



BOARD MEETING - FULL AGENDA

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26 March 2024



09:30 GMT Europe/London



Virtual - MS Teams



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AGENDA

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2403 - A MEETING BUSINESS

● Standing item

● Suzy Brain England OBE, Chair of the Board

● 09:30

REFERENCES

Only PDFs are attached

 00 - Board of Directors Public Agenda - 26 March 2024 v3.pdf

**Board of Directors Meeting Held in Public
To be held on Tuesday 26 March 2024 at 09:30
Via MS Teams**

Enc		Purpose	Page	Time
A	MEETING BUSINESS			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> <p><i>PLEASE NOTE THE MEETING WILL BE RECORDED FOR THE PURPOSE OF THE MINUTES, THE RECORDING WILL BE DELETED FOLLOWING APPROVAL OF THE MINUTES.</i></p>			10
A2	<p>Actions from previous meeting (no active actions) <i>Suzy Brain England OBE, Chair of the Board</i></p>	Review		
B	True North SA1 - QUALITY AND EFFECTIVENESS			09:40
B1	<p>Executive Medical Director Update <i>Dr Nick Mallaband, Acting Executive Medical Director</i></p>	Assurance		10
B2	<p>Chief Nurse Update <i>Simon Brown, Deputy Chief Nurse</i></p>	Assurance		10
B3	<p>Maternity & Neonatal Update <i>Lois Mellor, Director of Midwifery</i></p>	Assurance		10
C	True North SA2 & 3- PEOPLE AND CULTURE			10:10
C1	<p>People Update including Staff Survey Results <i>Zoe Lintin, Chief People Officer</i> <i>Daniel Ratchford, Senior Director & General Manager - IQVIA</i></p>	Assurance		25
C2	<p>Guardian of Safe Working Quarterly Report <i>Dr Anna Murray-Pryce, Guardian of Safe Working</i> <i>Zoe Lintin, Chief People Officer</i> <i>Dr Nick Mallaband, Acting Executive Medical Director</i></p>	Assurance		10

BREAK 10:45-10:55				
D	True North SA4 - FINANCE AND PERFORMANCE			10:55
D1	Chair's Assurance Log – Finance & Performance Committee <i>Mark Day, Non-executive Director</i>	Assurance		5
D2	Finance Update <i>Jon Sargeant, Chief Financial Officer</i>	Note		10
D3	Directorate of Recovery, Innovation & Transformation Update <i>Jon Sargeant, Director of Recovery, Innovation & Transformation</i>	Assurance		10
D4	Operational Performance Update <i>Denise Smith, Chief Operating Officer</i>	Assurance		10
E	GOVERNANCE AND ASSURANCE			11:20
E1	Charitable Funds Committee Chair's Assurance Log <i>Hazel Brand, Non-executive Director</i>	Assurance		5
F	INFORMATION ITEMS (To be taken as read)			11:25
F1	Chair and NEDs Report <i>Suzy Brain England OBE, Chair of the Board</i>	Information		
F2	Chief Executive's Report <i>Richard Parker OBE, Chief Executive</i>	Information		
F3	Integrated Quality & Performance Report <i>Executive Directors</i>	Information/ Assurance		
F4	Minutes of the Finance and Performance Committee – 27 November 2023 <i>Mark Day, Non-executive Director</i>	Information		
F5	Minutes of the Quality & Effectiveness Committee – 5 December 2023 <i>Jo Gander, Non-executive Director</i>	Information		
F6	Minutes of the Charitable Funds Committee – 7 December 2023 <i>Hazel Brand, Non-executive Director</i>	Information		
F7	Minutes of the Trust Executive Group – 13 November, 11 December 2023 & 8 January 2024 <i>Richard Parker OBE, Chief Executive</i>	Information		
G	OTHER ITEMS			11:25
G1	Minutes of the meeting held on 27 February 2024 <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>	<i>Discussion</i>		
G4	Date and time of next meeting: Date: Tuesday 7 May 2024 Time: 9:30 Venue: MS Teams	<i>Information</i>		
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>	<i>Note</i>		
H	MEETING CLOSE			11:40

*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

2403 - 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

PLEASE NOTE THE MEETING WILL BE RECORDED FOR THE PURPOSE OF THE MINUTES, THE RECORDING WILL BE DELETED FOLLOWING APPROVAL OF THE MINUTES.

REFERENCES

Only PDFs are attached

📄 A1 - Register of Interests & FPP (20.03.2024).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 20 March 2024)

Lucy Nickson , Non-Executive Director

Chief Executive for Day One Trauma Support, national charity

Richard Parker OBE, Chief Executive Officer

Member of the South Yorkshire Integrated Care Board

Spouse is a senior Nurse at Sheffield Health and Social Care Trust

Dr Tim Noble, Executive Medical Director

Spouse is a Consultant Physician at DBTH

Jon Sargeant, Interim Director of Recovery, Innovation & Transformation

Director, Doncaster and Bassetlaw Healthcare Services Ltd

Zoe Lintin, Chief People Officer

Trustee on the Board of Sheffield Academy Trust

Spouse works in NHS (STH)

Denise Smith, Chief Operating Officer

Various family members work in NHS. None working in SYB network

Karen Jessop , Chief Nurse

Husband VSM at Hull University Hospital (Chief Nurse Information Officer)

Emma Shaheen, Director Communication & Engagement

Sister is Deputy Director of Involvement, South Yorkshire ICB

Fiona Dunn, Director Corporate Affairs/Company Secretary

Animal Ranger, Yorkshire Wildlife Park

The following have no relevant interests to declare:

Emyr Jones	Non-Executive Director
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Zara Jones	Deputy Chief Executive
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Nick Mallaband	Acting Executive Medical Director
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(as at 20 March 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 20 March 2024)

2403 - A2 ACTIONS FROM PREVIOUS MEETING (NO ACTIVE ACTIONS)

● Standing item

👤 Suzy Brain England OBE, Chair of the Board

No active actions

2403 - B1 EXECUTIVE MEDICAL DIRECTOR UPDATE

● Discussion Item

● Dr Nick Mallaband, Acting Executive Medical Director

● 09:40

10 minutes

REFERENCES

Only PDFs are attached



B1 - Executive Medical Directors Update.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	26 March 2024	Agenda Reference:	B1	
Report Title:	Executive Medical Director Update			
Sponsor:	Dr Nick Mallaband, Acting Executive Medical Director			
Author:	Julie Butler, Senior Manager to Exec Medical Director			
Appendices:				
Report Summary				
Executive Summary Clinical Update and Overview of MD Team Activities <p>The clinical update provides an overview of the work being undertaken by the Medical Director team across each of the work-strands along with future plans to achieve the Directorate's objectives:</p> <ul style="list-style-type: none"> • Workforce and Specialty Development • Professional Standards And Revalidation • Operational Stability And Optimisation • Clinical Safety 				
Recommendation:	The Committee is asked to note and take assurance from the content of the report.			
Action Require: <i>Highlight relevant action:</i>	Approval	Review and discussion/ give guidance	Take assurance	Information only
Link to True North Objectives: <i>Highlight which SAs this report provides assurance for:</i>	TN SA1: <i>To provide outstanding care and improve patient experience</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>
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:	<i>No changes made</i>
Risk register:	N/A
Regulation:	
Legal:	
Resources:	
Assurance Route	
Previously considered by:	
Date:	
Any outcomes/next steps	
Previously circulated reports to supplement this paper:	

1. INTRODUCTION

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

2. MEDICAL DIRECTOR FOR WORKFORCE AND SPECIALTY DEVELOPMENT

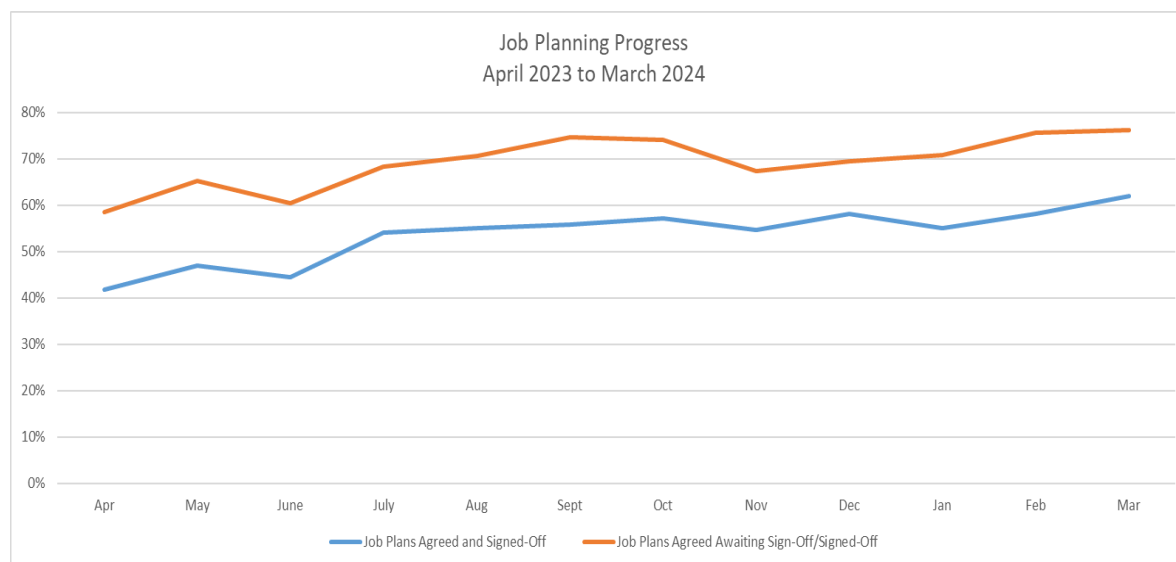
2.1 Job Planning Performance

Job planning performance as at 28 February 2024, is shown in the table below.

Job Plan Status	No.	%
Job Plans agreed and signed off	233	62%
Job Plans agreed and waiting Clinician or Manager sign off	51	15%
Job Plans in discussion: - agreed/re-published (within 12 months of last sign-off) = 10 - never had a signed off job plan = 43 (12%) – previous month = 59	85	23%
Job Plans in mediation	2	
Job Plan Locked Down	1	
Total	372*	100%

**baseline figure fluctuates with leavers/starters and the allocation of job planning system licences*

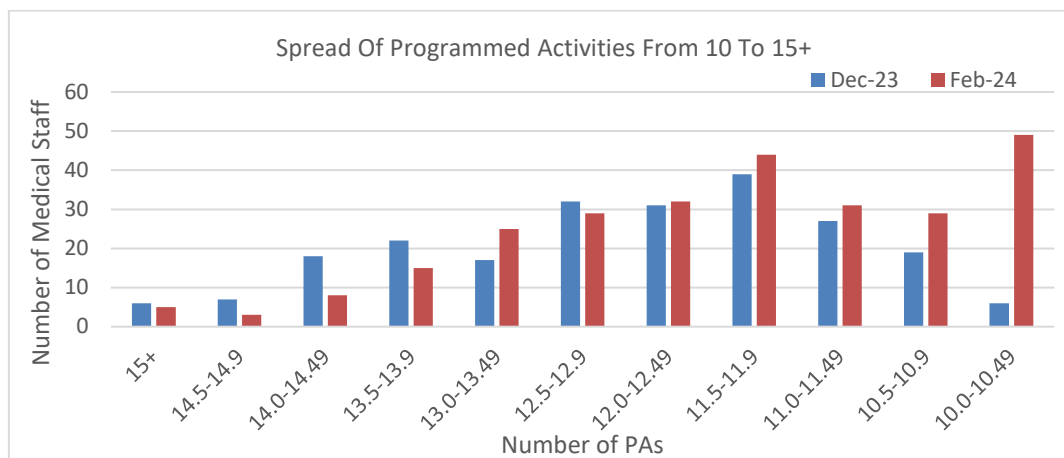
This continues to be an improving position demonstrated in the following run charts:



2.2 Plan for Managing High Levels of Job Planned Programmed Activities (PAs)

The European working time directive (EWTD) requires the working week to be an average of 48 hours (12 PAs) which is measured over a fixed period of time (usually 6 months). This is health and safety legislation to protect employees from working excessive hours, safeguarding health and wellbeing of staff and safe practise. Doctors have the option to opt out of the working time rules due to the nature of their work.

Since the focus on reviewing job plans with high PA values commenced in January 2024, the profile of PA allocation has changed. The chart below shows that the total number of high value job plans has reduced for senior medical staff with 10 or more PAs. This has shifted the overall average job plan allocation to 10.5 PAs, which has exceeded the planned trajectory of September 2024.



2.3 Job Planning Assurance

Governance and assurance around job planning processes and consistency is provided by the Consistency Committee, which ensures job planning is in line with Trust policy and that job plans are consistent between specialties and divisions.

The next meeting is scheduled for March 2024, with a focus on research activities.

2.3 Workforce Planning

Interviews were held 6th March for an interim Associate Medical Director for Workforce, to backfill the MD for Workforce while acting up as interim Executive Medical Director.

Along with leadership around job planning, this fixed term post will provide a focus on medical workforce challenges, supporting divisions and specialties to understand demand analysis ensuring efforts are focussed on work that needs to be delivered, feeding into strategic delivery of objectives.

2.4 Workforce Development and Engagement

The next clinical leadership development workshop is planned for Tuesday 19 March.

The agenda includes:

- The DBTH Way and self-analysis – Chief People Officer
- Handling Difficult Conversations – British Medical Association Representative
- Insights Discovery programme – Head of Organisational Development, Equality, Diversity, Inclusion and Wellbeing

3. MEDICAL DIRECTOR FOR OPERATIONAL STABILITY AND OPTIMISATION

3.1 Getting It Right First Time (GIRFT)

A series of specialty level GIRFT events have taken place over the course of two days in February, with a third date scheduled in March. These have been attended by the North East and Yorkshire GIRFT Clinical Ambassador and National GIRFT Clinical Lead for Endocrinology.

The sessions have received positive feedback from the GIRFT Clinical Lead who picked up areas of outstanding practise as well as sign posting teams to other Trusts where learning and improvements could be made.

The output from the events will be analysed against outstanding actions from previous deep dive specialty reviews, along with the current check list of 'further faster' actions for 2024/25, to prioritise short, medium and long term actions and developments which will be monitored at divisional level.

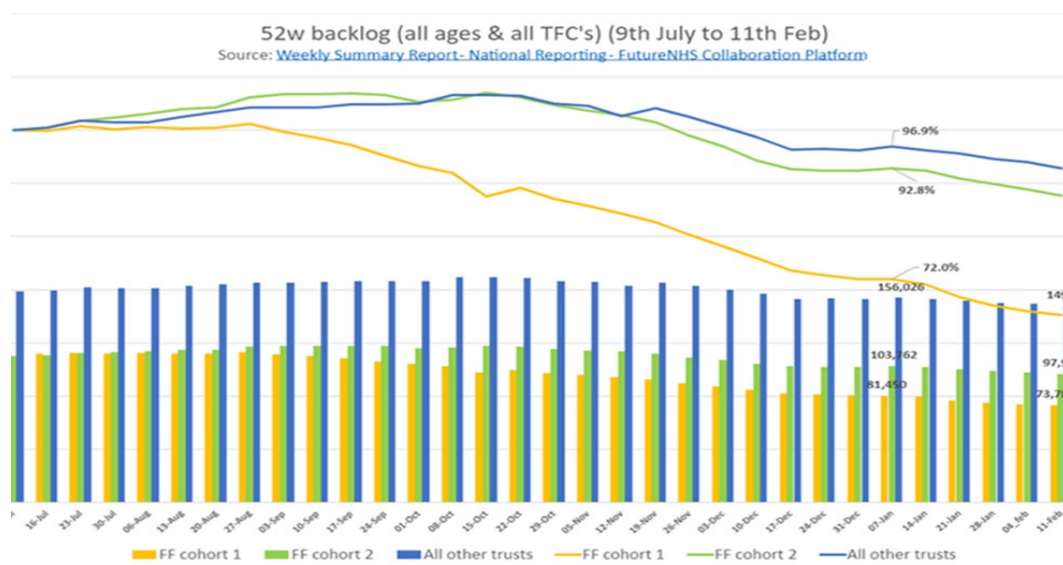
3.2 GIRFT Further Faster Programme

DBTH is part of the Cohort 2 group of organisation taking part in the GIRFT Further Faster Programme, to deliver rapid clinical transformation with the aim of reducing 52-week waits by transforming patient pathways and working to reduce unnecessary appointments, improving access and waiting times for patients.

Clinical transformation groups have been established across 18 specialties, involving clinical leads from across Trusts as well as national speciality leads, and other key stakeholders. These groups seek to foster cross-organisational learning and provide a network and collaborative for trust clinical, operational and programme leads to gain peer support, share experiences and lessons learned, as well as the more practical aspects such as sharing of standard operating procedures (SOPs) and project documentation.

The programme aims to support adoption of outpatient transformation guidance, as well as GIRFT's 'high volume, low complexity' (HVLC) surgical standardised pathways, including day case pathways and the use of elective surgical hubs.

This graph shared by the national GIRFT team shows the impact of the further faster programme from the first cohort of Trusts and progress of cohort 2 against all other Trusts.



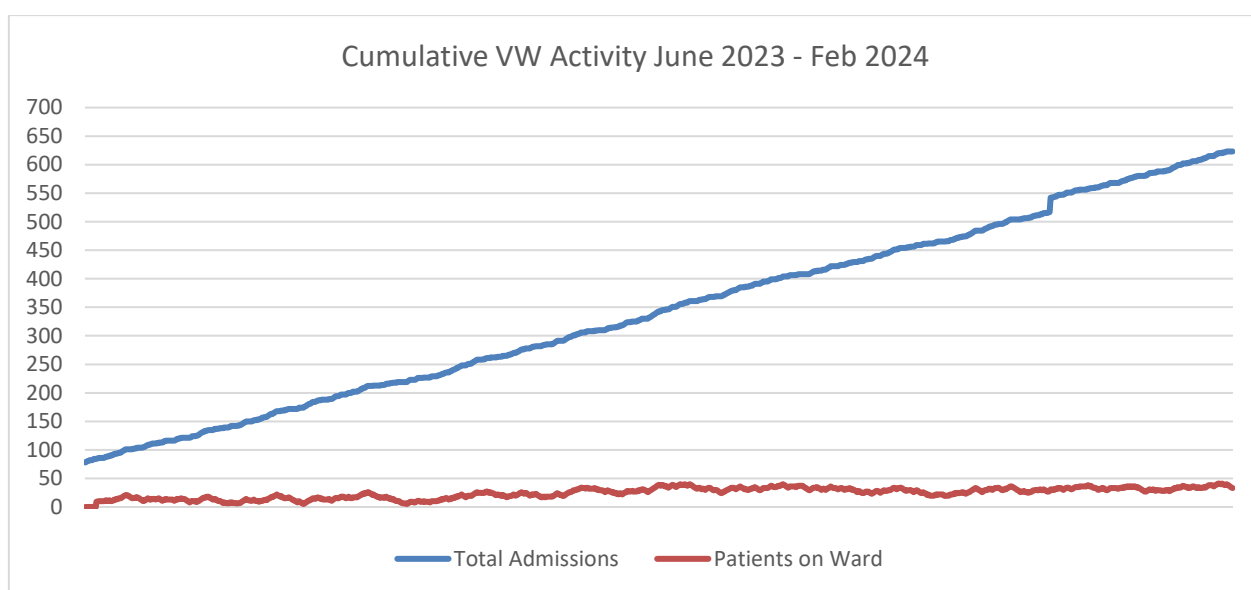
There are monthly further faster meetings at specialty level and organisational level. Below is the first highlight report from DBTH to the national programme, which will become more detailed with timescales and metrics once the analysis and prioritisation from the specialty GIRFT events is complete.

3.2 Virtual Ward

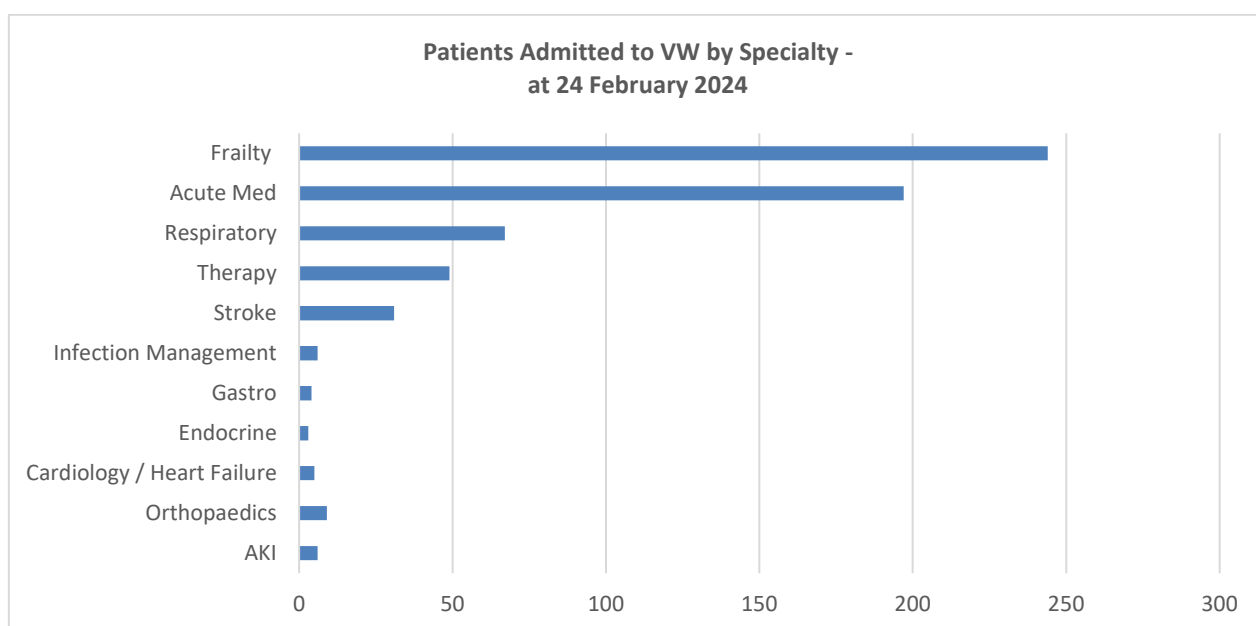
Good progress is being made on virtual ward (VW) pathways. There has been good clinical engagement enabling virtual ward pathways to be developed in other acute areas beyond the initial scope of frailty and respiratory.

For the week up to 24 February 2024, there was a daily average of 37 patients on a VW pathway.

Total Cumulative VW Activity to 24 February 2024



Virtual Ward – Cumulative Activity by Specialty



4. ASSOCIATE MEDICAL DIRECTOR PROFESSIONAL STANDARDS AND REVALIDATION

4.1 Appraisal Performance and Revalidation

Medical Appraisal Completion Rate:

2023/24	Q1 01/04/2023	Q2 01/07/2023	Q3 01/10/2023
Total Completed Appraisals	74 (98.67%)	77 (96.25%)	133 (72.28%)

Active chasing is ongoing to increase compliance. The Medical Appraisal Policy is due for review and the revised version will include an escalation flow chart for non-compliance.

Revalidation period 03/01/2024 to 27/02/2024:

Status	No.
Recommendations for revalidation approved	7
Recommendations for deferral approved	1
On hold pending GMC investigation (MHPS tribunal scheduled May 2024)	1
Non-engagement recommendation – doctor now engaged and undertaken appraisal. Action plan in place moving forward.	1
Trust referrals to GMC	0

4.2 Electronic Appraisal Platform

The planned implementation date for the formal launch of the L2P medical appraisal system is on track for 1st April, 2024.

Administration and appraiser training has been undertaken and communications have been circulated to medical staff.

4.3 Maintaining High Professional Standards (MHPS) Investigation

Currently, there is one MHPS investigation ongoing (conduct/capability). This is nearing conclusion, report expected mid-March. Timescales are actively monitored in accordance with policy and Designated Member kept informed of progress.

5. ASSOCIATE MEDICAL DIRECTOR CLINICAL GOVERNANCE/PATIENT SAFETY

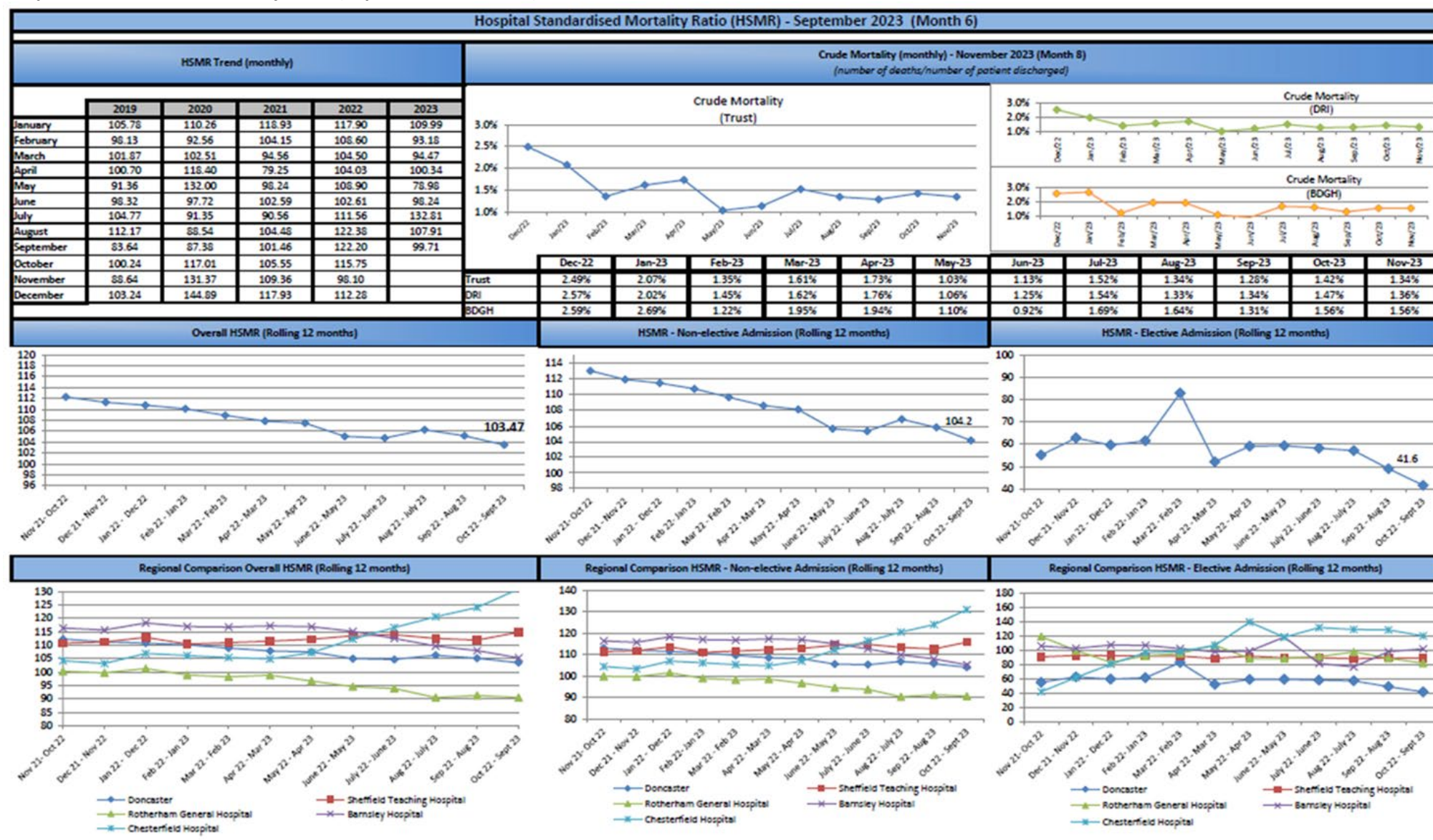
5.1 Mortality

With regards to HSMR data, the top 5 causes of death are pneumonia, congestive heart failure, cerebral infarction, acute renal failure and pneumonia. HSMR in December was 103 so is continuing to come back in line with expectations. The latest SHIMI in November was 102.8 so is also coming down, these numbers are just released after the reports have been run.

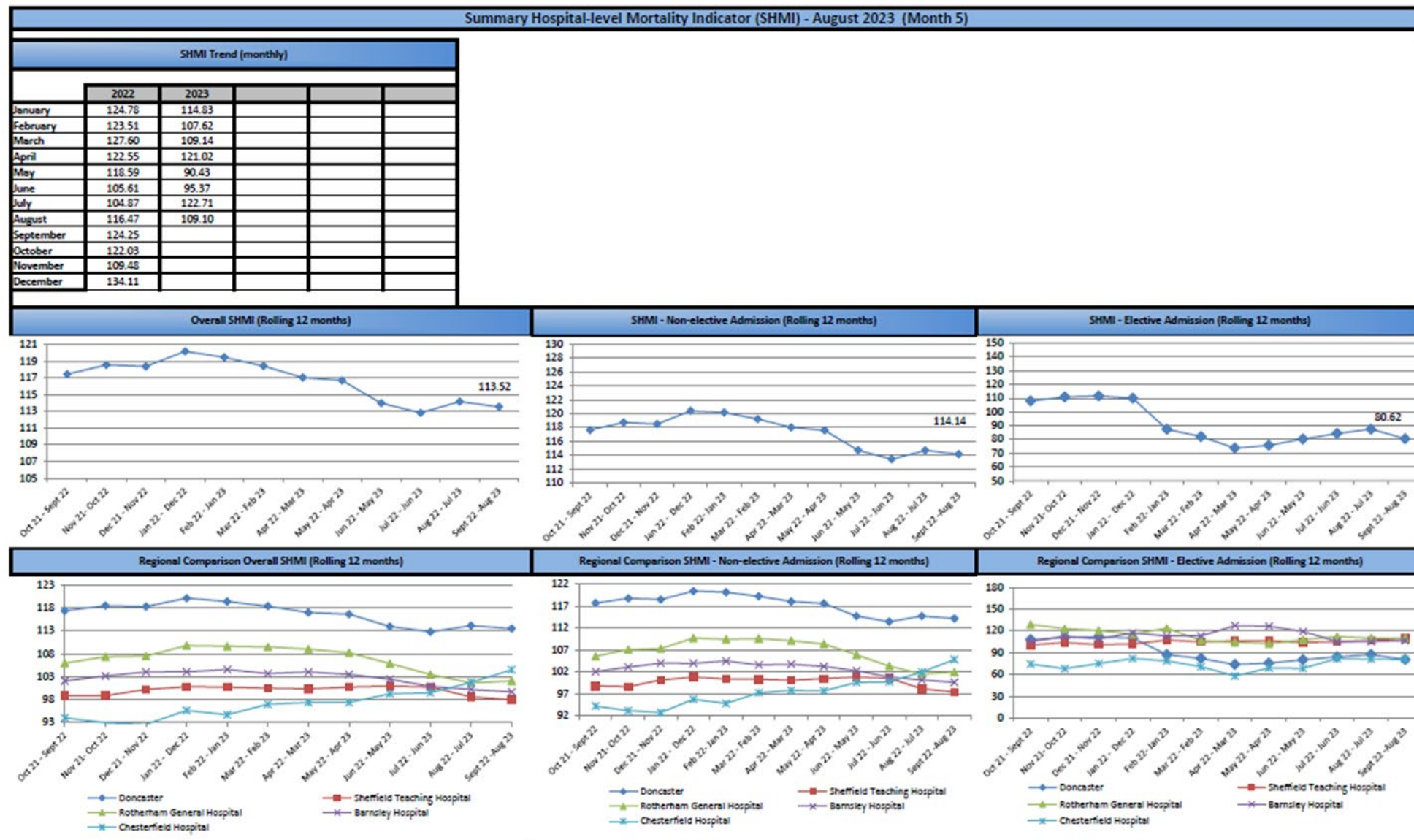
SHMI is down on the month of September to 96 with rolling monthly figure to 112 which is slightly above our peers but is still a decrease.

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. The Sepsis Action Group will be reviewing incidences of pneumonia.

Hospital Standardised Mortality Ratio (September 2023 data)



Summary Hospital Mortality Indicator (August 2023 data)



5.2 Structured Judgement Reviews (SJRs) / Learning from Deaths

The low completion rate of SJRs was reported previously with a series of actions outlined. SJR training has taken place and work is ongoing to quantify the time commitment needed to complete the backlog of SJRs and for us to be more proactive moving forward. Work on an action plan to improve opportunities for learning from deaths is ongoing, this includes reinstating monthly mortality (multi-disciplinary team) MDT meetings and engagement with clinicians.

5.3 Clinical Governance

Implementation of the new clinical governance framework is underway, now aligned to the Care Quality Commission (CQC) domains. The Executive Medical Director and Medical Director team are responsible for the 'Effective' domain of the new framework.

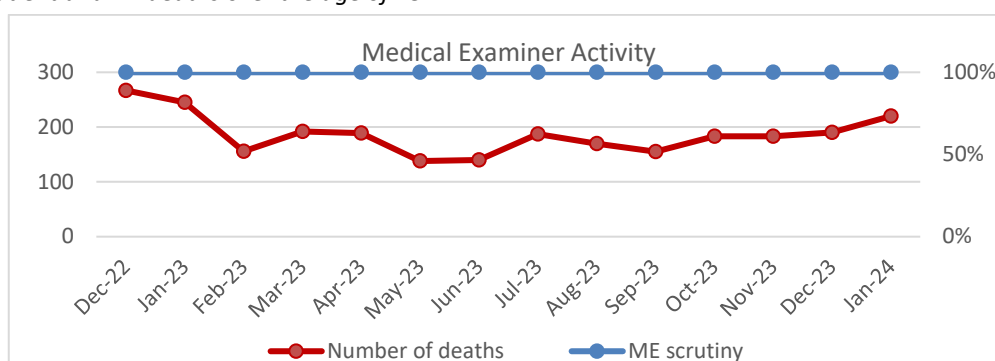
A template has been developed for divisions to provide highlight reports through the clinical governance framework which will standardise reporting across the Trust.

There are plans to review the Patient Safety Review Group and Audit and Effectiveness Forum, which will commence in line with implementation of the new clinical governance structure.

6. MEDICAL EXAMINER'S UPDATE

6.1 January 2024 Data:

- Total Acute Deaths* = 220 (Deaths in Dec 2023 = 190)
 - Community Total Deaths 2024 = 170 (Deaths in Dec 2023 = 183)
 - Total amount death scrutinised January 24 = 390
- *Inpatient and ED deaths over the age of 18*



Completion and issuing of Medical Certificate of Cause of Death (MCCD) and referral to His Majesty's Coroner (HMC)

Jan 2024	Deaths	% Scrutinised by ME Team	MCCD issued	MCCD Issued > 3 days	HMC ref.*	HMC ref not required after ME Scrutiny.
DRI	175	100%	137 (78%)	43 (25%)	38 (22%)	1 (1%)
BDGH	45	100%	38 (84%)	6 (13%)	7 (16%)	0 (0%)

Interaction with bereaved families

	Number	Interaction with Bereaved	Compliment	Concern	Complaint
DRI	172	(98%)	7 (4%)	3 (2%)	9 (5%)
BDGH	44	44 (99%)	4 (9%)	1 (1%)	4 (9%)

- Compliment = Exceptional care and specific mention of ward/staff member
- Concern = referred to ward manager or Consultant.
- 1 Bereaved families not spoken to at BDGH due to no NOK.
- 2 Bereaved families not spoken to at DRI due to service pressure. 1 Case not appropriate to phone.

Top 5 causes of death as listed at 1a) on Medical Certificate of Cause of Death

	Cause	DRI	BDGH	Total
1	Pneumonia	37	11	48
2	Cardiac related	17	8	25
3	Other respiratory illness	10	5	15
4	Metastatic cancer	9	4	13
5	Sepsis	10	1	11

Non- acute deaths

Jan 2024	Deaths	MCCDs released	HMC referrals	HMC ref not necessary after ME scrutiny	Families spoken to	Cases with no NOK	Released to prevent delay	N/A already referred to HMC
DRI	112	106	6	1	109	2	0	2
BDGH	58	37	22	1	55	0	0	3

Summary:

- Total number of acute deaths for January 2024 have increased to 220 deaths from 190 deaths in December '23.
- 100% of acute deaths across both sites have been reviewed by a member of the ME team.
- 98% of families have been spoken to by a member of the ME team.
- Cases continue to be scrutinised by the ME team prior to sending to HMC. 1 acute case and 2 community cases did not require HMC referral following ME scrutiny.
- Non- acute scrutiny in Jan 24 = 170 deaths.
- Total deaths scrutinised by the ME team Jan 24 = 390

Data correct from Mortality Database as of 7/2/24

7. EXECUTIVE MEDICAL DIRECTOR'S CLOSING SUMMARY

This report summarises the extensive work on going to help support and shape the direction of the Trust. In the absence of the substantive Executive Medical Director, work is focussed on key priority areas.

Key highlights are:

- Job Planning progressing.
- Continuing to improve the leadership development offer for the Trust's clinical leaders
- Medical appraisal going well and plan to achieve similar high levels of completed appraisals this financial year. Implementation of electronic appraisal system L2P going to plan.
- Work on mortality, governance and risk continues along with improving depth of clinical coding.
- Plan to improve the completion rate and timeliness of SJRs, along with Learning from Deaths process
- The Medical Examiner team continue to scrutinise 100% of hospital adult deaths and community deaths.

2403 - B2 CHIEF NURSE UPDATE

● Discussion Item

👤 Simon Brown, Deputy Chief Nurse

🕒 09:50

10 minutes

REFERENCES

Only PDFs are attached



B2 - Chief Nurse Update.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	26 March 2024	Agenda Reference:	B2	
Report Title:	Chief Nurse Update			
Sponsor:	Karen Jessop, Chief Nurse			
Author:	Simon Brown, Deputy Chief Nurse			
Appendices:	None			
Report Summary				
<p>Executive Summary</p> <p>The paper outlines the November and December 2023 outcomes in relation to the key patient safety measures identifying areas of good practice and improvement in:</p> <ul style="list-style-type: none"> Falls prevention Prevention of hospital acquired pressure ulcers Infection prevention and control <p>The paper also details any reportable serious incidents / patient safety incident investigations (PSII) and immediate safety actions.</p> <p>The paper highlights patient experience metrics including complaints data.</p> <p>Key Points</p> <p>There were six serious incidents logged across November 2023. There were two patient safety events in December 2023 meeting the threshold in relation to our local patient safety incident response plan.</p> <p>The Clostridioides Difficile threshold has not been achieved, with a current position of 47 cases against the threshold of 42.</p> <p>98 complaints were received across November and December 2023 consistent with previous months.</p>				
Recommendation:	To note the report and take assurance			
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
Risk register:	None
Regulation:	CQC (reg 12) - Safe Care and Treatment NHSE - National Quality Board staffing reporting requirements
Legal:	N/A
Resources:	None

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

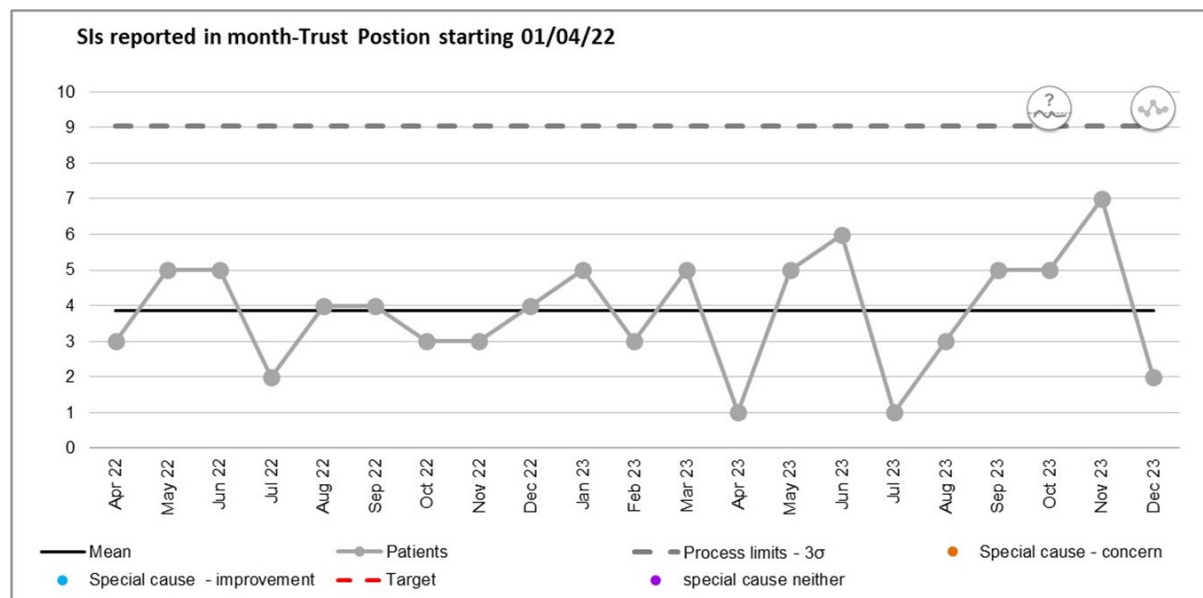
Chief Nurse Report - March 2024

Introduction

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

Patient Safety Reporting

Serious Incidents (nb from 1 December terminology change and now referred to as learning from patient safety events)



There were seven Serious Incidents logged in November 2023;

Serious Incident Detail	Immediate Safety Actions
Stroke clinic January 2022 onwards 91 patients identified as no documentation, or Medisec letter dictated. Therefore no ongoing letter to GP or follow up. Unclear if any additional investigations were required.	<p>The division have screened all patients' outcomes on CAMIS.</p> <p>Follow up appointments arranged for all patients and no harm currently identified to any individual.</p> <p>High risk organisational reputation.</p>
Patient presented to the Emergency Department (ED) in March 2023, CT scan completed was highly suspicious for acute intraparenchymal cerebral haemorrhage. Discussed with Neurology team at STH. Discharged the following day from Stoke team, no MRI scan arranged by Stroke team as instructed by specialist.	Share learning, urgent review of feedback mechanisms and expectations following specialist review and feedback.

Shoulder dystocia, baby weight over 90 th centile, potential missed opportunity to rescan and offer caesarean section. Difficulties experienced in delivery, leading to harm.	Share situational awareness learning. Review training regarding manipulation of baby in uterine.
Patient presented in ED with abdominal pain and known Abdominal Aortic Aneurism (AAA). Triage category 4, inappropriate and delay of initial senior assessment from clinician by 6 hours. Once clinically assessed consideration made for AAA immediately and urgent scan completed and vascular team contacted. Ruptured AAA patient died in ED following CT scan.	Practice Development team in ED have identified learning regarding triage and red flag of AAA required. Team is undertaking training sessions and spot checks of Triage being undertaken.
Patient attended DBTH for planned surgery - total abdominal hysterectomy undertaken as scheduled. After closure of the skin and applied dressing, noted that blood present in the catheter. Re-explored the abdomen, methylene blue instilled into the catheter, identified bladder injury.	Theatres and gynaecology team have now embedded the safety actions to identify bladder injuries promptly.
Patient found collapsed in ensuite toilet of side room. Advanced life support commenced. RIP 08:29 self-administration of injectable drug.	Medication safety officer informed and discussed at the medication safety committee.
Category 2 Caesarean Section (CS) 17 November. Delay in recognition of deteriorating patient. Patient now discharged.	Major Haemorrhage Protocol reiterated to team, and delay in recognition of deteriorating patient immediate debrief

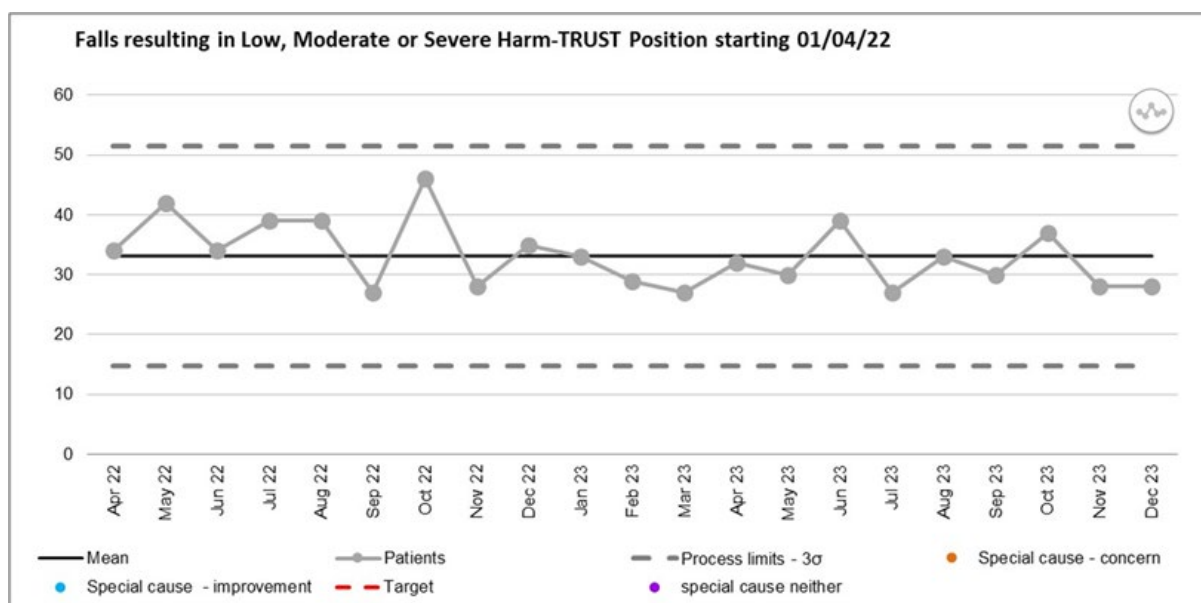
The below learning from patient safety events were logged in December 2023 and reported on STEIS. Both met the threshold in relation to our local patient safety incident response plan for a Patients Safety Incident Investigation (PSII).

Patient safety event detail	Immediate Safety Actions
Diagnostic delay previously declared as moderate harm, escalated as serious harm following panel review. PSII declared. Patient had an admission to Bassetlaw Hospital during which he had an MRCP on 14 June 2023. MRCP reported as being stone negative. Patient was discharged home and then admitted with cholangitis a few weeks later on 3 July 2023. Patient had complications and died on 14 July whilst awaiting an ERCP.	Escalated by Radiology Governance when error identified as part of process of review following initial moderate harm investigation. The initial moderate harm investigation was identifying learning regarding the potential delay of a few days for the ERCP only.

<p>*On re-review of the MRCP there was a stone on the MRCP on 14 June 2023.</p>	
<p>PSII - National Priority deaths thought more likely than not due to problems with care. Also meets our local priority assessing and responding to deteriorating patient and escalating.</p> <p>The Medical Examiners reviewed the case following the patient's death on 9 December 2023, and escalated to the Trust patient safety team that there had been a potential delay in requesting the medical team to review the patient's deterioration.</p> <p>The family who was present at the time of the patient's deterioration have raised formal concerns both within the Trust Complaints process and to the Coroner.</p>	<p>Action - division to consider how we measure competence and knowledge of use of a patient's own medical equipment, and undertake necessary risk assessments (patient's own Non-invasive ventilator used as in patient)</p> <p>Action - division to raise awareness of NEWS2 escalation and debrief.</p> <p>Action - to support the individual Nurse directly involved with supervised practise.</p>

Falls

The chart below shows all falls resulting in low, moderate or severe harm as an overall Trust position.



Tendable audit results for December showed a compliance score of 98% compliance (621 inspections). The inspections focus on a visual assessment of the “5 for falls” principles. The improvement panel has seen a decrease in falls with harm linked to 5 for falls.

Learning identified through the Falls Improvement Panel

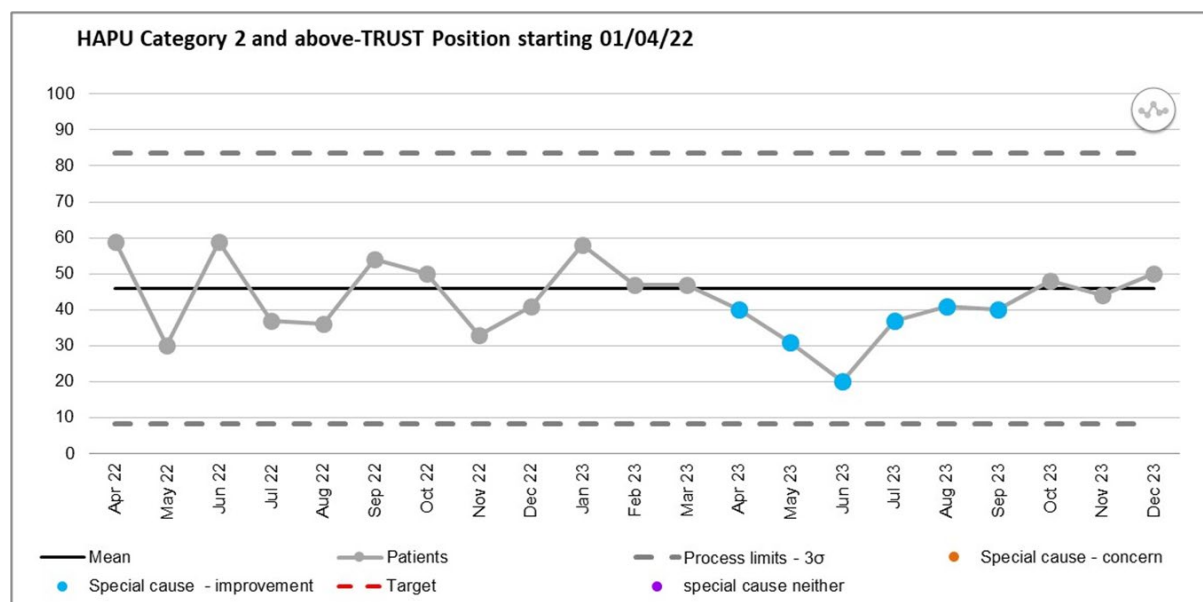
- Early recognition and referral to the fall prevention team.
- Safety sides risk assessment and acknowledgement that no sides is a safer option.

Areas of good practice identified

- Good reporting mechanisms in place and learning discussed with teams on improvement panel to support learning and improvement. Action plans to be supported by prevention team.
- Areas of good practice on review were the post fall management.
- Adhered to and appropriate hover jack use.

Hospital Acquired Pressure Ulcers (HAPU)

The chart indicates the numbers of HAPU 2s at DBTH. December shows the number of patients with a HAPU has increased above average in month.



In December harm was identified following the development of a HAPU 4 to a patient's left hip. The patient was very complex and had a deep seated joint infection resulting in repeat surgery and debridement and washout procedures. Learning surrounding nutritional care and pain management. A full MDT approach for the individual patient has supported the improvement necessary.

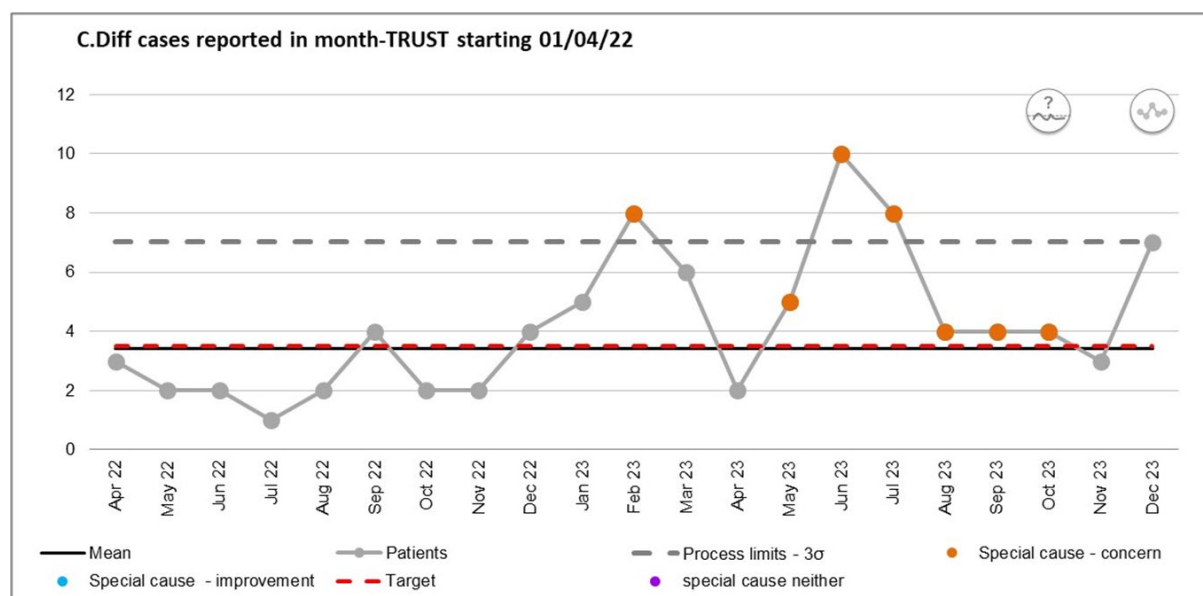
Additionally, the Chief Nurse Oversight Framework triggered a Quality Assurance Summit for the ward. A HAPU 4 is deemed as a red flag event and increases surveillance and identifies wider learning to support local improvement plans and monitoring arrangements. Additional support is being provided to the clinical area.

