to attend the meeting in June.

The Board:

P24/03/F **Noted and took assurance from the Chair's Assurance Log Information Items (Enclosure F1 – F7)**

The Board noted:

- F1 Chair and NEDs Report
- F2 Chief Executive's Report
- F3 Integrated Quality & Performance Report
- F4 Minutes of the Finance and Performance Committee 27 November 2023
- F5 Minutes of the Quality & Effectiveness Committee 5 December 2023
- F6 Minutes of the Charitable Funds Committee 7 December 2023
- F7 Minutes of the Trust Executive Group 13 November, 11 December 2023 and 8 January 2024

P24/03/G1 **Minutes of the meeting held on 27 February 2024 (Enclosure G1)**

- ***The Board approved the minutes of the meeting held on 27 February 2024***

P24/03/G2 **Governor Questions regarding the business of the meeting (10 minutes) ***

The Chair received three questions from the Council of Governors, confirming that the financial question around when the Trust would be in recurrent surplus had been subject to a very comprehensive conversation earlier in the meeting. The other two questions were as follows:

"Do we use Physician's Assistants? If not, will we use them and how will they be supervised?"

The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates working that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director assured the Board that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles the changes are managed effectively to ensure appropriate cover and support.

"What is the procedure to move patients through the night and whether there is any way to mitigate that?"

The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow

from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.

The Chair thanked both the Acting Executive Medical Director and the Chief Operating Officer for their responses and advised if there were any further questions following the meeting, these should be submitted to the Trust Board Office whereby written responses would be submitted onto the portal. The Chair thanked the Governors for their participation in this way.

The Board:

- ***Noted the governor questions***

P24/03/G3 Any other business (to be agreed with the Chair prior to the meeting)

The Chief Executive asked the Board to formally record the gratitude of the Board and himself for all of the hard work and effort the Trusts Pathology teams have undertaken as DBTH colleagues over the years noting that a number of colleagues would be subject to TUPE transfer on the inception of the South Yorkshire and Bassetlaw Pathology Network which would be formed on 1 April 2024.

The Chair highlighted the teams chat conversation at the very start of the meeting around the link to the new DBTH Way background template could be found in the 12 March Buzz communication, should colleagues wish to download the new background.

P24/03/G4 Date and time of next meeting (Verbal)

Date: Tuesday 7 May 2024

Time: 09:30am

Venue: MS Teams

P24/03/G5 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P24/02/E Close of meeting (Verbal)

The meeting closed at 12:05

2405 - G2 PRE-SUBMITTED GOVERNOR QUESTIONS REGARDING THE
BUSINESS OF THE MEETING


● Discussion Item


● Suzy Brain England OBE, Chair of the Board


● 13:10

10 minutes

2405 - G3 ANY OTHER BUSINESS - TO BE AGREED WITH THE CHAIR PRIOR
TO THE MEETING

 Discussion Item

 Suzy Brain England OBE, Chair of the Board

 13:20

10 minutes

2405 - G4 DATE AND TIME OF THE NEXT MEETING

● Information Item

👤 Suzy Brain England OBE, Chair of the Board

🕒 13:30

Date: Tuesday 2 July 2024

Time: 09:30

Venue: MS Teams

2405 - G5 WITHDRAWAL OF PRESS AND PUBLIC

● Information Item

● Suzy Brain England OBE, Chair of the Board

● 13:30

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.