Infection Prevention and Control (IPC)

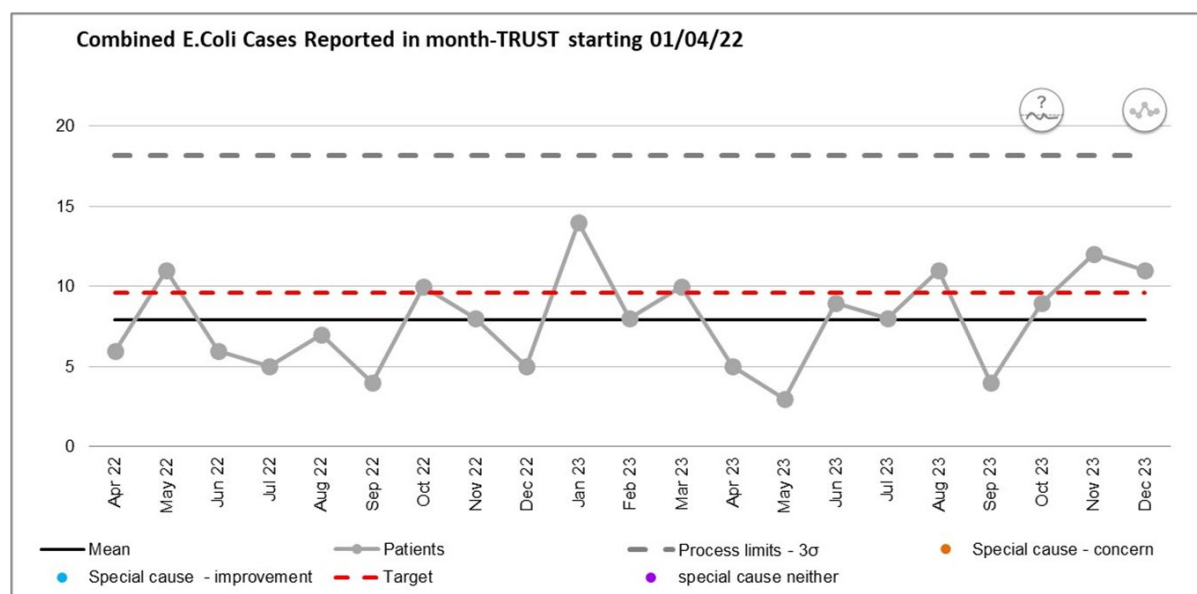
Clostridium difficile (C.diff): There were three case of Clostridioides difficile in November 2023 and six in December. All were Hospital Onset, Hospital Associated (HOHA) infections.

The total number of cases of *Clostridioides difficile* for the financial year is 47, over the planned trajectory of 42. All of these are linked to antimicrobial prescribing; choice of antibiotic, length of course, treating with antibiotics that the organism is resistant to (i.e. not checking the results of samples). Other learning is isolating after the first episode of unexplained diarrhoea, and consistent completion of stool charts. The majority of cases at the post infective review panel were deemed no lapses in care.

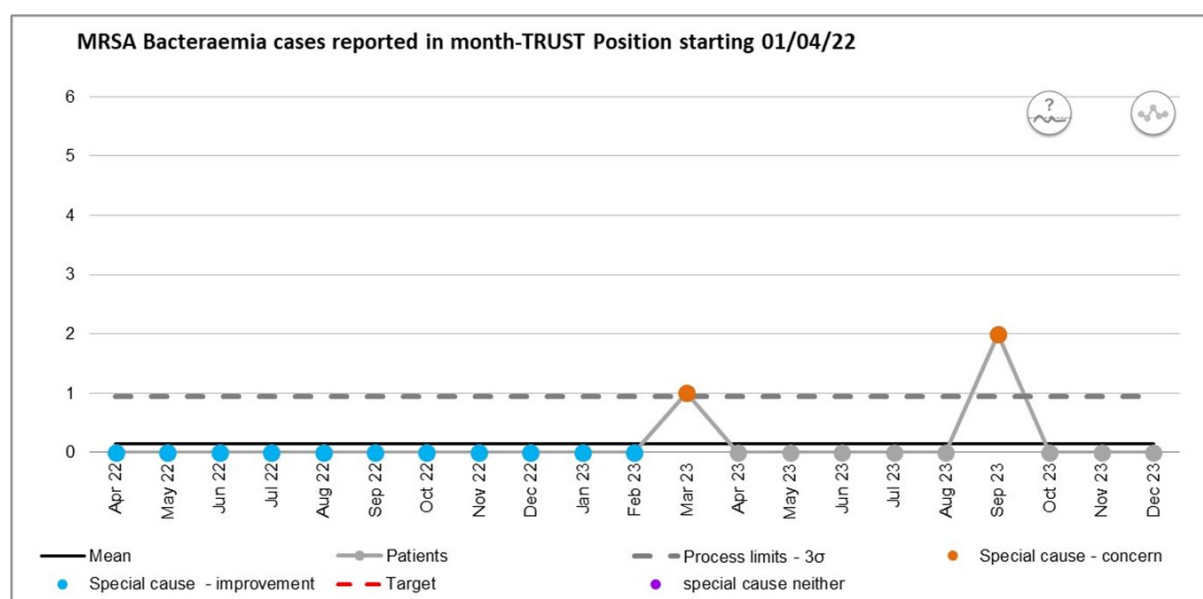
This increase is in line with national data with an overall increase in rates across the country. The IPC team have presented at the Trust Executive Group (TEG) in July 2023 and have an improvement plan in place. An updated paper to TEG in March 2024 updated on the actions and further actions taken to support the rising numbers. It is to note the Microbiology department moved to a very sensitive testing platform for the identification of GDH and CDI Toxin as well as detection of Toxigenic gene for *Clostridioides difficile* during the pandemic period. This has not only assisted in identification of toxin production at low levels but also identification of those *Clostridioides difficile* with the potential to develop into cases of CDI and may have led to the high detection rate. Other trusts comparative data is not reflective of the same testing process and we know some other providers with the same testing approach have also exceeded their target.



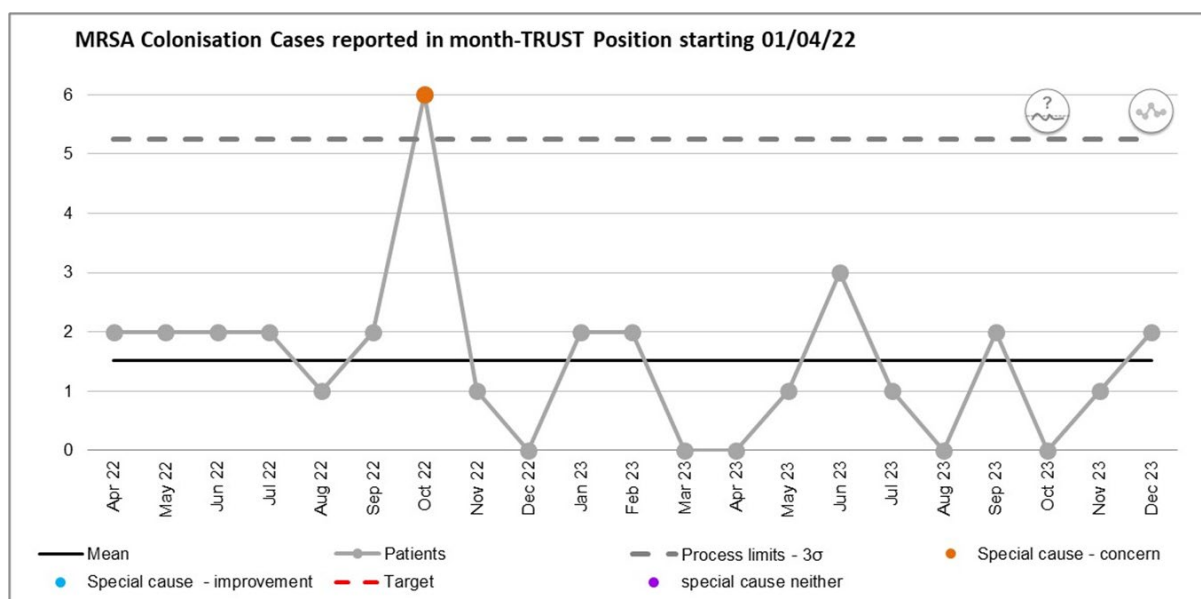
E-Coli Bacteraemia: The total number of cases at the end of December was 69 against a trajectory of 80 for the year.



MRSA bacteraemia: There were zero MRSA bacteraemia reported in November or December 2023.



MRSA Colonisation: The year to date total is 10. The themes of learning continue to be; ensuring that all sites are screened not just nose and groin. MRSA screen includes catheter sample of urine (CSU), any wounds, breaks in the skin, any invasive device sites. Consistent daily Prontoderm use is also a theme. The infection control team are supporting ward teams.



Improvement

Shared Learning

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

At December's PSRG, learning was shared from an independent report by the Healthcare Safety Investigation Branch (HSIB). It outlined how the safety recommendation from the report had been implemented. The shoulder dystocia guidance has been updated and cross-linked with gestational diabetes. Information leaflets from the Royal College Obstetrics & Gynaecology are now provided to women at increased risk of large babies. Documentation and verbal counselling was also available in every clinical environment in Doncaster & Bassetlaw. This is available to any woman where there is a large baby considered.

Patient Experience

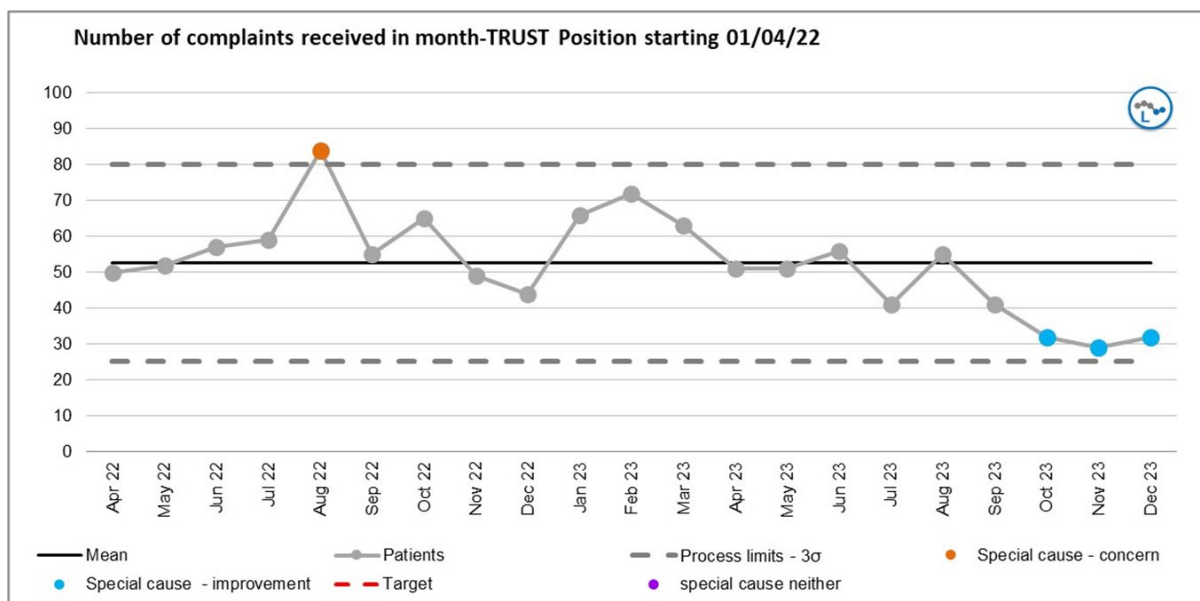
Friends and Family Test (FFT)

The FFT response rates continue to be monitored. Across all FFT data positive scores consistently achieve above the national average in Inpatient, A&E, Outpatients and Maternity.

The Trust will transition to **Iwantgreatcare** in January 2024. This will be conducted as a 12-month pilot to include text messages thus it is expected to increase the number of survey responses received Trust-wide.

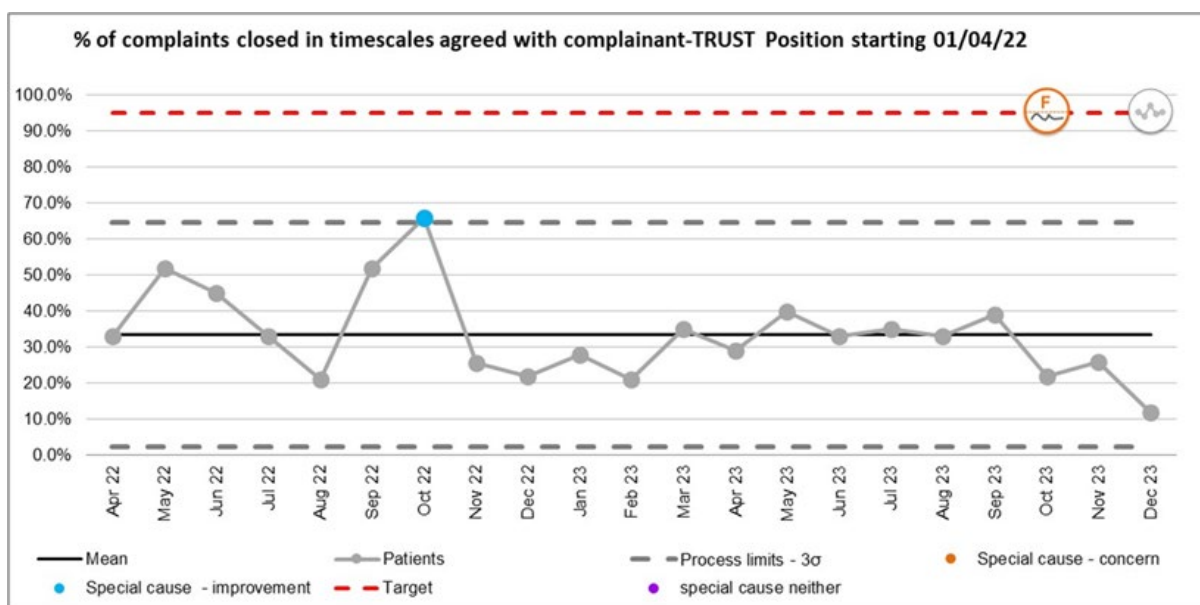
Complaints

Forty complaints were received in December a slight increase from 34 complaints reported in November 2023. This brought the year-to-date total 2023/2024 to 446.



Complaints closed in agreed timescale

Fifty five complaints were closed in December 2023, which was an increase from November, when 43 complaints were closed. 15% met the timeframe for closure. At the end of December, 17 complaint responses had not met the agreed timeframe. This was a significant improvement from the beginning of the financial year when nearly 120 complaints were outstanding. The complaints team will continue to work with the divisions to ensure they continue to close complaints in a timely manner.



Conclusion

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

2403 - B3 MATERNITY & NEONATAL UPDATE

● Discussion Item

👤 Lois Mellor, Director of Midwifery

🕒 10:00

10 minutes

REFERENCES

Only PDFs are attached



B3 - Maternity & Neonatal Update.pdf



B3 - Maternity Survey 2023.pdf



B3 - Perinatal Surveillance Dashboard Q4.pdf



B3 - Glossary of Terms - Maternity.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	26 March 2024	Agenda Reference:	B3	
Report Title:	Maternity & Neonatal Update			
Sponsor:	Karen Jessop, Chief Nurse			
Author:	Lois Mellor, Director of Midwifery Laura Churm, Divisional Nurse, Paediatrics			
Appendices:	Perinatal Surveillance Dashboard Picker Maternity Survey 2023			
Report Summary				
<p>Executive Summary</p> <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>Neonatal services remain stable and have work ongoing to meet BAPM nursing requirements.</p> <p>The service continues to work on the Year 5 CNST standards, and there are trajectories and plans in place for training for all staff groups. Year 6 standards are expected 2 April 2024, meanwhile the service continues work on the single delivery plan, and the maternity self-assessment tool.</p> <p>The service continues to work closely with the board safety champion, maternity and neonatal voices partnership.</p> <p>The triage service is in an improving position and has set stretch targets to improve services.</p> <p>All areas of the service are progressing with the quality and safety agenda.</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	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		Yes	
Implications				
Board assurance framework:	BAF risk 1 - No Changes			

Risk register:	ID 16 - Inability to recruit a sufficient workforce and to ensure colleagues have the right skills to meet operational needs
Regulation:	CQC - Regulation 12 Potential high impact
Legal:	Clinical Negligence Scheme for trusts - High impact
Resources:	
Assurance Route	
Previously considered by:	Governance Meeting in Children's & Families Division Children & Families Board
Date:	23 February 2024
Any outcomes/next steps	Support to continue improvements in maternity & neonatal service, and achieve year 5 CNST standards
Previously circulated reports to supplement this paper:	

Monthly Board Report

February 2024

Additional information in support of this report is provided in conjunction with the Board Surveillance PowerPoint Presentation.

1. Findings of review of all perinatal deaths

1.1 Stillbirths and late fetal loss > 22 weeks

There were 0 stillbirths.

1.2 Neonatal Deaths

There were no neonatal deaths in February 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	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified In report writing stage
Jan	Stillbirth	35+3	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified In report writing stage
Jan	Stillbirth	37+0	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified In report writing stage
Jan	Stillbirth	26+5	Antenatal	Antenatal stillbirth rapid review completed Consultant review completed no immediate learning identified For review in April meeting

Learning from deaths

None identified.

2. Neonatal Services

Neonatal staffing is 88% recruited with 82% 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 February we had 93 % of shifts resourced within British Association of Perinatal Medicine (BAPM) standards compared to a quarter 2 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%	4	12.5%

For Q3 the total number of babies admitted to the neonatal unit that were avoidable was 11 and the reasons were:

- Respiratory problem – 3
- Hypoglycaemia (low blood sugar) – 2
- Suspected sepsis – 2
- Hypothermia – 1
- Other – 3

As in February monthly report work is ongoing with:

- the maternity and neonatal voices partnership on the information given to parents about ante-natal steroids to increase uptake.
- Ensuring that babies are kept warm immediately after birth and on the post-natal ward.

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 commenced transition to PSIRF since 1 December 2023, and remains in a transition period. There are no outstanding serious incident investigation (pre PSIRF). Going forward learning from any patient safety incident investigations will be shared in this report.

5. Training Compliance

Training figures as at 29 February 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% ↑	93.3% ↓
90% of All other Obstetric Doctors including trainees	95% ↓	90% →
90% of Midwives including Bank & NHSP	91.9% ↑	94.9% ↑

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

Table 3 - PROMPT figures

Staff Group	Prompt Compliance
90% of Obstetric Consultants	93.3 % ↓
90% of All other Obstetric Doctors including trainees	97.2 % ↑
90% of Midwives including NHSP & agency	94.6 % ↑
90% of Maternity Support Workers	93.9 % ↑
90% of Obstetric Anaesthetic Consultants	75 % ↑

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	94% ↓
90% of neonatal nurses (Band 5 7 above)	95% ↓
90% of advanced neonatal practitioners (ANNP's)	100% →
90% of Midwives	91.4 % ↓

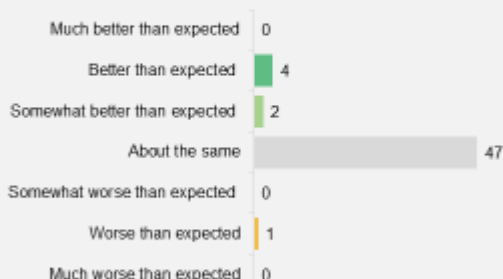
6. Service User Feedback

The CQC Maternity Survey results for 2023 were published in February 2024, and the full presentation is included in the appendices. An overview of the findings is included below.

Summary of findings for your trust

Comparison with other trusts

The **number of questions** in this report at which your trust has performed better, worse, or about the same compared with most other trusts.



Comparison with results from 2022

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2022 results.



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section ["comparison to other trusts"](#).

11 Maternity Services Survey (2023) | RPS | Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust



NHS Maternity Survey 2023

Results for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Where maternity service users' experience is best

- ✓ Partners or someone else involved in the service user's care being able to stay with them as much as the service user wanted during their stay in the hospital.
- ✓ During antenatal check-ups, service users being asked about their mental health by midwives.
- ✓ Maternity service users being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- ✓ Midwives providing service users with relevant information, during their pregnancy, about feeding their baby.
- ✓ Maternity service users feeling that if they raised a concern during their antenatal care it was taken seriously.

Where maternity service users' experience could improve

- Maternity service users feeling they were given appropriate advice and support when they contacted a midwife or the hospital at the start of their labour.
- Maternity service users being given appropriate information and advice on the benefits associated with an induced labour, before being induced.
- Maternity service users discharge from hospital not being delayed on the day they leave hospital.
- Maternity service users feeling that healthcare professionals did everything they could to manage their pain in hospital after the birth.
- Maternity service users being given information about any changes they might experience to their mental health after having their baby.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where maternity service users experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where maternity service users experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth between January and March 2023 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Between May and August 2023, a questionnaire was sent to 385 individuals. Responses were received from 156 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

72 Maternity Services Survey (2023) | RPS | Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust



An action plan has been developed to address the areas for improvement and will be monitored via the governance meetings.

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

Full compliance with the 10 safety actions on 25 January 2024 has been submitted for year 5, and year 6 will be published in April 2024.

Progress against the single delivery plan is being monitored and there was a planned assurance visit by the local maternity and neonatal system (LMNS) on 29 February 2024. Written feedback is awaited, there were no immediate issues identified.

8.1 Board Level Safety Champion

The board level safety champion continues to be actively involved in the work plans in maternity. The next clinical visit is planned on 14 March 2024 at Bassetlaw.

8.2 Culture, Leadership & SCORE Survey

The service is working collaboratively with the organisational development department to create a bespoke programme to address the findings of the SCORE and staff surveys. This will be launched in the next few months.

Each team are reviewing the staff survey results, and utilising the information gained from the SCORE survey to develop plans to address areas of improvements.

9. Perinatal Surveillance Dashboard

The perinatal surveillance dashboard has been included and has remained stable except for preterm birth rate. The trust has a preterm clinic, and provides individualised care for families that have experienced previous pre term birth, and / or are assessed as high risk for pre term birth.

10. Midwifery Staffing

Midwifery staffing remains stable, there are ongoing open days for the newly qualified midwives expected to start in October 2024. The local maternity and neonatal system are working together to support maximum recruitment.

Retention of midwives remains central to maintaining a safe service, turnover remains low with the reasons for leaving being retirement or relocation. Flexible retirement and flexible working remains high on the agenda to maintain experienced midwives.

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

Table 5 Doncaster BR+ © data

Red Flag	Number of times
Delayed or cancelled critical time activity	2
Delay between admission for induction and beginning of process	1
Management Actions taken	
Redeploy staff internally	9
Staff sourced from bank / agency	3
Unit on divert	4
Escalate to Manager on call	2

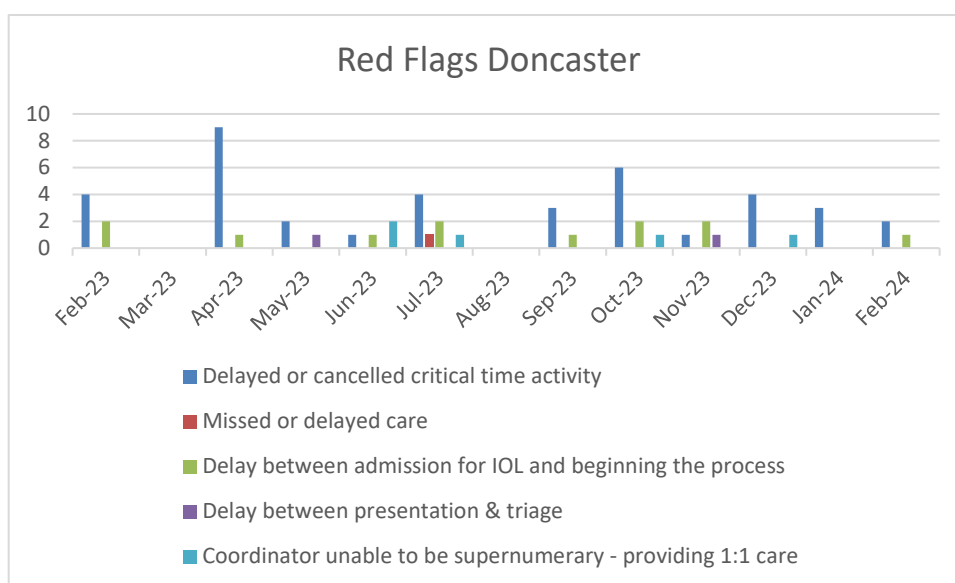
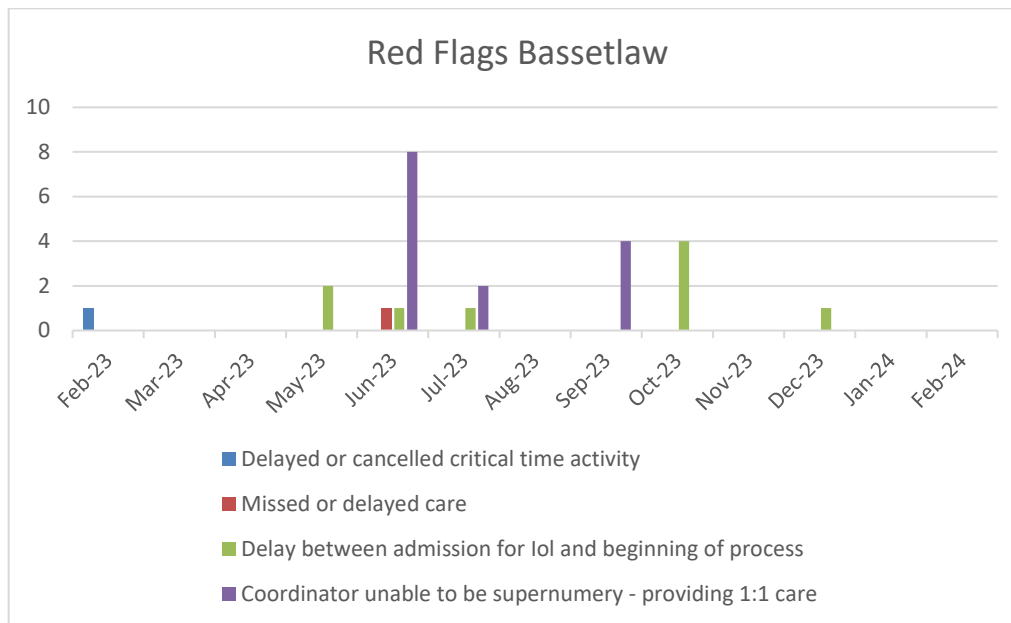


Table 10 Bassetlaw BR+ © data

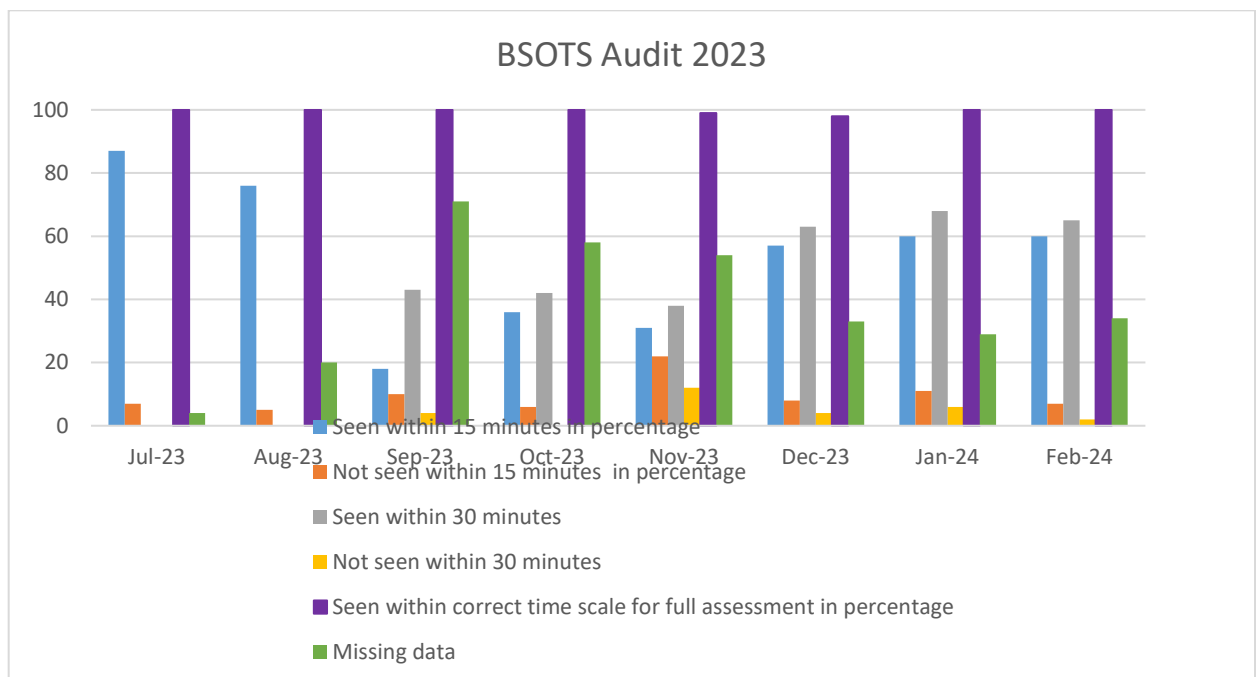
Red Flag	Number of times
None	
Management Actions taken	
Redeploy staff internally	2
Escalate to Manager on call	2
Unit of divert	5



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 performance in triage was slightly worse in February, and the team are working hard to improve this over the next month and going forward.

11. Medical Workforce

Medical staffing in obstetrics and neonates remains stable.

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

12. Conclusion

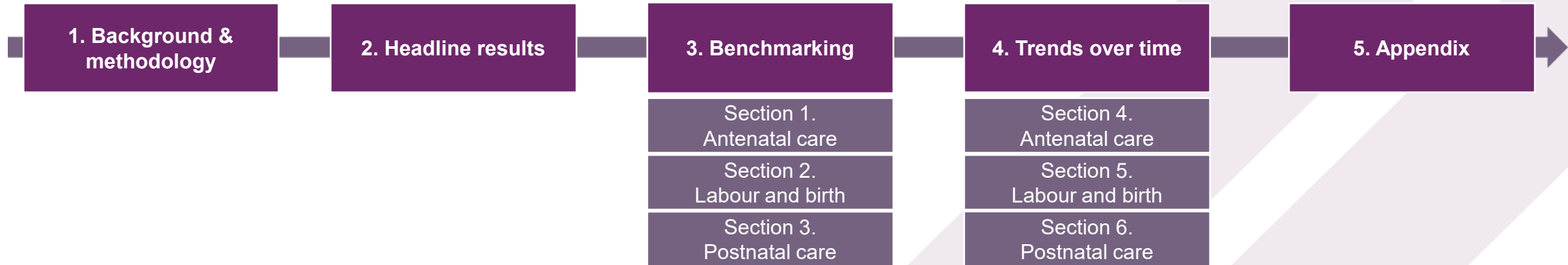
This report contains the details of the Trust performance against local and nationally agreed measures to monitor maternity services, actions are in place to improve and monitor the quality and safety in maternity services. Full compliance with the ten safety actions required for CNST has been submitted. Progress against the single delivery plan and the maternity self-assessment tool is being monitored. The Trust Board of Directors are asked to consider the assurance provided in this report together with the perinatal surveillance dashboard.

NHS Maternity Services Survey 2023 Benchmark Report

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust



Contents



This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions which can be found at <https://www.ipsos.com/en-nl/general-terms-and-conditions> © Care Quality Commission 2023

Background and methodology

This section includes:

- explanation of the NHS Patient Survey Programme
- information on the 2023 Maternity Survey
- a description of key terms used in this report
- navigating the report



Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Maternity Survey was first carried out in 2007. The 2023 Maternity Survey will be the tenth carried out to date. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

The 2023 Maternity Survey

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos. A total of 63,271 people who used maternity services were invited to participate in the survey across 121 NHS trusts.

Completed responses were received from 25,515 maternity service users, an adjusted response rate of 41%.

Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2023. If there were fewer than 300 people within an NHS trust who gave birth in February 2023, then births from January were included.

In larger trusts, all eligible individuals from ethnic minority backgrounds, who had a live birth between 1 and 31 January and 1 and 31 March 2023 were invited to participate. A full list of eligibility criteria can be found in the survey [sampling instructions](#).

Fieldwork took place between May and August 2023.

In 2023, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust took part in the ethnicity booster element of the survey.

Trend data

In 2021, the Maternity Survey transitioned from a solely paper based methodology to both paper and online. This dual approach was continued in 2022 and 2023.

Analysis conducted prior to the 2021 survey, concluded that this change in methodology did not have a detrimental impact on trend data. Therefore, data from the 2022 survey and subsequent years are comparable with previous years, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust.

Where results are comparable with previous years, a section on historical trends has been included. Where there are insufficient data points for historical trends, significance testing has been carried out against 2022 data.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about CQC's survey programme, please visit the [CQC website](#).

Background and methodology (continued)

Antenatal and Postnatal data

The Maternity Survey is split into three sections that ask questions about:

- antenatal care
- labour and birth
- postnatal care

It is possible that some maternity service users may have experienced these stages of care in different trusts. This may be for many reasons such as moving home, or having to travel for more specialist care, or due to variation in service provision across the country. For the purpose of benchmarking, it is important that we understand which trust the respondent is referring to when they are completing each section of the survey.

When answering survey questions about labour and birth we can be confident that in all cases respondents are referring to the trust from which they were sampled. It is therefore possible to compare results for labour and birth across all 121 NHS trusts that took part in the survey.

Trusts were asked to carry out an “attribution exercise”, where each trust identifies the individuals in their sample that are likely to have also received their antenatal and postnatal care from the trust. This is done using either electronic records or residential postcode information. This attribution exercise was first carried out in the 2013 survey. In 2023, 121 of the 121 trusts that took part in the survey completed this exercise.

The survey results contained in this report include only those respondents who were identified as receiving care at this trust.

Limitations of this approach

Data is provided voluntarily. In 2023, all trusts provided this data. The antenatal and postnatal care sections of this report are therefore benchmarked against all trusts that provided the required information.

Some trusts do not keep electronic records of antenatal and postnatal care. Where this is the case, location of antenatal and postnatal care is based on residential location of respondents. This is not a perfect measure of whether antenatal and postnatal care was received at the trust. For example,

respondents requiring specialist antenatal or postnatal care may have received this from another trust. This may mean that some respondents are included in the data despite having received care from another trust.

Key terms used in this report

The ‘expected range’ technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the ‘expected range’ to determine if your trust is performing ‘about the same’, ‘better’ or ‘worse’ compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the [Appendix](#).

Standardisation

Demographic characteristics, such as age can influence care experiences and how they are reported. Since trusts have differing profiles of maternity service users, this could make fair trust comparisons difficult. To account for this, we ‘standardise’ the results, which means we apply a weight to individual patient responses to account for differences in profiles between trusts. For each trust, results have been standardised by parity (whether or not a service user has given birth previously) and age of respondents to reflect the ‘national’ age distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile of maternity service users and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

Scoring

For selected questions in the survey, the individual (standardised) responses are converted into scores, typically 0, 5, or 10 (except for questions B3 and D8). A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive, and others are ‘routing questions’, which are designed to filter out respondents to whom subsequent questions do not apply (for example C3). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

Trust average

The ‘trust average’ mentioned in this report is the arithmetic mean of all trusts’ scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to). This is to prevent individual responses being identifiable.

Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

Using the survey results

Navigating this report

This report is split into **five** sections:

- 1. Background and methodology** – provides information about the survey programme, how the survey is run and how to interpret the data.
- 2. Headline results** – includes key trust-level findings relating to the service user who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- 3. Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the ‘expected range’ analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to

improve. Only trusts that provide data on antenatal and/ or postnatal care and have sufficient respondent numbers are also provided with survey results for antenatal and postnatal care within this report.

- 4. Trends over time** – includes your trust’s mean score for each evaluative question in the survey. This is either shown as a historical trend chart or a significance test table, depending on the availability of longitudinal data.

Where possible, significance testing compares the mean score for your trust in 2022 to your 2023 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.

Historical trends are presented where data is available, and questions remain comparable for your trust. Trends are presented only where there are at least five data points available to plot on the chart. Historical trend charts show the mean score for your trust by year, so that you can see if your trust has made improvements over time. They also include the national mean score by year, to allow you to see

whether your performance is in line with the national average or not.

Significance test tables are presented where there are less than 5 data points available, and questions remain comparable between 2022 and 2023.

- 5. Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

Using the survey results (continued)

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section 'benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the [Appendix](#).

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; A-Z list to view the results for each trust; technical document:
<http://www.cqc.org.uk/maternitysurvey>
- National and trust-level data for all trusts who took part in the 2023 Maternity Survey:
<https://nhssurveys.org/surveys/survey/04-maternity/year/2023>. Full details of the methodology for the survey, instructions for trusts

and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.

- Information on the NHS Patient Survey Programme, including results from other surveys:
www.cqc.org.uk/content/surveys
- Information about how the CQC monitors services:
<https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services>

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust



Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of maternity service users who took part in the survey.



385 invited to take part



156 completed



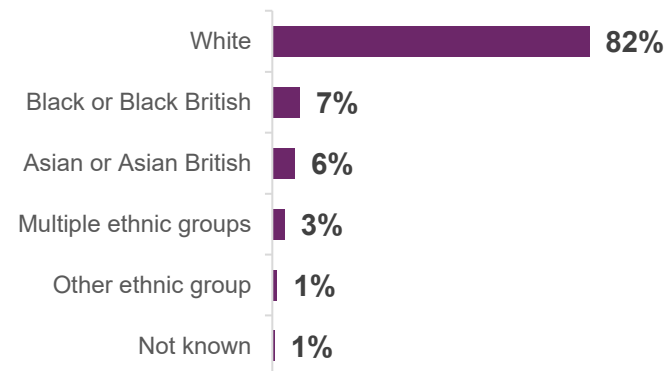
41% response rate

41% average trust response rate

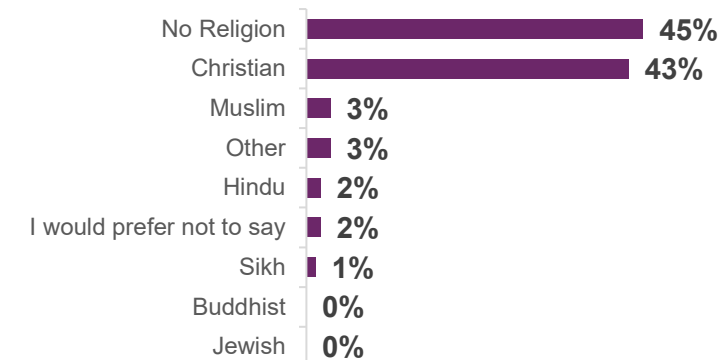
27% response rate for your trust for 2022



ETHNICITY

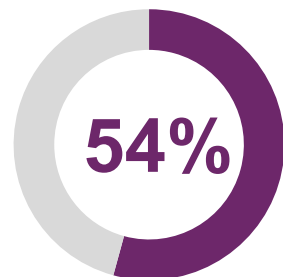


RELIGION



PARITY

How many babies have you given birth to before this pregnancy?

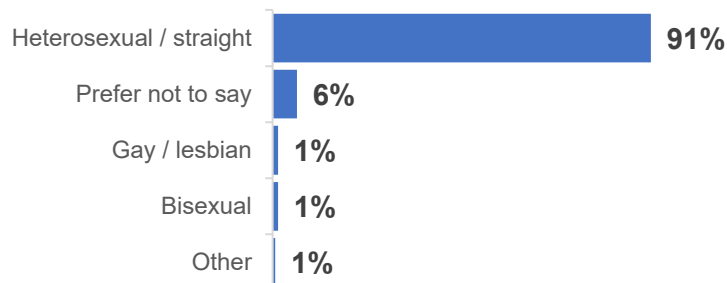


54% of respondents gave birth to their first baby.

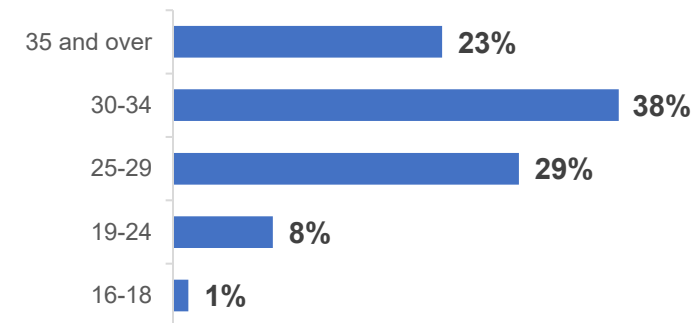


SEXUALITY

Which of the following best describes how you think of yourself?



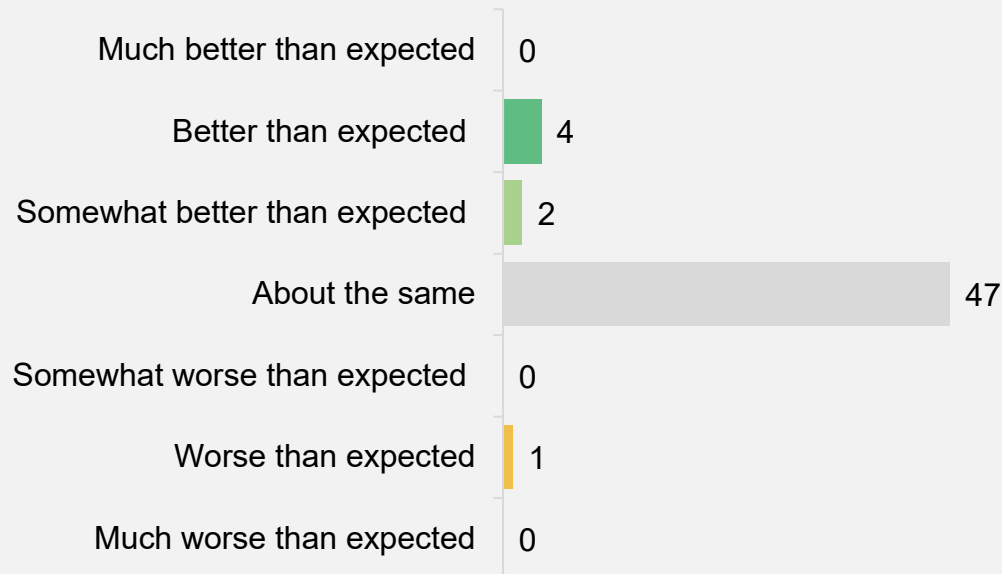
AGE



Summary of findings for your trust

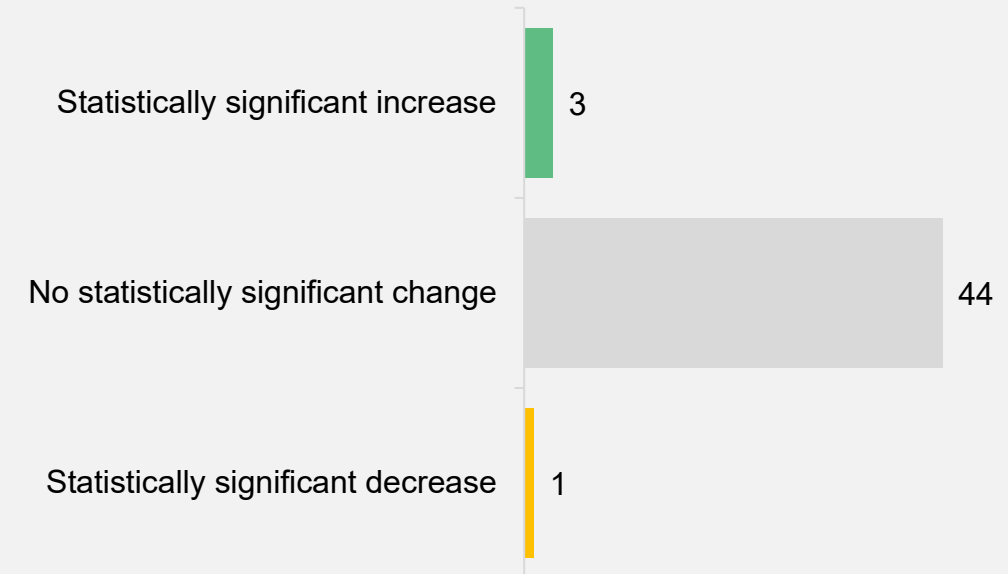
Comparison with other trusts

The **number of questions** in this report at which your trust has performed better, worse, or about the same compared with most other trusts.



Comparison with results from 2022

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2022 results.



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“comparison to other trusts”](#).

Best and worst performance relative to the trust average

These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

- **Top five scores:** These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.

Top five scores (compared with average trust score across England)



Bottom five scores (compared with average trust score across England)



Benchmarking

This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts
- for more guidance on interpreting these graphs, please refer to the [appendix](#)



Benchmarking

Antenatal care



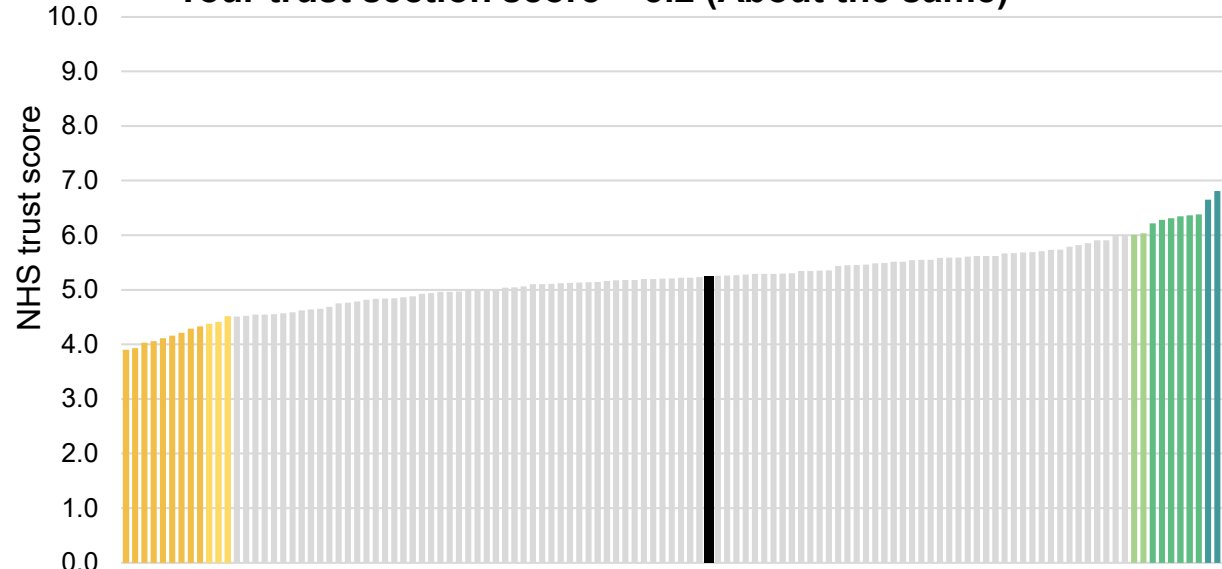
The start of your care during pregnancy

Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for antenatal care received. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'the start of your care during pregnancy' is calculated from questions B3 and B4. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

- Much worse than expected
- Somewhat worse than expected
- Somewhat better than expected
- Much better than expected
- Worse than expected
- About the same
- Better than expected
- Your trust

Your trust section score = 5.2 (About the same)



Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.6
Leeds Teaching Hospitals NHS Trust	5.5
The Rotherham NHS Foundation Trust	5.5
Airedale NHS Foundation Trust	5.5
Gateshead Health NHS Foundation Trust	5.3

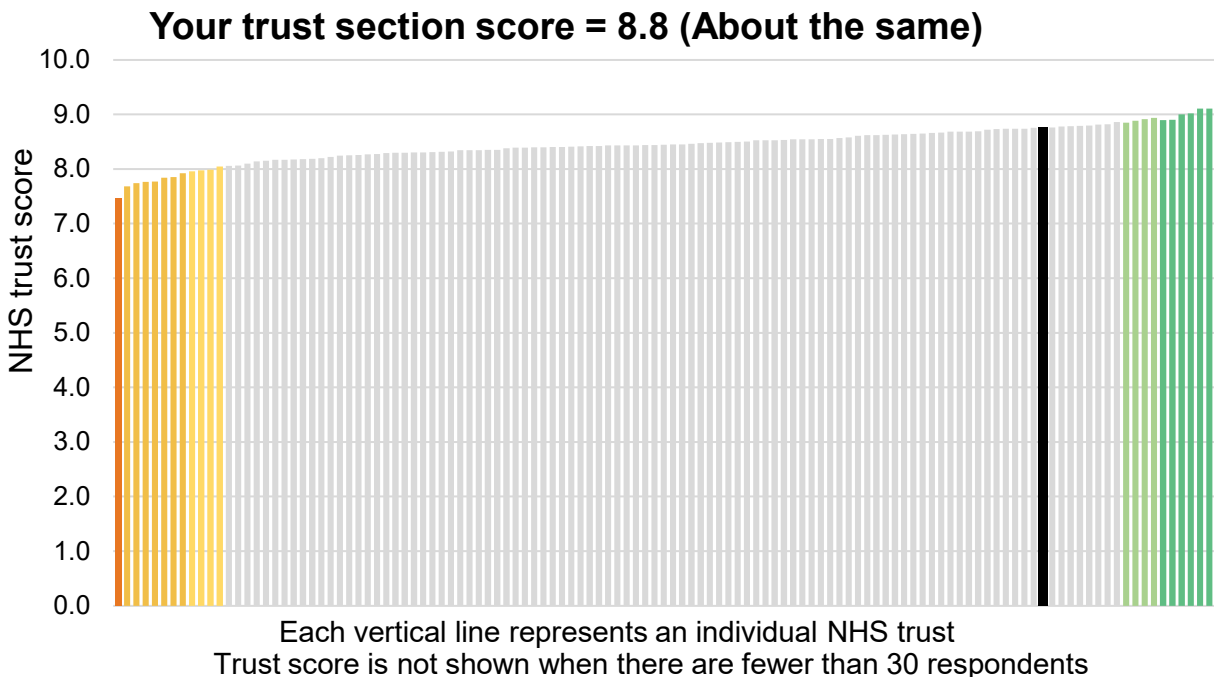
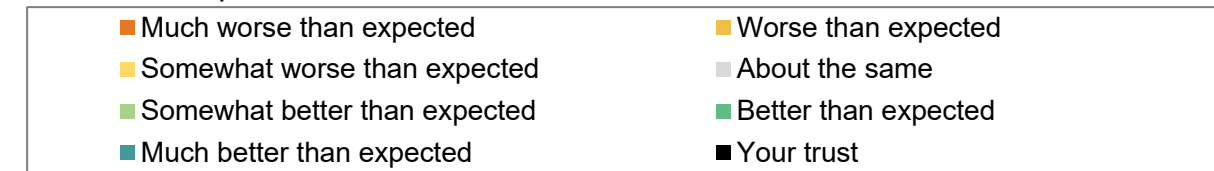
Trusts with the lowest scores

Hull University Teaching Hospitals NHS Trust	3.9
Barnsley Hospital NHS Foundation Trust	4.2
County Durham and Darlington NHS Foundation Trust	4.4
North Cumbria Integrated Care NHS Foundation Trust	4.9
Harrogate and District NHS Foundation Trust	4.9

Antenatal check-ups

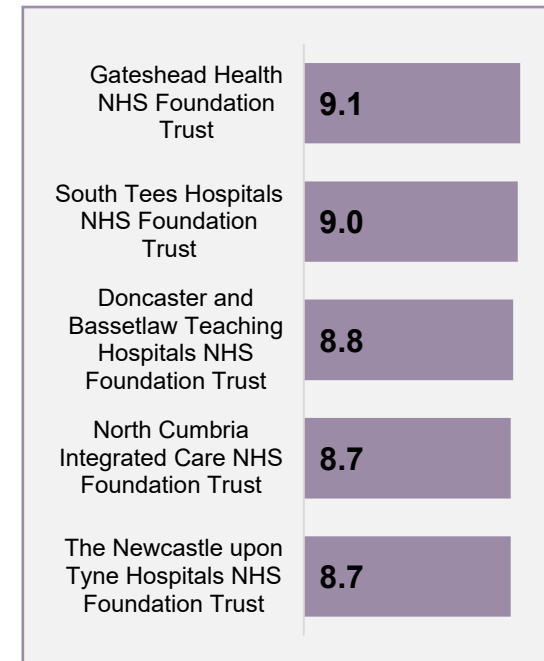
Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for antenatal care received. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'antenatal check-ups' is calculated from questions B7 to B10. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

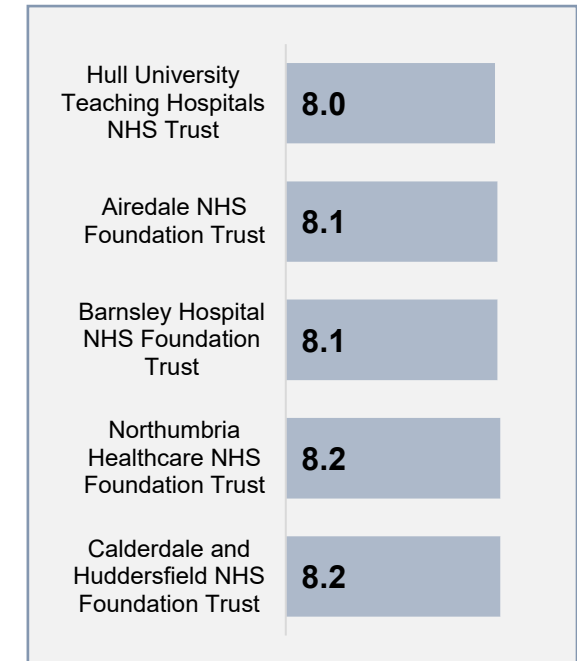


Comparison with other trusts within your region

Trusts with the highest scores



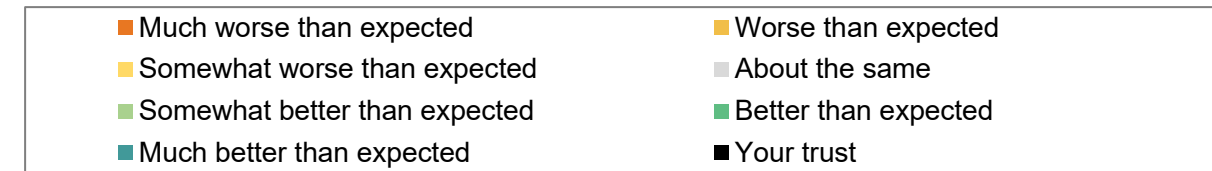
Trusts with the lowest scores



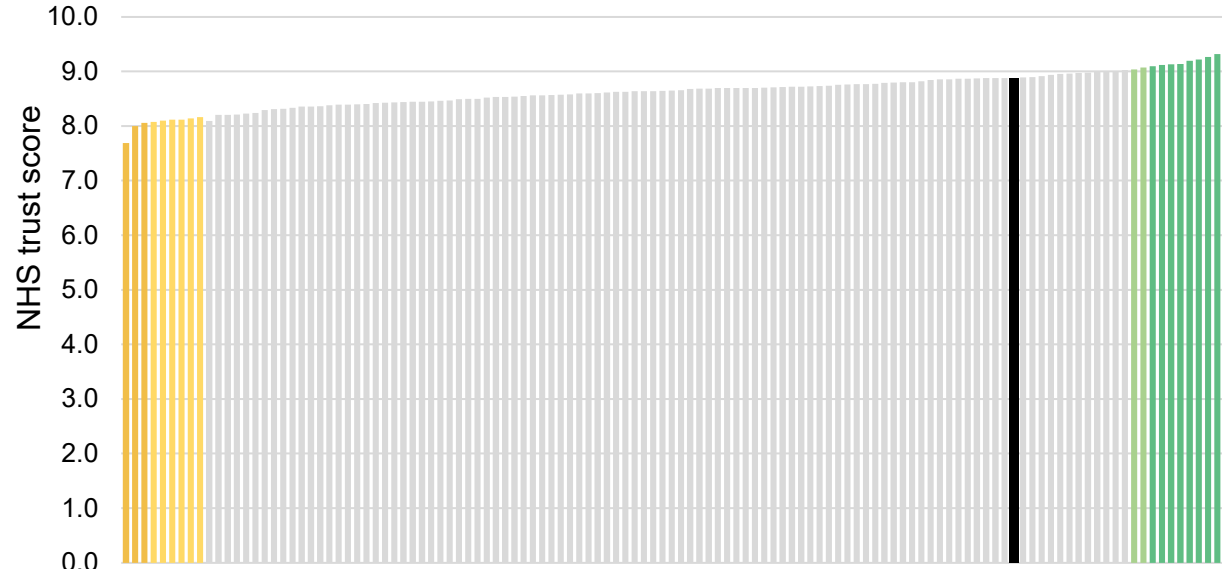
During your pregnancy

Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for antenatal care received. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'during your pregnancy' is calculated from questions B11 to B18. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.9 (About the same)



Comparison with other trusts within your region

Trusts with the highest scores

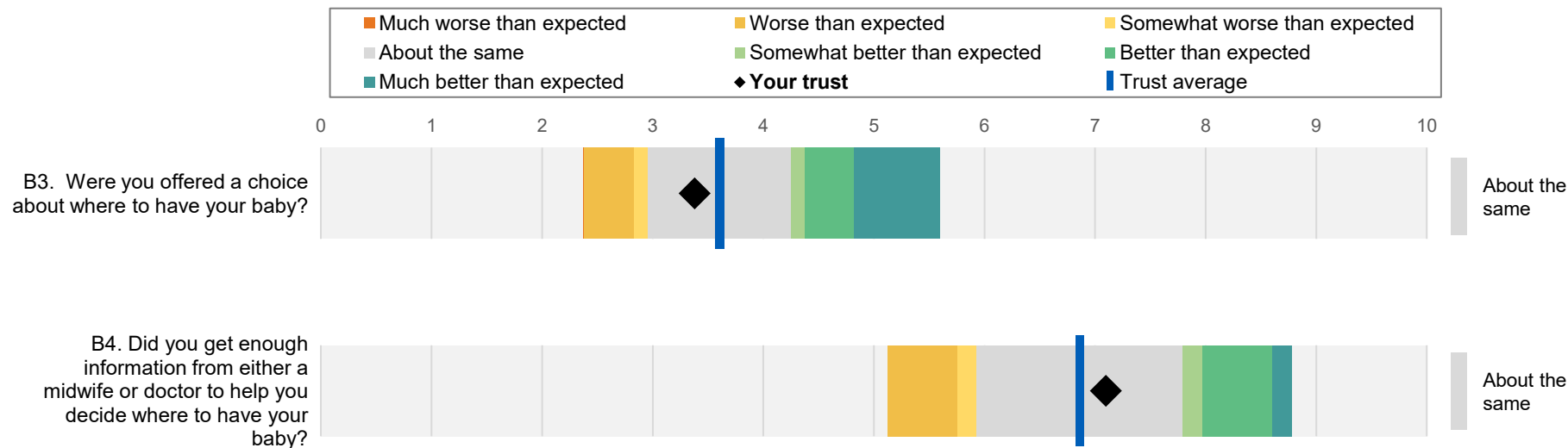
Gateshead Health NHS Foundation Trust	9.3
North Tees and Hartlepool NHS Foundation Trust	9.1
Harrogate and District NHS Foundation Trust	9.0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	8.9
South Tees Hospitals NHS Foundation Trust	8.9

Trusts with the lowest scores

Mid Yorkshire Teaching NHS Trust	8.2
Calderdale and Huddersfield NHS Foundation Trust	8.2
Airedale NHS Foundation Trust	8.3
Hull University Teaching Hospitals NHS Trust	8.4
Northumbria Healthcare NHS Foundation Trust	8.5

Benchmarking - Antenatal care

Question scores: Start of your pregnancy

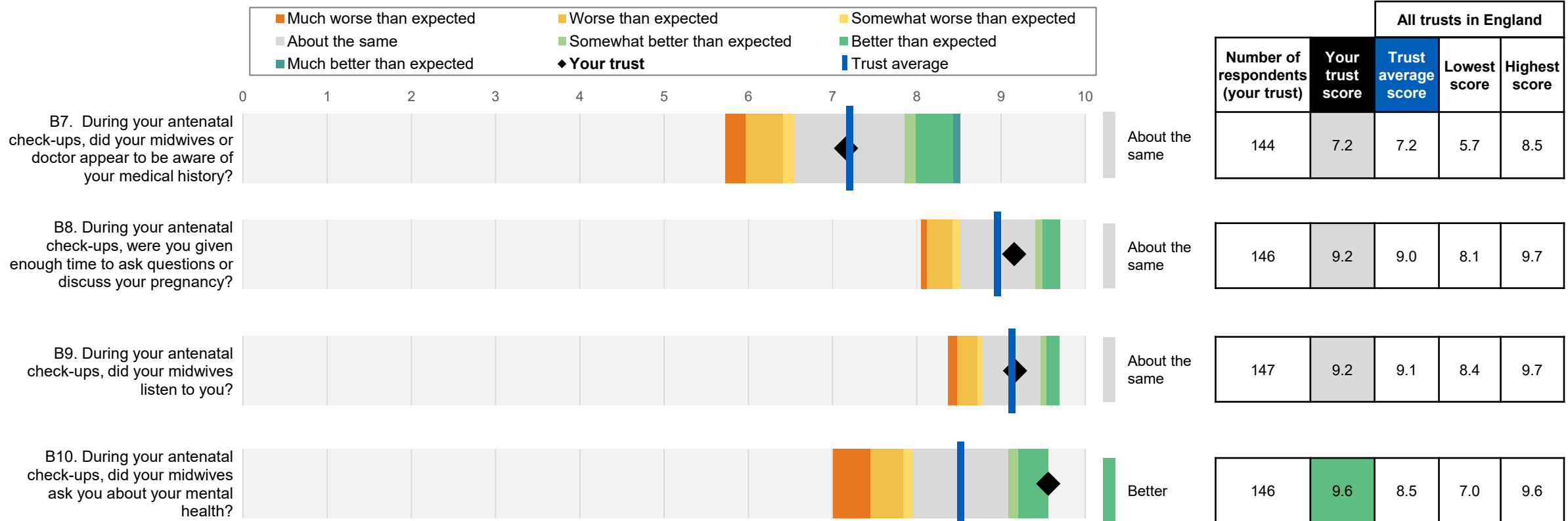


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
129	3.4	3.6	2.4	5.6

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
141	7.1	6.9	5.1	8.8

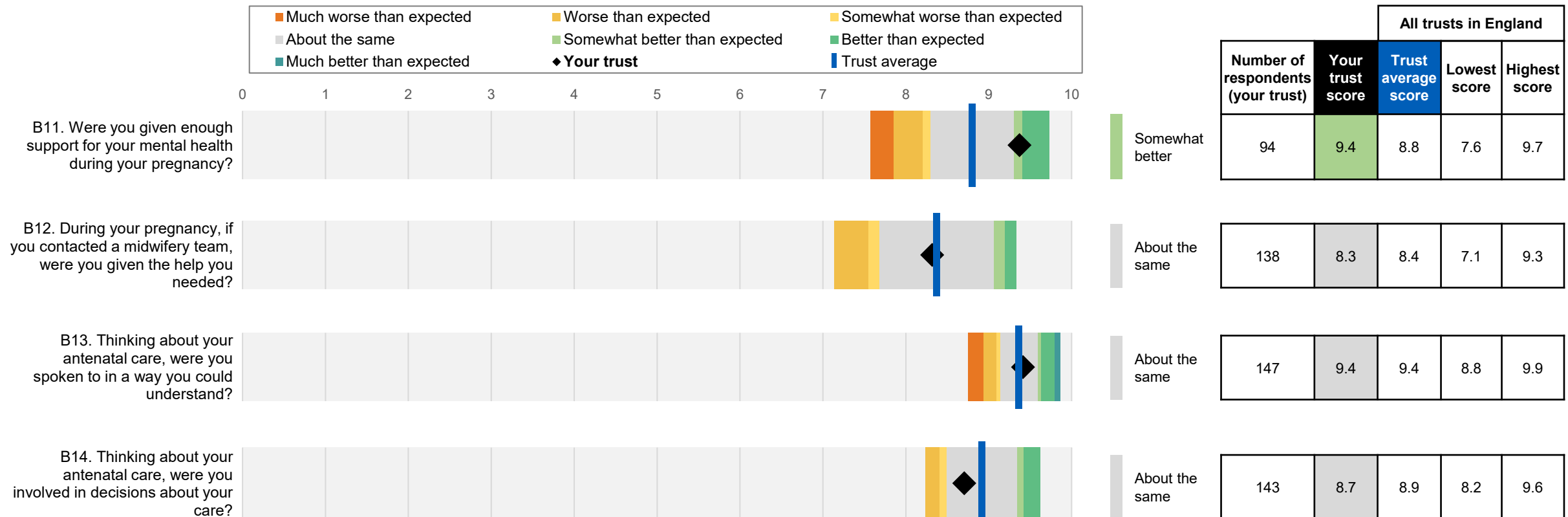
Benchmarking - Antenatal care (continued)

Question scores: Antenatal check-ups



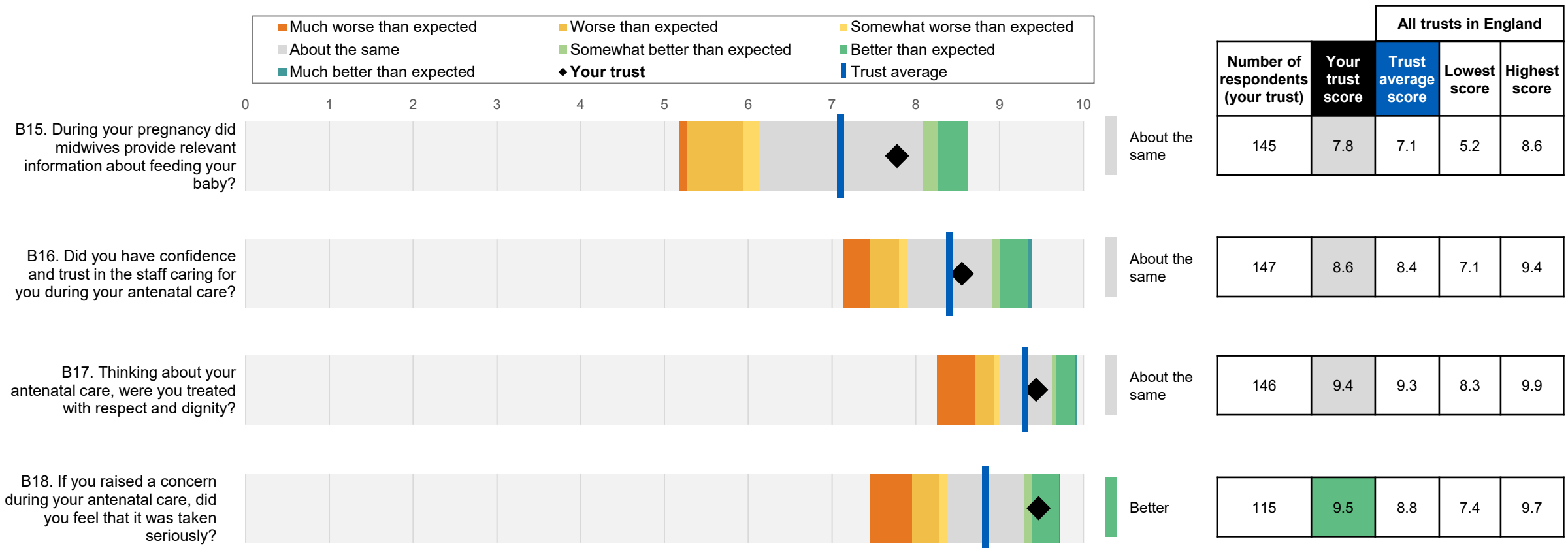
Benchmarking - Antenatal care (continued)

Question scores: During your pregnancy



Benchmarking - Antenatal care (continued)

Question scores: During your pregnancy



Benchmarking

Labour and birth



Your labour and birth

Section score

This shows the range of section scores for all NHS trusts included in the survey. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'your labour and birth' is calculated from questions C4 to C9. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Comparison with other trusts within your region

Trusts with the highest scores

Gateshead Health NHS Foundation Trust	8.9
North Cumbria Integrated Care NHS Foundation Trust	8.9
Leeds Teaching Hospitals NHS Trust	8.8
South Tees Hospitals NHS Foundation Trust	8.6
York and Scarborough Teaching Hospitals NHS Foundation Trust	8.5

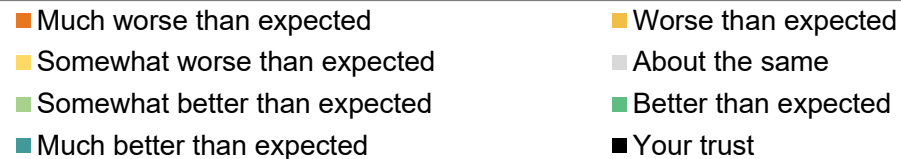
Trusts with the lowest scores

Sheffield Teaching Hospitals NHS Foundation Trust	7.6
Hull University Teaching Hospitals NHS Trust	7.7
North Tees and Hartlepool NHS Foundation Trust	7.9
Calderdale and Huddersfield NHS Foundation Trust	8.0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	8.1

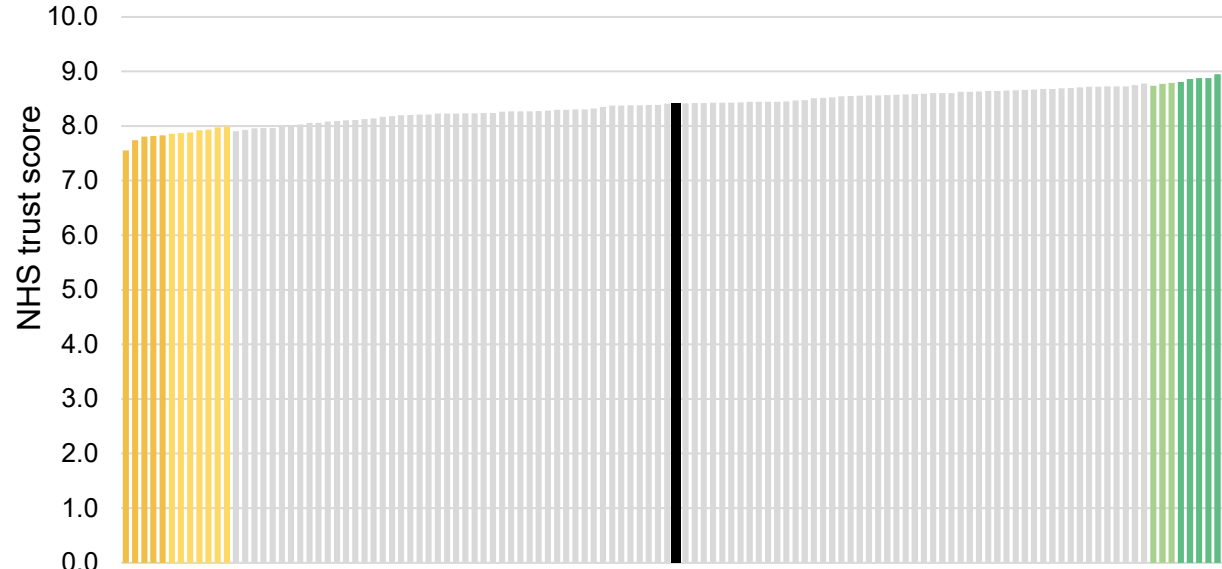
Staff caring for you

Section score

This shows the range of section scores for all NHS trusts included in the survey. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'staff caring for you' is calculated from questions C10 and C12 to C21. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



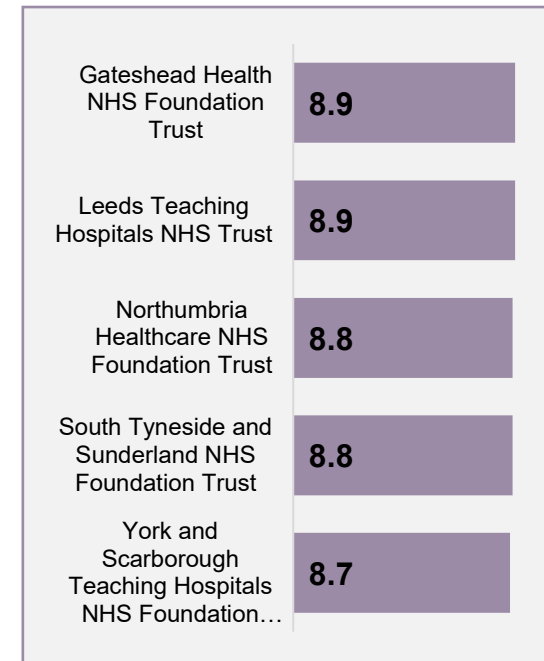
Your trust section score = 8.4 (About the same)



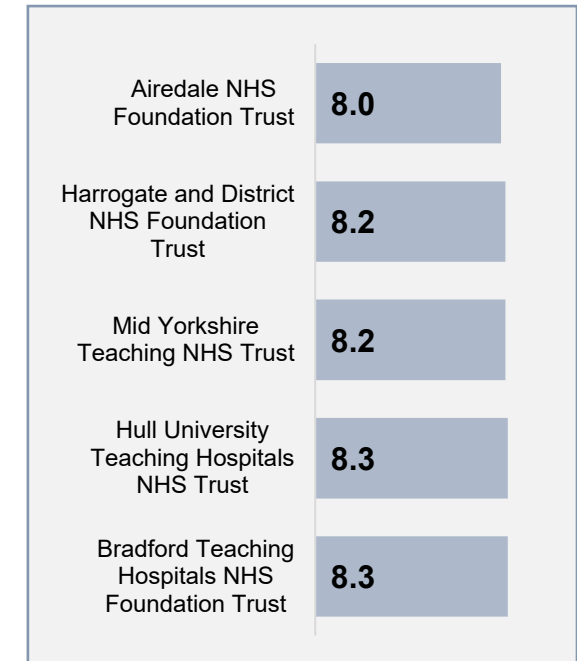
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



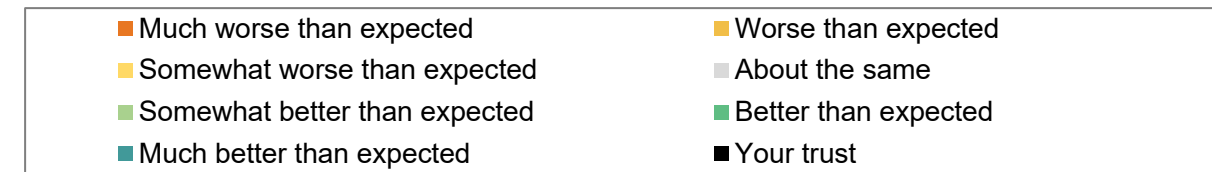
Trusts with the lowest scores



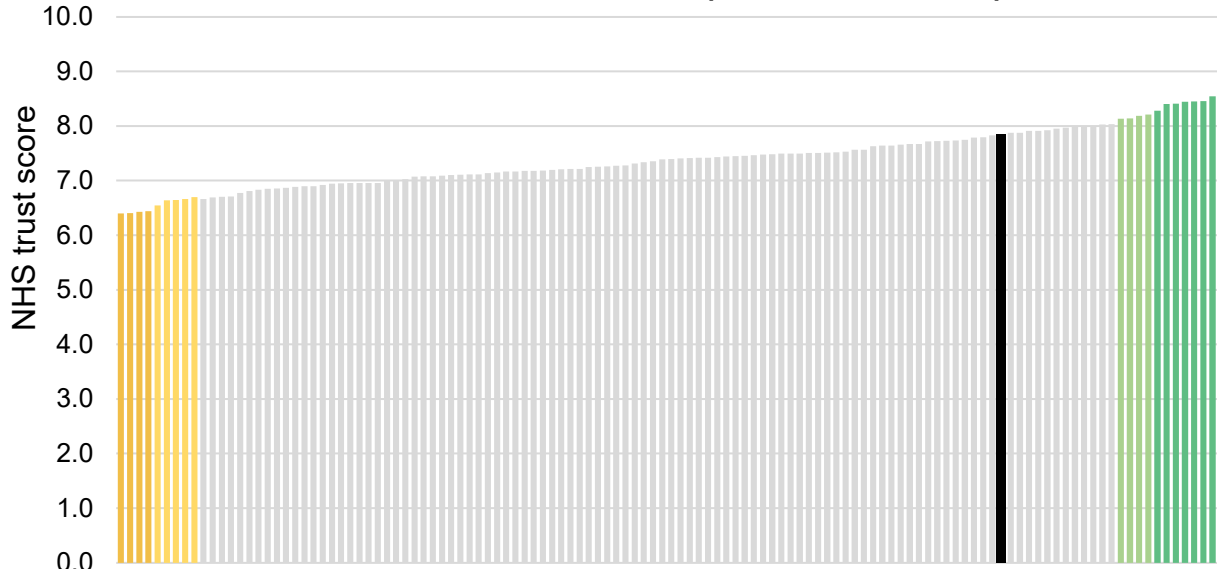
Care in the ward after birth

Section score

This shows the range of section scores for all NHS trusts included in the survey. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care in the ward after birth' is calculated from questions D2 to D8. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



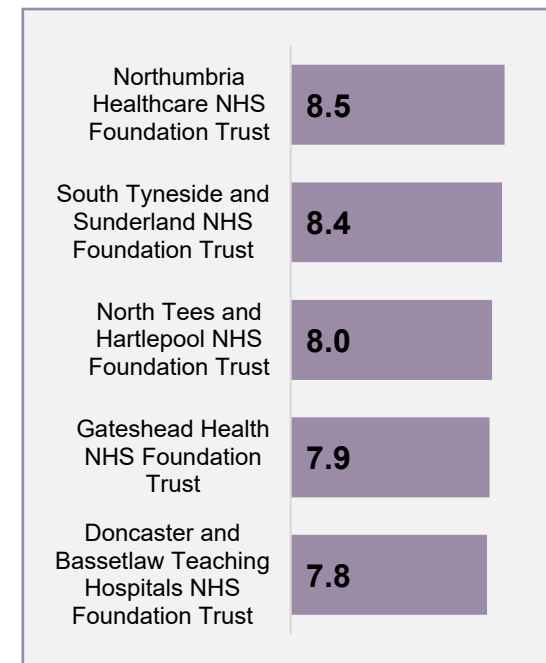
Your trust section score = 7.8 (About the same)



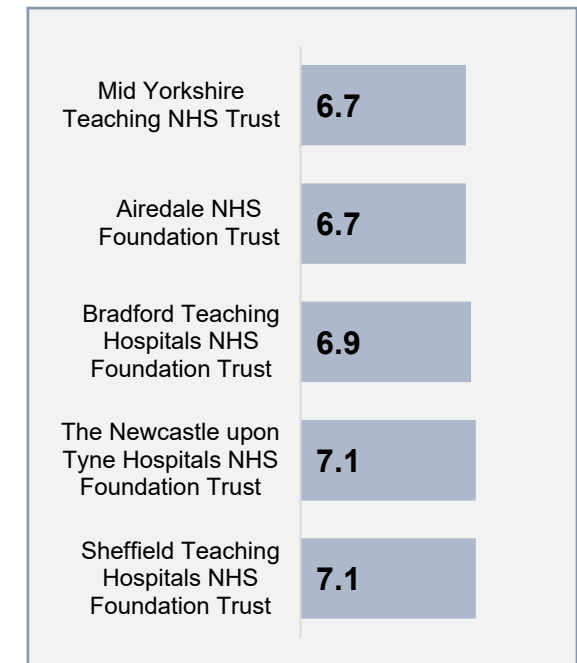
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

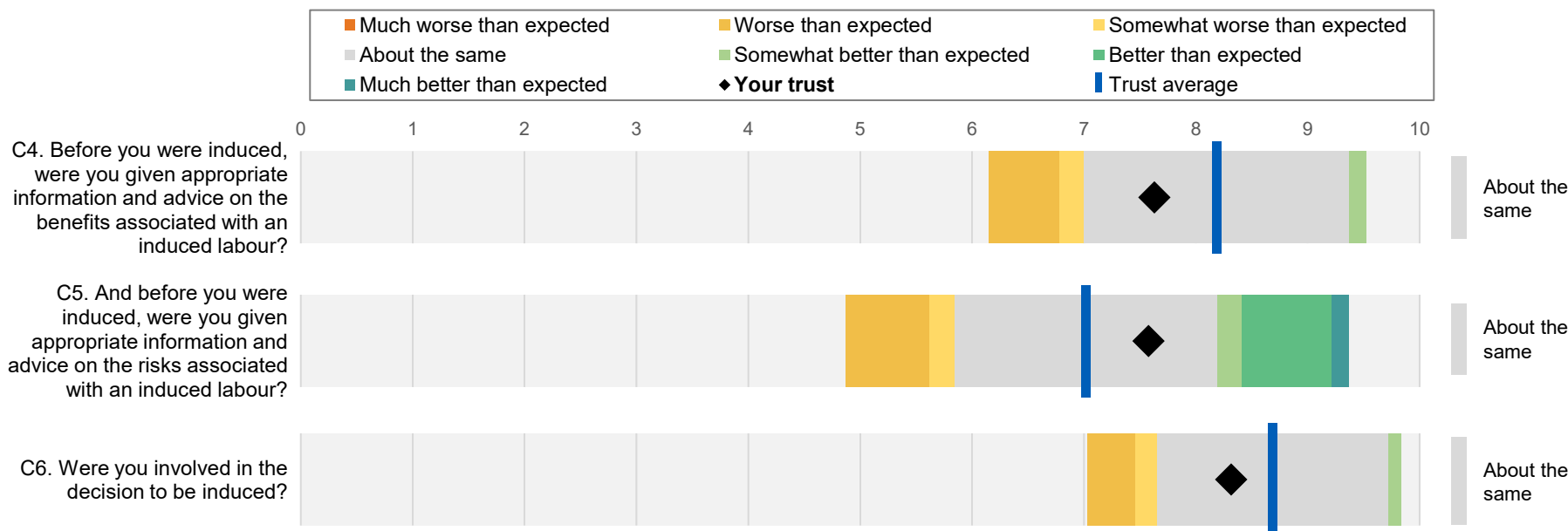


Trusts with the lowest scores



Benchmarking - Labour and birth

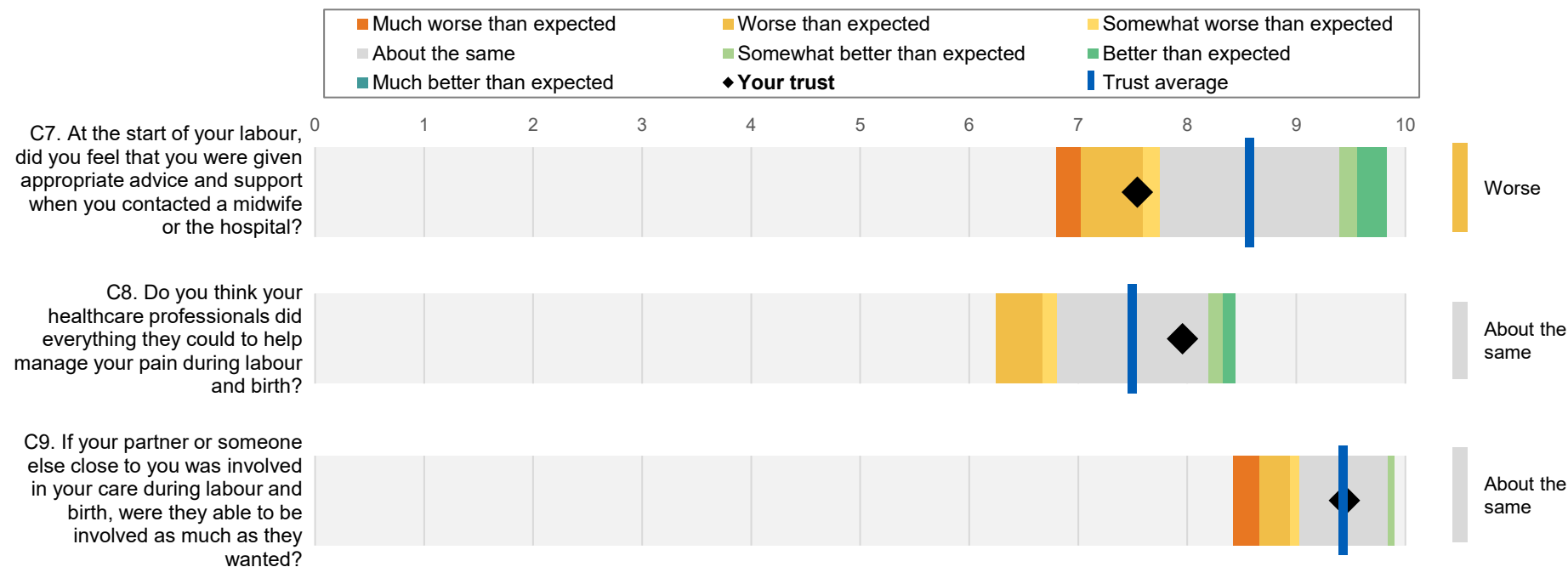
Question scores: Your labour and birth



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
47	7.6	8.2	6.1	9.5
46	7.6	7.0	4.9	9.4
46	8.3	8.7	7.0	9.8

Benchmarking - Labour and birth (continued)

Question scores: Your labour and birth



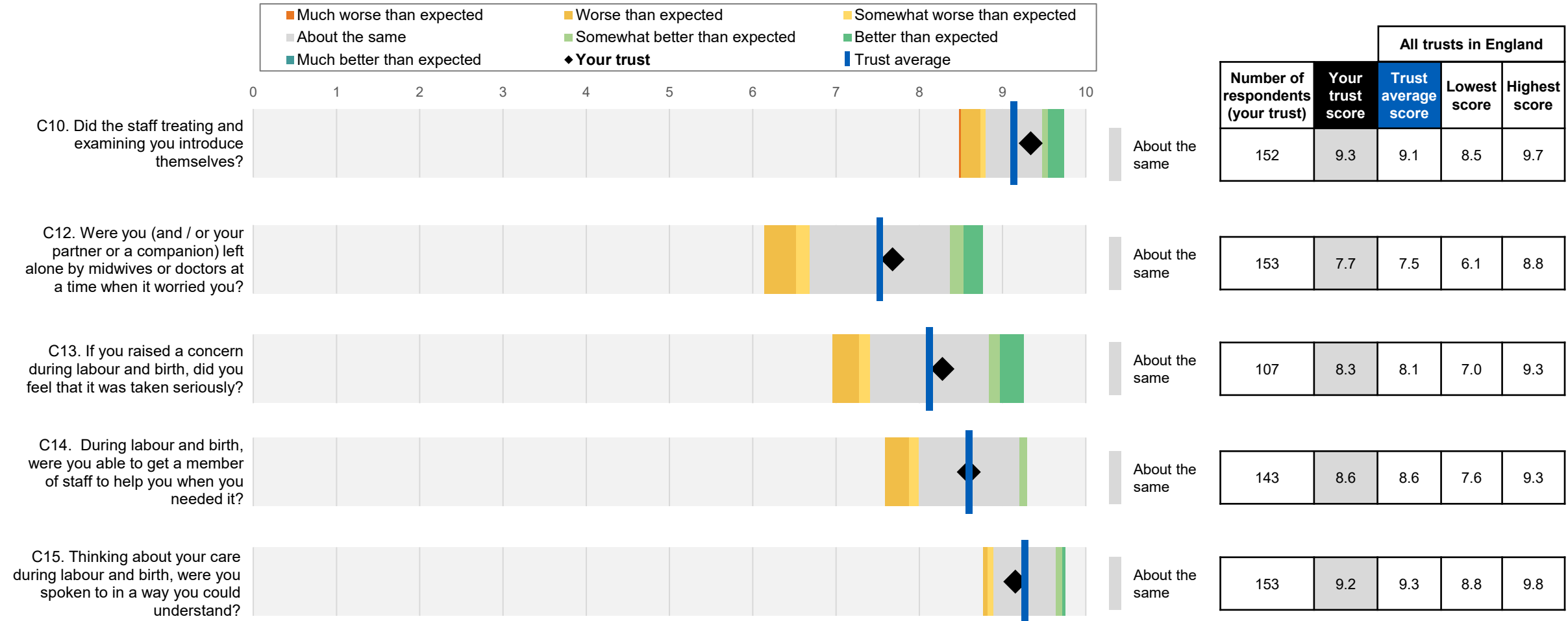
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
97	7.5	8.6	6.8	9.8

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
107	8.0	7.5	6.2	8.4

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
149	9.4	9.4	8.4	9.9

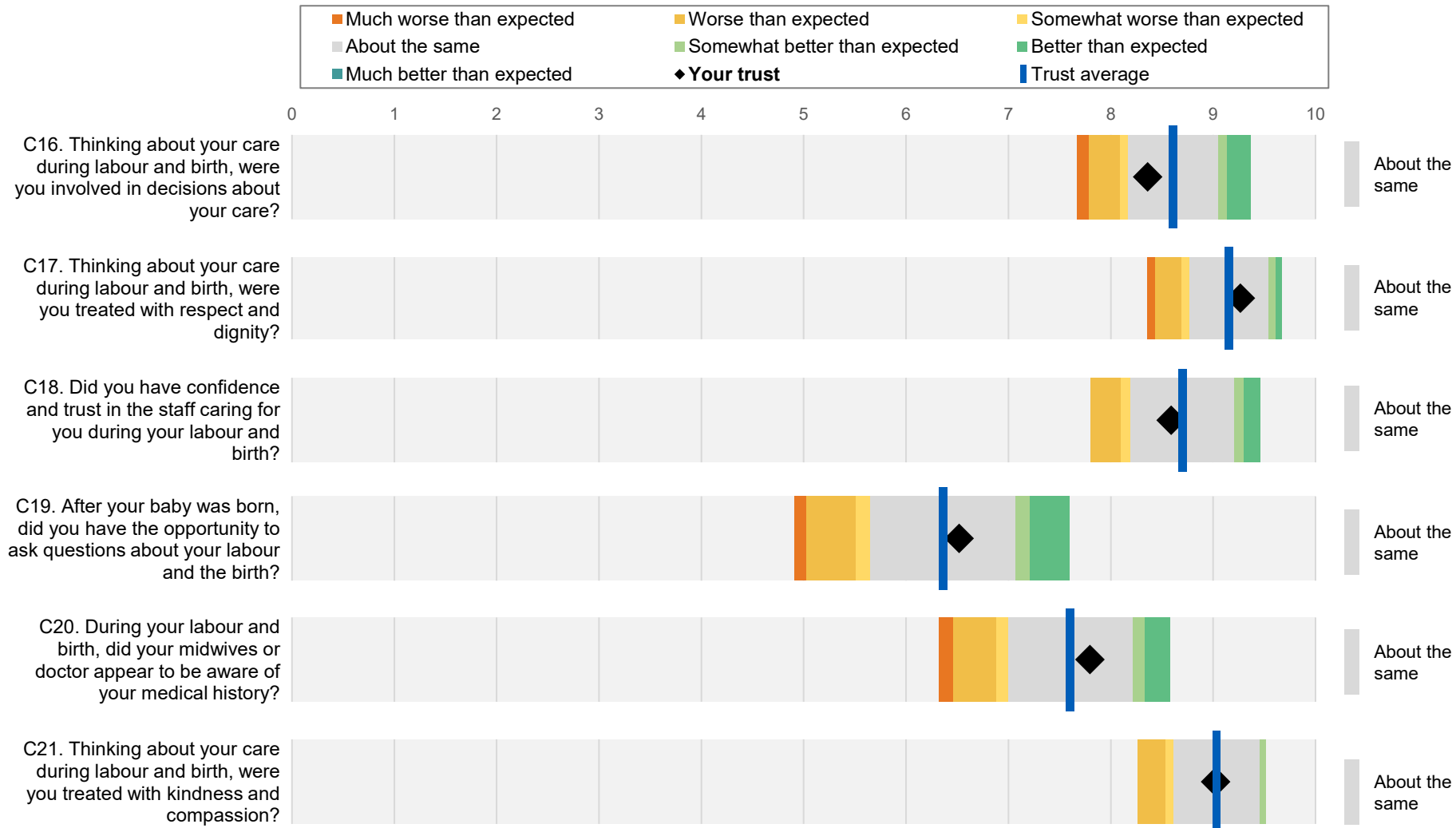
Benchmarking - Labour and birth (continued)

Question scores: Staff caring for you



Benchmarking - Labour and birth (continued)

Question scores: Staff caring for you



All trusts in England				
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
146	8.4	8.6	7.7	9.4

152	9.3	9.2	8.4	9.7
-----	-----	-----	-----	-----

153	8.6	8.7	7.8	9.5
-----	-----	-----	-----	-----

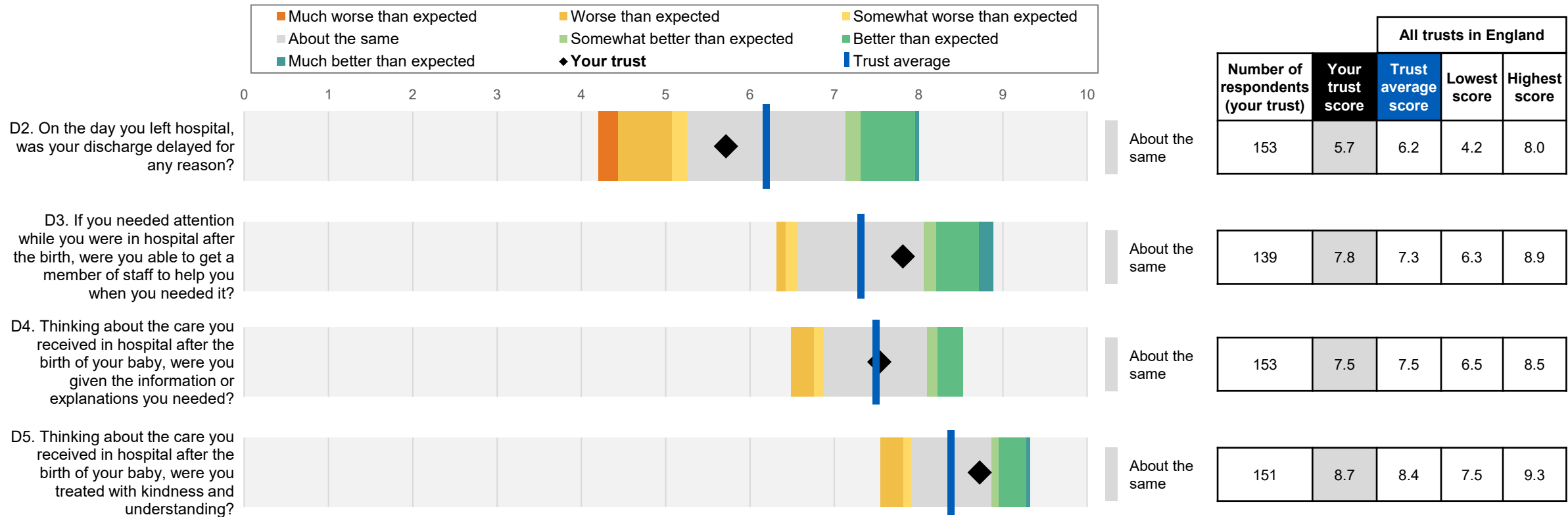
131	6.5	6.4	4.9	7.6
-----	-----	-----	-----	-----

139	7.8	7.6	6.3	8.6
-----	-----	-----	-----	-----

153	9.0	9.0	8.3	9.5
-----	-----	-----	-----	-----

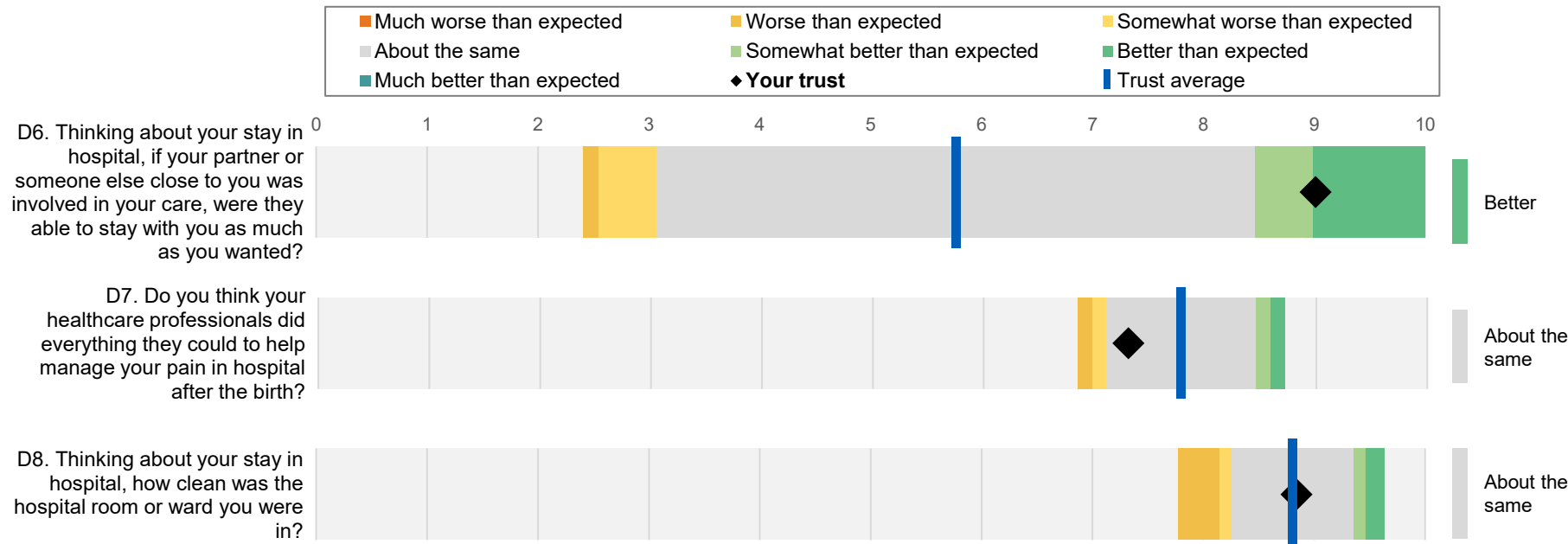
Benchmarking - Labour and birth (continued)

Question scores: Care in the ward after birth



Benchmarking - Labour and birth (continued)

Question scores: Care in the ward after birth



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
150	9.0	5.8	2.4	10.0
142	7.3	7.8	6.8	8.7
153	8.8	8.8	7.8	9.6

Benchmarking

Postnatal care



Feeding your baby

Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for postnatal care received. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'feeding your baby' is calculated from questions E2 and E3. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Comparison with other trusts within your region

Trusts with the highest scores

Gateshead Health NHS Foundation Trust	9.4
The Rotherham NHS Foundation Trust	8.9
Leeds Teaching Hospitals NHS Trust	8.7
North Tees and Hartlepool NHS Foundation Trust	8.7
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	8.7

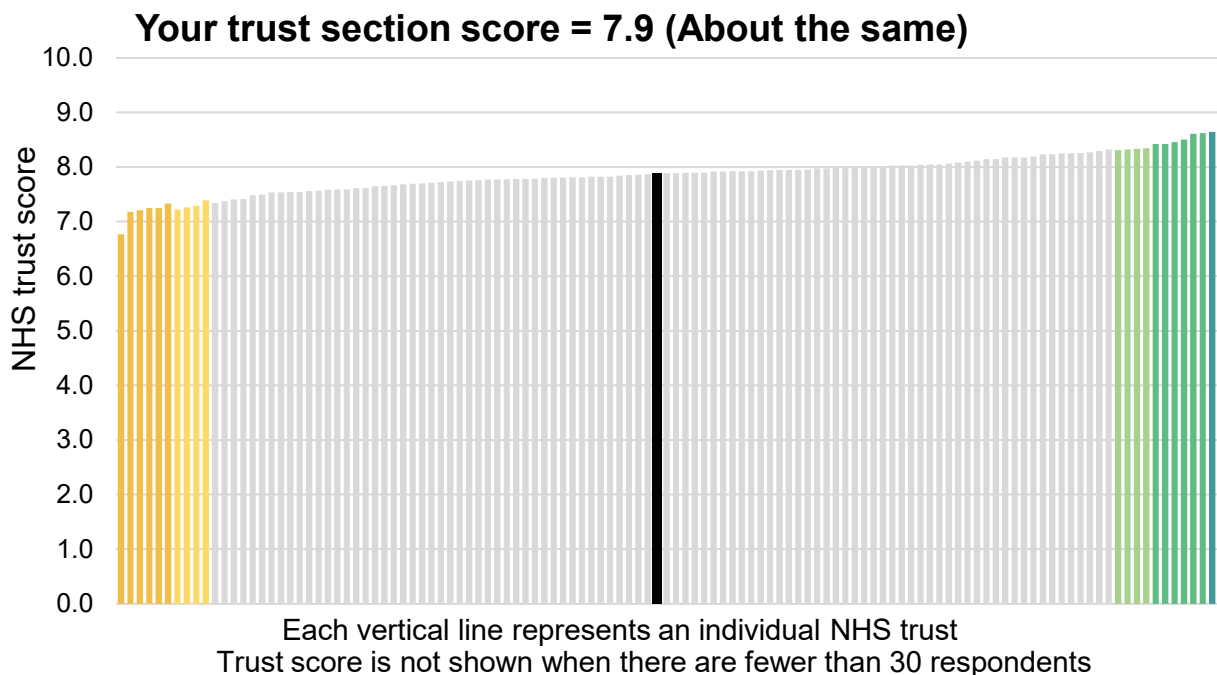
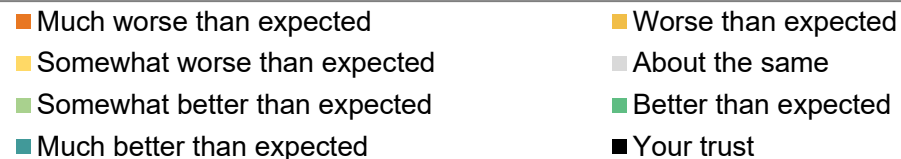
Trusts with the lowest scores

Harrogate and District NHS Foundation Trust	8.1
Airedale NHS Foundation Trust	8.2
The Newcastle upon Tyne Hospitals NHS Foundation Trust	8.3
Calderdale and Huddersfield NHS Foundation Trust	8.3
Mid Yorkshire Teaching NHS Trust	8.3

Care at home after birth

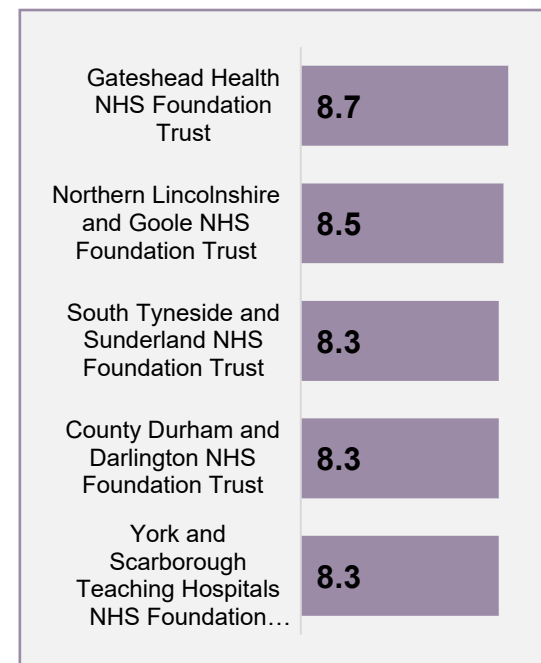
Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data for postnatal care received. Section scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care at home after birth' is calculated from questions F1 and F2, F5 to F9 and F11 to F17. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

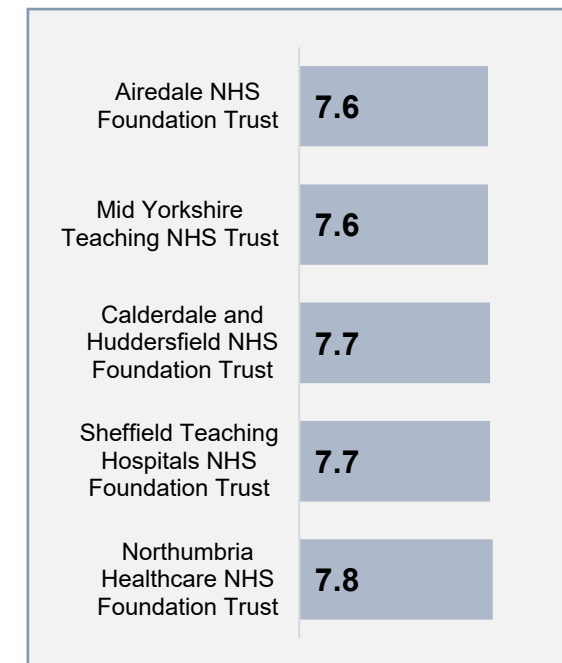


Comparison with other trusts within your region

Trusts with the highest scores

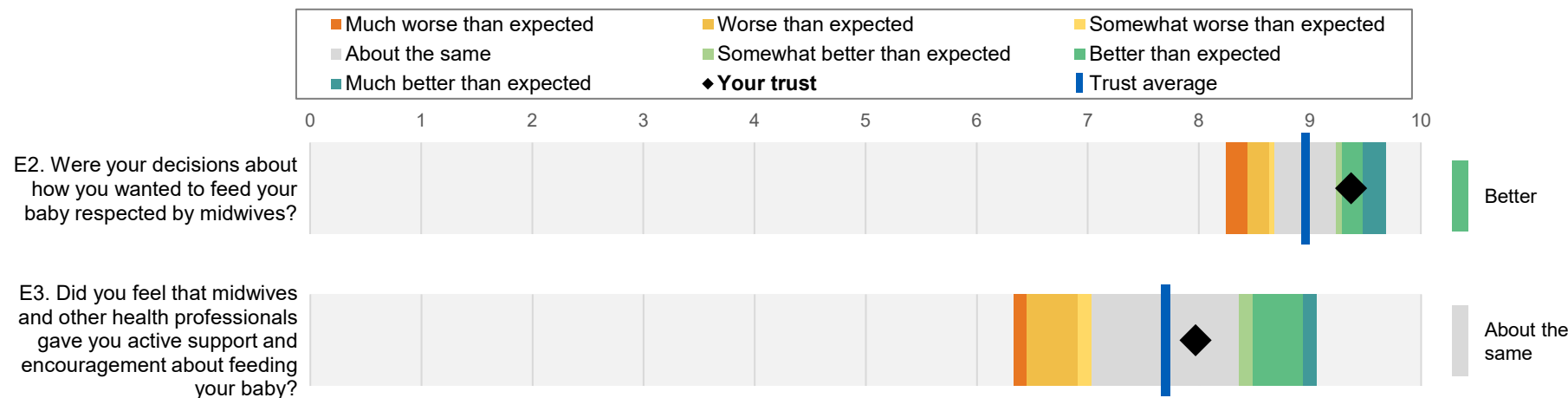


Trusts with the lowest scores



Benchmarking - Postnatal care

Question scores: Feeding your baby

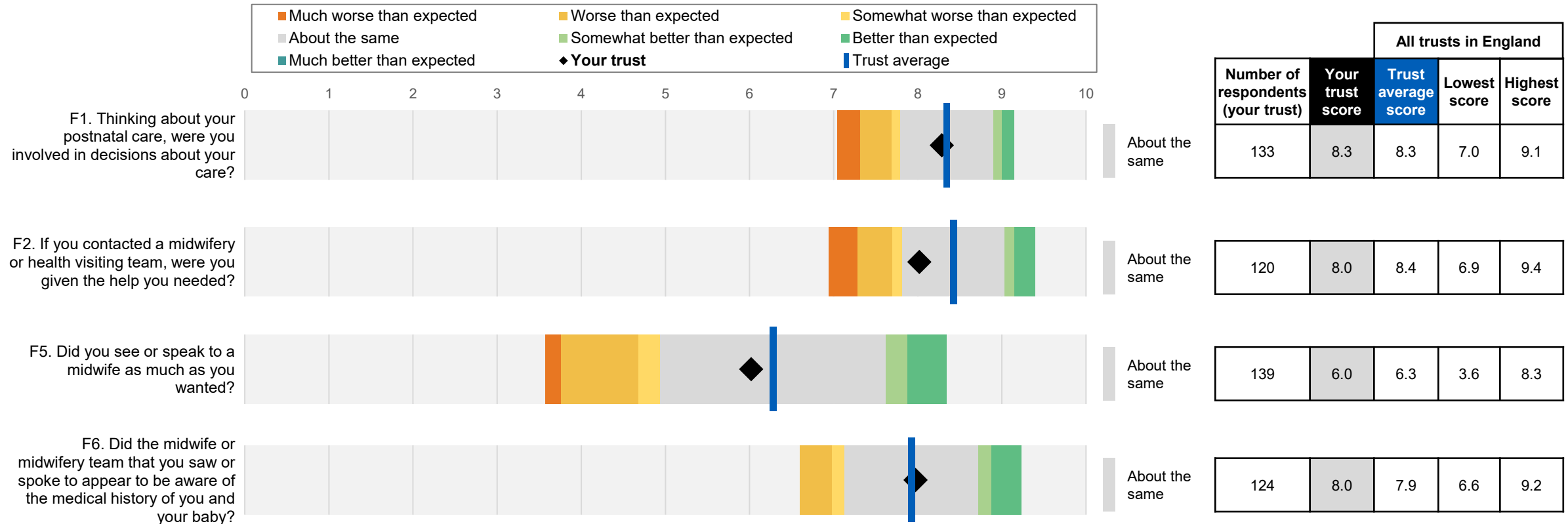


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
143	9.4	9.0	8.2	9.7

133	8.0	7.7	6.3	9.1
-----	-----	-----	-----	-----

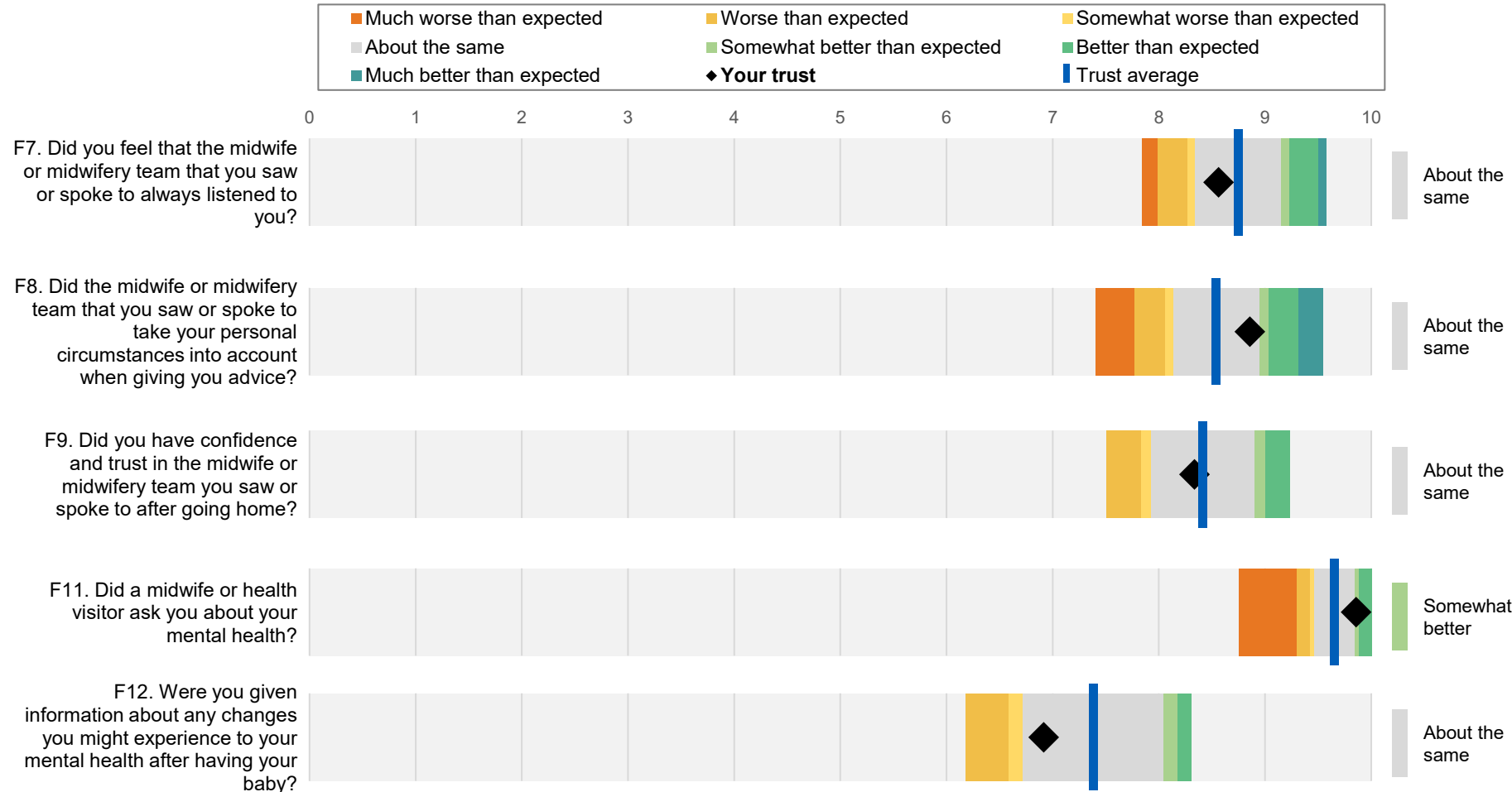
Benchmarking - Postnatal care (continued)

Question scores: Care at home after birth



Benchmarking - Postnatal care (continued)

Question scores: Care at home after birth



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
139	8.6	8.7	7.8	9.6

130	8.9	8.5	7.4	9.5
-----	-----	-----	-----	-----

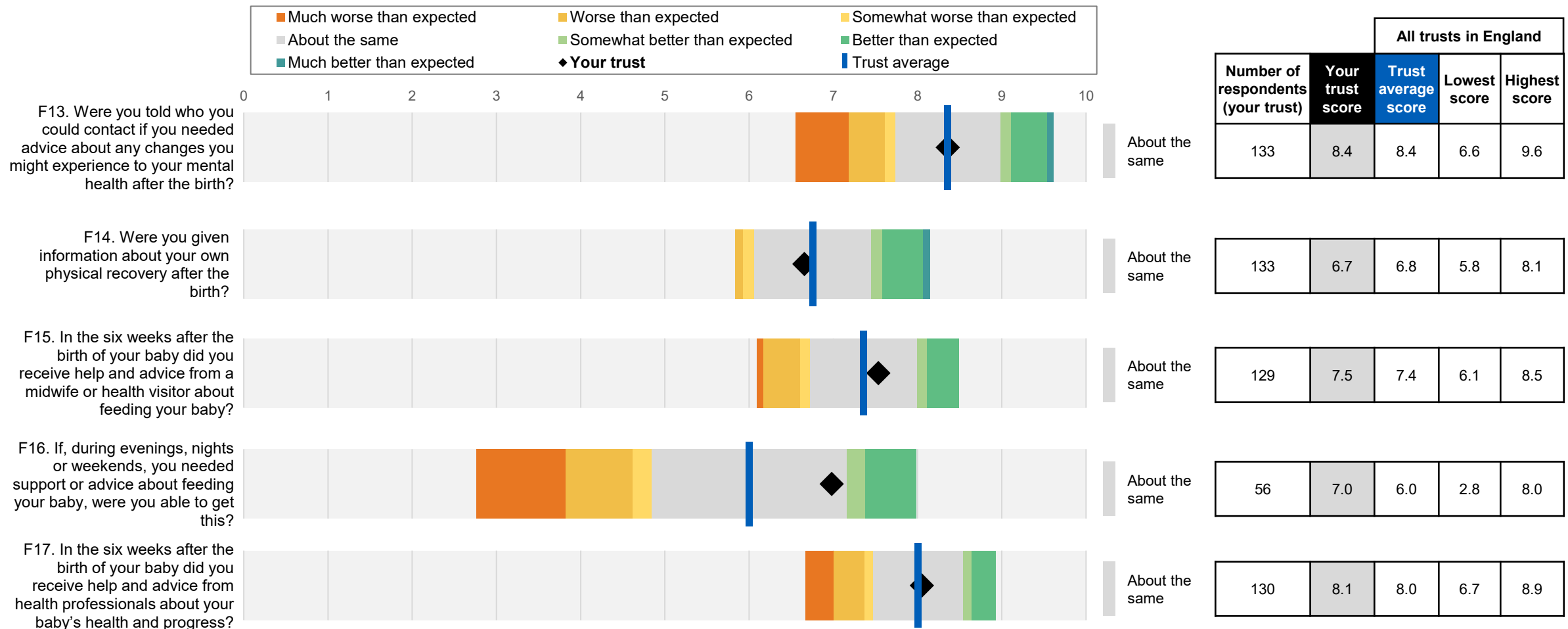
134	8.3	8.4	7.5	9.2
-----	-----	-----	-----	-----

140	9.9	9.7	8.8	10.0
-----	-----	-----	-----	------

134	6.9	7.4	6.2	8.3
-----	-----	-----	-----	-----

Benchmarking - Postnatal care (continued)

Question scores: Care at home after birth



Trends over time

This section includes:

- your mean trust score for each evaluative question in the survey. This is the average of all scores that maternity service users from your trust provided in their survey response
- where comparable data is available over at least the past five surveys, the trend charts show the mean score for your trust by year. This allows you to see if your trust has made improvements over time
- they also include the national mean score by year, to allow you to see whether your performance is in line with the national average or not
- where consistent data are not available for at least the past five surveys statistical significance testing has been carried out against the 2022 survey results for each relevant question
- for more guidance on interpreting these graphs, please see the next slide



Trends over time

The following section presents comparisons with previous survey results. Statistically significant differences in the trust mean score between 2022 and 2023 are highlighted to show where there is meaningful change between years.

Historical trend charts are presented when there are at least five data points available to plot on the chart. Five data points may not be available due to:

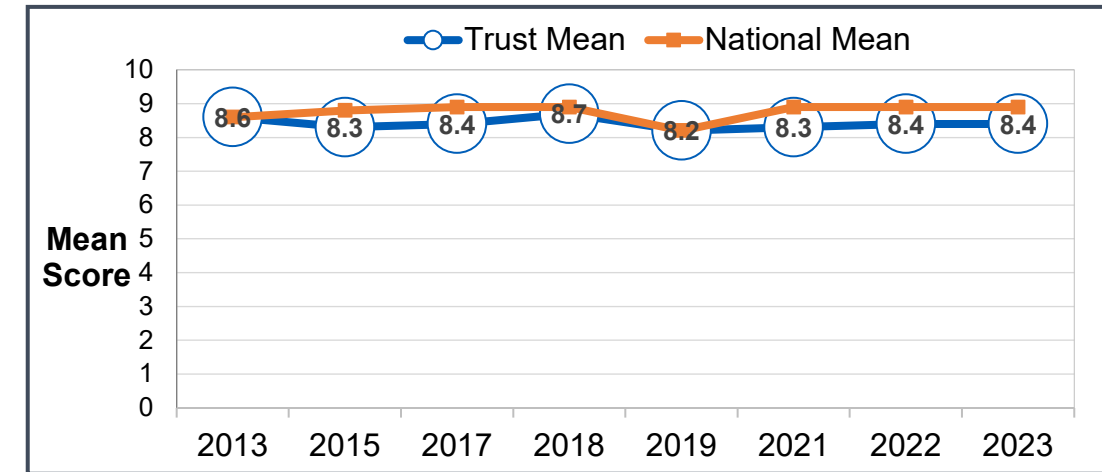
- changes to the questionnaire mean that a question is no longer comparable over time;
- organisational changes which impact comparability of results over time; or,
- historical errors with sampling or issues with fieldwork which impact comparability.

Statistically significant differences in the trust mean score between 2022 and 2023 are highlighted. These are carried out using a two sample t-test. Where a change in results is shown as 'significant', this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust. Significant increases are indicated with a filled green circle, and significant decreases are in red.

Where comparable data is not available, statistical significance test tables are provided. Statistically significant changes in your trust score between 2022 and 2023 are shown in the far right column 'Change from 2022 survey', significant increases are indicated with a green arrow and significant decreases are indicated with a red arrow.

The following questions were new or changed for 2023 and therefore are not included in this section: B18, C4, C8, C21 and D7.

Historical trend chart example



Significance test table example

		2023 Trust Score	2022 Trust Score	No. of respondents	Change from 2022 survey
The start of your care in pregnancy					
B4.	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	4.3	7.1	178	▼

Trends over time

Antenatal care

Trends over time - Antenatal care

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
The start of your care in pregnancy										
B3.	Were you offered a choice about where to have your baby?						3.4	3.0	129	
B4.	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?						7.1	5.8	141	▲
B7.	During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?						7.2	6.9	144	

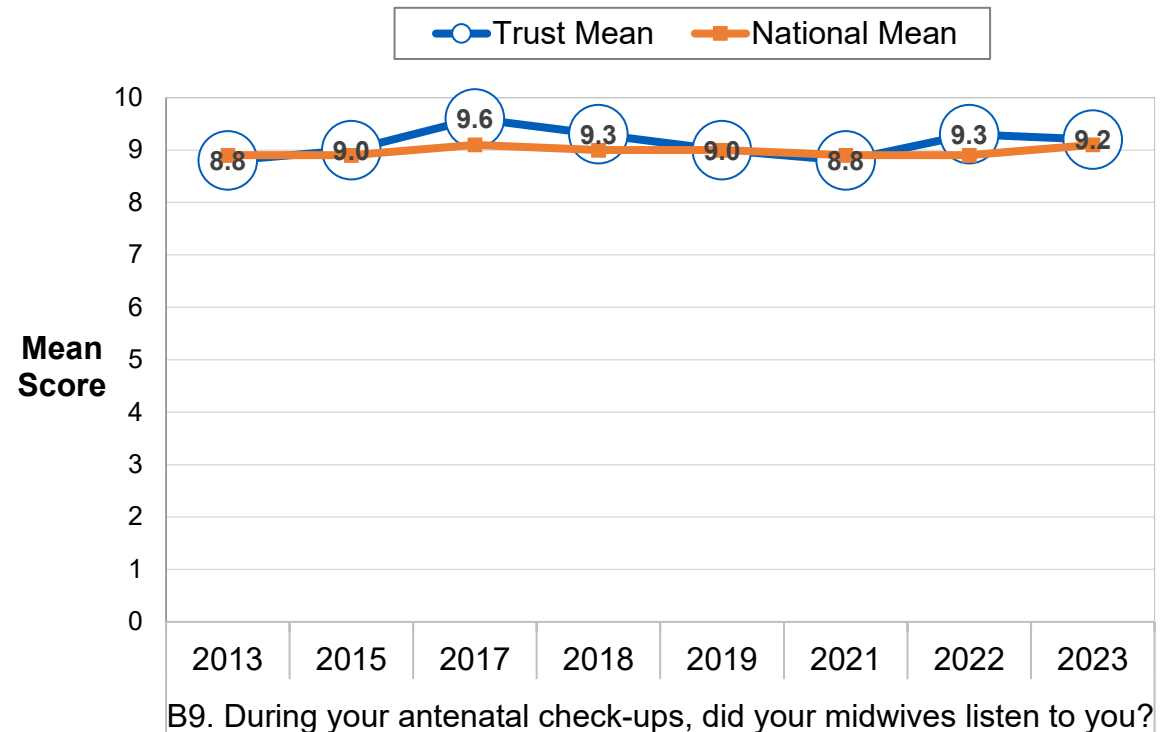
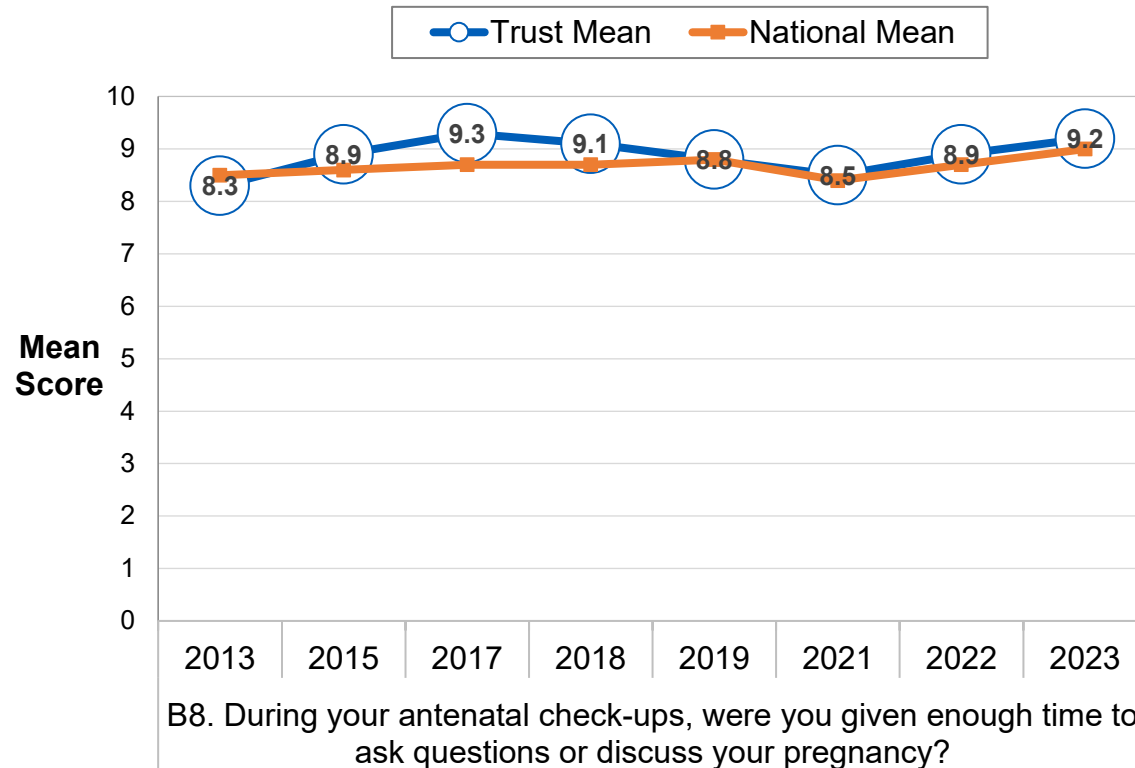
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Antenatal care (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Antenatal check-ups



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Antenatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Antenatal check-ups										
B10.	During your antenatal check-ups, did your midwives ask you about your mental health?						9.6	9.1	146	▲

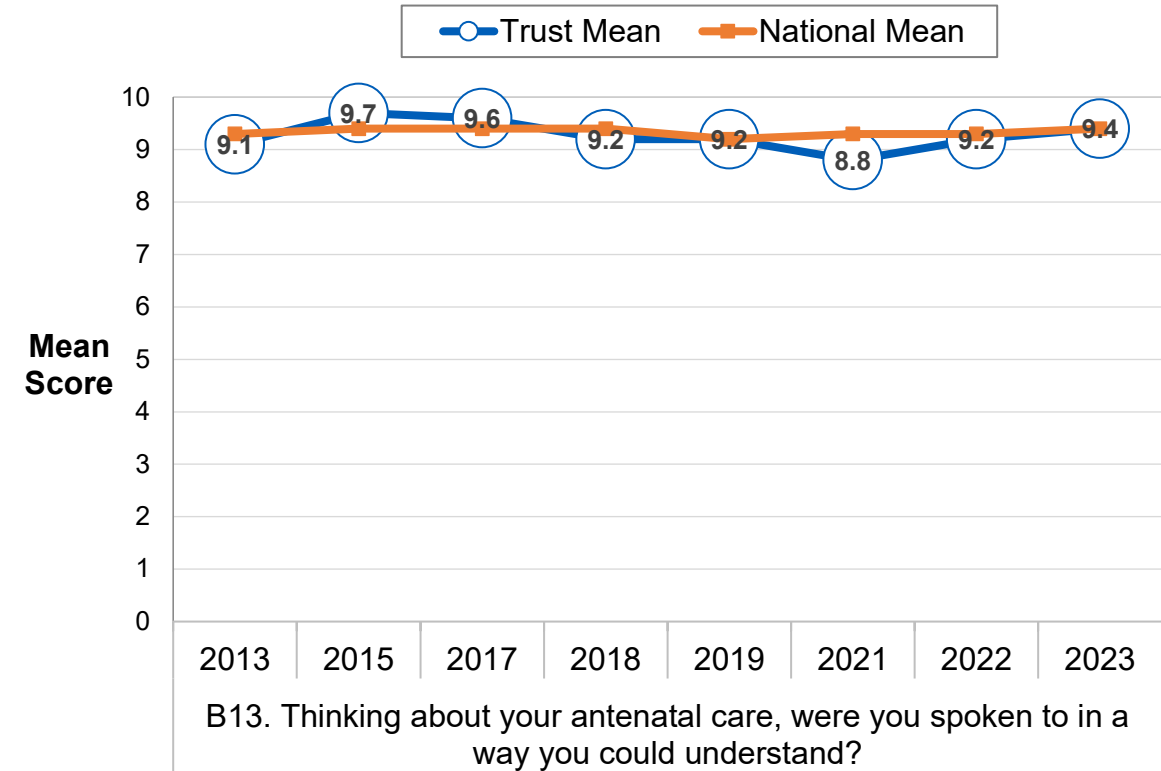
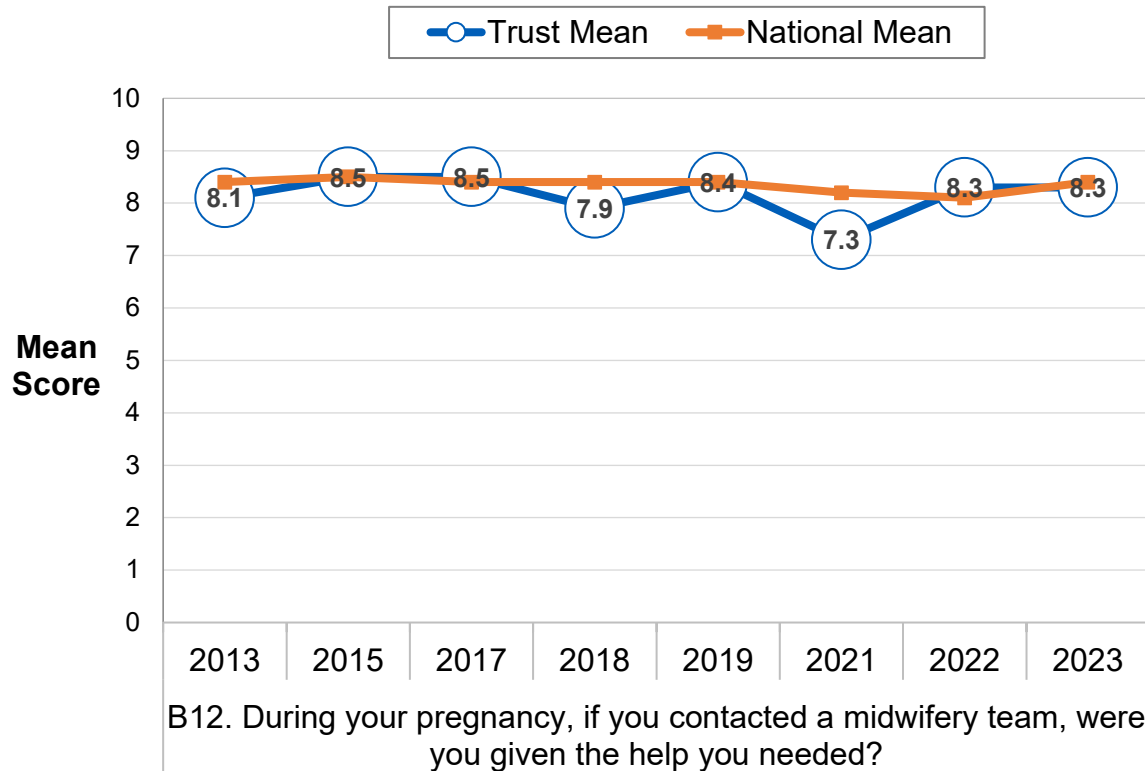
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Antenatal care (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

During your pregnancy



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Antenatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected			
During your pregnancy										
B11.	Were you given enough support for your mental health during your pregnancy?						9.4	9.3	94	
B14.	Thinking about your antenatal care, were you involved in decisions about your care?						8.7	8.4	143	
B15.	During your pregnancy did midwives provide relevant information about feeding your baby?						7.8	7.6	145	
B16.	Did you have confidence and trust in the staff caring for you during your antenatal care?						8.6	8.4	147	
B17.	Thinking about your antenatal care, were you treated with respect and dignity?						9.4	9.2	146	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time

Labour and birth

Trends over time - Labour and birth

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>		2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Your labour and birth					
C5.	And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?	7.6	Data not available	46	
C6.	Were you involved in the decision to be induced?	8.3	7.9	46	

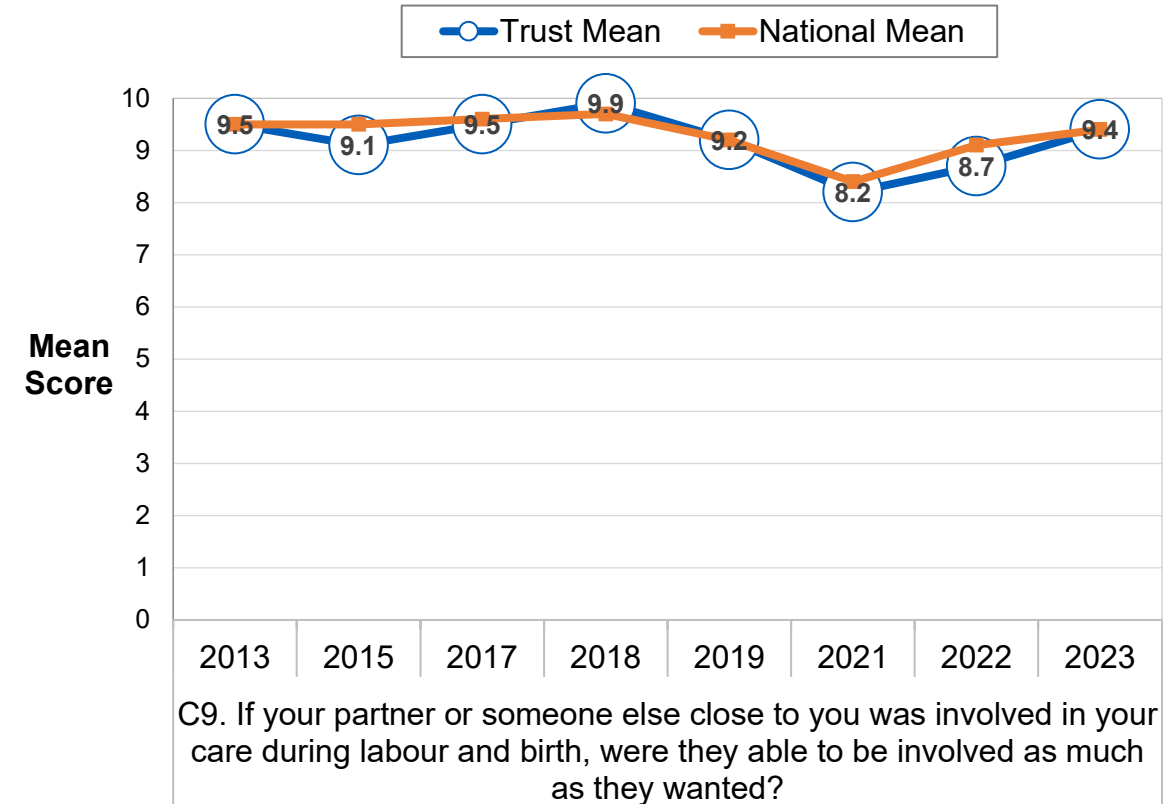
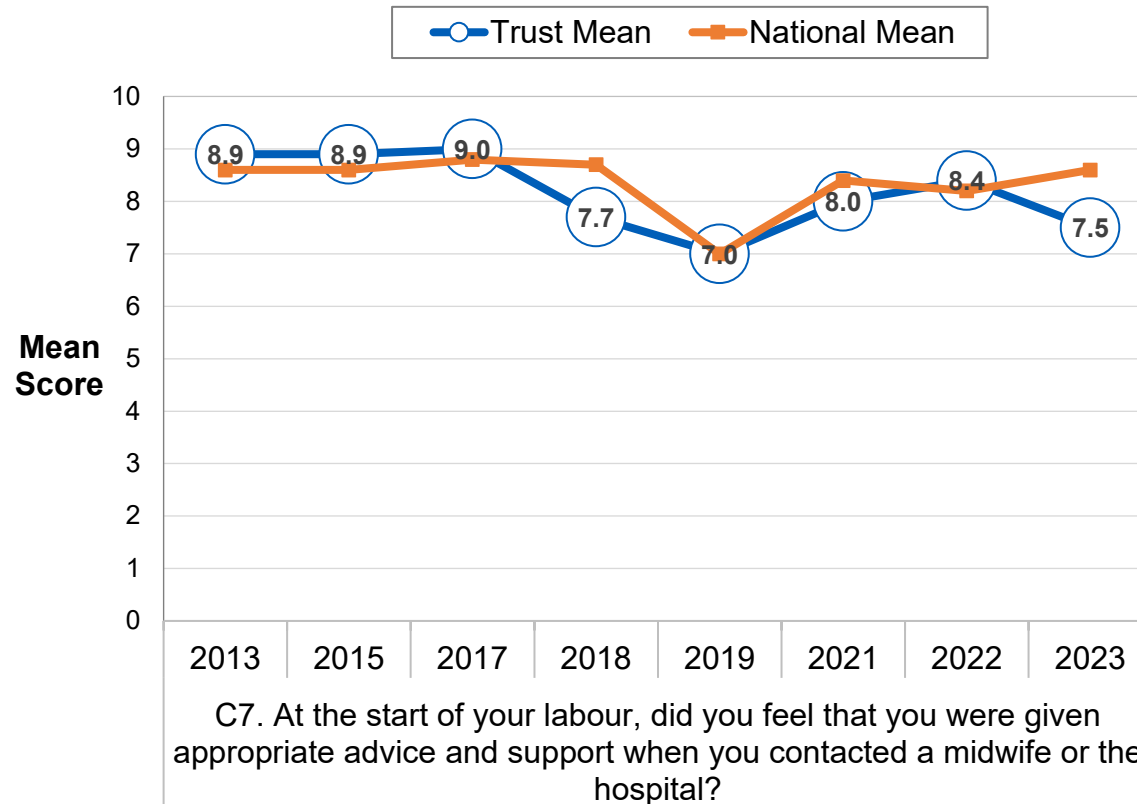
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Your labour and birth

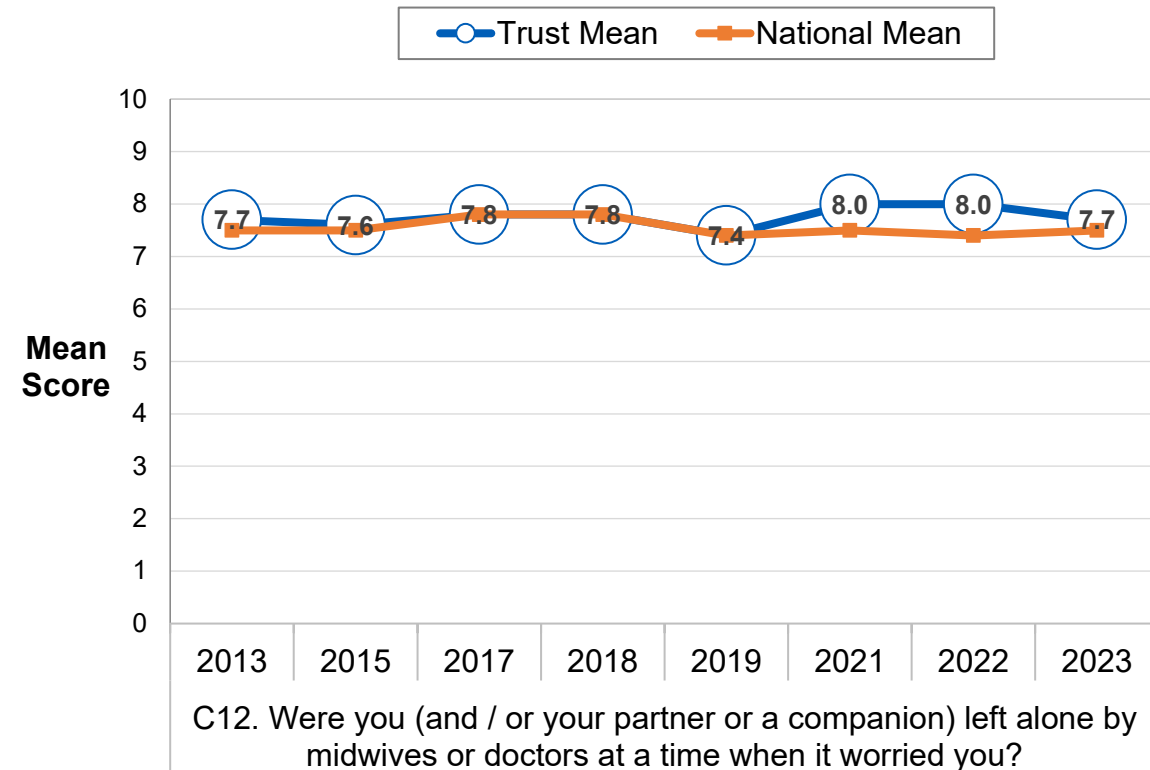
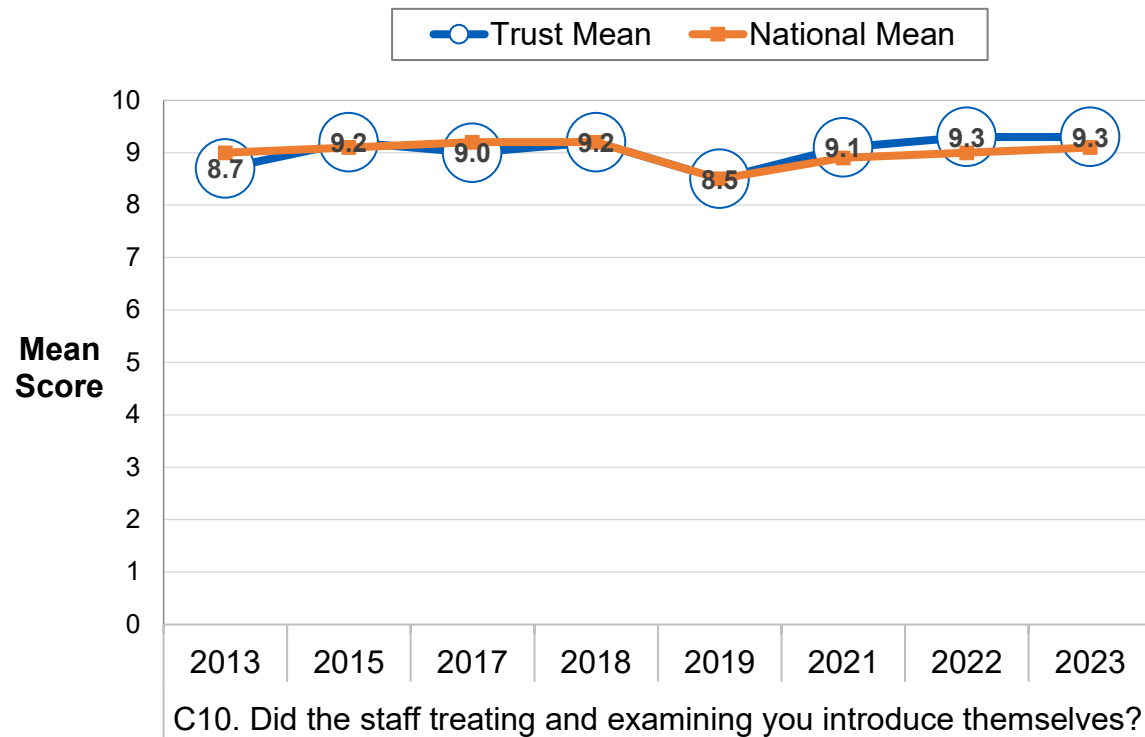


- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Staff caring for you

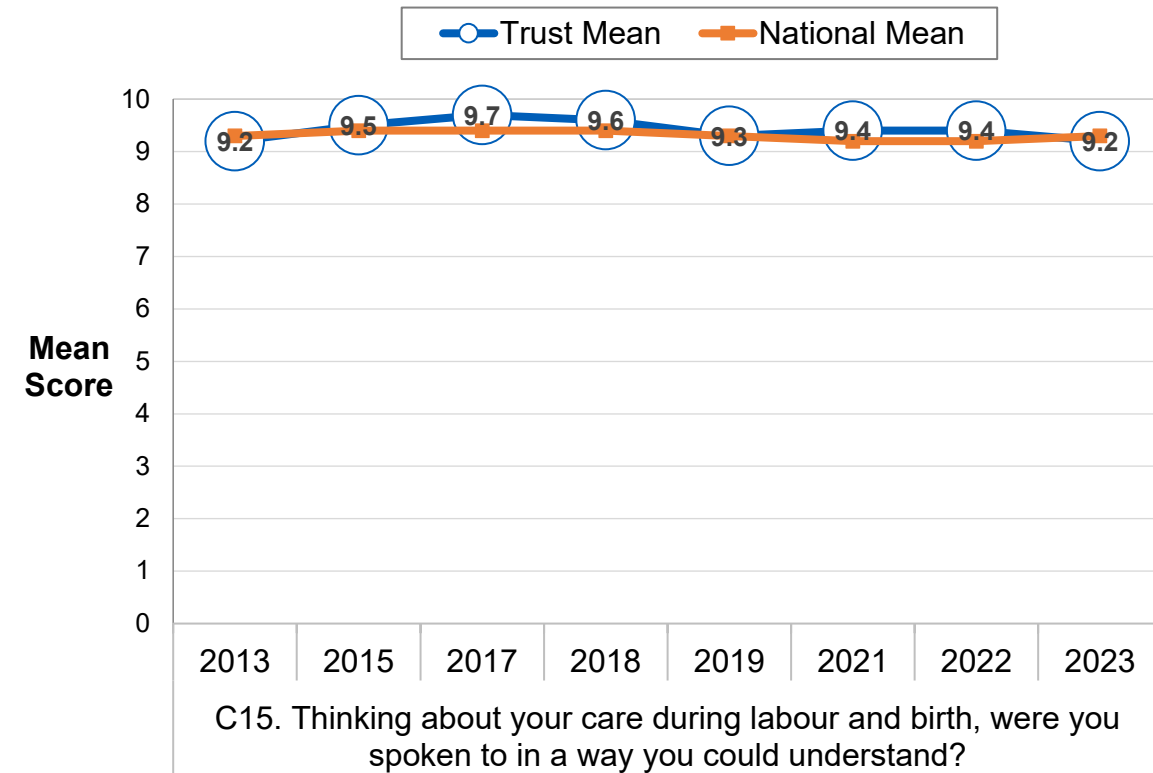
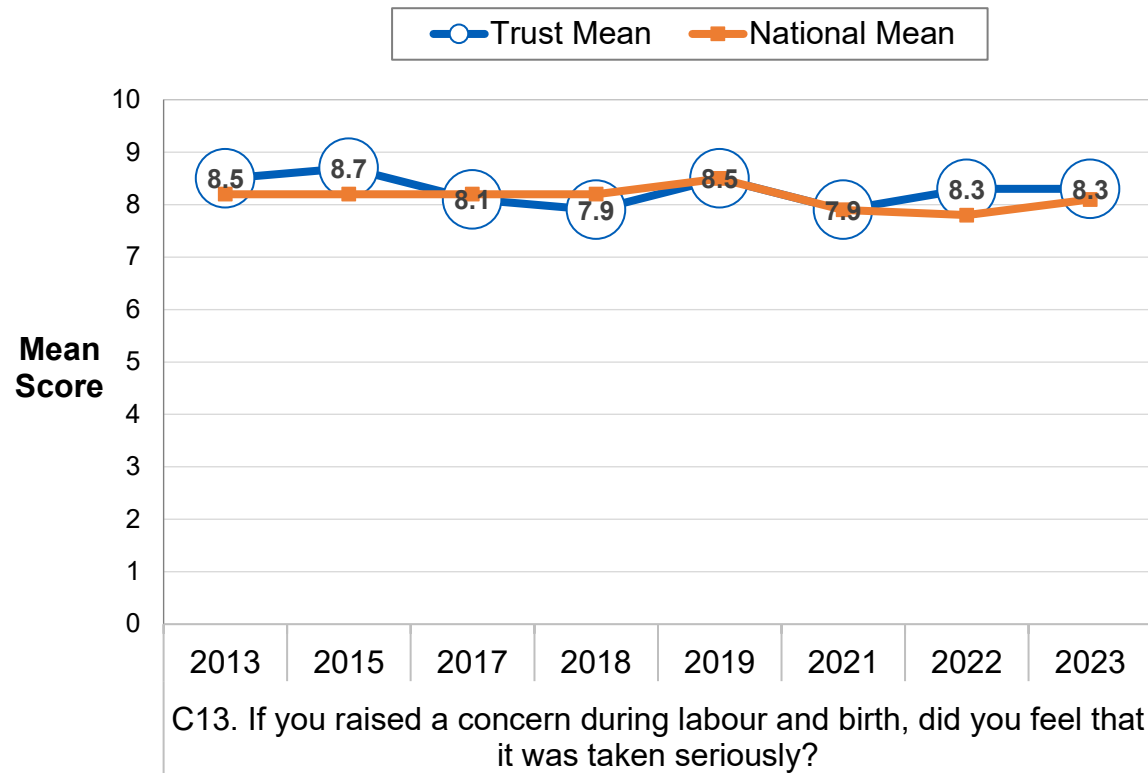


- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Staff caring for you



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Staff caring for you										
C14.	During labour and birth, were you able to get a member of staff to help you when you needed it?						8.6	9.1	143	
C16.	Thinking about your care during labour and birth, were you involved in decisions about your care?						8.4	8.9	146	

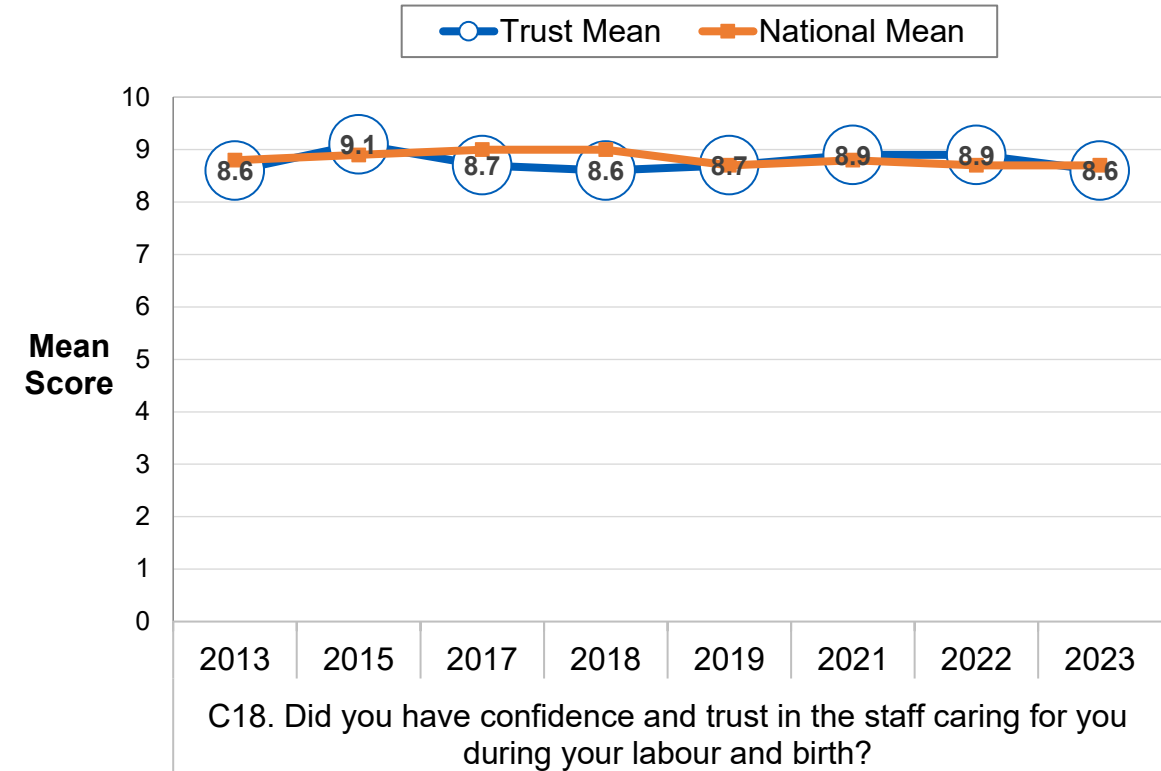
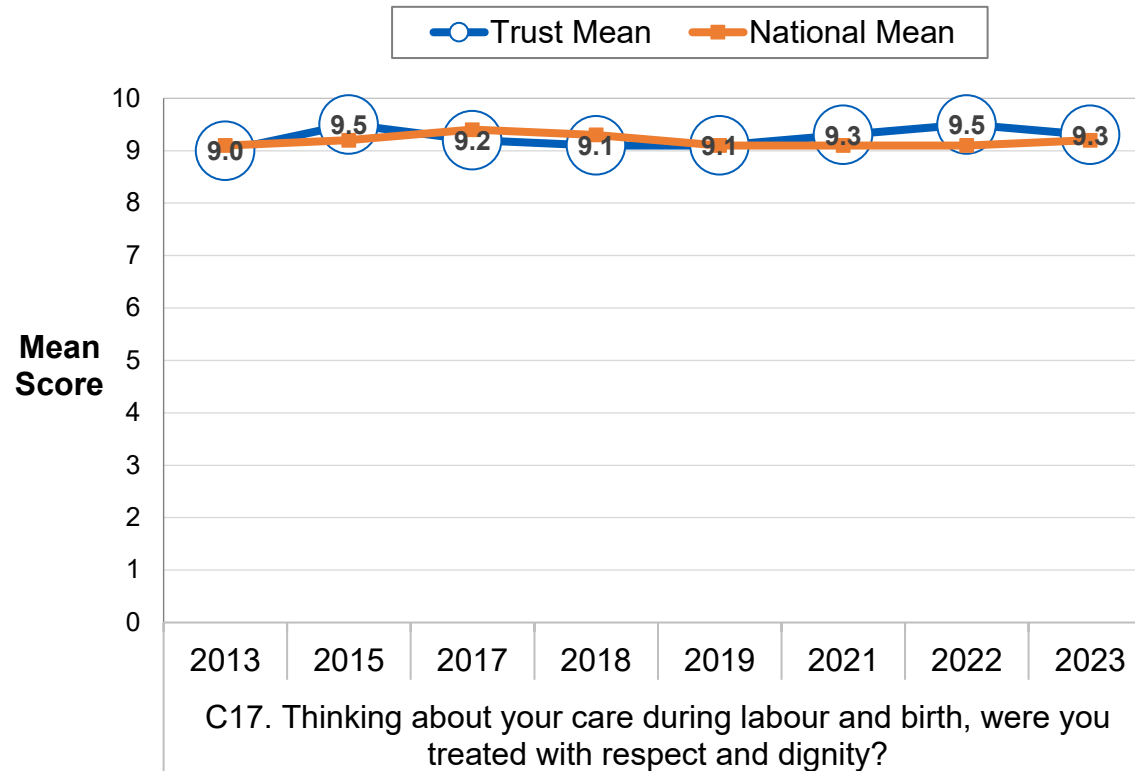
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Staff caring for you



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Staff caring for you										
C19.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?						6.5	6.5	131	
C20.	During your labour and birth, did your midwives or doctor appear to be aware of your medical history?						7.8	7.7	139	

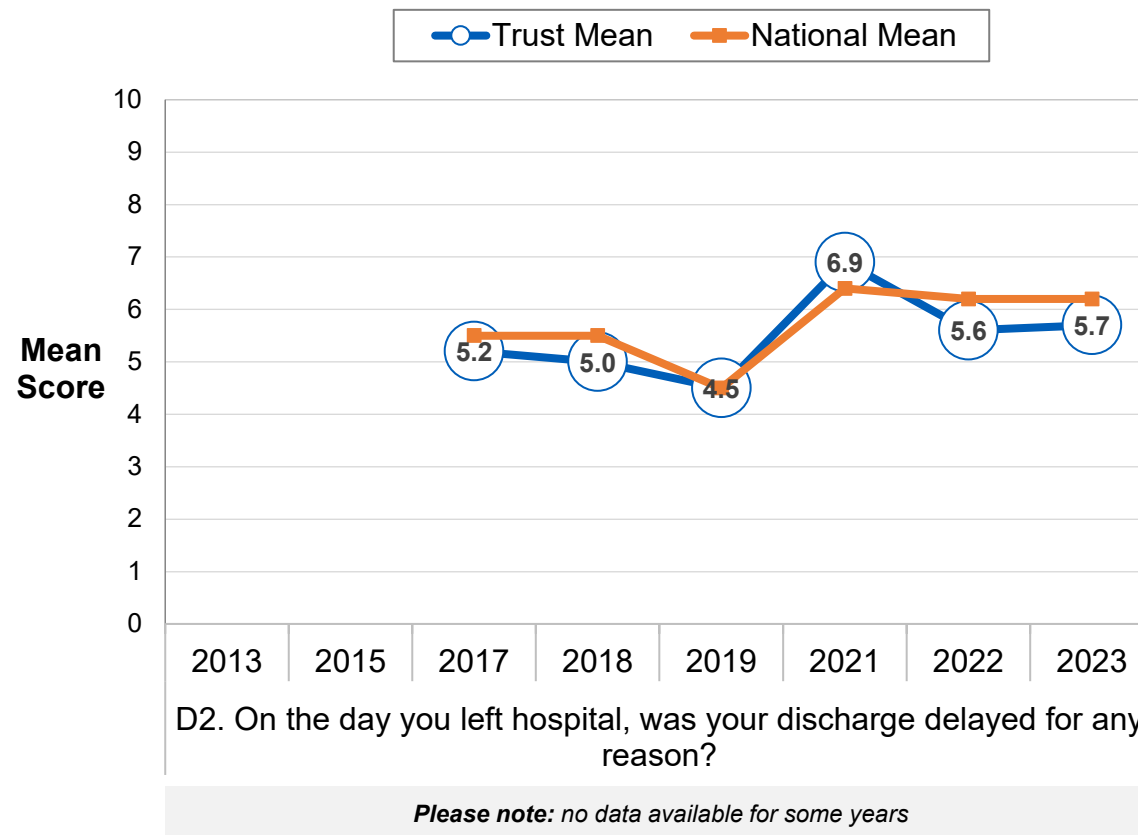
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care in the ward after birth



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Much worse than expected										
Worse than expected										
Somewhat worse than expected										
About the same										
Somewhat better than expected										
Better than expected										
Much better than expected										
Care in the ward after birth										
D3.	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?						7.8	7.8	139	

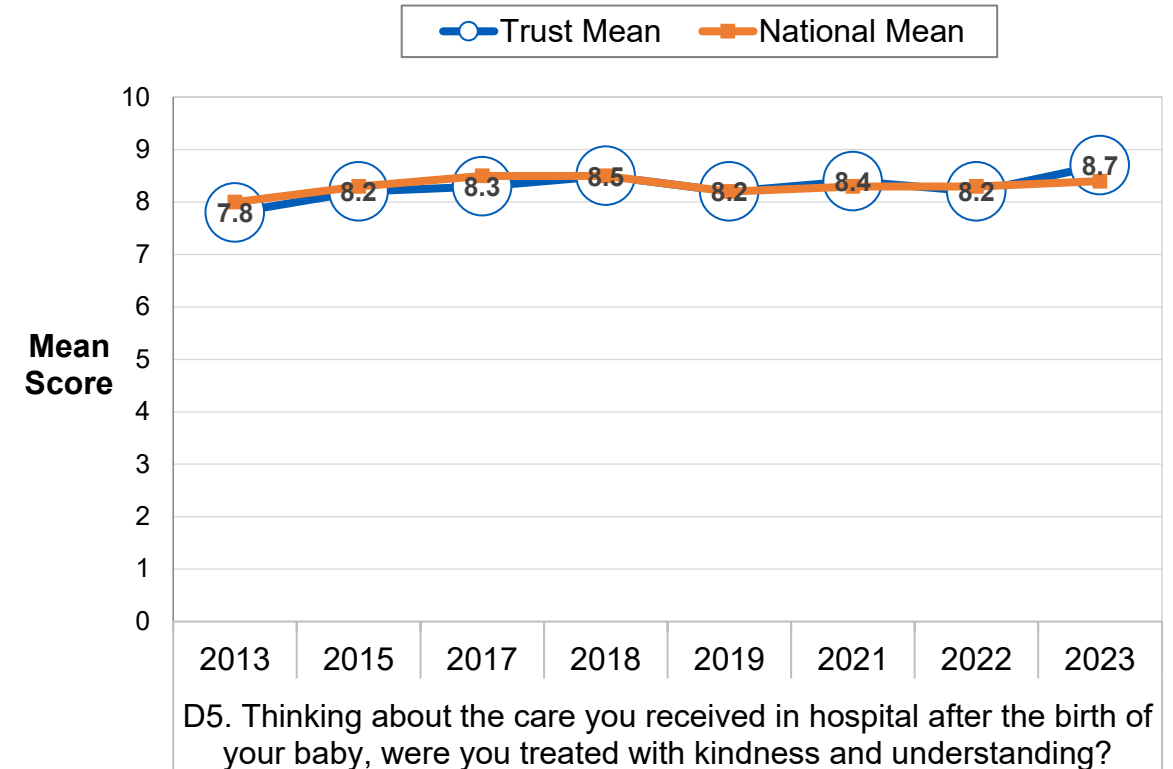
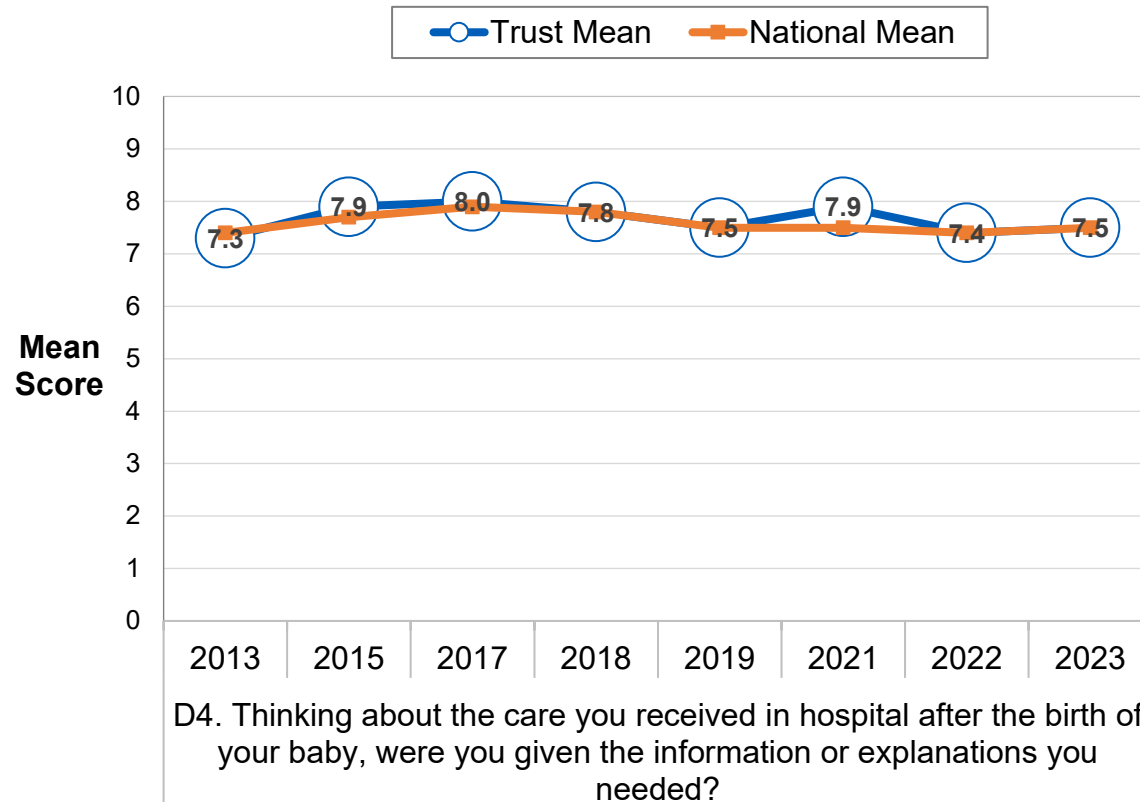
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care in the ward after birth

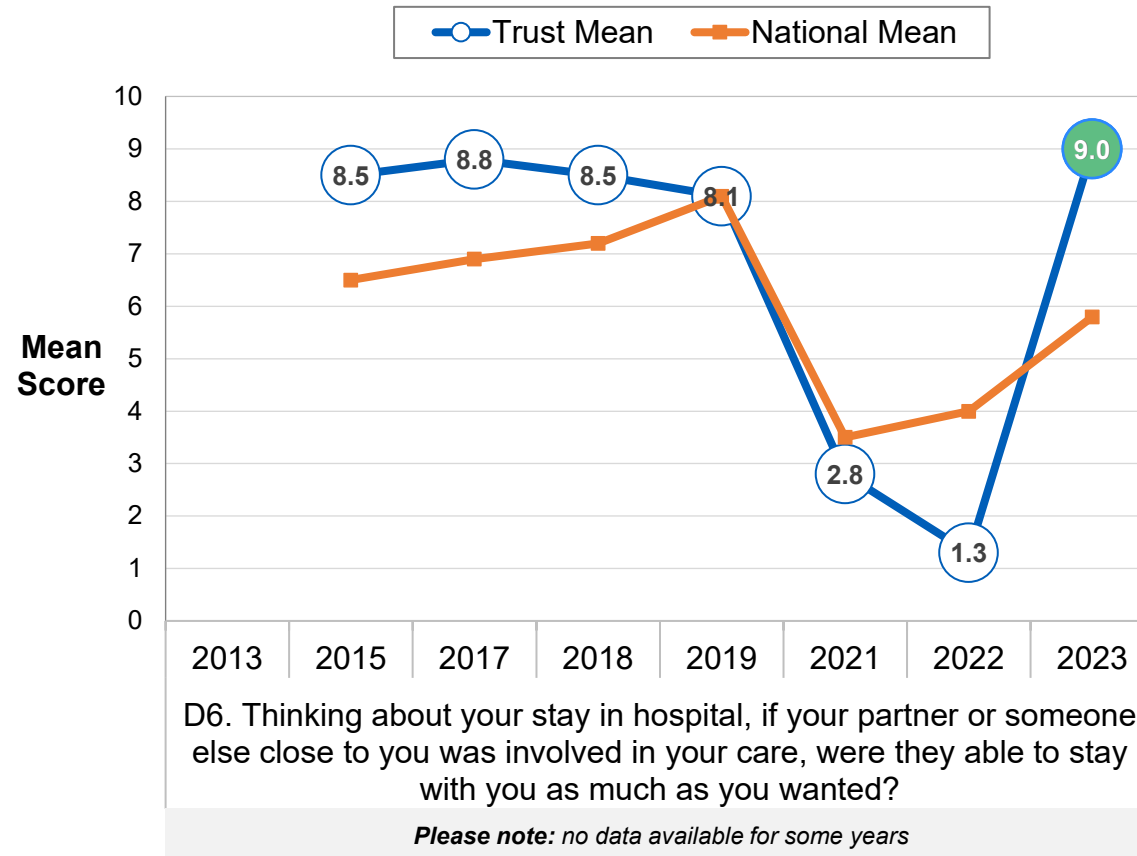


- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

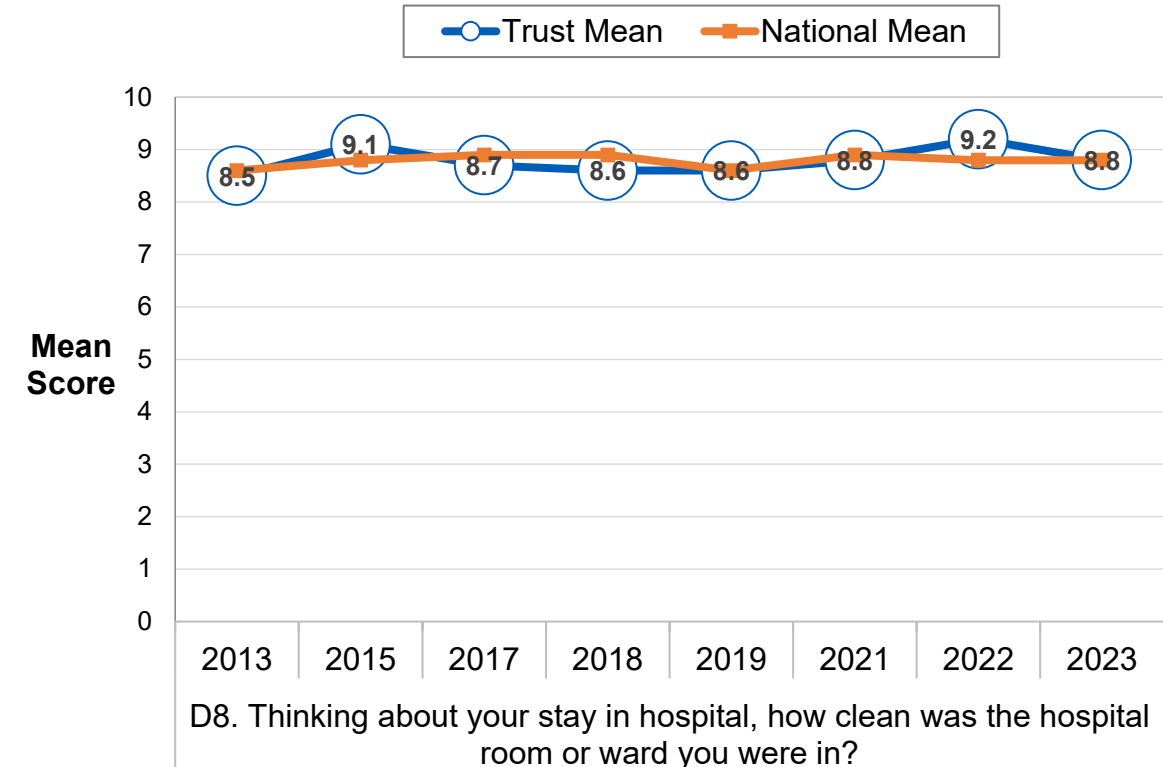
Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care in the ward after birth



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022



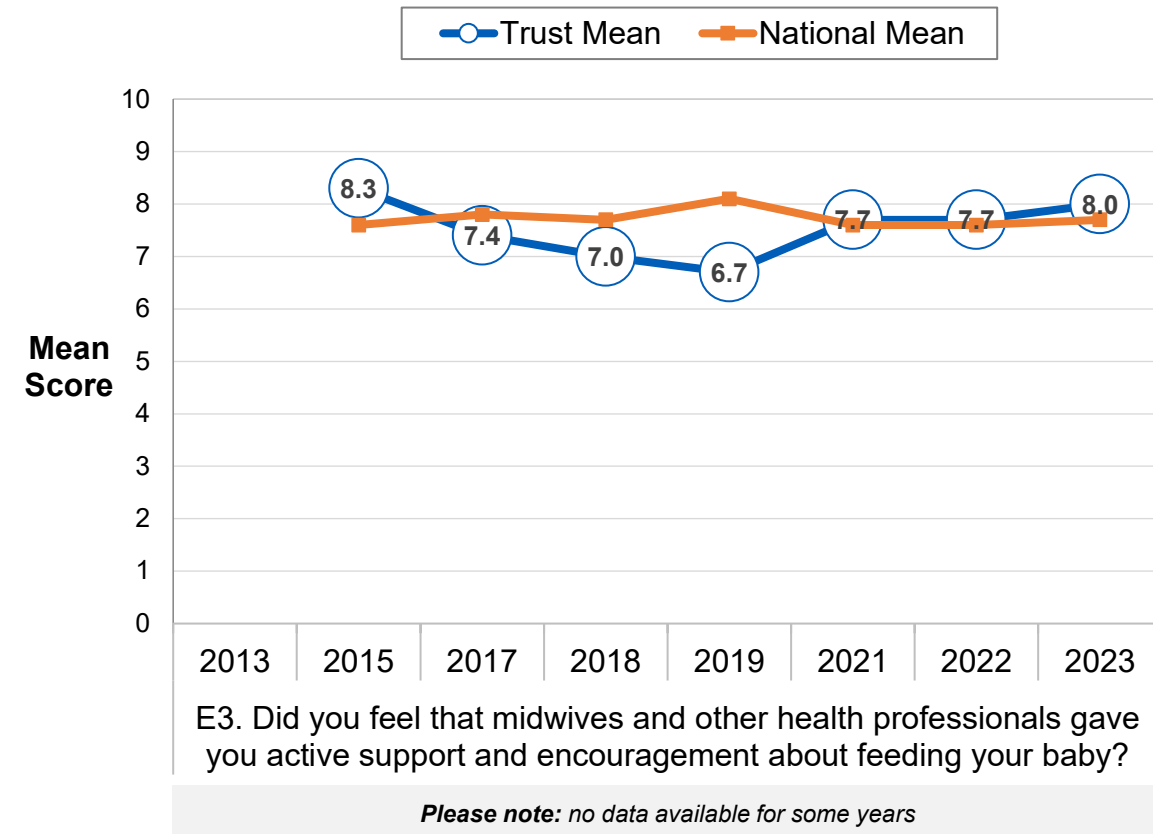
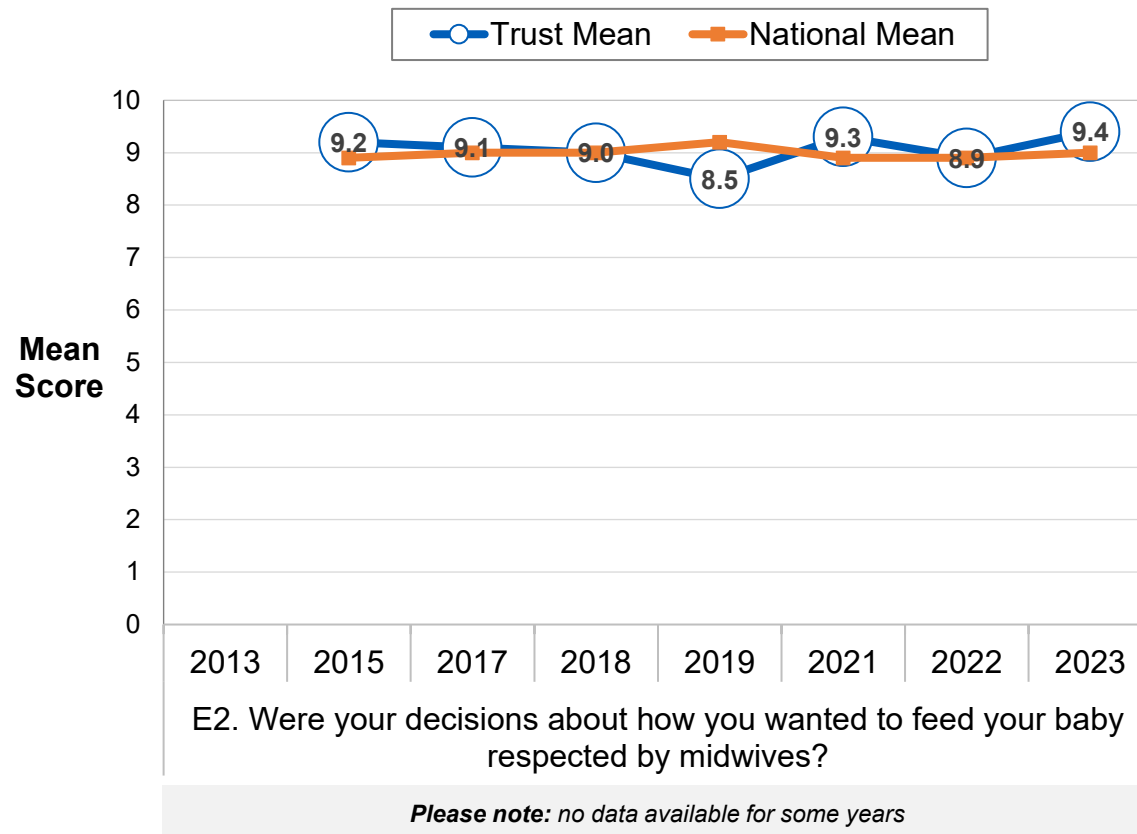
Trends over time

Postnatal care

Trends over time - Postnatal care

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Feeding your baby



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected			
Care at home after the birth										
F1.	Thinking about your postnatal care, were you involved in decisions about your care?						8.3	8.1	133	
F2.	If you contacted a midwifery or health visiting team, were you given the help you needed?						8.0	8.6	120	

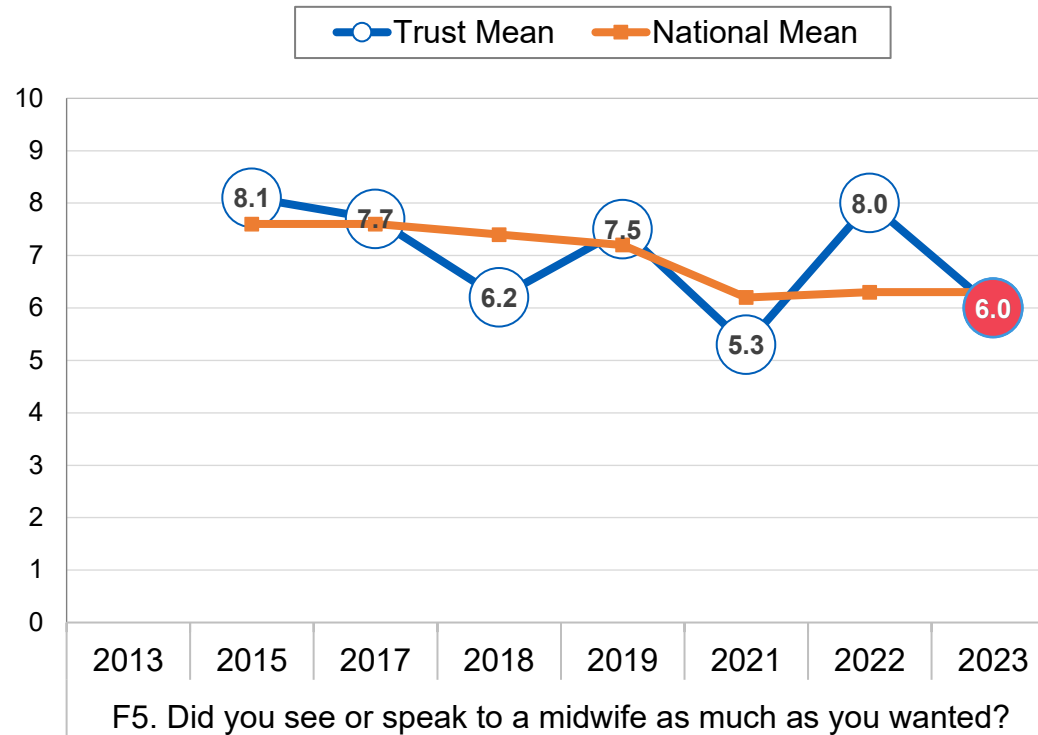
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

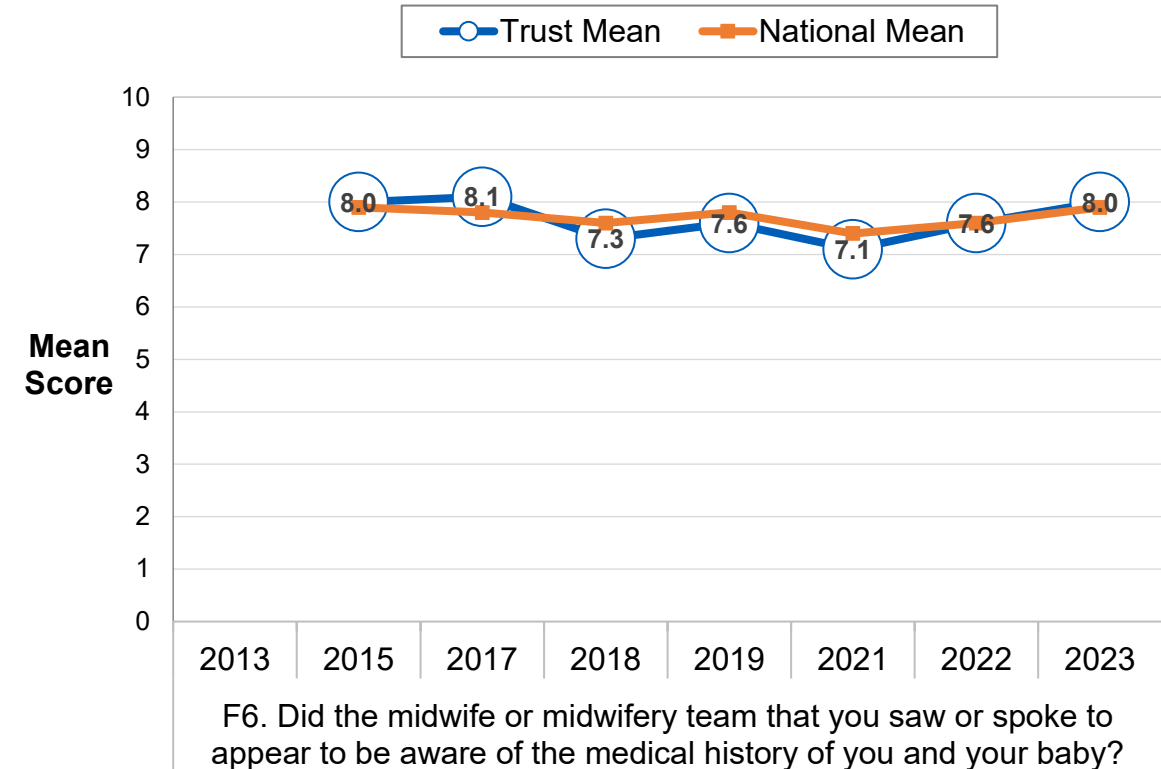
Trends over time – Postnatal care (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care at home after the birth



Please note: no data available for some years



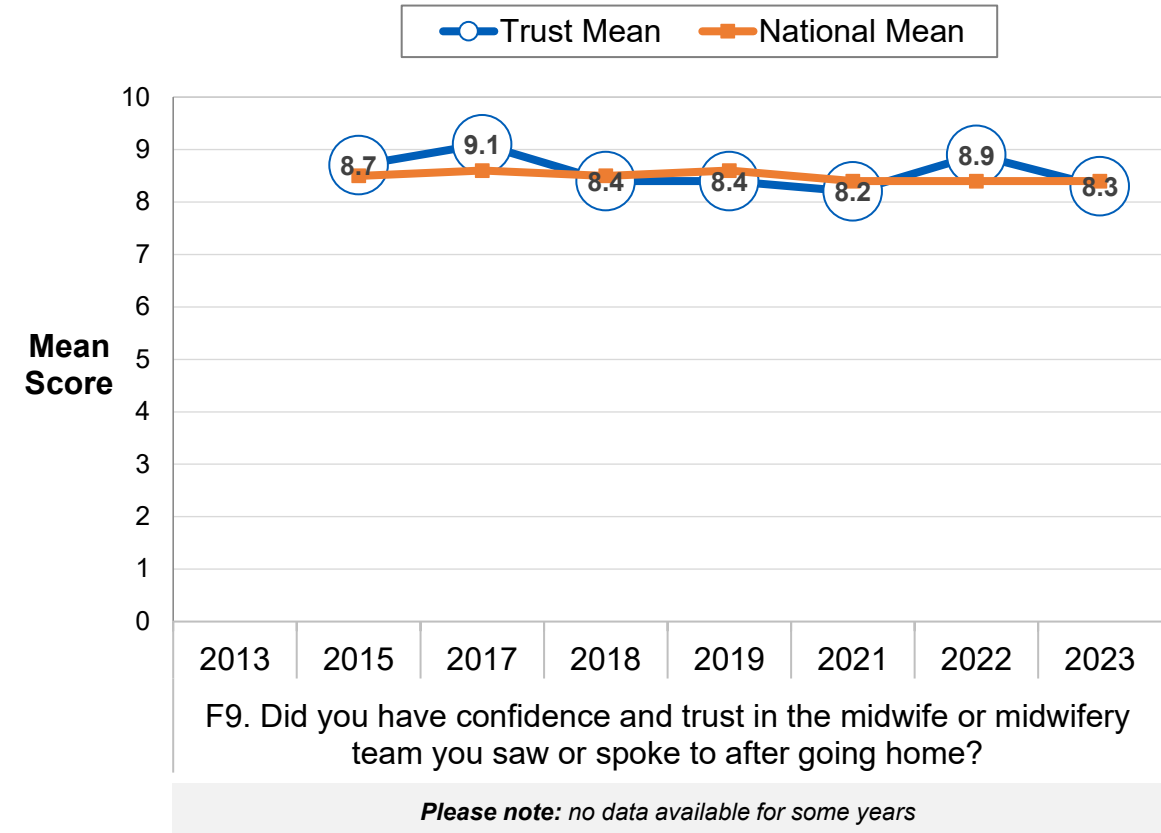
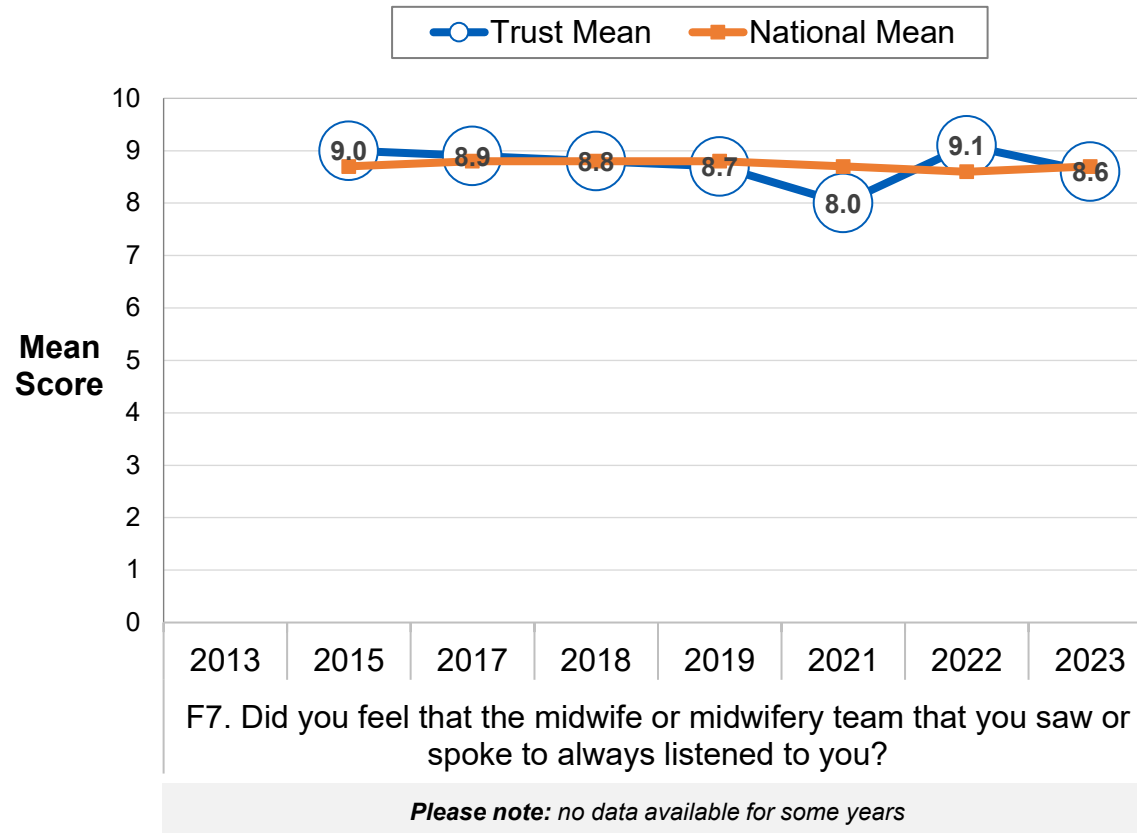
Please note: no data available for some years

- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care at home after the birth



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>		2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Care at home after the birth					
F8.	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	8.9	8.9	130	
F11.	Did a midwife or health visitor ask you about your mental health?	9.9	9.6	140	
F12.	Were you given information about any changes you might experience to your mental health after having your baby?	6.9	7.4	134	

▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2022. The following table displays changes since 2022, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>							2023 Trust Score	2022 Trust Score	No. of respondents in 2023	Change from 2022 survey
Care at home after the birth										
F13.	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?						8.4	8.6	133	
F14.	Were you given information about your own physical recovery after the birth?						6.7	6.5	133	
F16.	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?						7.0	6.5	56	

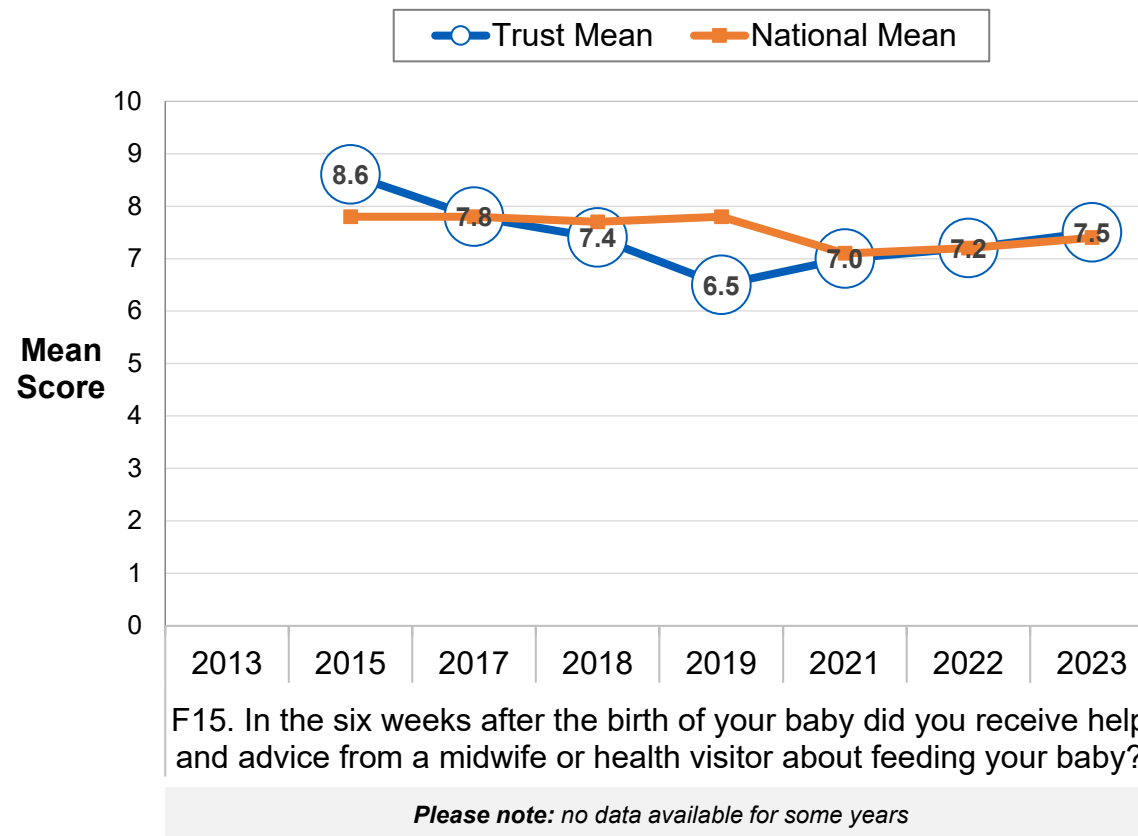
▼▲ Significant difference between 2023 and 2022

Blank No Significant difference between 2023 and 2022

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care at home after the birth

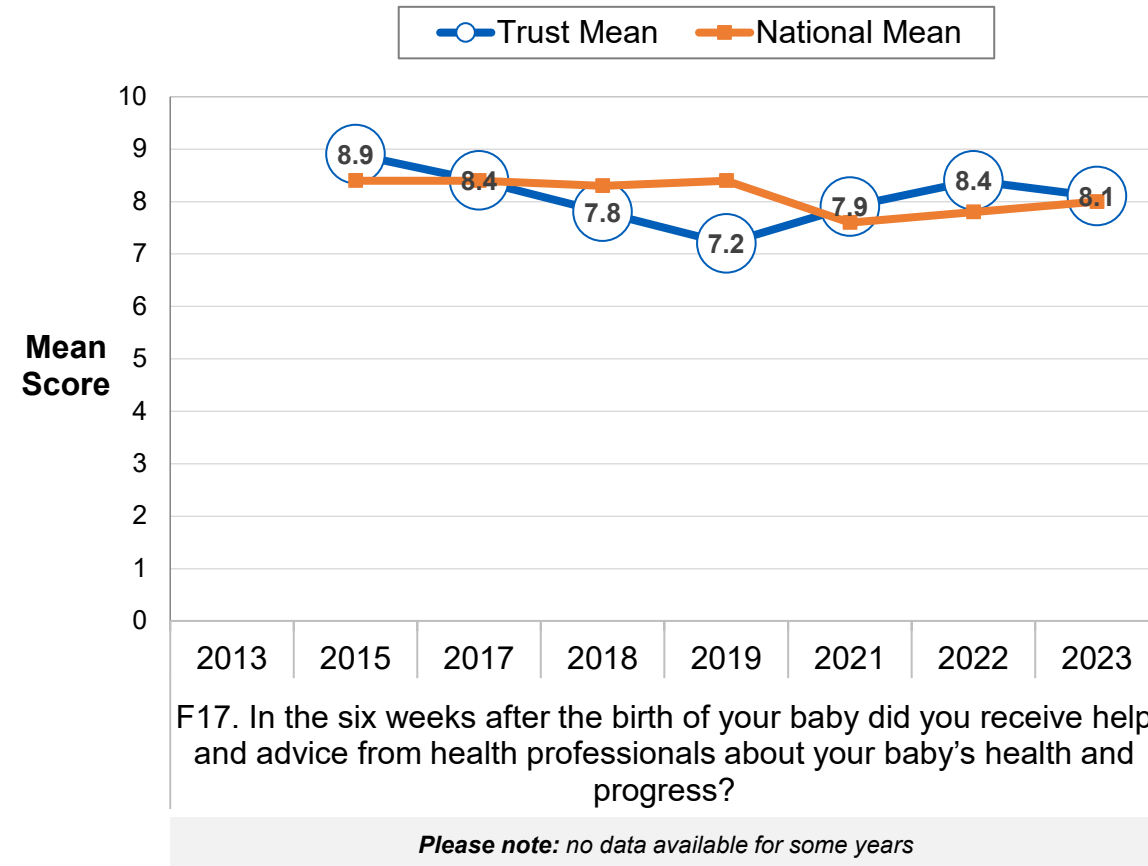


- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are 5 years or more of comparable data.

Care at home after the birth



- This shows a significant increase in the trust mean for this question for 2023 compared to 2022
- This shows a significant decrease in the trust mean for this question for 2023 compared to 2022

Appendix



Comparison to other trusts

The questions at which your trust has performed worse compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Much worse than expected	Worse than expected
<ul style="list-style-type: none">Your trust has not performed “much worse than expected” for any questions.	<ul style="list-style-type: none">C7. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

Comparison to other trusts

The questions at which your trust has performed somewhat better or worse compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Somewhat worse than expected	Somewhat better than expected
<ul style="list-style-type: none">Your trust has not performed "somewhat worse than expected" for any questions.	<ul style="list-style-type: none">B11. Were you given enough support for your mental health during your pregnancy?F11. Did a midwife or health visitor ask you about your mental health?

Comparison to other trusts

The questions at which your trust has performed better compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Better than expected

- B10. During your antenatal check-ups, did your midwives ask you about your mental health?
- B18. If you raised a concern during your antenatal care, did you feel that it was taken seriously?
- D6. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?
- E2. Were your decisions about how you wanted to feed your baby respected by midwives?

Much better than expected

- Your trust has not performed “much better than expected” for any questions.

NHS Maternity Survey 2023

Results for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Where maternity service users' experience **is best**

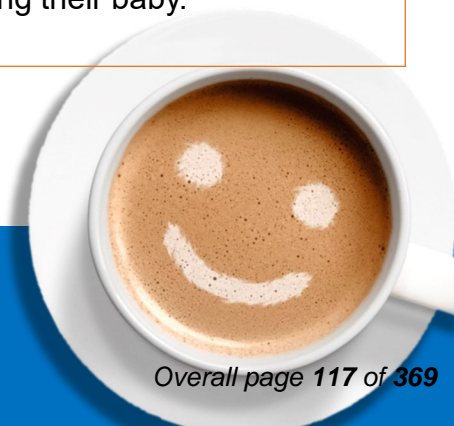
- ✓ Partners or someone else involved in the service user's care being able to stay with them as much as the service user wanted during their stay in the hospital.
- ✓ During antenatal check-ups, service users being asked about their mental health by midwives.
- ✓ Maternity service users being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- ✓ Midwives providing service users with relevant information, during their pregnancy, about feeding their baby.
- ✓ Maternity service users feeling that if they raised a concern during their antenatal care it was taken seriously.

Where maternity service users' experience **could improve**

- Maternity service users feeling they were given appropriate advice and support when they contacted a midwife or the hospital at the start of their labour.
- Maternity service users being given appropriate information and advice on the benefits associated with an induced labour, before being induced.
- Maternity service users discharge from hospital not being delayed on the day they leave hospital.
- Maternity service users feeling that healthcare professionals did everything they could to manage their pain in hospital after the birth.
- Maternity service users being given information about any changes they might experience to their mental health after having their baby.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where maternity service users experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where maternity service users experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth between January and March 2023 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. Between May and August 2023, a questionnaire was sent to 385 individuals. Responses were received from 156 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].



How to interpret benchmarking in this report

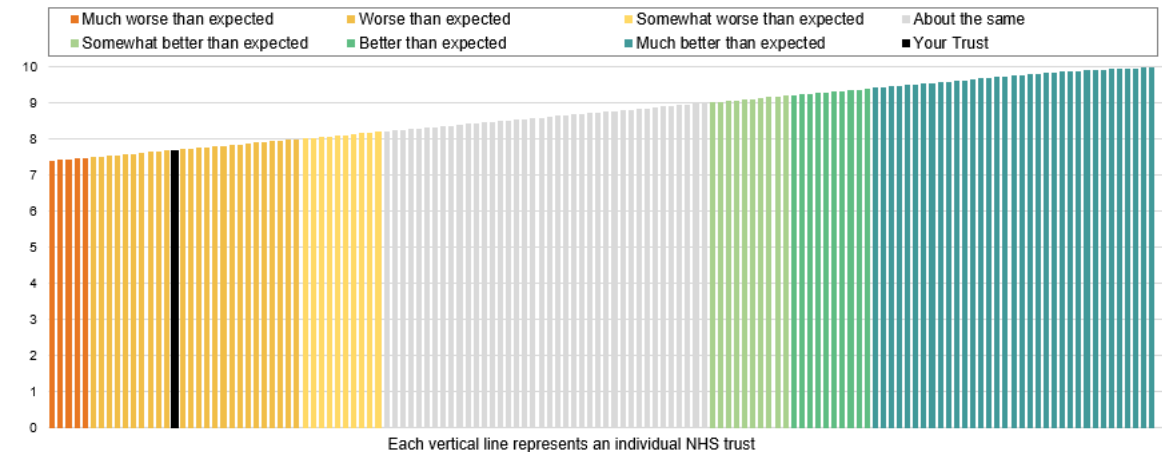
The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

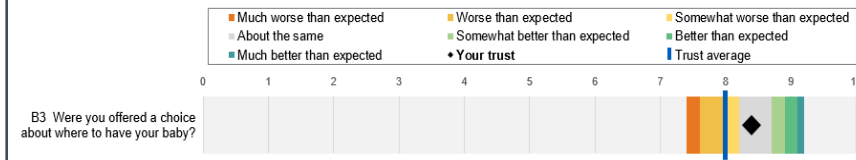
These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.

Section score

This shows the range of section scores for all NHS trusts. The key indicates whether that trust has performed better, worse, or about the same compared to all other trusts. The result for your Trust is shown in black.



Question scores: Start of your pregnancy



All trusts in England				
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
544	8.4	8.0	7.4	9.2

How to interpret benchmarking in this report (continued)

The 'much better than expected', 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Please note, the benchmark bandings were updated for the 2021 survey to provide a greater level of granularity in the expected range score. The 2023 survey uses the same approach.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the experience of people who use maternity services could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of patient experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question B7 "During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?":

- The answer code "Yes, always" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Yes, Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of the people who use maternity services experiences.

Calculating the trust score for each question

The weighting mean score for each trust, for each question, is calculated by dividing the sum of the weighting scores for a question by the weighted sum of all eligible respondents to the question for each trust. Weighting is explained further in the [quality and methodology report](#).

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

For further information

Please contact the Coordination Centre for
Mixed Methods at Ipsos.

MaternityCoordination@ipsos.com



NE&Y Regional Perinatal Quality Oversight Group
Highlight Report

MW to birth ratio :
BR+ recommendation
1::28.25

Vacancy
rate (MW)

LW co-ordinator
supernumerary
(%)



LMNS: South Yorkshire and Bassetlaw

Reporting period: January - March 2024 Q4

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

DBTH

1:22

9%

100%

Maternity unit

DBTH – Doncaster

KPI (see slide 4)	Measurement / Target		Doncaster Rate				
			Jan	Feb	Mar		
Caesarean Section rate	Elective	<13.2 %	20.4%	19.5%			
	Emergency	<15.2 %	34.4%	26%			
Preterm birth rate	≤26+6 weeks	0	0	1			
	≤36+6 weeks	<6%	6.85%	8.2%			
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	4.8%	2.2%			
Term admissions to NICU		<6%	6%	4.76%			
3 rd & 4 th degree tear	SVD (unassist'd)	<2.8%	2.7%	2.8%			
	Instrumental (assisted)	<6.8%	6.3%	11.1%	1.4%		
Right place of birth		95%	100%	99%			
Smoking at time of delivery		<11%	10.4%	7.9%			
Percentage of women placed on CoC pathway		35%	0%	0%	0%		
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0%	0%	0%	0%
	Area of deprivation		0%	0%	0%	0%	0%

Month/Quarter		Red flag alert	Open > 30 days	Unactioned Datix	Maternity PSI	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)			HIE cases (2 or3)	Neonatal Deaths Early	Neonatal Deaths Late	Notification to ENS	Maternal Mortality (direct / indirect)	
2024/2025	Jan	22	90	0	0	0	0	2	1	0	0	0	0	0	0	0
	Feb	24	167	0	2	0	0	0	0	0	0	0	0	0	0	0
	Mar															
	Q4															

Maternity Red Flags (NICE 2015)

		Jan	Feb	Mar
1	Delay in commencing/continuing IOL process	19	19	
2	Delay in elective work	0	1	
3	Unable to give 1-1 care in labour	0	0	
4	Missed/delayed care for > 60 minutes	3	3	
5	Delay of 30 minutes or more between presentation and triage (LWAU)	0	1	

NE&Y Regional Perinatal Quality Oversight Group

Highlight Report



LMNS: South Yorkshire and Bassetlaw

Reporting period: January - March 2024 Q4

Overall System RAG:

(Please refer to key next slide)

Maternity unit DBTH – Bassetlaw

KPI (see slide 4)3.9%	Measurement / Target		Bassetlaw Rate					
			Jan	Feb	Mar			
Caesarean Section rate	Elective		18%	15.9%				
	Emergency		33.1%	32.6%				
Preterm birth rate	≤26+6 weeks	0	0	0				
	≤36+6 weeks	<6%	9.67%	9%				
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	6.4%	2.3%				
Term admissions to NICU		<6%	0.89%	0.83%				
3 rd & 4 th degree tear	SVD (unassist'd)	<2.8%	0	0				
	Instrumental (assisted)	<6.8%	5.9%	6.7%	0.76%			
Right place of birth		95%	100%	99%				
Smoking at time of delivery		<11%	8.1%	11.5%				
Percentage of women placed on CoC pathway		35%	0	0	0			
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0	0	0			
	Area of deprivation		0	0	0			

Month/Quarter	Red flag alert	Open > 30 days	Unactioned Datix	Maternity PSII	Maternity Never Events	HSIB cases	Still Births (All / Term / Intrapartum)			HIE cases (2 or3)	Neonatal Deaths (Early / Late)		Notification to ENS	Maternal Mortality (direct / indirect)	
2024/2025	Jan	3	33	0	0	0	1	0	0	0	0	0	0	0	0
	Feb	5	43	0	0	0	0	0	0	0	0	0	0	0	0
	Mar														
	Q4														

Maternity Red Flags (NICE 2015)

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

Assessed compliance With 10 Steps-to-Safety

		Jan	Feb	March
1	Perinatal review tool			
2	MSDS			
3	ATAIN			
4	Medical Workforce			
5	Midwifery Workforce			
6	SBLCB V3			
7	Patient Feedback			
8	Multi-professional training			
9	Safety Champions			
10	Early notification scheme (HSIB)			

Key

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



Evidence of SBLCB V3 Compliance

Element		January			February		March	
		self assessment	LMNS	CNST 50% self assessment	Current Position	Full compliance prediction	Current Position	Full compliance prediction
1	Reducing smoking	80%	70%		80%	100%		
2	Fetal Growth Restriction	85%	80%		95%	100%		
3	Reduced Fetal Movements	50%	50%		100%	100%		
4	Fetal monitoring during labour	80%	80%		80%	100%		
5	Reducing pre-term birth	74%	67%		93%	100%		
6	Diabetes	67%	50%		83%	100%		

Assessment against Ockenden Immediate and Essential Action (IEA)

	Jan	Feb	March
Audit of consultant led labour ward rounds twice daily			
Audit of Named Consultant lead for complex pregnancies			
Audit of risk assessment at each antenatal visit			
Lead CTG Midwife and Obstetrician in post			
Non Exec and Exec Director identified for Perinatal Safety			
Multidisciplinary training – PROMPT, CTG, Obstetric Emergencies (80% of Staff)	PROMPT	CTG	
Plan in place to meet birth rate plus standard (please include target date for compliance)			
Flowing accurate data to MSDS			
Maternity SIs shared with trust Board			

Maternity unit	January	February	March
Freedom to speak up / Whistle blowing themes	None	None	
Themes from Datix (to include top 5 reported incidents/ frequently occurring)	Weight unexpectedly below the 10 th centile PPH Unexpected admission to NNU 3 rd and 4 th degree tears BBA		
Themes from Maternity Serious Incidents (Sis)	0 declared in January 2 ongoing investigations	2 declared in February - Latent phase of labour, CTG classification, Postnatal care which lead mother to self discharge no harm to mother or baby under new PSIRF pathways not understanding contributing factors / not seeing improvement - Unexpected Unexplained Neonatal collapse on the postnatal ward met local priority unexplained collapse / deterioration	
Themes arising from Perinatal Mortality Review Tool	January meeting Graded 3 cases 1. C and A 2. A and A 3. C and B Diabetic care, SGA/FGR, aspirin use	February meeting Graded 4 cases 1. C and A 2. A and A 3. B and A 4. B and B Earlier delivery	
Themes / main areas from complaints	Care delivery Communications regarding management plans and treatment options	Care delivery Communications regarding management plans and treatment options Companionate holistic care	
Listening to women (sources, engagement / activities undertaken) CQC Women's Experience	MNVP attended Governance meeting and shared information around the co-production work that has been ongoing Working with governance team Coproducting work with steroid leaflet	Ongoing work	
Evidence of co-production	Guideline production Governance meetings Patient leaflets Patient booklets for ward areas	Guideline production Governance meetings Patient leaflets Patient booklets for ward areas Good working relation ship with the governance team	
Listening to staff (eg activities undertaken, surveys and actions taken as a result)	Face to face staff engagement meetings on CDS Meetings with staff listening to suggestions for improvement within the service Live SIMS ongoing Debrief being conducted with staff following incidents	Face to face staff engagement meetings on CDS Meetings with staff listening to suggestions for improvement within the service Live SIMS ongoing SWARMS conducted with staff following incidents	
Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	WHATS HOT and safety brief Ward briefs and emails Face to face discussions with staff Closing the loop proformas LMNS meetings	WHATS HOT and safety brief Ward briefs and emails Face to face discussions with staff Closing the loop proformas LMNS meetings	

KPIs: Targets & Thresholds

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



Glossary of terms / Definitions for use with maternity papers

AN - Antenatal (before birth)

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

BAPM - British Association of Perinatal Medicine (neonatal)

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

Cephalic - Head down

CNST - Clinical Negligence Scheme for Trusts

CTG - Cardiotocography (fetal monitor)

CQC - Care Quality Commission (Our regulator)

Cooling - baby actively cooled lowering the body temperature

DoM - Director of Midwifery

EFW - Estimated fetal weight

FTSU - Freedom to speak up

G - Gravis (total number of pregnancies including miscarriages)

GIRFT - Getting it right first time (Benchmarking data)

HSIB - Health Service Investigation bureau

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

IUD - intrauterine death (in the uterus)

LMNS - Local maternity and neonatal system (the 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

2403 - C1 PEOPLE UPDATE INCLUDING STAFF SURVEY RESULTS

● Discussion Item

👤 Zoe Lintin, Chief People Officer

🕒 10:10

25 minutes

Daniel Ratchford, Senior Director & General Manager - IQVIA

REFERENCES

Only PDFs are attached



C1 - People Update.pdf



C1 - 2023 Staff Survey Results.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	26 March 2024	Agenda Reference:	C1
Report Title:	People Update		
Sponsor:	Zoe Lintin, Chief People Officer		
Author:	Zoe Lintin, Chief People Officer		
Appendices:	DBTH Staff Survey results – newsletter for internal communication		
Report Summary			
Executive Summary			
<p>There is a Board commitment and ambition to improve colleague experience and engagement across DBTH in line with our True North objectives to be in the top 10% in the UK for feedback from our colleagues and learners. The annual national staff survey results are a key indicator of our progress in this regard and the reports were published nationally on 7 March 2024.</p> <p>This paper presents the headlines of our 2023 staff survey results and the full report can be found here (146 pages): NHS Staff Survey Benchmark report 2023 (nhsstaffsurveys.com). Appendix 1 contains the DBTH staff survey newsletter with an overview of our results.</p> <p>Daniel Ratchford, Senior Director and General Manager, from IQVIA (our survey provider) will also attend the Board to present the results.</p> <p><u>Headlines from 2023 results</u></p> <p>Our response rate was 67% with the national median response rate for acute and acute and community trusts being 45%. We achieved a 65% response rate last year, which at the time was the highest the Trust had achieved. In 2023, we again achieved one of the highest response rates nationally for acute trusts which is in itself a positive sign of engagement.</p> <p>In comparing our results in 2022 and 2023, there were improvements year-on-year across all of the seven People Promise themes as well as the two additional elements of Staff Engagement and Morale. In addition, there was improvement in 94% of the questions in comparison with the 2022 results and we scored better than the national sector average on 71% of the questions.</p> <p>These are an encouraging set of results, building on the initial improvements seen in the 2022 survey and showing further improvement on the vast majority of question areas. Whilst there are still areas for further improvement and development, this feedback demonstrates we are strategically heading in the right direction in continuing to improve colleague experience and organisational culture.</p> <p>Key strategic workstreams over the last year which have had a positive impact include the launch and delivery of the People Strategy 2023-27, development and implementation of the DBTH Way behaviours framework, continuation of Just Culture work aligned with the introduction of the Patient Safety Incident</p>			

Response Framework, continued focus on embedding a Flexible Working culture and implementation of the Education Quality Framework to support quality standards for all learners.

Current situation and next steps

The results at divisional/directorate and departmental level have been shared with senior leadership teams and, in line with our year-round cycle of engagement, the expectation again this year is that leaders will hold engagement sessions with teams about their local results and develop action/improvement plans based on this feedback.

The People Business Partnering team have developed resources to help to facilitate these conversations and will provide support to ensure that engagement sessions are arranged with all teams (where a local report is available). In addition, Trust-wide actions in alignment with our People Strategy will continue to be taken and there will be communications about actions being taken in response to colleague feedback. Examples will also be sought from local teams and leaders about how the staff survey feedback has been used to develop actions which have resulted in positive change.

People Committee will continue to have oversight through regular reports at every meeting and the staff survey results are on the agenda for the April meeting.

Recommendation:	The Board is asked to review and take assurance from the 2023 staff survey results and next steps outlined.			
Action Require:	Approval	Review and 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 & Bassetlaw ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	
Implications				
Board assurance framework:	No changes			
Risk register:	Existing workforce-related risks			
Regulation:	-			
Legal:	-			
Resources:	-			
Assurance Route				
Previously considered by:		Initial results shared by email with Board and Trust Executive Group in January 2024 (whilst under embargo). People Update report at Trust Executive Group in March 2024.		
Date:	January – March 2024			
Any outcomes/next steps	-			

Previously circulated reports to supplement this paper:	-
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National Staff Survey 2023

in summary



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.



Thank you
for your
feedback!

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

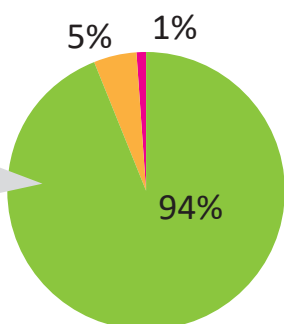
▲ **75%** of you feel that the Trust respects differences (cultures, backgrounds and so on)

▲ **64%** of you think the Trust acts fairly with regard to career progression / promotion

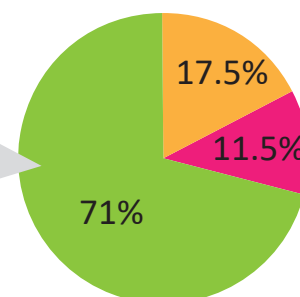
▲ **61%** of you are confident that the organisation would address your concerns if you raised them

How our responses compare:

With our
2022 results



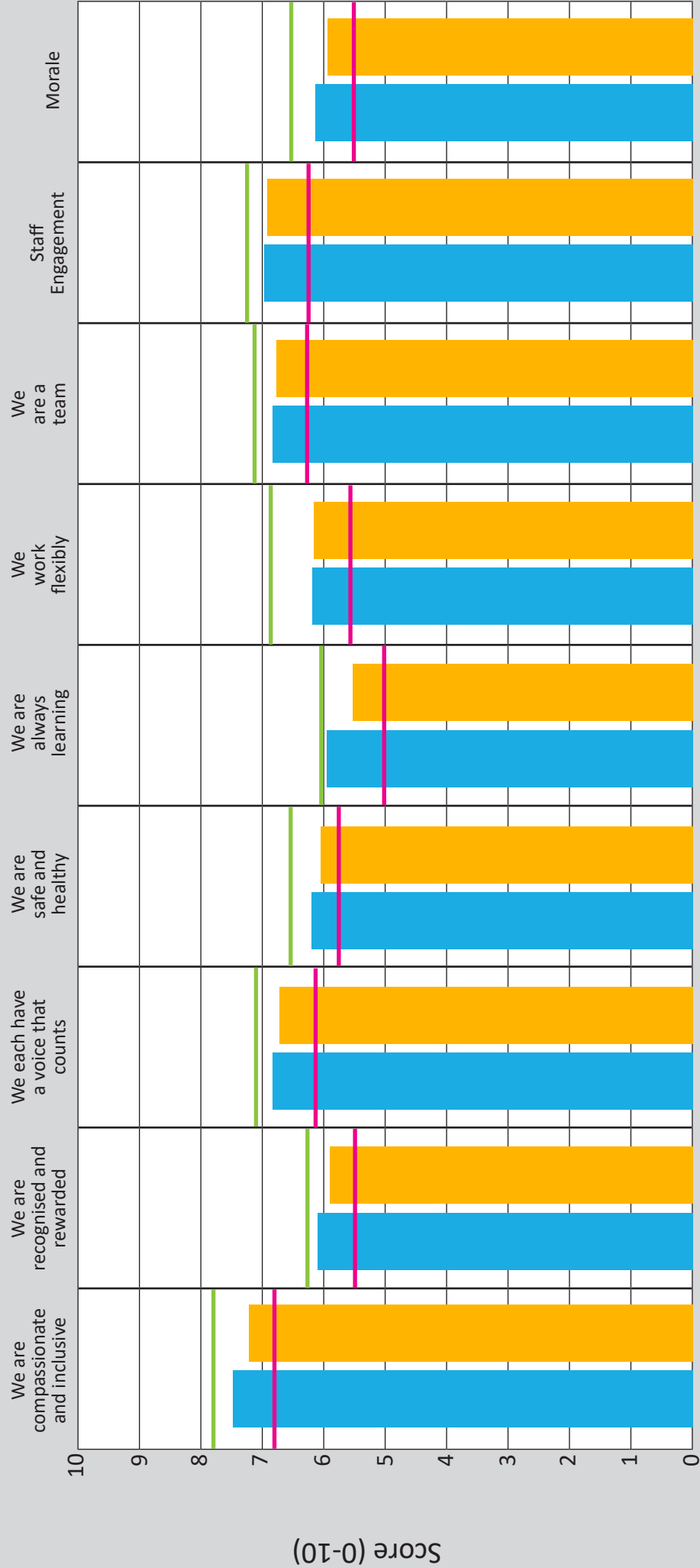
With the **national**
picture for acute
trusts



■ Better ■ Worse ■ Similar

The 7 People promise themes and how we compare nationally










The table below shows how **DBTH** compares to the **national average** score for each of the seven NHS People Promise themes, as well as how we compare in terms of staff engagement and morale. It also shows how DBTH compares to the **worst** and **best** scores nationally.



Our data is benchmarked against national data from similar organisations (acute trusts)

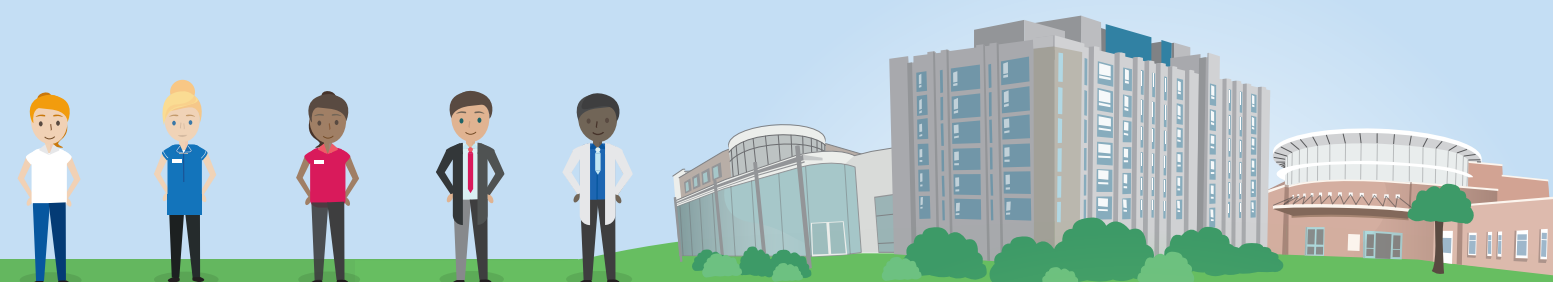
Best	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
DBTH	7.41	6.05	6.82	6.24	5.90	6.24	6.81	6.94	6.11
National	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54

How does this compare with last year?

Theme	2022 score	2023 score	Change
We are compassionate and inclusive	7.3	7.4	
We are recognised and rewarded	5.8	6.0	
We each have a voice that counts	6.7	6.8	
We are safe and healthy	6.0	6.2	
We are always learning	5.6	5.9	
We work flexibly	6.0	6.2	
We are a team	6.6	6.8	
Staff Engagement	6.8	6.9	
Morale	5.8	6.1	

 Better
  Worse
  Similar to last year

People Promise



Your job

This year

	2022	National	DBTH
Q2a. Often/always look forward to going to work	51.6%	54.2%	55.4%
Q2b. Often/always enthusiastic about my job	65.8%	68%	71.7%
Q2c. Time often/always passes quickly when I am working.	70%	71.3%	70.7%
Q3a. Always know what work responsibilities are.	87.2%	86.5%	88.1%
Q3b. Feel trusted to do my job.	90.6%	90.4%	90.9%
Q3c. Opportunities to show initiative frequently in my role.	71.4%	73.3%	73.6%
Q3d. Able to make suggestions to improve the work of my team/dept.	67.1%	70.8%	69.8%
Q3e. Involved in deciding changes that affect work.	46.7%	51.2%	49.5%
Q3f. Able to make improvements happen in my area of work.	50.2%	55.9%	54.9%
Q3g. Able to meet conflicting demands on my time at work	45.5%	47%	49.6%
Q3h. Have adequate materials, supplies and equipment to do my work	53.2%	56.5%	56.3%
Q3i. Enough staff at organisation to do my job properly	24.4%	31.6%	32.1%
Q4a. Satisfied with recognition for good work	52.3%	53.3%	54.5%
Q4b. Satisfied with extent organisation values my work	42.8%	43.7%	46.3%
Q4c. Satisfied with level of pay	24.7%	29.8%	31.5%
Q4d. Satisfied with opportunities for flexible working patterns	49%	55.2%	53.1%
Q5a. I have realistic time pressures	25.7%	25.2%	29.3%
Q5b. Have a choice in deciding how to do my work	51.2%	52.4%	51.9%
Q5c. Relationships at work are unstrained	42.7%	46.1%	45.2%
Q6a. Feel my role makes a difference to patients/service users	86.8%	87.8%	88.8%
Q6b. Feel my organisation is committed to helping me balance my work and home life	45%	48%	50.7%

Your job continued

This year

	2022	National	DBTH
6c. I achieve a good balance between my work life and my home life	54.2%	55%	58.7%
6d. I can approach my immediate manager to talk openly about flexible working.	66.6%	68.6%	69.1%

Your Team

This year

	2022	National	DBTH
7a. The team I work in has a set of shared objectives.	71.6%	73.5%	73%
7b. The team I work in often meets to discuss the team's effectiveness.	47.2%	61.2%	54.5%
7c. I receive the respect I deserve from my colleagues at work.	69.1%	71.3%	70.3%
7d. Team members understand each other's roles.	73.1%	71.5%	74.1%
7e. I enjoy working with the colleagues in my team.	82.1%	80.9%	82.3%
7f. My team has enough freedom in how to do its work.	57.2%	60.1%	60%
7g. In my team disagreements are dealt with constructively.	55.7%	56.7%	55%
7h. I feel valued by my team.	68.9%	69.7%	69.5%
7i. I feel a strong personal attachment to my team.	64.9%	63.8%	65.3%

People in your organisation

This year

	2022	National	DBTH
8a. Teams within this organisation work well together to achieve their objectives.	52.8%	54.9%	57.8%
8b. The people I work with are understanding and kind to one another.	69.7%	69.8%	69.6%
8c. The people I work with are polite and treat each other with respect.	70.7%	70.8%	70.2%
8d. The people I work with show appreciation to one another.	67.1%	66.7%	67.8%

Your managers

	2022	This year	
		National	DBTH
9a. My immediate manager encourages me at work.	69.5%	71.3%	72.1%
9b. My immediate manager gives me clear feedback on my work.	64.5%	63.9%	65.5%
9c. My immediate manager asks for my opinion before making decisions that affect my work.	55.3%	58.6%	56.9%
9d. My immediate manager takes a positive interest in my health and well-being.	67.4%	69%	69.5%
9e. My immediate manager values my work.	70%	71.4%	72%
9f. My immediate manager works together with me to come to an understanding of problems.	67.4%	68.1%	68.2%
9g. My immediate manager is interested in listening to me when I describe challenges I face.	69.3%	70.7%	71.1%
9h. My immediate manager cares about my concerns.	68.2%	69.4%	69.9%
9i. My immediate manager takes effective action to help me with any problems I face.	65.3%	66.3%	67.7%

Your health, wellbeing and safety

	2022	This year	
		National	DBTH
10b. I work zero additional PAID hours per week for DBTH, over and above my contracted hours.	43.7%	61.4%	60.2%
10c. I work zero additional UNPAID hours per week for DBTH, over and above my contracted hours.	52.7%	48.3%	55.6%
11a. My organisation takes positive action on health and well-being.	62.5%	57.1%	66.7%
11b. In the last 12 months, I have not experienced musculoskeletal problems (MSK) as a result of work activities.	68.6%	69.5%	70.7%
11c. During the last 12 months, I have not felt unwell as a result of work related stress.	56.6%	57.5%	60.6%
11d. In the last three months I have not come to work despite not feeling well enough to perform my duties.	41.8%	44.7%	43.8%
11e. I have not felt pressure from my line manager to come to work.	76.2%	78.2%	78.3%

Your health, wellbeing and safety continued

	2022	This year	
		National	DBTH
12a. I never/rarely find my work emotionally exhausting.	21.9%	22.6%	25.3%
12b. I never/rarely feel burnt out because of your work.	27.6%	30%	33.1%
12c. My work never/rarely frustrates me.	20.7%	22.3%	24.3%
12d. I am never/rarely exhausted at the thought of another day / shift at work.	34.4%	36.5%	38%
12e. I never/rarely feel worn out at the end of my working day / shift.	16.9%	18.9%	20.4%
12f. I never/rarely feel that every working hour is tiring for me.	49%	49.9%	53.1%
12g. I never/rarely feel like I don't have enough energy for family and friends during leisure time?	34.4%	33.4%	37.6%
13a. In the last 12 months, I have not personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	82.6%	85.9%	84.1%
13b. In the last 12 months, I have not personally experienced physical violence at work from managers.	99.5%	99.2%	99.6%
13c. In the last 12 months, I have not personally experienced physical violence at work from other colleagues.	98.6%	98%	98.8%
13d. The last time you experienced physical violence at work, did you or a colleague report it?	66.9%	68.7%	68.3%
14a. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public	71.8%	74.3%	76.1%
14b. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from managers.	90.9%	89.9%	93.4%
14c. In the last 12 months, I have not personally experienced harassment, bullying or abuse at work from other colleagues.	82.8%	81.2%	84.7%
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	48.5%	49.6%	48.2%
15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	63.5%	55%	63.7%

Your health, wellbeing and safety continued

		This year	
	2022	National	DBTH
16a. In the last 12 months, I have not personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	94.9%	90.9%	94.8%
16b. In the last 12 months, I have not personally experienced discrimination at work from a manager / team leader or other colleagues.	94.3%	90.4%	94.1%
16c. On what grounds have you experienced discrimination? (% of those who answered yes to 16b)			
1. Ethnic background	1. 31.5%	1. 54.8%	1. 34.4%
2. Gender	2. 21.1%	2. 18.8%	2. 20.2%
3. Religion	3. 2.1%	3. 5.4%	3. 3.5%
4. Sexual Orientation	4. 5.5%	4. 4.2%	4. 4.5%
5. Disability	5. 10.7%	5. 8.1%	5. 10.1%
6. Age	6. 22.4%	6. 16.3%	6. 20.2%
7. Other	7. 24.7%	7. 23.1%	7. 31.1%
17a. In the last 12 months, I have not been the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, their relatives or members of the public	-	92%	91.4%
17b. In the last 12 months, I have not been the target of unwanted behaviour of a sexual nature in the workplace from staff/colleagues.	-	96.1%	97.3%
18. In the last month, I have not seen any errors, near misses or incidents that could have hurt staff and/or patients/service users	71.6%	65.1%	70.2%
19a. My organisation treats staff who are involved in an error, near miss or incident fairly.	57.5%	59.9%	58.8%
19b. My organisation encourages us to report errors, near misses or incidents.	84.5%	85.4%	84.7%
19c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	66.9%	68.5%	68.9%
19d. We are given feedback about changes made in response to reported errors, near misses and incidents.	55.7%	61%	58.7%

Your health, wellbeing and safety continued

This year

	2022	National	DBTH
20a. I would feel secure raising concerns about unsafe clinical practice.	72.3%	70.4%	72.7%
20b. I am confident that my organisation would address my concern.	58.4%	56%	60.9%
21. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	72.2%	69.6%	74.6%
22. I can eat nutritious and affordable food while I am working.	-	51.7%	48%

Your Personal Development

	2022	National	DBTH
23a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	89.9%	83.6%	90.5%
23b. It helped me to improve how I do my job.	21.8%	26.6%	25.7%
23c. It helped me agree clear objectives for my work.	35.2%	36.1%	37.2%
23d. It left me feeling that my work is valued by my organisation.	32.8%	33.5%	36%
24a. This organisation offers me challenging work.	66.3%	68.4%	66.5%
24b. There are opportunities for me to develop my career in this organisation.	57%	56.5%	59.7%
24c. I have opportunities to improve my knowledge and skills.	69%	70.2%	71.3%
24d. I feel supported to develop my potential.	55.7%	56.3%	59%
24e. I am able to access the right learning and development opportunities when I need to.	59.3%	59.3%	62%

Above data is benchmarked against IQVIA data of a cohort of 62 trusts across the country.

Your organisation

This year

	2022	National	DBTH
25a. Care of patients / service users is my organisation's top priority.	75%	75.2%	76.7%
25b. My organisation acts on concerns raised by patients / service users.	69.8%	70.1%	71.2%
25c. I would recommend my organisation as a place to work.	58.7%	61.2%	63%
25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	61.7%	65.2%	64%
25e. I feel safe to speak up about anything that concerns me in this organisation.	63.7%	61.4%	64.5%
25f. If I spoke up about something that concerned me I am confident my organisation would address my concern.	51.9%	49.2%	53.8%
26a. I rarely think about leaving this organisation.	45.5%	44.5%	50.2%
26b. I will probably not look for a job at a new organisation in the next 12 months.	55.3%	52.6%	59.7%
26c. As soon as I can find another job, I will leave this organisation.	12.8%	15.7%	11.1%
30b. Has your employer made reasonable adjustment(s) to enable you to carry out your work?	70.3%	72.5%	71.8%



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

2023 National NHS Staff Survey Results

Daniel Ratchford, Senior Director and General Manager, UK&I Healthcare

Email: MR-Consultancy@iqvia.com

Why is staff engagement important?

One of the key parts of the NHS Long Term Plan is “**Supporting our current NHS staff**”. The National Staff Survey can be used to assess Trust performance against this goal.

NHS England recognise that the “immediate collective challenge is to **improve staff retention** through a **systematic focus** on all elements of the **NHS People Promise**.”

High turnover means you **lose talent and organisational memory** and **incur costs for recruitment and training**. For example, a large Acute Trust with 3,000 nurses and typical 10-12% turnover can spend £3.6m annually replacing fully trained nurses.

There is a body of evidence that engaged staff deliver better healthcare in terms of **patient experience, safety** and **outcomes**.

Engagement is linked to the health and wellbeing of the workforce: scores for the people promise “**We are safe and healthy**” and particularly questions about burnout, correlate with and impact all other people promises.

Methodology

Main survey

- Survey run on paper and online between September and November 2023
- Two reminders sent to staff who didn't respond to paper survey, six reminders for online
- Sample designed to ensure good statistical comparability between organisations and over time
- The comparator group is made up of 63 Acute and Acute & Community Trusts contracted to IQVIA.

Bank survey

- Survey run online only between September and November 2023
- Two SMS reminders and up to six email reminders sent to staff who didn't respond
- Full census of eligible staff were invited to take part, staff must have worked in the six months between 1st March 2023 and 1st September 2023 and not have a substantive or fixed term contract
- No sector comparison.

National results were published by NHS England on **7th March 2024**.

Response Rate

	<i>Usable Sample</i>	<i>Completed</i>			<i>Total</i>	<i>Response Rate</i>
		<i>Paper</i>	<i>Online</i>	<i>Telephone</i>		
2023 Org.	7,038	310	4,393	1	4,704	66.8%
2023 IQVIA	761,555	24,740	341,872	15	366,627	48.1%
2022 Org.	6,521	370	3,882	0	4,252	65.2%
2022 IQVIA	717,423	23,641	294,123	8	317,772	44.3%

- Impacts on response rate:
 - Accuracy of staff records, and internal distribution
 - Communication
 - Pro-active management of survey process
 - Communication of results
 - [Response and action from senior management.](#)

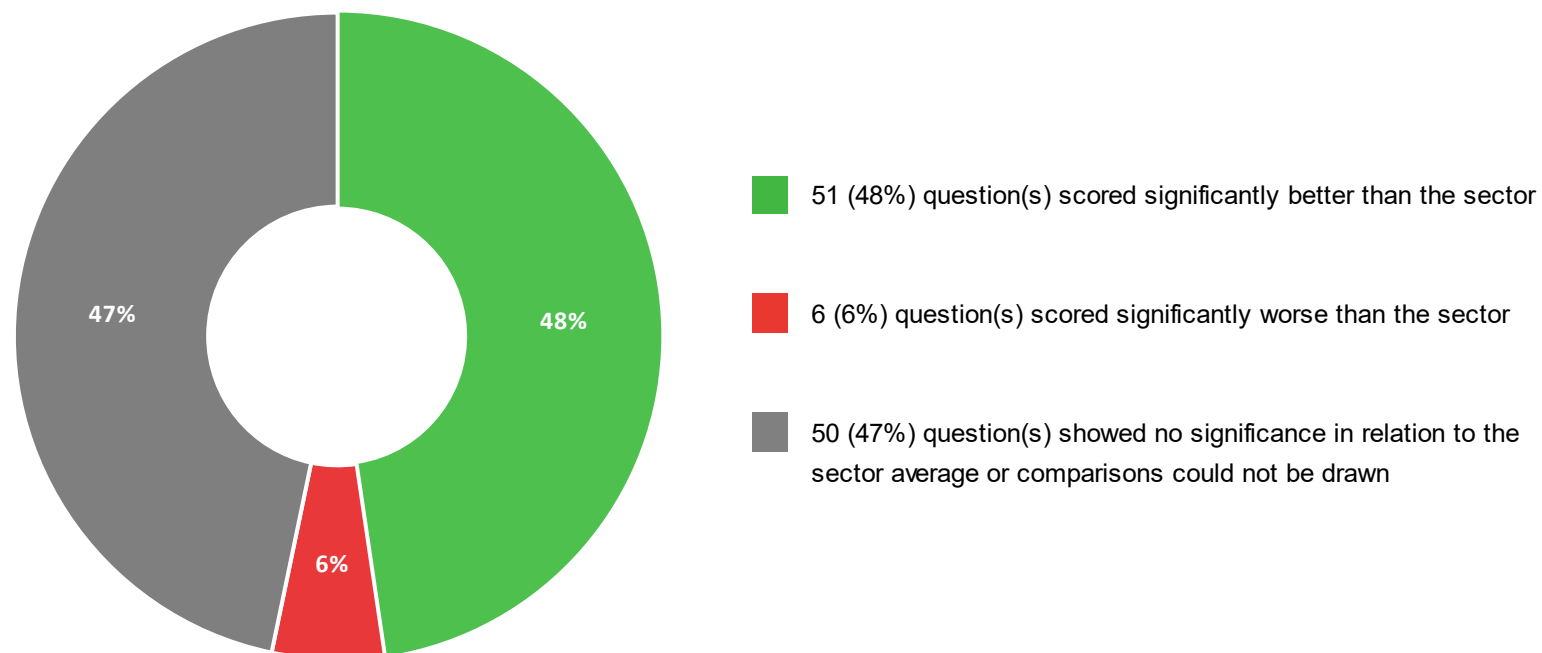
Summary of Key Themes

- The overall Staff Engagement score for the organisation is **6.92** and the score for Morale is **6.09**
- **Successes to Celebrate**
 - *Scores have shown significant improvements since 2022, and should be celebrated*
 - *In many areas, the Trust now scores significantly better than the rest of the sector*
- **Areas of Focus for 2024**
 - *Across the whole sector, nutritious and affordable food does not seem to be widely available*
 - *Like other Trusts, reported levels of bullying, harassment and abuse (from colleagues, managers, and service users) are higher than in other sectors*
 - *This year's new question on unwanted sexual behaviour raises concerns*

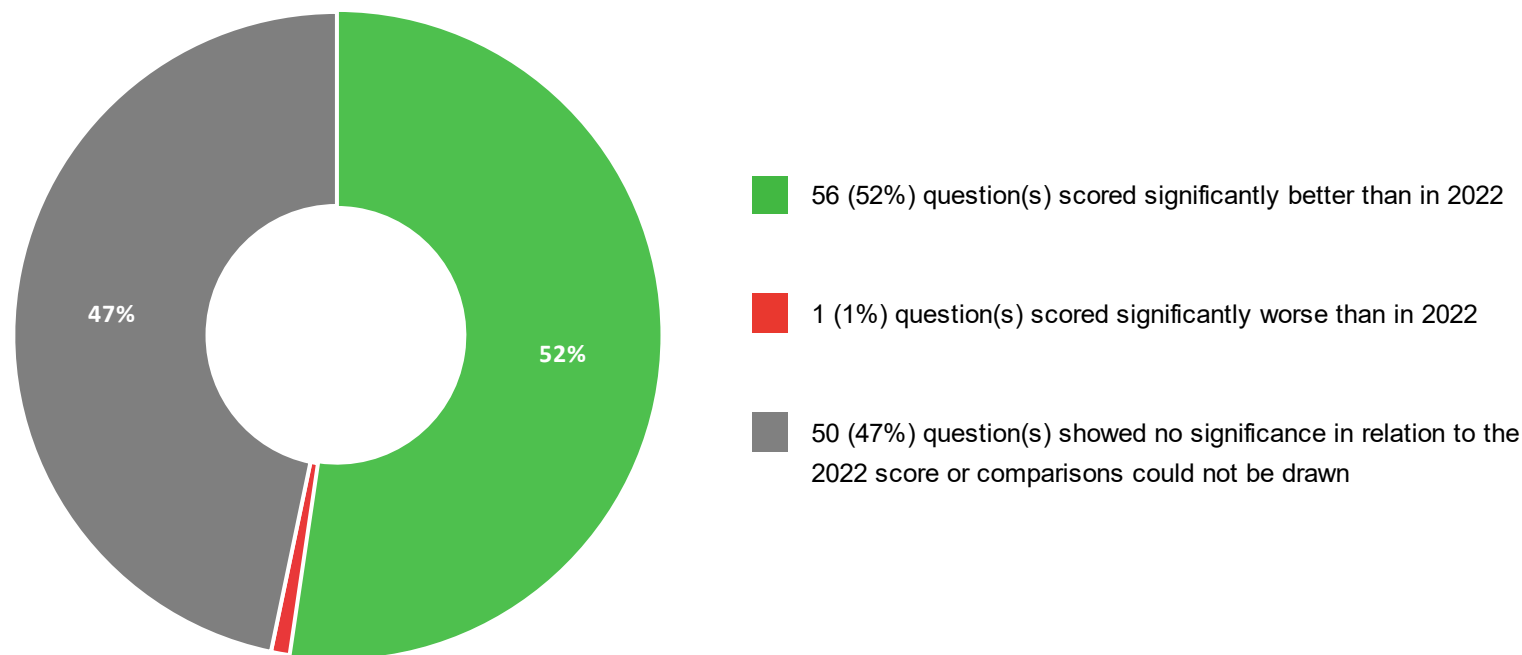
Summary of Scores

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Staff engagement	6.73	Significantly Improved	6.92	Not Significant	6.88
Theme - Morale	5.79	Significantly Improved	6.09	Significantly Better	5.92
People Promise 1 - We are compassionate and inclusive	7.28	Not Significant	7.39	Significantly Better	7.24
People Promise 2 - We are recognised and rewarded	5.77	Significantly Improved	6.03	Not Significant	5.91
People Promise 3 - We each have a voice that counts	6.69	Not Significant	6.81	Not Significant	6.69
People Promise 4 - We are safe and healthy	5.94	Significantly Improved	6.22	Significantly Better	6.07
People Promise 5 - We are always learning	5.63	Significantly Improved	5.89	Significantly Better	5.63
People Promise 6 - We work flexibly	5.94	Significantly Improved	6.21	Not Significant	6.17
People Promise 7 - We are a team	6.61	Not Significant	6.79	Not Significant	6.73

Headline Findings – Question Benchmarking



Headline Findings – Question Local Changes



Staff Engagement & Morale

Staff Engagement

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Staff engagement	6.73	Significantly Improved	6.92	Not Significant	6.88
Subscore 1 - Motivation	6.88	Significantly Improved	7.08	Not Significant	6.99
2a. I look forward to going to work.	51.7%	Significantly Improved	55.6%	Not Significant	54.2%
2b. I am enthusiastic about my job.	67.3%	Significantly Improved	71.6%	Significantly Better	68.0%
2c. Time passes quickly when I am working.	70.2%	Not Significant	71.2%	Not Significant	71.3%
Subscore 2 - Involvement	6.65	Not Significant	6.84	Not Significant	6.83
3c. There are frequent opportunities for me to show initiative in my role.	71.8%	Significantly Improved	73.8%	Not Significant	73.3%
3d. I am able to make suggestions to improve the work of my team / department.	68.0%	Significantly Improved	70.3%	Not Significant	70.8%
3f. I am able to make improvements happen in my area of work.	50.8%	Significantly Improved	54.9%	Not Significant	55.9%

Staff Engagement (continued)

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Subscore 3 - Advocacy	6.67	Not Significant	6.85	Not Significant	6.81
25a. Care of patients / service users is my organisation's top priority.	75.2%	Not Significant	76.7%	Significantly Better	75.2%
25c. I would recommend my organisation as a place to work.	58.9%	Significantly Improved	62.7%	Significantly Better	61.2%
25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	61.8%	Significantly Improved	64.1%	Not Significant	65.2%

Morale

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Morale	5.79	Significantly Improved	6.09	Significantly Better	5.92
Subscore 1 - Thinking about leaving	6.15	Significantly Improved	6.47	Significantly Better	6.07
26a. I often think about leaving this organisation.	29.8%	Significantly Improved	24.6%	Significantly Better	28.6%
26b. I will probably look for a job at a new organisation in the next 12 months.	19.3%	Significantly Improved	16.2%	Significantly Better	20.9%
26c. As soon as I can find another job, I will leave this organisation.	13.1%	Significantly Improved	11.3%	Significantly Better	15.7%
Subscore 2 - Work pressure	4.93	Significantly Improved	5.35	Not Significant	5.29
3g. I am able to meet all the conflicting demands on my time at work.	44.5%	Significantly Improved	48.8%	Significantly Better	47.0%
3h. I have adequate materials, supplies and equipment to do my work.	53.2%	Significantly Improved	56.2%	Not Significant	56.5%
3i. There are enough staff at this organisation for me to do my job properly.	24.0%	Significantly Improved	31.7%	Not Significant	31.6%

Morale (continued)

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Subscore 3 - Stressors	6.29	Not Significant	6.45	Not Significant	6.39
3a. I always know what my work responsibilities are.	86.9%	Not Significant	87.7%	Significantly Better	86.5%
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	47.9%	Significantly Improved	50.2%	Not Significant	51.2%
5a. I have unrealistic time pressures.	24.6%	Significantly Improved	28.4%	Significantly Better	25.2%
5b. I have a choice in deciding how to do my work.	51.3%	Not Significant	52.1%	Not Significant	52.4%
5c. Relationships at work are strained.	42.8%	Significantly Improved	45.4%	Not Significant	46.0%
7c. I receive the respect I deserve from my colleagues at work.	69.7%	Not Significant	70.8%	Not Significant	71.3%
9a. My immediate manager encourages me at work.	69.5%	Significantly Improved	71.9%	Not Significant	71.3%

People Promises

We are compassionate and inclusive



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1 - We are compassionate and inclusive	7.28	Not Significant	7.39	Significantly Better	7.24
People Promise 1, Subscore 1 - Compassionate culture	6.98	Not Significant	7.15	Not Significant	7.10
6a. I feel that my role makes a difference to patients / service users.	87.0%	Significantly Improved	88.9%	Significantly Better	87.8%
25a. Care of patients / service users is my organisation's top priority.	75.2%	Not Significant	76.7%	Significantly Better	75.2%
25b. My organisation acts on concerns raised by patients / service users.	70.1%	Not Significant	70.9%	Not Significant	70.0%
25c. I would recommend my organisation as a place to work.	58.9%	Significantly Improved	62.7%	Significantly Better	61.2%
25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	61.8%	Significantly Improved	64.1%	Not Significant	65.2%

We are compassionate and inclusive (continued)



People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1, Subscore 2 - Compassionate leadership		6.87	Not Significant	7.04	Not Significant	6.95
9f.	My immediate manager works together with me to come to an understanding of problems.	67.6%	Not Significant	68.1%	Not Significant	68.1%
9g.	My immediate manager is interested in listening to me when I describe challenges I face.	69.3%	Not Significant	71.0%	Not Significant	70.7%
9h.	My immediate manager cares about my concerns.	68.3%	Not Significant	69.8%	Not Significant	69.3%
9i.	My immediate manager takes effective action to help me with any problems I face.	65.3%	Significantly Improved	67.6%	Not Significant	66.2%

We are compassionate and inclusive (continued)



People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1, Subscore 3 - Diversity and equality		8.41	Not Significant	8.45	Significantly Better	8.05
15.	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	63.2%	Not Significant	63.4%	Significantly Better	55.0%
16a.	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	5.4%	Not Significant	5.3%	Significantly Better	9.1%
16b.	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	5.8%	Not Significant	6.2%	Significantly Better	9.6%
21.	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	72.3%	Significantly Improved	74.6%	Significantly Better	69.5%

We are compassionate and inclusive (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 1, Subscore 4 - Inclusion	6.84	Not Significant	6.92	Not Significant	6.86
7h. I feel valued by my team.	69.0%	Not Significant	70.0%	Not Significant	69.7%
7i. I feel a strong personal attachment to my team.	65.1%	Not Significant	65.6%	Significantly Better	63.7%
8b. The people I work with are understanding and kind to one another.	69.9%	Not Significant	69.6%	Not Significant	69.8%
8c. The people I work with are polite and treat each other with respect.	70.9%	Not Significant	70.3%	Not Significant	70.7%

Additional – Discrimination

Question	2022 Score	Significance	2023 Score	Significance	Sector Score
16c01. On what grounds have you experienced discrimination? Ethnic background	35.1%	Not Significant	36.2%	Significantly Better	54.8%
16c02. On what grounds have you experienced discrimination? Gender	21.8%	Not Significant	20.9%	Not Significant	18.8%
16c03. On what grounds have you experienced discrimination? Religion	2.7%	Not Significant	3.9%	Not Significant	5.4%
16c04. On what grounds have you experienced discrimination? Sexual orientation	5.0%	Not Significant	4.1%	Not Significant	4.2%
16c05. On what grounds have you experienced discrimination? Disability	10.0%	Not Significant	10.2%	Not Significant	8.1%
16c06. On what grounds have you experienced discrimination? Age	21.5%	Not Significant	19.5%	Not Significant	16.3%
16c07. On what grounds have you experienced discrimination? Other	22.9%	Significantly Declined	30.6%	Significantly Worse	23.1%

Additional – Unwanted sexual behaviour

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
17a.	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public?	-	N/A	8.4%	Not Significant	8.0%
17b.	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues?	-	N/A	2.8%	Significantly Better	3.9%

Additional – Adjustments

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
31b.	Has your employer made reasonable adjustment(s) to enable you to carry out your work?	70.8%	Not Significant	72.7%	Not Significant	72.4%

We are recognised and rewarded



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 2 - We are recognised and rewarded	5.77	Significantly Improved	6.03	Not Significant	5.91
4a. The recognition I get for good work.	52.4%	Significantly Improved	54.6%	Not Significant	53.3%
4b. The extent to which my organisation values my work.	42.7%	Significantly Improved	46.2%	Significantly Better	43.7%
4c. My level of pay.	25.4%	Significantly Improved	32.3%	Significantly Better	29.8%
8d. The people I work with show appreciation to one another.	67.0%	Not Significant	67.8%	Not Significant	66.7%
9e. My immediate manager values my work.	70.1%	Not Significant	71.9%	Not Significant	71.4%

We each have a voice that counts



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 3 - We each have a voice that counts	6.69	Not Significant	6.81	Not Significant	6.69
People Promise 3, Subscore 1 - Autonomy and control	6.85	Not Significant	6.99	Not Significant	6.96
3a. I always know what my work responsibilities are.	86.9%	Not Significant	87.7%	Significantly Better	86.5%
3b. I am trusted to do my job.	90.3%	Not Significant	90.8%	Not Significant	90.4%
3c. There are frequent opportunities for me to show initiative in my role.	71.8%	Significantly Improved	73.8%	Not Significant	73.3%
3d. I am able to make suggestions to improve the work of my team / department.	68.0%	Significantly Improved	70.3%	Not Significant	70.8%
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	47.9%	Significantly Improved	50.2%	Not Significant	51.2%
3f. I am able to make improvements happen in my area of work.	50.8%	Significantly Improved	54.9%	Not Significant	55.9%
5b. I have a choice in deciding how to do my work.	51.3%	Not Significant	52.1%	Not Significant	52.4%

We each have a voice that counts (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 3, Subscore 2 - Raising concerns	6.52	Not Significant	6.61	Significantly Better	6.42
20a. I would feel secure raising concerns about unsafe clinical practice.	72.3%	Not Significant	72.5%	Significantly Better	70.4%
20b. I am confident that my organisation would address my concern.	57.7%	Significantly Improved	60.3%	Significantly Better	56.0%
25e. I feel safe to speak up about anything that concerns me in this organisation.	63.8%	Not Significant	64.6%	Significantly Better	61.4%
25f. If I spoke up about something that concerned me I am confident my organisation would address my concern.	51.6%	Not Significant	53.5%	Significantly Better	49.2%

Additional – Errors, near misses or incidents

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
18.	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	29.1%	Not Significant	30.0%	Significantly Better	34.9%
19a.	My organisation treats staff who are involved in an error, near miss or incident fairly.	58.0%	Not Significant	59.3%	Not Significant	59.9%
19b.	My organisation encourages us to report errors, near misses or incidents.	84.9%	Not Significant	84.9%	Not Significant	85.4%
19c.	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	66.9%	Not Significant	68.9%	Not Significant	68.5%
19d.	We are given feedback about changes made in response to reported errors, near misses and incidents.	55.5%	Significantly Improved	58.6%	Significantly Worse	61.0%

We are safe and healthy



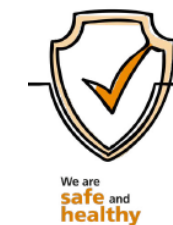
People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 4 - We are safe and healthy	5.94	Significantly Improved	6.22	Significantly Better	6.07
People Promise 4, Subscore 1 - Health and safety climate	5.28	Significantly Improved	5.61	Significantly Better	5.45
3g. I am able to meet all the conflicting demands on my time at work.	44.5%	Significantly Improved	48.8%	Significantly Better	47.0%
3h. I have adequate materials, supplies and equipment to do my work.	53.2%	Significantly Improved	56.2%	Not Significant	56.5%
3i. There are enough staff at this organisation for me to do my job properly.	24.0%	Significantly Improved	31.7%	Not Significant	31.6%
5a. I have unrealistic time pressures.	24.6%	Significantly Improved	28.4%	Significantly Better	25.2%
11a. My organisation takes positive action on health and well-being.	62.4%	Significantly Improved	66.6%	Significantly Better	57.1%
13d. The last time you experienced physical violence at work, did you or a colleague report it?	66.5%	Not Significant	67.7%	Not Significant	68.7%
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	47.5%	Not Significant	47.5%	Not Significant	49.6%

We are safe and healthy (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 4, Subscore 2 - Burnout	4.87	Significantly Improved	5.17	Significantly Better	4.99
12a. How often, if at all, do you find your work emotionally exhausting?	34.4%	Significantly Improved	29.4%	Significantly Better	33.9%
12b. How often, if at all, do you feel burnt out because of your work?	33.2%	Significantly Improved	27.7%	Significantly Better	31.4%
12c. How often, if at all, does your work frustrate you?	38.0%	Significantly Improved	32.8%	Significantly Better	36.5%
12d. How often, if at all, are you exhausted at the thought of another day/shift at work?	30.3%	Significantly Improved	26.4%	Significantly Better	28.4%
12e. How often, if at all, do you feel worn out at the end of your working day/shift?	45.4%	Significantly Improved	40.6%	Significantly Better	43.1%
12f. How often, if at all, do you feel that every working hour is tiring for you?	20.8%	Significantly Improved	18.0%	Significantly Better	20.0%
12g. How often, if at all, do you not have enough energy for family and friends during leisure time?	31.0%	Significantly Improved	27.4%	Significantly Better	30.4%

We are safe and healthy (continued)



People Promise/Theme/Question		2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 4, Subscore 3 - Negative experiences		7.66	Significantly Improved	7.88	Not Significant	7.78
11b.	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	31.4%	Significantly Improved	29.4%	Not Significant	30.5%
11c.	During the last 12 months have you felt unwell as a result of work related stress?	44.1%	Significantly Improved	39.5%	Significantly Better	42.5%
11d.	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	58.0%	Not Significant	56.1%	Not Significant	55.3%
13a.	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	16.9%	Significantly Improved	15.2%	Significantly Worse	14.1%
13b.	In the last 12 months how many times have you personally experienced physical violence at work from managers?	0.5%	Not Significant	0.4%	Significantly Better	0.8%
13c.	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	1.3%	Not Significant	1.2%	Significantly Better	2.0%
14a.	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	28.1%	Significantly Improved	23.6%	Significantly Better	25.7%
14b.	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	9.5%	Significantly Improved	6.9%	Significantly Better	10.1%
14c.	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	17.5%	Significantly Improved	15.5%	Significantly Better	18.8%

Additional – Health, well-being and safety at work

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
10b.	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	43.7%	Significantly Improved	39.7%	Not Significant	38.6%
10c.	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	49.5%	Significantly Improved	46.3%	Significantly Better	51.7%
11e.	Have you felt pressure from your manager to come to work?	23.7%	Not Significant	21.5%	Not Significant	21.8%

Additional – Food

Question	2022 Score	Significance	2023 Score	Significance	Sector Score
22. I can eat nutritious and affordable food while I am working.	-	N/A	48.1%	Significantly Worse	51.7%

We are always learning



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 5 - We are always learning	5.63	Significantly Improved	5.89	Significantly Better	5.63
People Promise 5, Subscore 1 - Development	6.47	Not Significant	6.63	Significantly Better	6.45
24a. This organisation offers me challenging work.	67.6%	Not Significant	67.7%	Not Significant	68.3%
24b. There are opportunities for me to develop my career in this organisation.	57.5%	Significantly Improved	59.9%	Significantly Better	56.5%
24c. I have opportunities to improve my knowledge and skills.	70.0%	Significantly Improved	71.9%	Significantly Better	70.1%
24d. I feel supported to develop my potential.	56.1%	Significantly Improved	59.2%	Significantly Better	56.3%
24e. I am able to access the right learning and development opportunities when I need to.	59.6%	Significantly Improved	62.1%	Significantly Better	59.3%

We are always learning (continued)



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 5, Subscore 2 - Appraisals	4.79	Significantly Improved	5.15	Significantly Better	4.80
23b. It helped me to improve how I do my job.	21.8%	Significantly Improved	25.4%	Not Significant	26.6%
23c. It helped me agree clear objectives for my work.	35.6%	Not Significant	37.4%	Not Significant	36.1%
23d. It left me feeling that my work is valued by my organisation.	32.6%	Significantly Improved	35.7%	Significantly Better	33.5%

Additional – Personal development

Question		2022 Score	Significance	2023 Score	Significance	Sector Score
23a.	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	88.6%	Significantly Improved	90.3%	Significantly Better	83.6%

We work flexibly



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 6 - We work flexibly	5.94	Significantly Improved	6.21	Not Significant	6.17
People Promise 6, Subscore 1 - Support for work-life balance	6.07	Significantly Improved	6.36	Not Significant	6.23
6b. My organisation is committed to helping me balance my work and home life.	45.2%	Significantly Improved	50.9%	Significantly Better	48.0%
6c. I achieve a good balance between my work life and my home life.	53.7%	Significantly Improved	58.5%	Significantly Better	55.0%
6d. I can approach my immediate manager to talk openly about flexible working.	65.5%	Significantly Improved	68.9%	Not Significant	68.6%
People Promise 6, Subscore 2 - Flexible working	5.80	Significantly Improved	6.05	Not Significant	6.11
4d. The opportunities for flexible working patterns.	49.3%	Significantly Improved	53.6%	Significantly Worse	55.2%

We are a team



People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 7 - We are a team	6.61	Not Significant	6.79	Not Significant	6.73
People Promise 7, Subscore 1 - Team working	6.53	Not Significant	6.72	Not Significant	6.68
7a. The team I work in has a set of shared objectives.	72.3%	Not Significant	73.6%	Not Significant	73.5%
7b. The team I work in often meets to discuss the team's effectiveness.	48.4%	Significantly Improved	55.7%	Significantly Worse	61.2%
7c. I receive the respect I deserve from my colleagues at work.	69.7%	Not Significant	70.8%	Not Significant	71.3%
7d. Team members understand each other's roles.	73.0%	Not Significant	74.2%	Significantly Better	71.5%
7e. I enjoy working with the colleagues in my team.	82.1%	Not Significant	82.7%	Significantly Better	80.8%
7f. My team has enough freedom in how to do its work.	57.0%	Significantly Improved	60.0%	Not Significant	60.1%
7g. In my team disagreements are dealt with constructively.	55.2%	Not Significant	55.5%	Not Significant	56.7%
8a. Teams within this organisation work well together to achieve their objectives.	52.4%	Significantly Improved	57.6%	Significantly Better	54.9%

We are a team (continued)



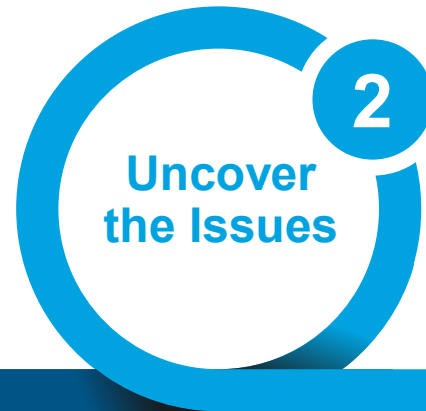
People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
People Promise 7, Subscore 2 - Line management	6.69	Not Significant	6.87	Not Significant	6.78
9a. My immediate manager encourages me at work.	69.5%	Significantly Improved	71.9%	Not Significant	71.3%
9b. My immediate manager gives me clear feedback on my work.	64.3%	Not Significant	65.3%	Significantly Better	63.9%
9c. My immediate manager asks for my opinion before making decisions that affect my work.	55.9%	Not Significant	57.2%	Not Significant	58.6%
9d. My immediate manager takes a positive interest in my health and well-being.	67.0%	Significantly Improved	69.3%	Not Significant	69.0%

Next steps with your results

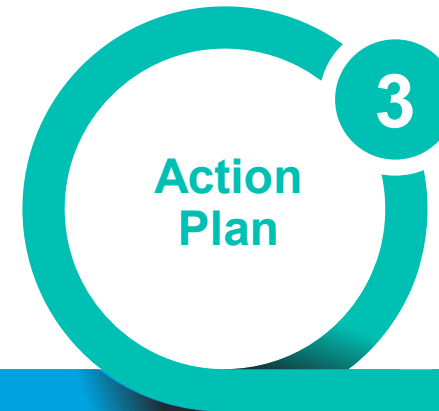
IQVIA can partner with you to accelerate an improvement in staff engagement



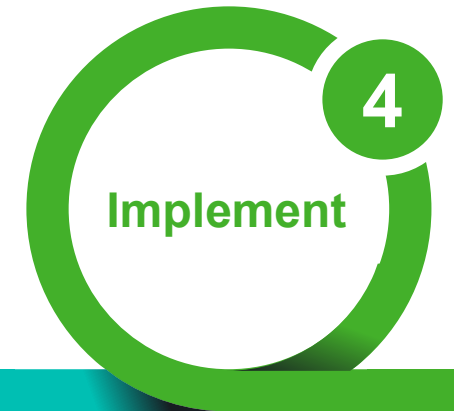
- Share the results across the organisation including breakdowns for staff groups / directorates.
- **Analyse the results** to understand if issues are prevalent in certain areas.
- Read free-text comments to gain depth into the issues.
- **Thematic analysis of free-text comments**



- Encourage teams to discuss the results and share their understanding of the issues.
- **Facilitate staff representative groups** to collate issues and ideas.
- Run **staff focus groups** if there are issues in a specific area.
- Undertake **root cause analysis** if required for organisational issues.



- Review previous action plan – what has and hasn't worked?
- **Prioritise 3 areas** where you can make a **step change**.
- Communicate your organisation-wide action plan to all staff.
- Engage managers across the organisation in creating action plans for their own teams - **provide training if needed**.



- Create, and publicise, opportunities for staff members to be involved in initiatives.
- Invest in **external support to accelerate the implementation of changes: from process development and toolkits to capability development, training and culture change**.
- Measure the impact of your actions and share regular updates with all staff on the progress you are making.

Summary of Key Themes

- The overall Staff Engagement score for the organisation is **6.92** and the score for Morale is **6.09**
- **Successes to Celebrate**
 - *Scores have shown significant improvements since 2022, and should be celebrated*
 - *In many areas, the Trust now scores significantly better than the rest of the sector*
- **Areas of Focus for 2024**
 - *Across the whole sector, nutritious and affordable food does not seem to be widely available*
 - *Like other Trusts, reported levels of bullying, harassment and abuse (from colleagues, managers, and service users) are higher than in other sectors*
 - *This year's new question on unwanted sexual behaviour raises concerns*

Appendix

Questionnaire Changes

- In 2021 the questions were aligned with the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be by 2024. The survey tracks progress towards the seven elements of the People Promise.

Substantive Survey

- Four new questions have been added for 2023: q17a-b on unwanted sexual behaviour, q22 on food availability and q33 on home working
- Three questions have been removed since 2022 (concerning work during the Covid-19 pandemic)
- One question from 2022 has been modified for 2023: Multiple response options have changed on q35 (occupational group)

Bank Survey

- Mandatory in 2023 for any organisation with at least 200 eligible bank only workers
- Nine new questions have been added for 2023: q9 on shift patterns, q22a-b on unwanted sexual behaviour, q27 on food availability, q29f on help/support, q32c and q33 on Bank work, q42 on home working and q45 on substantive contracts
- Four questions have been removed since 2022 (concerning work during the Covid-19 pandemic and appraisals/reviews)
- One question from 2022 has been modified for 2023: Multiple response options have changed on q46 (occupational group)

For more information, please find the survey documents [here](#)

2403 - C2 GUARDIAN OF SAFE WORKING QUARTERLY REPORT

● Decision Item

👤 Dr Anna Pryce, Guardian of Safe Working

🕒 10:35

Zoe Lintin, Chief People Officer


Dr Nick Mallaband, Acting Executive Medical Director

10 minutes

BREAK 10:45 - 10:55

REFERENCES

Only PDFs are attached

 C2 - Guardian of Safe Working Quarterly Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	26 March 2024	Agenda Reference:	C2	
Report Title:	Guardian of Safe Working Quarterly Report			
Sponsor:	Zoe Lintin, Chief People Officer			
Author:	Dr Anna Murray-Pryce, Guardian of Safe Working			
Appendices:				
Report Summary				
Executive Summary				
<p>The number of overall and education-related Exception Reports (ERs) remains low, but there has been an increase in reporting from August 2023 onwards. It should be noted that 43% of the ERs from August to the end of November 2023 were submitted by FY1s working in Paediatrics. A work schedule review was undertaken and appropriate amendments to the FY1 work schedule were undertaken.</p>				
<p>From August 2023, an increase in training posts and a decrease in rota gaps was associated with a decrease in locum costs. More recently, rota gaps have again increased but not to the high level observed prior to August 2023.</p>				
<p>Over the past year, the majority of Exception Reports have been submitted by Trainees working in General Medicine, General Surgery and, more recently, in Paediatrics. However, the Paediatrics Department has encouraged Trainees to report and has participated in a successful regional Exception Reporting drive. Other specialties can learn from this and implement similar ER drives within their own departments in order to increase awareness of and support for reporting.</p>				
<p>The majority of ERs are submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors, often compounded by rota gaps and inadequate locum provision.</p>				
<p>The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload and rota gaps/sickness absence preclude attendance at planned teaching sessions and specialty clinics. Departments have been requested to identify where this remains a challenge and to support Junior Doctors to maximise their training opportunities.</p>				
Recommendation:	The Board is asked to note and take assurance from the quarterly report.			
Action Require:	Approval	Review and discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	To provide outstanding care and improve patient experience	Everybody knows their role in achieving the vision	Feedback from colleagues and learners is in the top 10% in the UK	The Trust is in recurrent surplus to invest in improving patient care

We believe this paper is aligned to the strategic direction of:	South Yorkshire & Bassetlaw ICS	NHS Nottingham & Nottinghamshire ICS
	NA	NA
Implications		
Board assurance framework:	No changes	
Risk register:	-	
Regulation:	-	
Legal:	-	
Resources:	-	
Assurance Route		
Previously considered by:	N/A	
Date:		
Any outcomes/next steps		
Previously circulated reports to supplement this paper:		

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

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Executive summary

Executive Summary

The number of overall and education-related Exception Reports (ERs) remains low, but there has been an increase in reporting from August 2023 onwards. It should be noted that 43% of the ERs from August to the end of November 2023 were submitted by FY1s working in Paediatrics. A work schedule review was undertaken and appropriate amendments to the FY1 work schedule were undertaken.

From August 2023, an increase in training posts and a decrease in rota gaps was associated with a decrease in locum costs. More recently, rota gaps have again increased but not to the high level observed prior to August 2023.

Over the past year, the majority of Exception Reports have been submitted by Trainees working in General Medicine, General Surgery and, more recently, in Paediatrics. However, the Paediatrics Department has encouraged Trainees to report and has participated in a successful regional Exception Reporting drive. Other specialties can learn from this and implement similar ER drives within their own departments in order to increase awareness of and support for reporting.

The majority of ERs are submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors, often compounded by rota gaps and inadequate locum provision.

The Board of Directors can be assured that the vast majority of Trainee doctors are able to work safely. Junior Doctors are broadly able to access educational opportunities as envisaged in the 2016 contract, although this remains a challenge where high workload and rota gaps/sickness absence preclude attendance at planned teaching sessions and specialty clinics. Departments have been requested to identify where this remains a challenge and to support Junior Doctors to maximise their training opportunities.

Introduction

This report sets out the information from the Guardian of Safe Working with regards the 2016 Terms and Conditions for Junior Doctors to assure the Board of the safe working of junior doctors. This report is for the period 01st November 2023 to 31st January 2024, although data is presented for the preceding months for comparison. The Board should receive a quarterly report from the Guardian as per the 2016 contract, which will include:

- Aggregated data on exception reports (including outcomes), broken down by categories such as specialty, department and grade
- Details of fines levied against departments with safety issues
- Data on rota gaps, vacancies and locum usage
- A qualitative narrative highlighting areas of good practice and / or persistent concern.

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

Table 1. Number of exception reports by month, 1 January 2023 to 31st January 2024.

Month	Complete	Pending	Total
January 2023	2	2	4
February 2023	10		10
March 2023	2		2
April 2023	4		4
May 2023	12	1	13
June 2023	7		7
July 2023	0	2	2
August 2023	25	9	34 (*15)
September 2023	25	3	28 (*14)
October 2023	29	1	30 (*10)
November 2023	34	1	35 (*15)
December 2023	10	4	14

January 2024	13	6	19
Grand Total	173	29	202

There is seasonal variation in Exception Reporting (ER) with the highest number of monthly reports usually occurring during the winter months and also in August. The latter coincides with Foundation Year 1 (FY1) Doctors commencing work and is likely due to a combination of awareness of exception reporting following Trust induction and adjusting their new roles. In August 2023, there was a low proportion of unfilled junior doctor posts, making understaffing an unlikely cause of exception reporting. The number of reports in August 2023 was high compared with previous months, and this remained the case through September to November 2023.

It should be noted that there were 15 reports in November, 10 in October, 14 in September and 15 in August made retrospectively by F1 Junior Doctors working in Paediatrics. This was due to working additional hours to undertake handover and not taking time in lieu, which had previously been an unofficial agreement within the department. As a result, these doctors received pay for the additional hours worked and a work schedule review was undertaken in order to ensure that future Trainees were able to attend handover within their scheduled working hours and finish earlier one day a week to compensate. These Paediatric exception reports are depicted in the table in brackets with an asterix.

Instigated by Sheffield Children's Hospital, an initiative led by Paediatrics Registrars at multiple hospital sites in South Yorkshire was also promoted locally. The aim was to encourage Exception Reporting during a targeted period of time (29th Jan to 11th Feb). This initiative was supported by DBTH and during this time there were 5 ERs from Paediatric Trainees. This type of initiative has the potential to be replicated by other specialties within our Trust in order to promote awareness of ERs and to foster a more positive reporting culture.

There has been a significant increase in ERs of Immediate Safety Concern due to unfilled rota gaps during weekend and night shifts. This is due to inadequate provision of locum cover for known/anticipated rota gaps, in combination with unanticipated sickness absence occurring concurrently. It has led to Trainees working unsafely, at high intensity, without adequate breaks and support from colleagues, at times. This is distressing for Trainees and compromises patient safety. It is apparent that these situations are still occurring despite an increase in Medical Training posts and an increase in the percentage of these posts filled.

Seven reports were made over a period of 3 months, compared with a total of 6 reports over the 12 months prior to that (Nov 2022 – Oct 2023) and only 3 over the preceding 12 months (Nov 2021 – Oct 2022). Analysis of the ER of immediate safety concern (ISC) from November 2021 to January 2023 revealed that the majority of ERs of ISC were made by Trainees working out of hours (weekends and twilight/night shifts), accounting for 9 out of 16 ERs of ISC. These 'out of hours' reports of ISC were reported by Trainees working in General Medicine (5), AMU/A+E (2), Renal (1) and General Surgery (1).

Table 2. Number of exception reports by specialty, 1st January 2023 to 31 January 2024.

Specialty	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	Grand Total
Gastroenterology		7				2							1	10
General medicine	2	3	2	1	12	2		7	2		8	3	4	47
General surgery	1							6	2	9	6	6		30
Geriatric medicine						2								2
Renal Medicine										2		2	3	7
Accident and emergency								2	2	4	1	3	2	14
Obstetrics + gynaecology				1				1	3	4	4		6	19
Paediatrics					1	1		15	14	10	16		2	59
Respiratory Medicine								3	4		1		1	9
Trauma and Ortho										1				1
Acute Medicine	1													1
Palliative medicine				2										2
Vascular Surgery							2							2
Ophthalmology									1					1
Grand Total	4	10	2	4	13	7	2	34	28	30	36	14	20	204

Over the past 13 months, the majority of ERs have been submitted by Trainees working in Paediatrics (29%), General Medicine (23%) and in General Surgery (15%). It should be noted of the 55 ERs from Trainees working in Paediatrics between August and November 2023, 54 of these were in relation to additional hours worked in order to undertake handover, which took place after Trainees were scheduled to have finished working for the day. This issue has now been resolved and Trainees have been remunerated for those additional hours worked.

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

Table 3. Reason for submission of Exception Report, January 2023 to end of January 2024.

Additional Hours Worked	148
Change in pattern of work	6
Service Support	20
Educational opportunities	16
Breaks	14
Total	204

Over the past 13 months, the vast majority (73%) of ERs were submitted in relation to additional hours worked, reflecting the high workload of Junior Doctors and emergency care requiring doctors to stay late in order to ensure patient safety. Sixteen reports were made in relation to missed educational opportunities. Trainees are missing educational opportunities due to workload and understaffing. An email was sent by the Medical Education Department in November regarding maximising Foundation Trainee attendance at mandatory teaching sessions. Senior members of the Team are responsible for facilitating Trainees to attend by reviewing the barriers to attendance within their Specialty and mitigating these. Reasons for missing training opportunities are as follows:

- no SHO cover, so unable to handover patients safely to attend mandatory teaching.
- workload prevented attendance at teaching session. Trainees were encouraged to attend if not holding bleep and were able to access a recorded version if unable to attend.
- unable to attend IMT teaching due to workload.
- no SHO or Registrar cover due to planned leave. Inadequate staffing, so unable to handover patients safely to attend mandatory teaching.

b) Work schedule reviews

Work schedule reviews were requested for FY1s working in Paediatrics and the outcome was acceptable to Trainees. It ensured that future Trainees are able to undertake clinical handovers safely and within working hours and FY1s are now scheduled to finish earlier one day a week to compensate.

Following the identification of some Trainees being scheduled to work a shift in excess of 13 hours due to the clocks going back one hour in October, a review of work schedules has been requested to ensure that Trainees are not intentionally scheduled to work hours that would be in breach of their contracts. Should Trainees work in excess of 13 hours, they should submit an ER and the Guardian of Safe Working Hours will implement a fine to the relevant department.

c) Locum bookings

Locum and bank usage.

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

Table 4. Cost of locum and bank usage, 1 January 2023 to 31 January 2024.

Sum of Estimated Cost	Column Labels													
Row Labels	01/01/2023	01/02/2023	01/03/2023	01/04/2023	01/05/2023	01/06/2023	01/07/2023	01/08/2023	01/09/2023	01/10/2023	01/11/2023	01/12/2023	01/01/2024	Grand Total
Acute Internal Medicine													0	0
Acute Medicine	139787.2	126680.81	105432.13	133772.31	123141.13	148481.34	164054.63	102314.92	85631.08	69695.6	58838.31	66702.27	80914.54	1405446.27
Anaesthesia Obs										1168.05				1168.05
Anaesthetics										0				0
Anaesthetics and Critical Care	20255.1	10690.16	10304.52	13241.02	10106.24	11651.24	17755.14	20391.42	22033.21	16326.32	26208.1	30666.56	30242.84	239871.87
Anaesthetics and Maternity				0	0				1135.62		3729	10377.19	6984.78	22226.59
Anaesthetics and Theatres	51545.23	2190	4183.24	6908.65	1494.08	6404.08		4911.38	13780.89	13472.78	73059.21	87878.04	53670.55	319498.13
Breast Surgery		8064	12177.92	7248.8								6203.52	7242.3	40936.54
Cardiology (Medical)	9780.1	8394.6	17345.55	11965.85	10525.09	11680.83	8886.04	2373.26	2166.36	1970.97	6852.5	6508.75	3591.25	102041.15
Care of the Elderly	72508.86	42334.82	49416.58	31485.61	25071.26	32621.47	38246.6	22716.5	25430.34	35913.48	22069.5	16196.89	24408.55	438420.46
Clinical Haematology				1600		1200	2200	2160	1200	1260			720	10340
Community Diagnostic Hub											2000	2800	2400	7200
Dermatology	1050										10125	6875	2687.5	20737.5
Diabetes				1260			0				0			1260
Emergency Medicine	397959.88	336619.09	326919.82	321077.02	322577.65	268656.05	291299.65	274301.56	265534.69	319827.71	352666.71	356762.66	383885.76	4218088.25
Endocrinology and Diabetes	33615.95	22780.1	27894.09	19870.74	24174.27	27776.78	26730.7	20359.74	22908	19717.61	12032.17	33415.71	38900.43	330176.29
Endoscopy - Medicine							800							800
Endoscopy - Surgical	3400		4000	2400	2800	1600	2400	400	3500	3400	8900	5200	8300	46300
ENT	26409.39	25760	38857.24	34178.12	29690.92	36022.76	31861.06	31485.44						254264.93
ENT									16171.52	14109.92	14369.92	50961	69946.06	165558.42
Gastroenterology	15603.04	8625.12	2536.8		2205	4515.2	20826.95	26785.73	3607.5	11588.15	24097.15	19250	23798.28	163438.92
General Medicine	10560.94	4584	8841.6	15540.83	11326.4	12867.98	10315.2	6569.6	0	5169.85	5773.94	50253.55	99401.4	241205.29
General Surgery	110718.41	95345.41	98072.79	46166.69	26295.29	46909.98	54476.31	45672.08	37680.32	14455.4	10453.6	14498.93	16936.68	617681.89
Genitourinary Medicine	910										3420	3172.5	2880	10382.5
Haematology							1499.58		850.34	5573.11	8287.5	1722.5	1700.68	19633.71
Infectious Diseases									5473.56	5651.01	7236.26	1072.5	892.59	20325.92
Intensive Care				5237.96		1091.58	3021	1013.61	650	0		1435.46	0	12449.61
Microbiology (Medical)	1600	1600	3200	3200	3200	1600	3200		3200	3200	2400	3200	3200	32800
Obstetrics and Gynaecology	126684.1	99794.54	108001.65	122601.39	65439.45	91036.23	108151.93	101629.45	93866.8	61968.01	95063.61	116471.44	99941.14	1290649.74
Ophthalmology	500			270							2355	4475	5540	13140
Oral and Maxillofacial Surgery	4000										1207.5	7064.5	10231	22503
Orthopaedic & Trauma for Emed	22237.61	19001.86	29507.77	21285.2	17218.26	7521.71	8549.8	9976.41	3063.8	6189.71	6017.13	5954.64	1260.57	157784.47
Orthopaedic and Trauma Surgery	139781.65	164875.03	208450.79	206489.56	203091.83	152690.52	148465.98	138644.03	86991.29	103906.27	140506.73	151123.27	169557.96	2014574.91
Paediatrics					1079.2				0			1064.5	0	2143.7
Paediatrics and Neonates	66933.38	87181.38	82282.43	94454.22	85365.98	113034.78	112205.1	88902.94	71172.36	45970.62	48499.25	71317.82	92788.55	1060108.81
Rehabilitation Medicine	9526.41	5793.84		2228.4	9804.96	9804.96	9359.28	12981.28						59499.13
Renal Medicine	13942.5	13924.06	16383.9	1397.5	350			9025	8726	7359.66	23383.4	6550	13077.96	114119.98
Respiratory Medicine	41983.73	38283.97	38624.39	16303.3	22239.32	22506.98	28340.06	14645.01	11839.55	23920.03	21943	14478.38	12566.92	307674.64
Rheumatology		1200				800		2769.13		1392.13			1867.5	8028.76
Stroke Medicine	36180.41	29517.76	29039.38	23130.13	28473.54	39024.18	33709.92	17619.34	13733.7	15873.15	10268	7370	13632.5	297572.01
Urology	14284.5	14783.12	25269.8	32486.2	12109.1	19095.02	32491.37	21512.08	29125	8968.52	17231.72	36087.45	37821.22	301265.1
Vascular Surgery	0	4881.6	9038.26	7390.7	1690	8000	19022.1	7739.5	19453.26	7157.66	9245	8110.24	9562.36	111290.68
X Ray Radiographer													0	0
Grand Total	1371758.39	1172905.27	1255780.65	1183190.2	1039468.97	1076593.67	1177868.4	986899.41	848925.19	825205.72	1028239.21	1205220.27	1330551.87	14502607.22

The cost of 'locum' cover has decreased month on month from July 2023 until October 2023. This coincided with a significant decrease in unfilled training posts from August 2023 onwards. As unfilled training posts increased again from the low level observed in August 2023, so did the cost of 'locum' cover from £825 205 in October 2023 to £1 330 551 in January 2024.

Table 5. Reason for locum and bank usage, 1 January 2023 to 31 January 2024.

Agency/Internal Bank	(All)													
Count of Job No	Column Labels													
Row Labels	01/01/2023	01/02/2023	01/03/2023	01/04/2023	01/05/2023	01/06/2023	01/07/2023	01/08/2023	01/09/2023	01/10/2023	01/11/2023	01/12/2023	01/01/2024	Grand Total
Additional session □Endoscopy	12		15	6	7	4	8	1	11	10	25	21	23	143
Additional session □Outpatients	23	18	9	13	2	6	1	7	2	5	32	27	36	181
Additional session □Theatres	12	11	15	12	8	1	2		2	3	9	19	8	102
Annual Leave	69	97	151	85	59	35	52	8	18	10	14	14	19	631
CDC Vacancy											5		4	9
Compassionate/Special leave	11	11	4	11	7	5	3	4	5	3	3	6	21	94
Covid Escalation					1									1
Covid Training													1	1
Extra Cover	206	170	133	105	116	127	124	99	66	52	121	147	162	1628
Extra Duties											6		5	11
Induction	2	8	4	3				28	14			4		63
Less Than FT Trainee Gap		13	25	19	21	29	88	51	46	37	27	50	42	448
Maternity/Pregnancy leave	21	13	8	3	33	49	49	16	3					195
Paternity Leave	8	6	16	13	8	2	3	8	3	4	6	1		78
Post Strike cover			1	2		3	2	2				8	6	24
Pre Strike cover			1	10										11
Restricted Duties	22	25	12	5	7	17	15	26	14	16	31	42	15	247
Seasonal Pressures	45	53	6	3				2			29	70	109	317
Sick	156	154	134	78	107	73	97	92	98	109	120	145	172	1535
Sickness - Covid-19	22	4	9	13	15	17	17	21	9	4	7			138
Strike		2	91	112	2	146	200	194	133	56	34	198	303	1471
Study Leave	9	8	7	5		3	2	11	7	3	10	9	12	86
Vacancy	1697	1458	1458	1461	1383	1375	1233	982	850	944	1100	1022	1053	16016
Grand Total	2315	2051	2099	1959	1776	1892	1896	1552	1281	1256	1579	1783	1991	23430

The majority of locum cover since January 2023 was to provide staffing for rota vacancies (68%). The number of locum shifts covering rota vacancies has, in general, decreased steadily over the months January 2023 to September 2023 to a low figure of 850 (this was around half that of January 2023). After September 2023, the number of locum shifts each month due to vacancies steadily increased to 1053 in January 2024. A comparable number of locum shifts were required for both extra cover (1628) and for sickness absence/covid sickness absence (1673) over the past 13 months.

Junior doctor strike action has resulted in over 1471 locum shifts being provided between February 2023 and January 2024. The Junior medical workforce will continue to be affected due to ongoing industrial action. However, there does not appear to be a correlation between Exception Reporting and Junior Doctor strike dates.

d) Vacancies

Rota vacancies have fluctuated over the course of the year, with the highest numbers of monthly vacancies occurring prior to the new intake of Junior Doctors in August 2023. The number of rota vacancies increased and remained high from March 2023 until the end of July 2023. There has been a slight increase in the number of posts unfilled since August 2023. Of the current rota vacancies in January 2024, only 2.8% of the Medical Specialty posts and 8.8% of Urgent and Emergency care posts were unfilled compared with 53% of posts in Trauma and Orthopaedics, 28% in General Surgery, 18% in O+G, and 16% in Paediatrics.

In previous years, monthly rota vacancies have varied between 30.9 WTE and 41.6 WTE (in 2022) and between 19.2 WTE to 31.4 WTE (in 2021). Overall, the monthly rota vacancies to date in 2023 exceed those of previous years with a range of 26.8 WTE to 51.2 WTE, with the highest number occurring in July 2023. Since August 2023, the monthly rota vacancies have varied from 26.8 WTE to 36.2 WTE.

Table 6. Trainee vacancies by specialty, January 2023 to January 2024.

VACANCIES (WTE)		Posts	January	February	March	April	May	June	July	August	September	Posts	October	Nov	Dec	Jan
Medicine	Medicine (all sub-specialties)	73	10.2	7.8	8.4	8.4	8.4	8.4	8.4	2.2	2.2	65	3.2	2.8	3	1.8
	FY1	16	0	0	0	0	0	0	0	0	0	15	0	0	0	0
	FY2	2	1	1	1	1	1	1	1	0.2	0.2	2	1.2	1.2	1.2	1
	CT/ST GPST 1-3	34	6.2	4.2	4.4	3.6	3.6	3.6	3.6	0	0	25	0	1.2	0.4	0.4
	ST3+	21	3	2.6	3	3.8	3.8	3.8	3.8	2	2	23	2	0.4	1.4	0.4
	Emergency Medicine	28	3.2	7.4	8.2	7.2	7.2	7.2	7.2	4.2	4.2		See U and EC below			
	FY1	5	0	0	0	0	0	0	0	0.4	0.4					
	FY2	5	1.2	1.2	2	1	1	1	1	0.2	0.2					
	CT/ST GPST 1-3	16	2	6.2	6.2	6.2	6.2	6.2	6.2	3.6	3.6					
	ST3+	2	0	0	0	0	0	0	0	0	0					
	Elderly Medicine	21	2.4	2.4	2.4	4.4	3.8	3.8	3.8	0	1.8	23	1.8	1	1	1
	FY1	2	0	0	0	1	0.4	0.4	0.4	0	0	3	0	0	0	0
	FY2 (No FY2 placements)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	CT/ST GPST 1-3	15	2.4	2.4	2.4	3.4	3.4	3.4	3.4	0	0	15	0	0	0	0
	ST3+	4	0	0	0	0	0	0	0	0	1.8	4	1.8	1	1	1
	Renal	7	0.4	0.2	0	0	0	0	0	0.2	0.2	7	0.2	1.2	0	0
	FY1 (No FY1 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	FY2	6	0.2	0.2	0	0	0	0	0	0.2	0.2	6	0.2	1.2	0	0
	CT/ST GPST 1-3 (No CT/GPST placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	ST3+	1	0.2	0	0	0	0	0	0	0	0	1	0	0	0	0
Children & Family	Obstetrics & Gynaecology	26	6	7.4	6.4	7.4	7.4	8.4	8.4	5.2	4.2	27	4.2	4.8	4.8	4.8
	FY1	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0
	FY2	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0
	CT/ST GPST 1-3	12	2.6	4	4	4	4	5	5	1.4	2.4	12	2.4	2.8	2.8	2.8
	ST3+	11	3.4	3.4	2.4	3.4	3.4	3.4	3.4	3.8	1.8	11	1.8	2	2	2
	Paediatrics	36	4.7	4.7	9.2	9.2	9.2	9.2	9.2	4.2	6.6	32	6.6	5.6	5.6	5.2
	FY1	3	0	0	1	1	1	1	1	0	0	3	0	0	0	0
	FY2	0	1	1	1	1	1	1	1	0	0	1	0	0	0	0
	CT/ST GPST 1-3	21	1.9	1.9	4.8	4.8	4.8	4.8	4.8	4.2	6.6	20	6.6	5.6	5.6	5.2
	ST3+	12	1.8	1.8	2.4	2.4	2.4	2.4	2.4			8	0	0	0	0
	GU Medicine	2	0	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	2	0.5	0	0	0
	FY1 (No FY1 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	FY2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	CT/ST GPST 1-3	1	0	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	1	0.5	0	0	0
	ST3+ (No ST3+ placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery & Cancer	ENT	8	1.4	1.4	2.4	2.4	2.4	2.4	2.4	1	1	8	2	2	4	2.2
	FY1 (No FY1 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	FY2	2	0	0	1	1	1	1	1	0	0	2	0	0	2	0.2
	CT/ST GPST 1-3	3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1	1	3	1	1	1	1
	ST3+	3	0	0	0	0	0	0	0	0	0	3	1	1	1	1
	General Surgery	21	2	5	4	2	2	2	2	3	3	18	4	4	5	5
	FY1	9	2	2	2	0	0	0	0	0	0	10	0	0	1	1
	FY2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	CT/ST GPST 1-3	4	0	3	2	2	2	2	2	2	2	5	2	2	2	2
	ST3+	7	0	0	0	0	0	0	0	1	1	2	2	2	2	2

	Ophthalmology	10	0	0	0	0	0	0	0	1	0	0	9	0	0	0	0
	ST3+	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
	Urology	6	2.2	2.2	1	1	1	1	1	1	1	1	5	1	0	0	0
	FY1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	FY2	2	1.2	1.2	0	0	0	0	0	0	0	0	2	0	0	0	0
	CT/ST GPST 1-3 (No CT/GPST placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	ST3+	3	1	1	1	1	1	1	1	1	1	1	2	1	0	0	0
	Trauma & Orthopaedics	10	1.2	3.2	3.2	3	3	3	3	3	1	2	6	2.2	3.2	3.2	3.2
	FY1 (No FY1 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	FY2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	CT/ST GPST 1-3	5	1	3	3	3	3	3	3	3	1	2	5	2	2	2	2
	ST3+	4	0.2	0.2	0.2	0	0	0	0	0	0	0	4	0.2	1.2	1.2	1.2
	Vascular	6	1	0	0	0	0	0	0	0	1	1	8	1	1	1	1
	FY1	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
	FY2 (No FY2 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CT/ST GPST 1-3	2	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0
	ST3+	2	0	0	0	0	0	0	0	0	1	1	4	1	1	1	1
U&EC	Urgent & Emergency Care		See Emergency Medicine above										41	4.7	4.8	3.6	3.6
	FY1												5	0.4	0.4	0	0
	FY2												6	0.2	0	0	0
	CT/ST GPST 1-3												28	3.6	3.9	3.1	3.1
	ST3+												2	0.5	0.5	0.5	0.5
Clinical Specialties	Anaesthetics	14	2	0.2	2	2	2	2	2	2	2.1	2.1	15	2.1	2.6	2.6	2.6
	FY1 (No FY1 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	FY2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CT/ST GPST 1-3	10	0.8	0	1	1	1	1	1	0.6	0.6	11	0.6	0.6	0.6	0.6
ST3+	4	1.2	0.2	1	1	1	1	1	1.5	1.5	4	1.5	2	2	2
ICT	13	0.2	2.2	2.4	2.4	2.4	2.4	2.4	1.2	1.2	11	1.2	3.2	1.6	1.6
FY1 (No FY1 placements)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FY2	6	0	0	0	0	0	0	0	0	0	6	0	2	0.4	0.4
CT/ST GPST 1-3	4	0	0	0.2	0.2	0.2	0.2	0.2	1.2	1.2	3	1.2	1.2	1.2	1.2
ST3+	3	0.2	2.2	2.2	2.2	2.2	2.2	2.2	0	0	2	0	0	0	0
Total	317	36.9	44.5	50	49.8	49.2	50.2	51.2	26.8	31	309	34.7	36.2	35.4	32

e) Fines

A fine has been levied due to a breach in shift length, when a Junior Doctor was scheduled to work 13.5 hours on the night of 28th October (from 20.00 until 08.30, plus the additional hour due to the clocks going back). The Junior Doctors Contract states that the maximum shift length is 13 hours and therefore this breach attracted a fine. The following has been recommended:

1. Pay the Junior Doctor for the additional time worked (which included additional hours beyond those scheduled due to a late handover).
2. A fine was instituted for the additional hour worked beyond 13 hours.
3. Review all Junior Doctor rotas that are affected by working an additional hour when the clocks go back in order to ensure that no Juniors are scheduled to work in excess of 13 hours on that specific night. If there are any rotas that will schedule a doctor to work more than the permitted 13 hours, a plan needs to be made as to how this is avoided on the night the clocks go back e.g. later start, earlier finish on that night.
4. Ensure that HR have a policy regarding whether Juniors will be paid for the extra hour worked, or not.

Qualitative information

The minutes from the Junior Doctors Forum on the 22nd February are awaited.

Summary

Ongoing exception reports highlight high workloads for Junior Doctors, especially in Medicine and despite significant improvements in staffing. High workload and understaffing are the usual causes for Junior Doctors being unable to undertake educational opportunities.

A seasonal increase in reports observed as Junior colleagues join the Trust in August was observed and was sustained. However, this coincides with a specific issue with the Paediatric FY1 rota which led to a large number of retrospective ERs being submitted. There was also an ER drive within the same department to encourage Trainees to report, to raise awareness and to demonstrate the support of senior colleagues.

A specific issue has been highlighted with regards staffing the nightshift when the clocks go back and the need to review work schedules to ensure that Trainees are not scheduled to work more than a 13 hour shift on that night.

Engagement

The regional Guardian Forum now takes place twice a year and the last meeting occurred in October 2023. The local quarterly Junior Doctors' Forum (JDF) took place via MS Teams in February 2024, with the next one planned for May 2024. A joint meeting with the Trainee Management Group has been implemented since December 2020. The JDF is open to all trainee Junior Doctors with the aim of improving engagement.

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

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

Specialty-specific training sessions regarding exception reporting aimed at both Junior Doctors and Consultant Colleagues. This has successfully taken place in Paediatrics, with the aim being to provide future sessions for other specialties.

Quarterly GOSW reports are submitted to the JLNC and also monthly reports are now discussed at the TMC. Some Trainees have expressed concern about the lack of support they receive from senior colleagues to exception report and have stated that they are discouraged from reporting. This has led to the dissemination of information about "when to Exception Report" to senior medical staff and promoting a positive culture of reporting within the Trust.

Working collaboratively with the Freedom to Speak Up Guardian and Trust SupportTT Champions. Engagement sessions have already occurred and further sessions are planned to take place during Junior Doctor Forums.

A new Guardian of Safe Working Hours has been appointed with a handover period planned over the month of April 2024 with the development of a work plan.

Recommendation

The Board of Directors can be assured that a clear majority of Trainee doctors are able to work safely. General Medicine has been less of a concern since August 2023 with regards high workloads for Junior Doctors and there has been a more recent spread of ERs across different specialties. The number of training posts has increased and the proportion of training posts that have been appointed has increased significantly since August 2023. Other Departments should implement an Exception Reporting drive similar to that recently and successfully undertaken by the Paediatrics Department. The goal of which was to highlight the importance of reporting and to demonstrate senior colleague support with reporting. This helps to address any concerns Junior Doctors may have in relation to a negative reporting culture within the Trust.

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

2403 - D1 CHAIR'S ASSURANCE LOG - FINANCE & PERFORMANCE

COMMITTEE



Discussion Item



Mark Day, Non-Executive Director



10:55

TO FOLLOW - meeting to take place on 21 March 2024
5 minutes

2403 - D2 FINANCE UPDATE

● Information Item

👤 Jon Sargeant, Chief Financial Officer

🕒 11:00

10 minutes

REFERENCES

Only PDFs are attached



D2 - Board Paper - Financial Position Month 11.pdf

Report Cover Page			
Meeting Title:	Trust Board		
Meeting Date:	26/03/2024	Agenda Reference:	D2
Report Title:	Finance Update		
Sponsor:	Jon Sargeant – Chief Financial Officer		
Author:	Alex Crickmar – Deputy Director of Finance Finance Team		
Appendices:	Appendix A – Going Concern		
Executive Summary			
Purpose of report:	<p>To set out to the Board an update with regards to the Trust’s financial position at Month 11.</p> <p>The paper also provides the latest going concern assessment for Board approval</p>		
Summary of key issues:	<p>The Trust’s reported deficit month 11 (February 2024) was £0.3m, which was in line with plan and forecast. Year to Date (YTD) the Trust’s reported deficit at month 11 was £24.5m, which was £1.0m favourable to plan and £0.7m favourable to forecast.</p> <p>Elective Recovery Fund (ERF) Performance was £1.0m behind plan YTD at month 11. The most significant adverse variances YTD continue to be in Trauma & Orthopaedics and ENT with favourable variances in Medicine and Gynaecology.</p> <p>Pay expenditure is adverse to plan by c.£6.7m YTD, £1.3m of the YTD adverse variance is recharges which is offset with income, meaning the underlying pay position is £5.4m adverse to plan YTD. Within this are strike costs of £2.4m, which are offset by a £1.1m favourable variance on admin staff (due to vacancies). Excluding reserves and recharges, pay expenditure is £1.9m adverse to forecast YTD. Winter costs have been £0.5m YTD above run rate.</p> <p>Non-pay expenditure is £0.5m favourable to plan YTD. Key areas of overspend includes drug expenditure (£2.2m), independent sector usage (£0.6m) and Medical and Surgical equipment. Excluding reserves and recharges, non-pay expenditure is £2.5m adverse to forecast YTD. £1.5m of this relates to non-PbR drugs which are offset with income.</p> <p>The Trust is currently forecasting a year end deficit of £25.3m which is £1.5m ahead of financial plan and forecast. This may improve at year end as funding for industrial action impact is expected to flow to Trusts in Month 12. This is currently thought to be c£1.6m for DBTH.</p> <p>Capital</p> <p>Capital expenditure in month 11 was £9.5m against a plan of £9.3m giving an in-month over-performance of £0.2m. The YTD position is £44.1m against a plan of £47.9m showing an under-performance of £3.8m. The main underspends are against Bassetlaw Emergency Village (BEV) of £1.1m and Digital Transformation of £1.0m. A revised plan for both BEV and Digital Transformation shows current expenditure is in line with year-end expectations. The Trust is forecasting to deliver its year end capital plan.</p> <p>Cash</p> <p>The cash balance at the end of February was £31.8m (January: £12.4m), meaning cash increased by £19.4m in the month. This is as a result of the Trust receiving £22.6m of capital PDC cash, as well as £1.6m of revenue PDC cash. This is partially</p>		

	<p>offset by £5.5m of capital cash expenditure over and above depreciation in the month.</p> <p>The cash position is ahead of the target cash position submitted to NHSE, as the capital PDC cash received in February was expected to be received in March. On the revenue cash profile, the cash is broadly in line with expectations and the Trust has been successful in obtaining the additional £4m in working capital support, which is due to be received in mid March.</p> <p>The Trust has 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).</p> <p>For the month of February, the Better Payment Practice Code (BPPC) has improved slightly to 87% for invoice value (January: 84%) Year to date, for invoice value the metric is 80% (January: 79%).</p> <p>CIPs (Cost Improvement Programme)</p> <p>In month, the Trust has delivered £1.0m of savings versus the plan submitted to NHSE of £2.6m and therefore is £1.6m adverse to plan. YTD the Trust has delivered £16.3m of savings versus the plan submitted to NHSE of £19.5m and is therefore adverse to plan by £3.2m.</p> <p>Going Concern</p> <p>The Going Concern principle is broadly based on the organisation continuing to operate 12 months after the signature of the statutory accounts (DBTH accounts are expected to be signed in June 2024).</p> <p>For the Trust, the main criteria of the Trust's Going Concern status is around the financial support provided by NHS England, ensuring the Trust has suitable liquidity to pay suppliers and staff. Given the support the Trust has received national cash support during 2023/24, the Trust has precedent to suggest that such support will be forthcoming in 2024/25. Also, the Trust has the support of the regional ICB by the fact that services will continue to be commissioned to DBTH in 24/25.</p> <p>Although planning for 24/25 is still to be completed, an outline cash flow plan suggests adequate liquidity to June 2025, based on the financial support that was offered to the Trust in 2023/24.</p>				
Recommendation:	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> • The Trust's deficit YTD at month 11 (February 2024) was £24.5m, which was £1.0m favourable to plan and £0.7m favourable to forecast. • The Trust is forecasting a year end deficit of £25.3m which is £1.5m ahead of financial plan and forecast. This may improve at year end as funding for industrial action impact is expected to flow to Trusts in Month 12. <p>The Board is asked to approve:</p> <ul style="list-style-type: none"> • The application of 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). • approve the Trust to prepare its draft accounts on a going concern basis 				
Action Require:	Approval X	Information X	Discussion X	Assurance	Review
	TN SA1:	TN SA2:	TN SA3:	TN SA4:	

Link to True North Objectives:	To provide outstanding care for our patients	Everybody knows their role in achieving the vision	Feedback from staff and learners is in the top 10% in the UK	<u>The Trust is in recurrent surplus to invest in improving patient care</u>
Implications				
Board assurance framework:	This report relates to strategic aims 2 and 4 and the revised BAF risk F&P1.			
Corporate risk register:	See above			
Regulation:	No issues			
Legal:	No issues			
Resources:	No issues			
Assurance Route				
Previously considered by:		N/A		
Date:		Decision:		
Next Steps:				
Previously circulated reports to supplement this paper:				

FINANCIAL PERFORMANCE
Month 11 – February 2024

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

M11 February 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	(48,847)	(2,466)	F	(1,840)	F	(504,928)	(7,698)	F	(6,041)	F	Local / Unidentified	950	537	A	8,016	10,449	F	9,130
Pay	32,010	2,446	A	1,960	A	340,369	6,693	A	6,272	A	Cross Cutting - Pay - Job Plans / Agency	867	282	A	5,633	3,711	A	6,500
Non Pay	16,584	(7)	F	83	A	182,505	(549)	F	(702)	F	Cross Cutting - Elective - Theatres/OP/Diagnostics/LOS	365	101	A	2,933	574	A	3,250
Financing Costs	624	41	A	(196)	F	6,809	395	A	(428)	F	Cross Cutting - Procurement	79	43	A	638	315	A	720
(Profit)/Loss on Asset Disposals	0	0	A	0	A	0	0	A	0	A	Cross Cutting - Major Contracts	135	69	A	980	969	A	1,000
(Surplus)/Deficit for the period	371	14	A	6	A	24,755	(1,159)	F	(898)	F	Cross Cutting - RPA	56	0	A	444	0	A	500
Adj. for donated assets	(42)	(8)	F	(1)	F	(226)	150	A	227	A	Cross Cutting - Corp Pay/Benefits from PLACE	125	0	A	875	280	A	1,000
Adjusted (Surplus)/Deficit for the purposes of system achievement	329	6	A	5	A	24,529	(1,009)	F	(671)	F	Total CIP	2,576	1,031	A	19,520	16,299	A	22,100
Income										4. Other								
Over-achieved F Under-achieved A F = Favourable A = Adverse										Performance Indicator								
Expenditure										Monthly Performance								
Underspent F Overspent A										YTD Performance								
3. Statement of Financial Position										Annual Plan £'000								
						Opening balance £'000	Closing balance £'000	Movement £'000		Cash Balance								
										9,276 31,759 47,855 44,075 1,900								
										Capital Expenditure								
										9,276 9,464 47,855 44,075 65,051								
5. Workforce																		
Non Current Assets						316,176	324,471	8,295										
Current Assets						54,086	73,888	19,802										
Current Liabilities						-90,601	-95,326	-4,725										
Non Current liabilities						-15,367	-14,300	1,067										
Total Assets Employed						264,294	288,733	24,439		Funded WTE Substantive WTE Bank WTE Agency WTE Total worked WTE								
Total Tax Payers Equity						-264,294	-288,733	-24,439		6,881.21 6,276.20 410.29 168.97 6,855.46								
										6,881.41 6,169.52 397.88 117.79 6,685.19								
										-0.20 106.68 12.41 51.18 170.27								

1. Month 11 Financial Position Highlights

Income and Expenditure

The Trust's reported deficit month 11 (February 2024) was £0.3m, which was in line with plan and forecast. Year to Date (YTD) the Trust's reported deficit at month 11 was £24.5m, which was £1.0m favourable to plan and £0.7m favourable to forecast.

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The Trust has 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).

For the month of February, the Better Payment Practice Code (BPPC) has improved slightly to 87% for invoice value (January: 84%) Year to date, for invoice value the metric is 80% (January: 79%).

CIPs (Cost Improvement Programme)

In month, the Trust has delivered £1.0m of savings versus the plan submitted to NHSE of £2.6m and therefore is £1.6m adverse to plan. YTD the Trust has delivered £16.3m of savings versus the plan submitted to NHSE of £19.5m and is therefore adverse to plan by £3.2m.

2. Going Concern Assessment

Going Concern

The 'Group Accounting Manual 2023-24' published by the Department of Health contains the following guidance:

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

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

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

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

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

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

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

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

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

4.27 Should a DHSC group body have concerns about its "going concern" status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is

required to be disclosed (which will only arise in exceptional circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible.

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

Assessment

The accounts will be prepared on a going concern basis based on:

- Where there is support from local commissioners and NHS England for the continuing operations of the trust, the national guidance strongly indicates that the trust should assess itself as a going concern. The Trust is not aware that the operation of the Trust will materially change or cease over the next 12 months.
- Cash position and national cash support:
 - The going concern status has been historically supported by a healthy cash position. The cash balance is expected to be in the region of c.£25m at 31 March 2024, with capital creditors in the region of c.£15m.
 - The Trust's initial financial plan for 24/25 suggests an underlying deficit of c.£40m in 2024/25 and as such central cash support will be required again in 24/25. This central cash support is expected to be forthcoming given the Trust has received PDC Revenue support from DHSC, up to the value of the budgeted deficit and it is widely expected that this will continue into 2024/25.
 - Therefore, given that this support has been forthcoming in 2023/24 and the Trust has a well-rehearsed process to obtain this cash, it is not expected that there will be problems obtaining this cash in 24/25.
- Also in 2023/24, the Trust has obtained additional working capital support of £4m, over and above the planned deficit. This is key for the going concern judgement as it highlights that NHSE are willing to support the Trust over and above planned deficit with cash if Trust's need this.

A full cash flow assessment regarding the cash sustainability of the Trust will be completed following full and final completion of the financial plan for 24/25. However, an outline cash flow is presented in **Appendix A**.

Given the uncertainty around the 24/25 position at this time, an updated assessment will be presented to the next appropriate F&P Committee. Any risks around financial sustainability will need to be disclosed as part of the Trust's accounts and annual report. However, this should not prevent the Trust from preparing the accounts on a going concern basis, as set out in the guidance.

Appendix A

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	24/25 Total	Apr-25	May-25	Jun-25
Cash b/f	10,900	7,105	5,255	6,167	8,318	9,576	6,794	7,999	9,125	10,631	10,859	14,532		14,855	9,920	6,645
Deficit	(4,414)	(4,386)	(4,888)	(2,977)	(4,015)	(3,497)	(1,497)	(2,835)	(3,002)	(1,938)	(2,914)	(2,331)	(38,694)	(2,331)	(2,331)	(2,331)
Deficit funding	4,414	4,386	4,888	2,977	4,015	3,497	1,497	2,835	3,002	1,938	2,914	2,331	38,694	2,331	2,331	2,331
Add: Depreciation	1,437	1,433	1,433	1,441	1,441	1,441	1,513	1,513	1,513	1,572	1,572	1,566	17,874	1,566	1,566	1,566
Capital payments																
23/24	(7,014)	(4,265)	(1,315)										(12,594)			
24/25	(1,379)	(1,771)	(1,076)	(995)	(1,200)	(973)	(2,603)	(2,719)	(2,279)	(5,672)	(2,669)	(2,914)	(26,250)	(7,041)	(4,265)	(1,315)
25/26														(1,379)	(1,566)	(1,566)
Capital PDC support	1,242	1,394	947	790	501	587	1,452	1,493	1,433	3,547	4,283	5,659	23,328			
Less: Loan repayments					(271)						(271)		(542)		(271)	
Less: Loan interest payments					(105)						(102)		(207)		(98)	
PDC Dividend Revenue out						(4,752)						(4,752)	(9,504)			
Misc Movements	1,919	1,359	924	915	892	915	842	839	839	781	860	765	11,850	1,919	1,359	924
Cash c/f	7,105	5,255	6,167	8,318	9,576	6,794	7,999	9,125	10,631	10,859	14,532	14,855		9,920	6,645	6,254

2403 - D3 DIRECTORATE OF RECOVERY, INNOVATION & TRANSFORMATION

UPDATE

 Discussion Item


 Jon Sargeant, Director of Recovery, Innovation & Transformation

 11

10 minutes

REFERENCES

Only PDFs are attached

 D3 - RIT Update March 2024.pdf

Report Cover Page					
Meeting Title:	Board of Directors				
Meeting Date:	March 2024	Agenda Reference:	D3		
Report Title:	Recovery, Innovation & Transformation Update				
Sponsor:	Jon Sargeant, CFO & Director Recovery, Innovation & Transformation (RIT)				
Author:	The RIT Senior Leadership Team				
Appendices:	None				
Executive Summary					
Purpose of report:	To provide an update on the progress by the Recovery, Innovation and Transformation Directorate.				
Summary of key issues:	This report provides an update on the work of the RIT Directorate including: <ul style="list-style-type: none"> • Quality improvement and innovation • Capital including complex schemes • Green plan • Health inequalities • Planning, performance and projects. 				
Recommendation:	Members are asked to receive this report.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	To provide outstanding care for our patients	Everybody knows their role in achieving our vision	Team DBTH feels valued and feedback from staff and learners is in the top 10% in the UK	The Trust is in recurrent surplus to invest in improving patient care	
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance Route					
Previously considered by:	These papers have previously been considered by TEG				
Date:	N/A	Decision:	N/A		
Next Steps:	N/A				
Previously circulated reports to supplement this paper:	N/A				

1. INTRODUCTION

This paper outlines the progress with the work of the RIT since the last update. Updates are provided on:

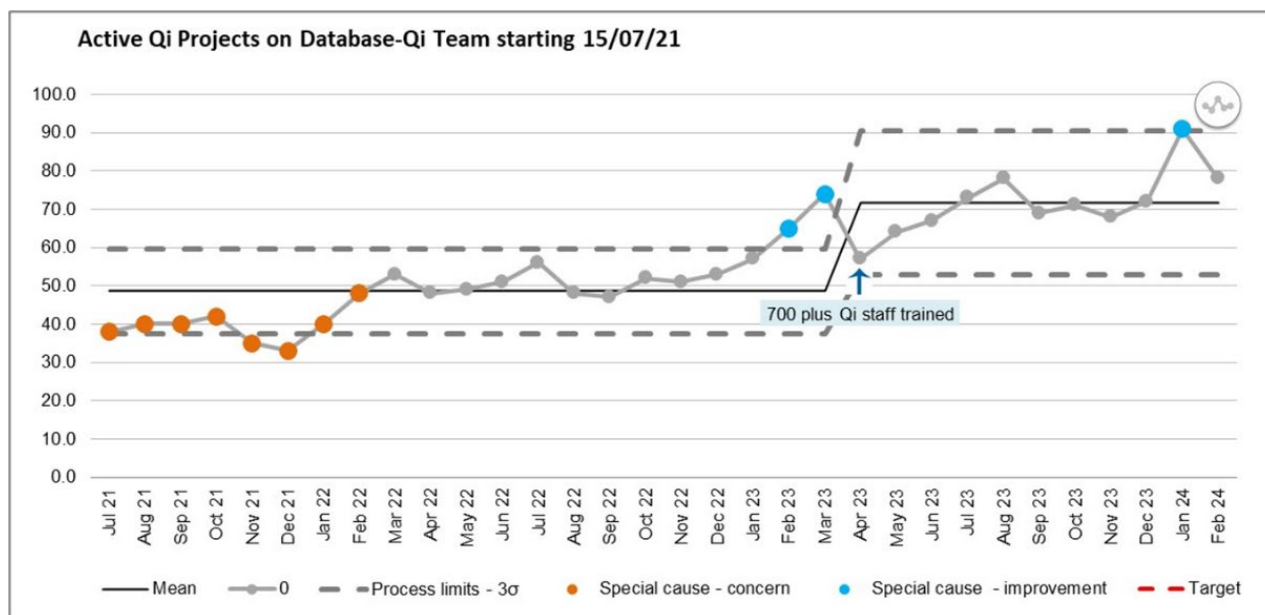
- progress and priorities of the improvement engagement work within the Trust for the current year
- strategic direction to embed Quality improvement (Qi) in the way we do work at the Trust
- DBTH Tackling Health Inequalities Strategy 2023-28
- POSM meetings including identification and progress of actions across several important areas
- transformation programme including key areas of risks where robust plans aren't in place, there has been significant slippage against milestones and / or sufficient benefits haven't been identified
- Service developments including major business cases supported over the last month
- Cancer transformation.

2. QUALITY IMPROVEMENT & INNOVATION

The Improvement and Innovation team engaged with 874 people (45 from outside DBTH) and worked with 28 teams on improvement projects in 2022-23. The projects detailed on this report cover those that have been identified, so far, in 2023-24 as Trust priorities and those that have been projects identified by divisional teams as requesting improvement support.

Since April 2023 the team have engaged with **1,511 people**, including training (**23%** of colleagues) and across **29** new teams / projects.

There are currently **73 active Qi projects** registered on the DBTH Qi database.



Programmes update

Updates on major programmes of work that improvement are supporting are outlined in further detail below:

CIP support

- Letters to all SROs of CIP programmes sent out to clarify support required for the following programmes:
 - Agency & sickness management
 - Job plans
 - Procurement
 - Theatre productivity
 - Outpatient productivity
 - UEC / LoS

- Corporate pay
 - Benefits from Doncaster place
 - RPA
 - Major contracts
 - Data assurance
 - Workforce
 - Infrastructure.

Patient Safety Incident Response Framework (PSIRF)

- Initial implementation group meetings being held (project managed by PMO):
 - All current state mapping completed
 - Work on future state completed
 - Thematic analysis b undertaken by project team to identify main areas of focus.

Support for ED / AMU / Medicine

Three strands of work currently taking place:

- ED front door triage – working with ED & FCMS – 3 test of changes completed & supporting option appraisals
- ED / AMU – communication – 4 ‘direct referral’ routes test of change being extended to capture more information.
 - Work on Stroke referral taking place.

Place and System support

- Co facilitation of Medical Emergency Eating Disorder (MEED) collaborative held in Rotherham New York stadium – 8th September.
- Facilitation of Doncaster place **pain** referral models – Civic offices Doncaster – 14th September.
 - Lived experience session facilitated 25th October
 - Joint provider with lived experience future state design on 1st December 2023
 - Follow up meeting held 19th January 2024.
- **Discharge to assess** workshop involving RDASH, DMBC, DBTH and voluntary sector planned 11th January 2024.
- **Audiology** pathway meeting held 21st November.

Stock Rotation (non-clinical stock)

After the recent CQC findings of out-of-date stock on some wards, a Qii project has been set up as part of the response.

- The Qii team has visited 26 areas and have collated responses from 51 people on comments on the process from colleagues before the main event.
 - Qii events held 23rd October, follow up event held 4th December
 - PDSA of check lists in ED to check for date of stock, Questions added to Tendable to check for dates in stock
 - Next update meeting 4th March 2023.

Length of Stay – Workstream 2 (ECIST plan)

- Supporting action log for Length of stay reduction as part of Doncaster ECIST – Workstream 2
- Board rounds - 11 observations across Ward 25 & FAU concerning 140 patients carried out in November
 - 30 responses from questionnaire of what works well / what could be improved.
 - Qii event held for both areas December 2023
 - PDSA on ward 25 for sequence of Ward Board huddle, Ward round (following SHOP), then later Board round in January 2024 – delayed start.

NMAHP Quality Strategy

Initial discussions have taken place in January 2024 on how Qii team can support implementation of the NMAHP Quality Strategy. The team is in discussion with the five main leads of the Strategy (Fundamentals of care, Patient Safety, Patient Experience, Care planning and documentation and Care of the most vulnerable patients).

Improvement Report outs and Qii Listening event

Next report outs:

- Thursday 21st March 2024 – 12:30-14:00
- Thursday 16th May 2024 – 12:30-14:00
- Thursday 18th July 2024 – 12:30-14:00.

Training / Awareness

- **96 Qi Level 1** accredited to date this financial year (year target =60)
- **18 Qi Level 2** accredited to date this financial year (now 50 overall trained within the Trust)

Quality improvement an innovation strategy

The previous Qii strategy was due to be refreshed after 2022. A draft Qii Strategy has been aligned to incorporate the newly published NHS Impact (published 19th April 2023) this was presented to the November 2023 TEG and F&P in March after being amended from feedback received in TEG.

3. CAPITAL INC. COMPLEX SCHEMES**Bassetlaw Emergency Village**

As previously reported, the BEV scheme received approval on the 27th June with the MOU and cash approvals being agreed and signed on the 30th June.

The scheme is progressing well with small pressures on the programme the planned programme completion has changed in period from 6th September to 10th September 24, a loss of 2 working days. Due to poor weather in January. High winds meant that crane activities were hampered.



Refurb – First Floor Plant Room - ATC / CAU air handling unit delivered and being installed



New Build – Rain Screen cladding rails being installed

General progress on site:

- Roofing works complete
- Internal partitions nearly complete (complete in ATC, CAU)
- M&E First Fix and containment is well progressed.
- Internal decoration progressing

Decision's required:

- CAU enhancements to facilitate (rhino equipment)
- Acceptance of Canopy Design
- Internal and External Signage
- ID Graphics Design

- Wayfinding Signage

Stakeholder Engagement:

In the period, the following visits have taken place (there have been other routine visits by key stakeholders from client teams who have taken up the open house offer on Friday afternoons):

- 26th Jan 24 – Mark Bailey, Nick Mallaband and Estates and Facilities leads from the Trust.
- 9th February 24 - Chris Hopson, Chief Strategic Officer for NHS England.
- 23rd February 24 – ED leads to review scenario planning.



Issues of Note/Risk Escalation:

- FF&E, IT and Medical equipment not finalised. Final costs unknown to date but on programme.
- Lift Refurbishment (Not Evac lift) will exceed Construction programme – to be taken into management by Trust therefore negating programme/cost risk.
- X1 NEC clause for fluctuations on a package by package basis.
- Additional funding also required for 24/25 CDEL to fund increase in Sub-station and MEP increase due to lack of FBC approval.
- VAT reclaim assumptions
- Potential requirement for Divisional Priority funding for A5 move to ATC
- Programme risk relating to additional requirement for evacuation lift (current target completion date 29/8/24 however should it be required IHP have a float period which may take the scheme into October 2024
- Loss of beds from 21 to 16 once ATC moves within the BEV scheme

A group, led by Suzanne Stubbs, is now working up the Business case for the SDEC which has been allowed for in the 24/25 and 25/26 Capital Plans alongside the CPU team with regards to the design and delivery of the scheme. This will also include an initial phase for the Minors Area which will be delivered through the Trust Lot 2 Contractor Framework. Work is ongoing as part of the Bassetlaw Development Control Plan to understand the further implications of the re-location of A5 to the existing ATC and the re-location of the Discharge Lounge to A5 post BEV which will support the overall functionality of the BEV.

Montagu Hospital CDC Phase 3

- On Monday 12th February 24, the works area was separated from the carpark, thus moving the staff car parking into the patient parking area.
- Site turnstile installed to top end of site near the Renal building.
- IHP remove top surface of the carpark, plaining. Light and camera columns removed, and soft landscaping removed.

- Monday 19th February, SABA and Newpark relocated the car parking barriers into the new locations. This allowing IHP to obtain the road outside of the working area, this providing a safe route into site and a hold area for any vehicles arriving without causing blockages to the carpark.
- Reduce level dig to the area is taking place and on thursday 22nd February permanent hoarding was erected to site area. GMP expected late March 24.

Issues of Note/Risk Escalation:

- Reduce car parking areas, caused complaints from staff, staff carpark increased taking some patient parking. To be assessed to ensure the correct balance has been achieved. Potential next step is to open the carpark up to a mixed carpark, all permit holders would be included to the main barrier to reduce additional charges.
- Route to affordability: Being monitored against packages and early orders.
 - Generator and HV package showing better savings than anticipated, some other packages and showing a slight increase.
- Implication of above on programme and hire of vans to maintain activity to end of 24/25
- Potential inflationary impact of red sea shipping tax
- Project GMP still to be determined.



MEOC

The MEOC building is working well with no major snagging issues. Feedback from all staff who have worked in the facility has been excellent.

Patient feedback has been very positive. Short length of stay has been achieved with the average length of stay being 24 hours against an historic 2.75 day length of stay for similar patients at host trusts. Only one

lower limb arthroplasty patient has gone home on the same day of surgery. This is a key improvement area which will be addressed as the processes within MEOC embed.

Recruitment of MEOC staff is nearing completion start dates for final appointments are expected during the next 4-6 weeks. Three out of five ACPs have been recruited with initiatives underway to develop a new cohort of ACPs across the three partner organisations to increase the resource pool. Junior doctors are being used to fill overnight ACP slots. Anaesthetic recruitment has so far failed and an initiative to recruit overseas anaesthetists through head-hunting companies is being initiated. It is planned that at least one anaesthetist will be a senior UK trained doctor in order to support overseas recruits.

In-sourcing staff through MediNet have been excellent. There have been no major issues with staff that supplied. However, late standing down of lists has prevented sufficient notice being given to MediNet and has incurred redundant costs. Some MediNet staff have been redeployed elsewhere in Mexborough. This is also the case for MEOC permanent staff, particularly in relation to ward staff, who have been deployed across all three Doncaster & Bassetlaw sites.

Staff morale is generally high although some, particularly ward staff, have expressed frustration at the low levels of activity currently being delivered through MEOC.

Utilisation of the MEOC facility is low. This relates to both lists booked and the number of patients on each list. Lists are often cancelled due to surgeon unavailability. Further detail with regard to activity performance is provided in the next section.

The impact of low levels of activity and therefore income added to the use of in-sourcing staff at a high cost is resulting in a deficit for MEOC for the year ended 31 March 2024. This is currently estimated to be circa £800,000. Mitigations are being reviewed to reduce this position. However, there is a fundamental need to improve activity levels. Meetings have been held between the SRO and operational staff at each partner trust to address performance. The estimated year end deficit is expected to be between £250k and £400k subject to improved booking of activity, other income related to junior doctor strikes and accounting treatment of some setup costs currently included in revenue.

The Consortium Agreement has been reviewed by CFOs and COOs and comments have been addressed. Capsticks have drafted the initial contract and are updating for final comments. Outstanding issues relate to the constitution of the Partnership Board and retention of a proportion of surpluses within MEOC for investment.

4. GREEN PLAN

NHS England Energy Procurement Framework

As previously reported, NHS England have established a centralised energy procurement framework in collaboration with Crown Commercial Services, the UK's largest public sector procurement framework. The aim of the scheme is to ensure best value by leveraging the buying power of the NHS and procuring at scale.

Whilst it is not a mandatory requirement for Trust's to join the framework, it is strongly advised by NHS England, and Doncaster and Bassetlaw Teaching Hospitals (DBTH) have now confirmed their membership of the scheme.

As well as seeking to ensure that energy costs are minimised, the framework also provides access to energy management services, which will hopefully provide additional resource to help DBTH achieve a reduction in energy consumption, reducing emissions as well as costs.

Sustainable Travel Plans & Modeshift Stars

Effective travel plans are a vital component of the Trust's Green Plan, encouraging a healthier, greener, and safer approach via the promotion of sustainable and active modes of transport.

The Trust has draft travel plans in place for each of its sites. These are due to be presented to the next Anchor Institute Strategy Group for comment in May 2024, before ultimately seeking formal approval and adoption by the organisation.

To assist with the roll out of the travel plans, the South Yorkshire ICB's net zero programme lead has approached the Trust about participating in a 12 month trial with an organisation called Modeshift.

Modeshift work with thousands of organisations across the UK to improve the standard of travel plans, share best practice and provide 'Modeshift STARS' accreditation.

Modeshift STARS offers a national accreditation standard for business, education, and community organisations that have demonstrated excellence in supporting walking, cycling, and other forms of sustainable travel by developing and implementing an effective Travel Plan.

The Transport team are scheduled to meet with Modeshift in March to explore the scheme further to see how it may benefit the Trust.

Anaesthetic Gas Scavenging System (AGSS) Project

The anaesthetic and theatre teams at DBTH have previously achieved a significant reduction in the Trust's carbon footprint via a reduction in the use of volatile anaesthetic gases such as Desflurane (see figure 1).

Emissions from volatile anaesthetic gases (tCO₂e)

Carbon equivalent emissions (tCO₂e) of volatile gases issued by trust pharmacy system (Note: this includes waste and returns), split by desflurane, isoflurane and sevoflurane. Bars show the total of the lines selected on the dropdown above.

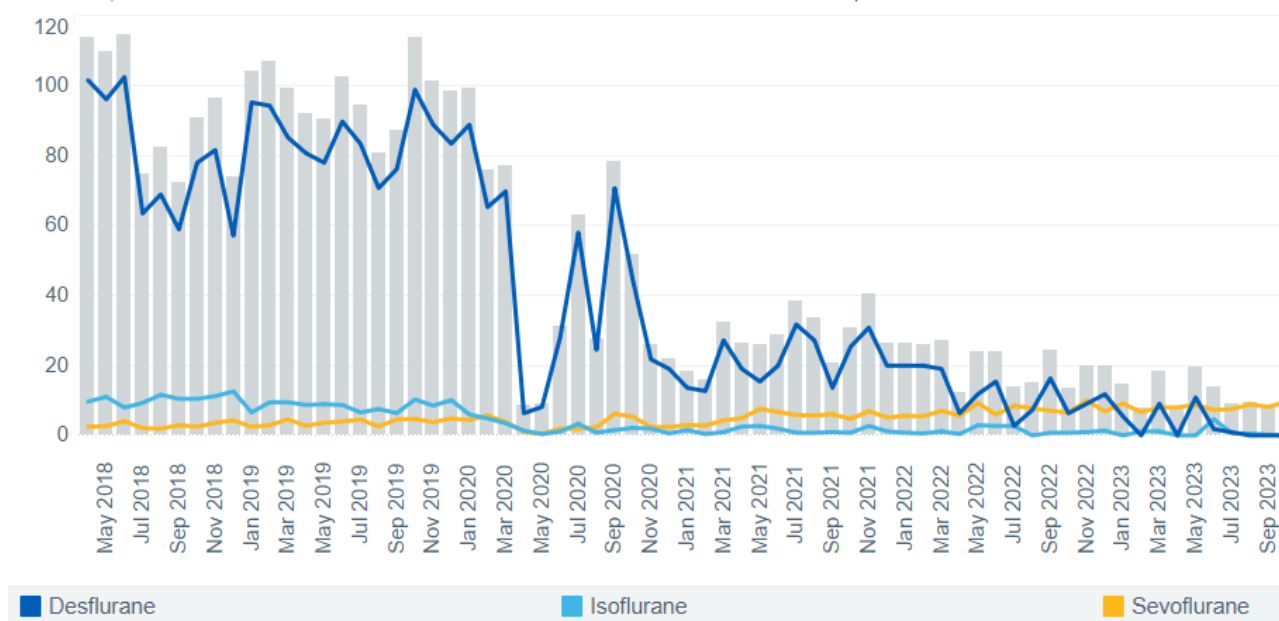


Figure 1: Emissions from Volatile Anaesthetic Gases - DBTH

Continuing this great work, members of the theatre team are now implementing a project to reduce to the energy associated anaesthetic gas scavenging systems (AGSS). AGSS is used during surgery to safely remove waste anaesthetic gas from theatres to prevent harmful staff exposure in line with COSHH regulations. The system essentially extracts waste anaesthetic gas using electric pumps that expel the gas safely to atmosphere.

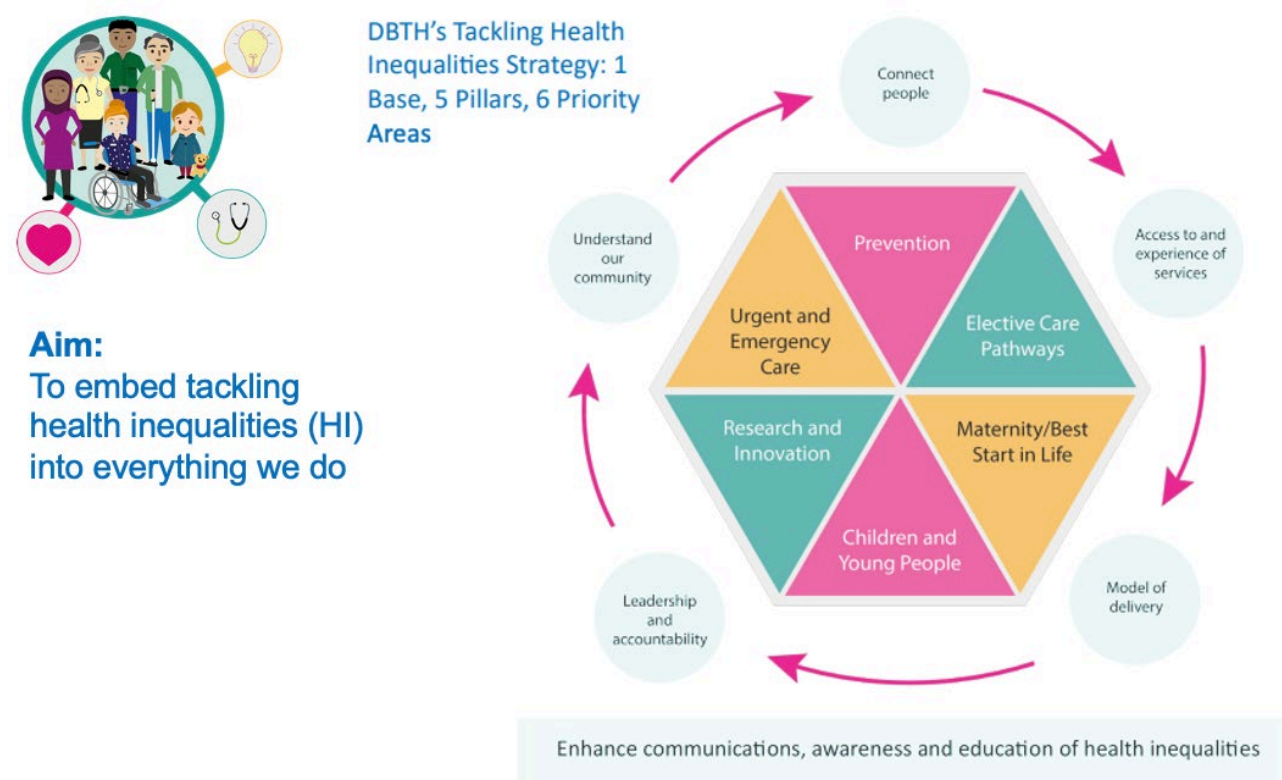
Whilst AGSS is a safety critical system, it has been identified that many hospitals typically leave the system running continuously, even when the theatres are not in use. The Centre for Sustainable Healthcare have recently promoted an Anaesthetic Gas Scavenging Toolkit to help clinicians monitor the way in which they use AGSS so that they may adopt a more sustainable approach, and the team at DBTH are now using this resource to change practice within the Trust.

The Centre for Sustainable Healthcare has lots of other case studies and resources promoting sustainable healthcare practices, and colleagues are encouraged to visit their website to see whether there are other resources which may help improve sustainability at DBTH.

Centre for Sustainable Healthcare - <https://sustainablehealthcare.org.uk/>

5. HEALTH INEQUALITIES

Strategy



The DBTH Tackling Health Inequalities Strategy 2023-28 was approved at Trust Board on 28th November and was formally launched on 19th March 2024. The Health Inequalities Steering Group meeting will meet every 6 weeks to ensure the actions related to our strategy are progressed.

Embedding Health Inequalities

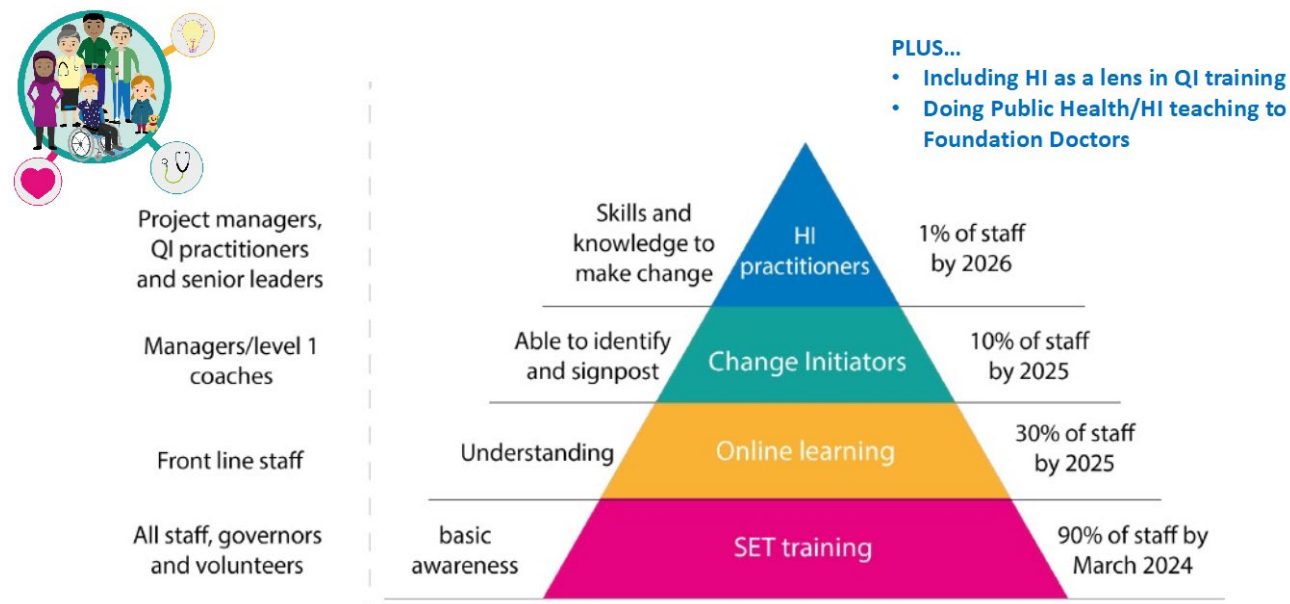
We have sought required approvals to include a consideration of health inequalities within the QPIA process (which will also be included within Monday.com) and there will be a health inequalities section added to the equality impact assessment as part of the business case process.

We have also been working closely with the QI team to ensure that tackling health inequalities is included as a "lens" as part of the QI processes and are developing a health inequalities/QI toolkit to support staff when undertaking QI work that is explicitly aiming to tackle health inequalities.

Communications

We have been continuing to progress the comms work. We have admin rights for health inequalities content on the HIVE and are currently enhancing the content and gaining feedback on this. This is ongoing work and a core element of the strategy going forwards. Our health inequalities comms task and finish group will continue to meet every 2 months.

Education/Training



We have piloted our level 3 (“Change Initiators”) training package with the comms team and the QI team. We are collating feedback from an evaluation and will be making the required amendments before rolling it out more widely across the Trust. We are also currently looking at developing the level 4 (“HI Practitioners”) training package.

Understanding our communities

The Information Analyst Team have put together a prototype health inequalities tab for the PIFU dashboard. We are reviewing this and suggesting minor amendments. There are existing limitations to the functionality of this due to the delays with accessing deprivation (IMD) scores as this is something that is not routine included within the data Cube, where the analysts pull their data from. The Information Analysts are waiting for this to be included but timelines are currently unclear.

We are also looking at the recent NHS England statement on Information on Health Inequalities and what we need to start reporting from a data perspective into the DBTH annual reports. We are working with colleagues across SY ICB to develop a template that all SY Acute Trusts can use.

In terms of patient/public engagement, we have made links with DBTH’s engagement partner, People Focused Group, and have invited a rep to sit on our Health Inequalities Steering Group. We plan to continue to build relationships with them and ensure the patient/public voice is incorporated into our work going forwards.

Prevention

We are linking in with the QUIT team and they are going to begin feeding their data into our Health Inequalities Steering Group. We are also involved in the development of an alcohol care team for DBTH, which is being co-ordinated by our ICB colleagues.

Elective Care Pathways

We have fed comments into the review of the Access Policy to ensure health inequalities are considered throughout. We are also planning some work to look at DNAs across the Trust. The Information Analyst team have pulled some relevant data (broken down by deprivation, ethnicity, age, gender) for us to begin to look at DNAs and the impact that health inequalities may be playing.

MEOC health inequalities work is underway. We continue to meet every 2 months with colleagues across the three Trusts. We have developed a minimum data set and data extraction method for use at DBTH, but now we need to understand how the same data can be pulled from across Rotherham and Barnsley Hospital Trusts. Our next meeting is scheduled for 16th April.

Urgent and Emergency Care

We are planning to undertake a project looking at high intensity users in UEC. We plan to scope this project by the end March 2024 and plan to liaise with relevant colleagues across the Trust to feed into these plans.

Maternity and Best Start in Life / Children and Young People

We continue to build relationships with our maternity and paediatric colleagues. There are no further updates at this time.

Research and Innovation

As we now have Dr Kelly Mackenzie in her new joint role as Clinical Senior Lecturer (University of Sheffield) plus Honorary Consultant in Public Health (DBTH), which commenced on 1st Feb 2024, there are plans to start developing research projects that aim to tackle health inequalities.

6. PLANNING, PERFORMANCE AND PROJECTS (POSM/PMO/TENDERS)

Performance, overview and support meetings

Key recent discussions over the last month have focussed on the following areas, the Surgery and Clinical specialities meetings were stood down so no update is available for these:

Children and Families	
Successes	FDS for gynaecology delivering an improved position
Issue	Next steps
Recording of SDEC activity within Gynaecology	Working group in place with Qi input
Urodynamics performance	Trajectory and action plan shared for service recovery
ERF position behind plan	Division to review and implement remedial actions where possible
Downward trajectory apparent for some quality metrics	Directory of Midwifery to undertake a deep dive into use of antenatal steroids and magnesium sulphate

Medicine	
Successes	Greatly improved position in clearing the Divisional backlog of open complaints
Issue	Next steps
Support with consistency on common job planning components required	Divisional Director to discuss further with Medical Directors Office
Deteriorating position with pressure ulcer cases declared	Rapid quality and assurance review to be completed by the Division
Poor discharge rates at BDGH on a weekend	Divisional SMT to continue to investigate and work with clinical colleagues to agree improvement plans

UEC	
Successes	Greatly improved position in clearing the Divisional backlog of open complaints

Issue	Next steps
Agency medical spend position	Recovery plan to be developed
Concerns raised regarding ambulance handover times at BDGH	Division to undertake a more detailed review, however there has been a recent increase in the space available for handovers to taken place.
Oversight of ED waiting time to be seen at DRI ED	Division taking a number of steps to ensure SLT have consistent grip and control of position

Transformation Programme Update

The Transformation Programme incorporates several workstreams which as a whole aim to improve quality, access, people and financial performance. The onus of each work-stream varies with some focussed on delivering significant financial efficiencies whereas others do not have a financial target. The programme is governed by a monthly Transformation Board Meeting which receives Workstream Highlight Reports and / or CIP updates signed off by each senior responsible officer. This paper will review on an exception basis progress, successes and areas of escalation.

Transformation Highlight Reports

Monthly Workstream Highlight Reports are completed for each meeting, identifying achievements in month, key actions for the coming month and highlighting any risks / concerns and items for escalation. Each Highlight Report is also RAG rated as to the assurance of Delivery, the robustness of the plan and delivery to date of the plan after assessing completion dates of tasks and milestones. The following ratings are applied:

Workstream	SRO	CIP	Forecast v Target	Plan	Delivery	Change
Agency & Sickness Management	Zoe Lintin	Medium	£3.9M vs £6M	Low	Medium	Forecast added
Workforce Job Planning	Nick Mallaband	High	£97k vs £500k	Medium	High	SRO, Forecast increased
Theatre Productivity	Denise Smith	High	£0k vs £500k	Low	Medium	Forecast decreased
Outpatient Productivity	Densie Smith	Medium	£305 vs £500	Medium	Medium	Forecast increased
Diagnostic Productivity	Denise Smith	High	£123 vs £750k	Low	Low	Forecast decreased
LOS	Denise Smith	High	£214k vs £1.5m	Medium/ High	Medium/ High	None
UEC	Denise Smith	Medium/ High		Medium/ High	Medium/ High	None
Data Assurance	Dan Howard			Medium	Medium	None
Benefits from PLACE		High	£0k vs £500k			None
RPA	Dan Howard	High	£0k vs £500k			SRO changed

The following RAG ratings are applied:

PLANS:

Low	tasks and milestones have >90% nominated leads and timescales
Medium	tasks and milestones have 76%-89% nominated leads and timescales
High	tasks & milestones not identified &/or have <75% nominated leads and timescales

DELIVERY:

Low	plan is in line with original timescales
Medium	plan is behind original timescales, but this will not adversely impact the delivery of key objectives and benefits.
High	plan is significantly behind original timescales, and this will adversely impact on delivery of key objectives and benefits.

RAG Rating of CIP Plans (as at Month 10 January 2023/24)

The table below shows the RAG rating of the £22.1m CIP plan to date broken down by workstream.

Workstream	Black	Green	Amber	Red	White	Unidentified	Total
Cross Cutting - Agency & Sickness Management	3,882,558	-	-	-	-	2,117,442	6,000,000
Cross Cutting - Job Plans	96,815	-	-	-	-	403,185	500,000
Cross Cutting - Procurement	382,789	-	-	-	-	337,211	720,000
Cross Cutting - Theatre Productivity	-	-	-	-	-	500,000	500,000
Cross Cutting - Outpatient Productivity	305,336	-	-	-	-	194,664	500,000
Cross Cutting - Diagnostic Productivity	122,726	-	-	-	-	627,274	750,000
Cross Cutting - LOS	213,936	-	-	-	-	1,286,064	1,500,000
Cross Cutting - Corporate Pay	500,000	-	-	-	-	-	500,000
Cross Cutting - Benefits from Doncaster PLACE	-	-	-	-	-	500,000	500,000
Cross Cutting - RPA	-	-	-	-	-	500,000	500,000
Cross Cutting - Major Contracts	1,267,991	-	-	-	-	267,991	1,000,000
Local	10,650,090	-	-	-	-	2,820,090	7,830,000
Unidentified	-	-	-	-	-	1,300,000	1,300,000
Total	17,422,241	-	-	-	-	4,677,759	22,100,000

Planning RAG definitions:

"New Idea"	White	At idea stage with no further documentation.
	Red	Project Charter, Roles and Indicative Finances completed
	Amber	Milestones, detailed finances and baseline performance completed
	Green	Detailed plan, KPIs, Risks, Issues and QPIA completed
"In development"		
In delivery	Black	All sign offs received including QPIA

Business Case Support

The following major business cases (with complex values) have been supported over the last month:

- **Urology Robotic Surgery Case** – Following approval of the Surgical Robotics case via Charitable Funds Committee early January 2024, Urology Robotic Surgery case was discussed at January CIG and will have chairs approval following refinement with clinical leads and Executive Medical Director.
- **2nd CT scanner at Bassetlaw** – this case requires further discussion with regional colleagues due to the ask to include revenue and additional activity. A second CT Scanner will be pursued for resilience to services at BDGH and enabling business continuity of services and reduced transfers.
- **Emergency Team BDGH** – Case being prepared to be presented March CIG for robust staffing structure
- **Bassetlaw SDEC** – options appraisal underway and case being submitted to March CIG dependent on information availability to allow for start of works by end of March 2024
- **DRI SDEC** – This service development requires further discussion and will therefore carry forward to 24/25 Business Case pipeline if approved within the Annual Planning process
- **Neurotherapy** – A business case to support a Neurotherapy MDT team establishment is being prepared and under discussion with COO office and divisional lead, following these discussions the case is aiming for March CIG discussion.

- **Allocate** – New system procurement will be covered in a business case being submitted to February CIG

Jon Sargeant

Executive Director of Recovery, Innovation and Transformation / Chief Financial Officer

22 January 2024

2403- D4 OPERATIONAL PERFORMANCE UPDATE

● Discussion Item

👤 Denise Smith, Chief Operating Officer

🕒 11:10

10 minutes

REFERENCES

Only PDFs are attached

📄 D4 - Operational Performance Update.pdf

Report Cover Page			
Meeting Title:	Board of Directors		
Meeting Date:	26 March 2024	Agenda Reference:	D4
Report Title:	Operational Performance Update		
Sponsor:	Denise Smith, Chief Operating Officer		
Author:	Suzanne Stubbs, Deputy Chief Operating Officer Ben Vasey, Deputy Chief Operating Officer Lauren Bowden, Head of Performance		
Appendices:			
Purpose of report:	The report details Trust performance against the national access standards, summarises the key factors driving any underperformance, the actions in place to improve performance and identifies any risks to delivery.		
Summary of key issues:	<p>Emergency Care Access In January 2024, there were 16,965 attendances to the Trust Emergency Department (ED), of these 6,491 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 61.74% against the standard of 76%.</p> <p>12 hours: In January 2024, there were 1396 patients in ED > 12 hours from arrival (8.2% of attendances).</p> <p>Ambulance handover: In January 2024, 36.9% of ambulance handovers took place within 15 minutes, 63.0% took place within 30 minutes and 80.8% took place within 60 minutes.</p> <p>Diagnostics Performance against the 6-week standard in January 2024 was 71.98%.</p> <p>Elective Care 78 week waits: In January 2024, there were 22 patients waiting >78 weeks. 65-week waits: In January 2024, there were 258 patients waiting >65 weeks.</p> <p>Cancer waiting times .</p> <p>Faster Diagnosis Standard: Performance in December 2023 was 82.2% against the standard of 75%</p> <p>31-day from diagnosis to first definitive treatment (all cancers): Performance in December 2023 was 97.8% against the standard of 96%</p> <p>62-day wait from referral from urgent referral to first definitive treatment for cancer: Performance in December 2023 was 75.9% against the standard of 85%.</p>		

	All cancer standards were upper quartile, nationally, in December.				
Action Required:	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:	Strategic Risk 3				
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance Route					
Previously considered by:		Finance and Performance Committee			
Date:	March 2024	Decision:			
Next Steps:					
Previously circulated reports to supplement this paper:					

1. Introduction

This report details Trust performance against the national access standards, summarises the key factors driving any underperformance, the actions in place to improve performance and any risks to delivery. Benchmarking data is provided where available.

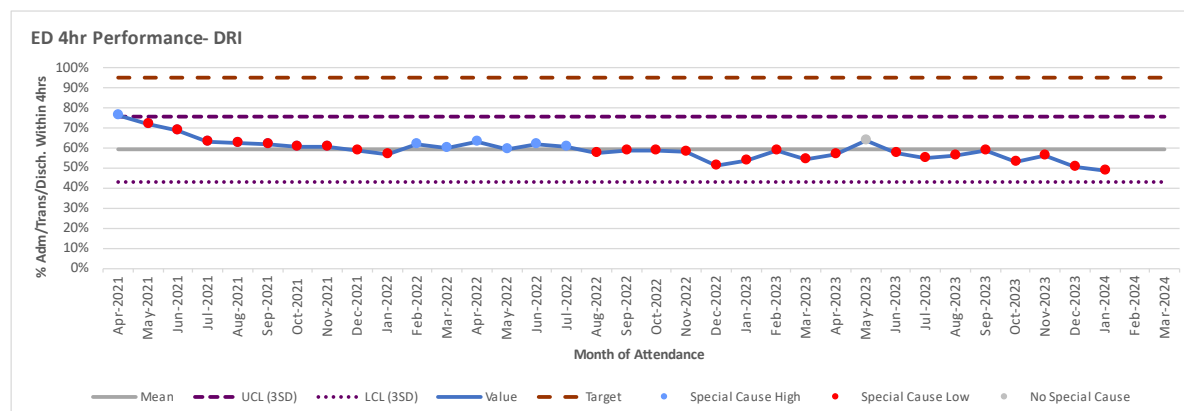
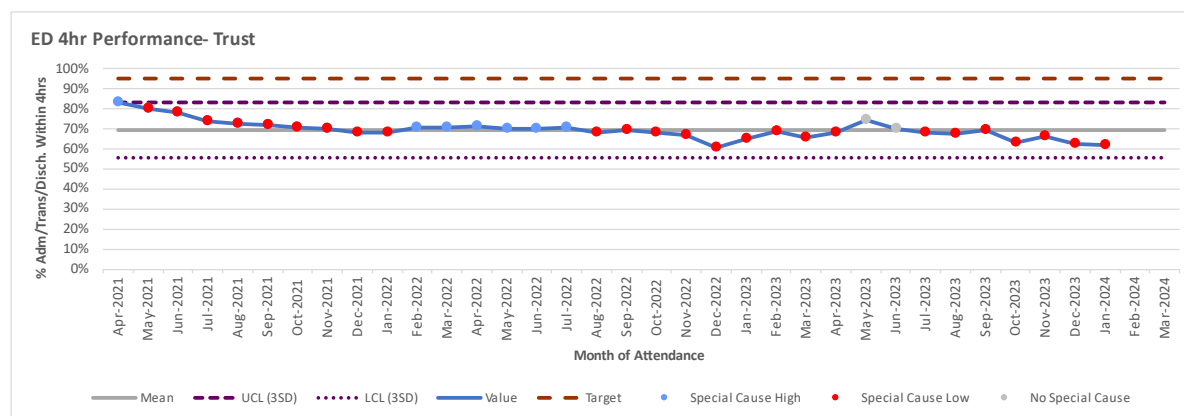
2. Background

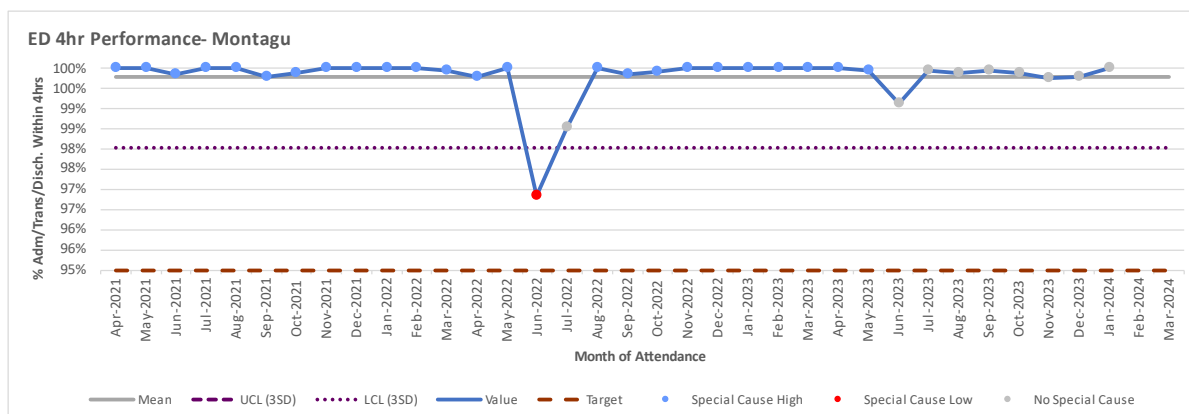
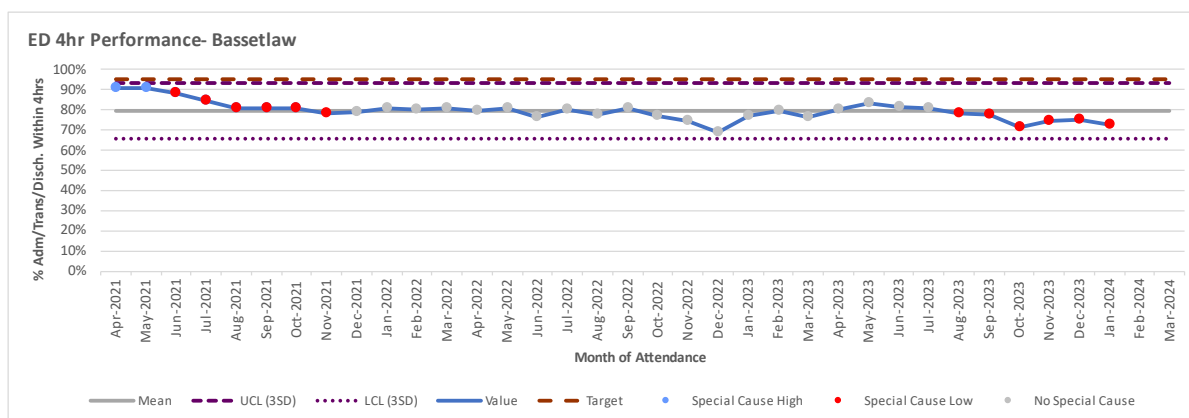
The NHS Standard Contract (2023/24) sets out the national quality requirements; these include waiting times for urgent and emergency care, diagnostics, elective care and cancer services.

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

3. Emergency Care

3.1 Emergency access within 4 hours





Performance summary:

Trust: In January 2024, there were 16,965 attendances to the Trust Emergency Department (ED), of these 6,491 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 61.74% against the standard of 76%.

Bassetlaw: In January 2024, there were 5,413 attendances to the Emergency Department, of these 1,470 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 72.84% against the standard of 76%.

Doncaster: In January 2024, there were 9,799 attendances to the Emergency Department, of these 5,021 patients were in the Department over four hours before admission, discharge, or transfer. Performance was 48.76% against the standard of 76%.

Mexborough: In January 2024, there were 1,753 attendances to Montagu Minor Injuries Unit, of these no patients were in the Department over four hours before admission, discharge, or transfer. Performance was 100% 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
- At times of peak demand, there is limited capacity in ED to assess and treat newly presenting patients, this is exacerbated by the number of patients waiting in ED for a bed
- Streaming to the primary care co-located service is < 20% of all attendances

Key actions (new actions in green):

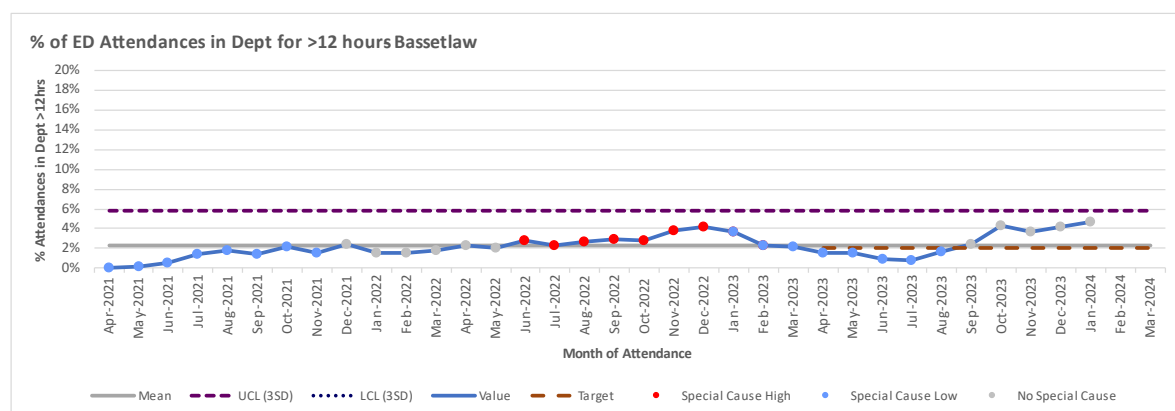
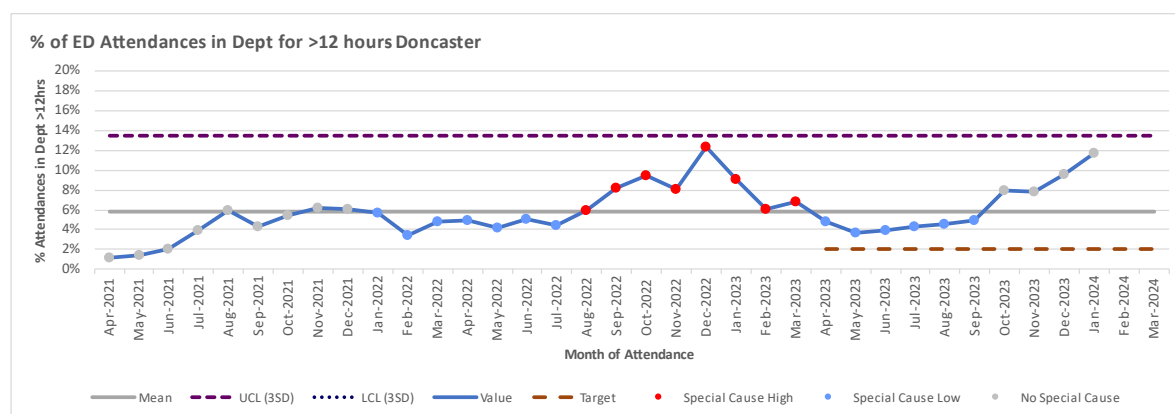
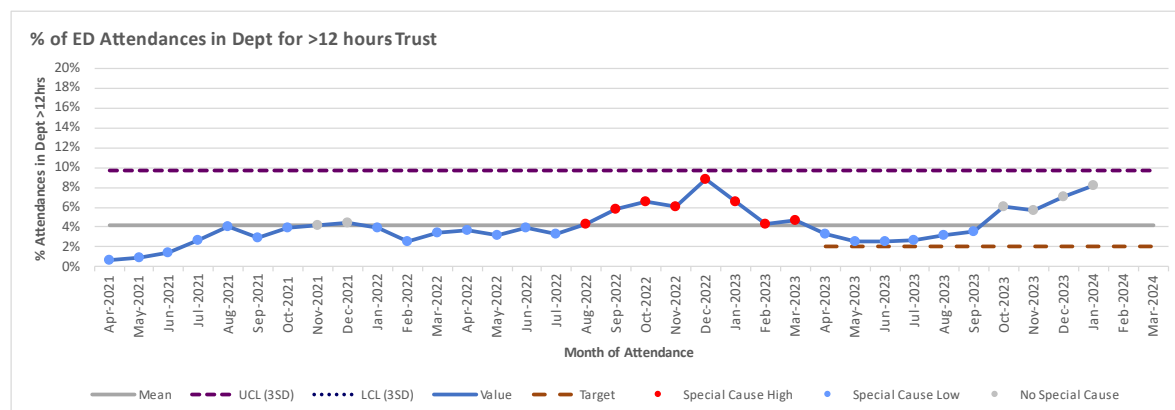
- Ensure all appropriate patients are streamed to the co-located primary care service

- Improvements in rotas to strengthen the skill mix and ensure staff numbers are matched to peak activity periods to support timely initial assessment
- Increased utilisation of the discharge lounge to support patient flow out of ED for patients requiring admission to a ward bed.

Key risks to delivery:

- Continued periods of industrial action
- Recruitment, retention and training of ED workforce to ensure appropriate skill mix to meet demand

3.2 Emergency access within 12 hours



Trust: In January 2024, there were 1396 patients in ED > 12 hours from arrival (8.2% of attendances).

Bassetlaw: In January 2024, there were 254 patients in ED > 12 hours from arrival at Bassetlaw ED (4.7% of attendances)

Doncaster: In January 2024, there were 1142 patients in ED > 12 hours from arrival to Doncaster ED (11.7% of attendances)

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

Key issues (new issues in red):

- 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

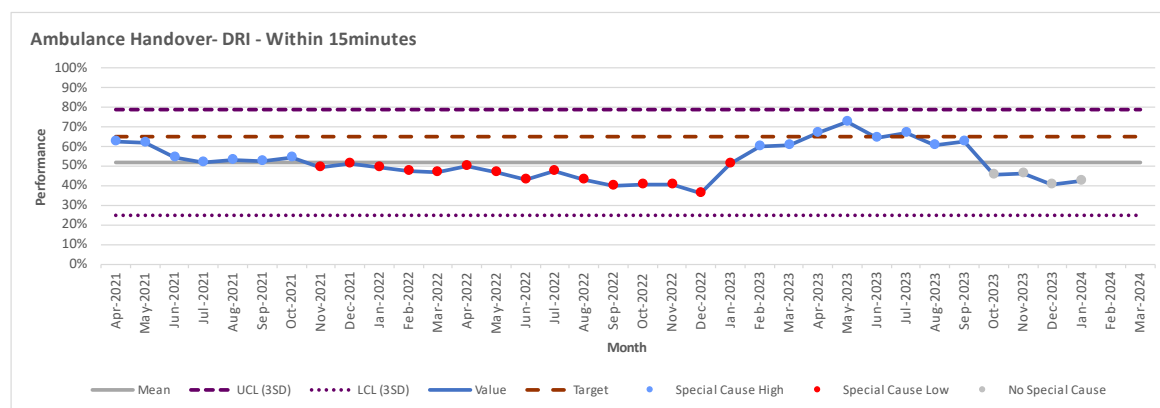
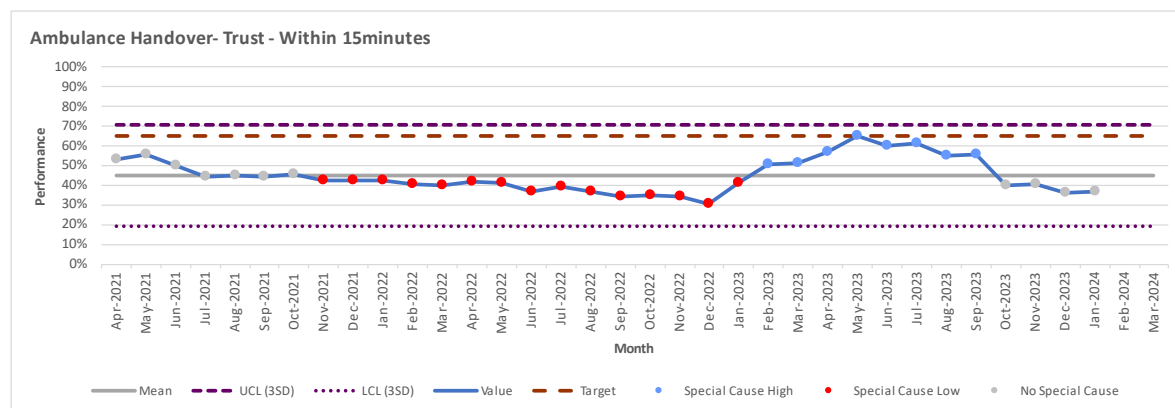
Key actions (new actions in green):

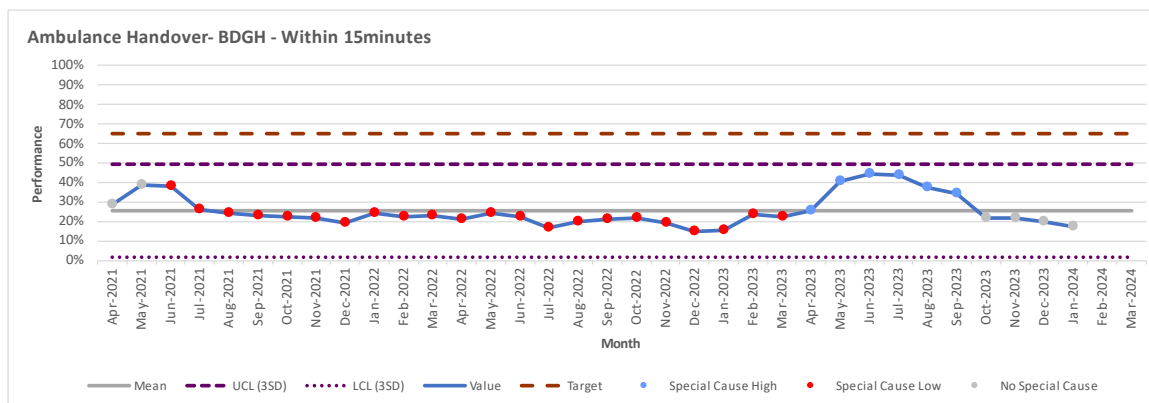
- Ensure all appropriate patients are streamed to the co-located primary care service
- Improvements in rotas to strengthen the skill mix and ensure staff numbers are matched to peak activity periods to support timely initial assessment
- Increased utilisation of the discharge lounge to support patient flow out of ED for patients requiring admission to a ward bed.

Key risks to delivery:

- Continued periods of industrial action
- Recruitment, retention and training of ED workforce to ensure appropriate skill mix to meet demand

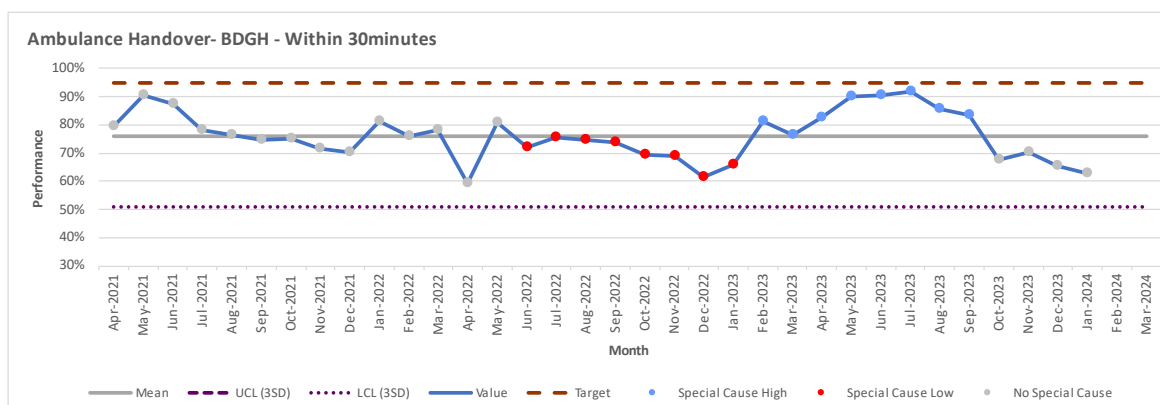
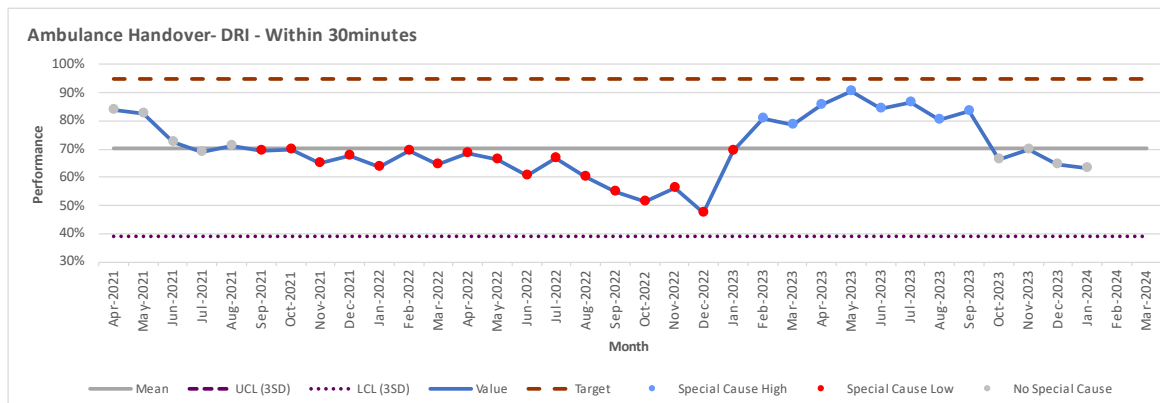
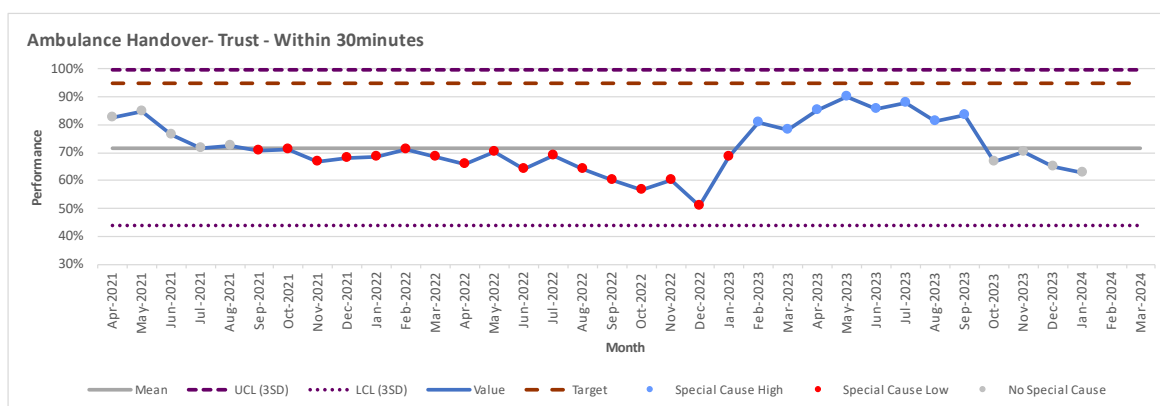
3.3 Ambulance handover





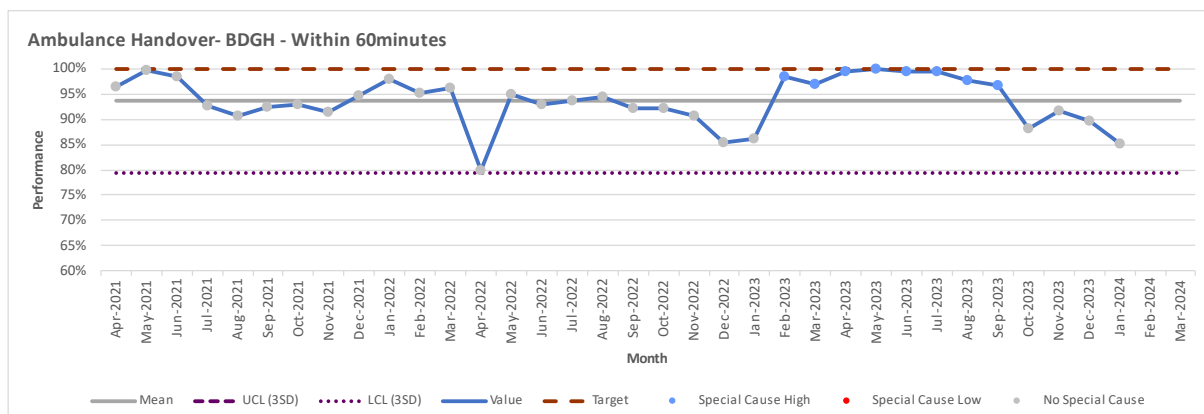
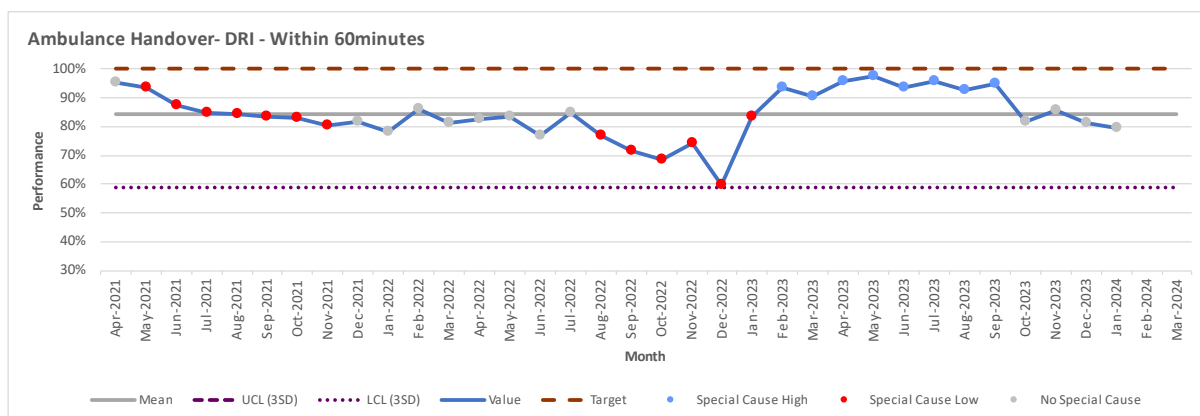
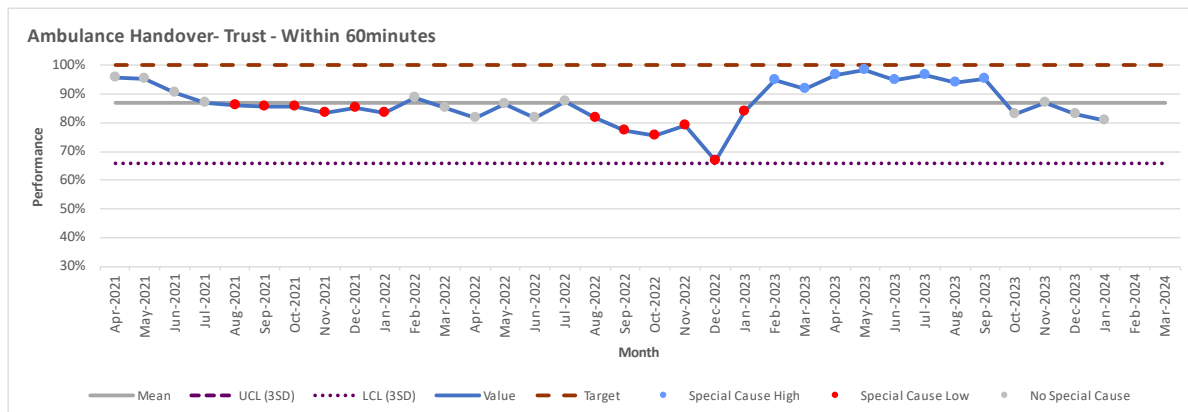
Performance Summary:

Ambulance handover within 15 minutes in January 2024 was 36.9% against the standard of 65%



Performance Summary:

Ambulance handover within 30 minutes in January 2024 was 63.0% against the standard of 95%



Performance Summary:

Ambulance handover within 60 minutes in January 2024 was 80.8% against the standard of 100%

Key issues (new issues in red):

- 31% increase in ambulance conveyances in January 2024 (4,006) compared to January 2023 (3,054).
- Lack of capacity to take ambulance handover at times of peak demand when ED is crowded

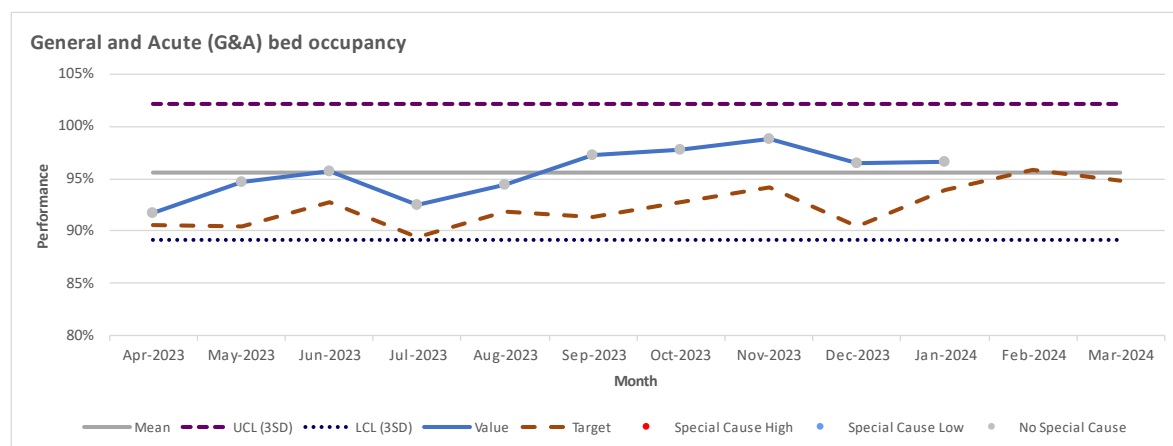
Key actions (new actions in green):

- The Early Senior Assessment model is embedded at Doncaster which enables patients waiting to be triaged and prioritised
- 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
- Direct ambulance to SDEC / UTC pathways are now in place at Doncaster and Bassetlaw

Key risks to delivery:

- Continued periods of industrial action
- Continued high conveyance rates

3.4 General and Acute (G&A) bed occupancy



Performance summary:

Bed occupancy was 96.6% in January 2024 compared to 96.5% in December 2023.

Key issues (new issues in red):

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

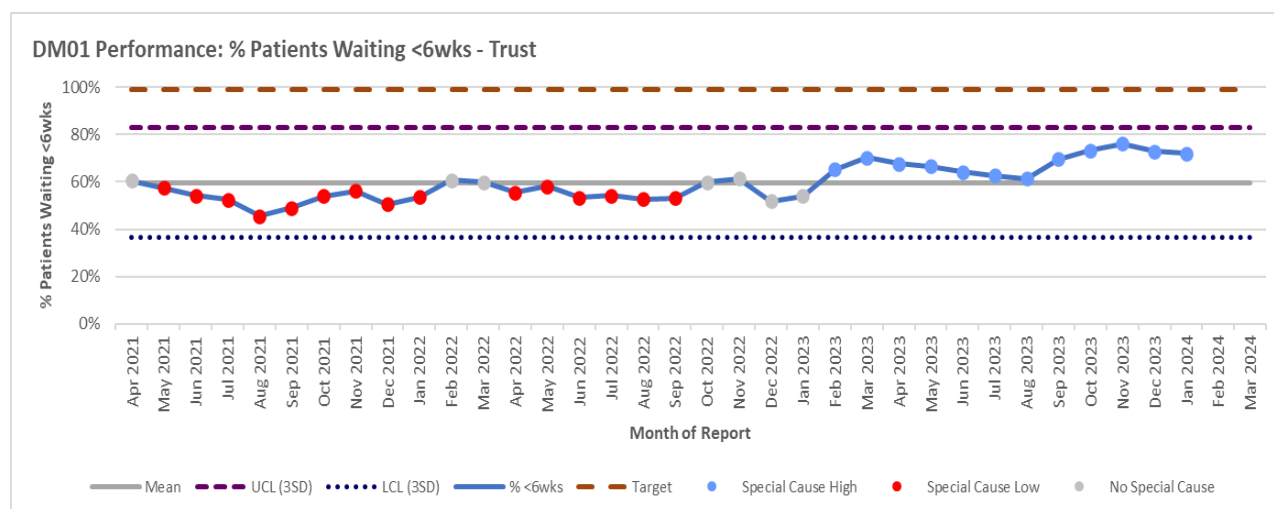
Key actions (new actions in green):

- Continued expansion of virtual ward pathways
- Weekly longer lengths of stay reviews undertaken
- Collaborative working with partners to reduce discharge delays for patients on pathways 1 – 3

Key risks to delivery:

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

4. Diagnostic waiting times



	Oct 2023			Nov 2023			Dec 2023			Jan 2024		
	WL	>6wks	%<6wks	WL	>6wks	%<6wks	WL	>6wks	%<6wks	WL	>6wks	%<6wks
Magnetic Resonance Imaging	2,035	436	78.6%	1,563	134	91.4%	1,161	114	90.2%	1,256	144	88.5%
Computed Tomography	1,512	132	91.3%	1,283	24	98.1%	1,617	27	98.3%	1,247	15	98.8%
Non-Obstetric Ultrasound	3,256	401	87.7%	3,358	383	88.6%	3,328	591	82.2%	2,943	371	87.4%
Barium Enema	0	0		0	0		0	0		0	0	
Dexa Scan	649	306	52.9%	564	219	61.2%	600	244	59.3%	504	184	63.5%
Audiology - Audiology Assessments	2,062	1,645	20.2%	1,986	1,642	17.3%	2,034	1,730	14.9%	2,074	1,777	14.3%
Cardiology - Echocardiography	283	2	99.3%	362	14	96.1%	354	7	98.0%	330	4	98.8%
Cardiology - Electrophysiology	0	0		0	0		0	0		0	0	
Neurophysiology - Peripheral Neurophysiology	185	35	81.1%	236	54	77.1%	270	75	72.2%	389	216	44.5%
Respiratory Physiology - Sleep Studies	23	2	91.3%	18	1	94.4%	17	1	94.1%	34	3	91.2%
Urodynamics - Pressures & Flows*	90	23	74.4%	97	30	69.1%	96	28	70.8%	96	28	70.8%
Colonoscopy	291	0	100.0%	292	0	100.0%	269	0	100.0%	273	0	100.0%
Flexi Sigmoidoscopy	115	0	100.0%	82	0	100.0%	84	0	100.0%	91	0	100.0%
Cystoscopy	446	15	96.6%	454	25	94.5%	382	25	93.5%	375	39	89.6%
Gastroscopy	322	0	100.0%	283	0	100.0%	261	0	100.0%	314	0	100.0%
Total	11,269	2,997	73.4%	10,578	2,526	76.1%	10,473	2,842	72.9%	9,926	2,781	72.0%

Performance summary:

Performance in January 2024 was 71.98%, which was 0.88 percentage points lower than the previous month (December 2023: 72.86%). The standard was achieved in the following diagnostic tests, which are all joint top nationally against the standard:

- Colonoscopy
- Flexi sigmoidoscopy
- Gastroscopy

In addition to the above test that met the standard, performance in CT (98.8%) has shown significant improvement, with an increase of more than twenty percentage points compared to three months ago (October 2023: 78.6%).

Whilst there are ten modalities not meeting the DM01 standard in January, the total number of patients waiting >6 weeks in audiology (1,777), no-obstetric ultrasound (371) and neurophysiology (216) account for 85% of the 2,781 patients waiting more than six weeks.

Key issues:

- Unavailability of colleagues in non-obstetric ultrasound including sickness, maternity leave and supernumerary training positions.

- Based on current practices within audiology, there is a gap between the capacity available and that needed to meet the demand on the service. This is compounded by vacancies and unavailability of colleagues.

Key actions:

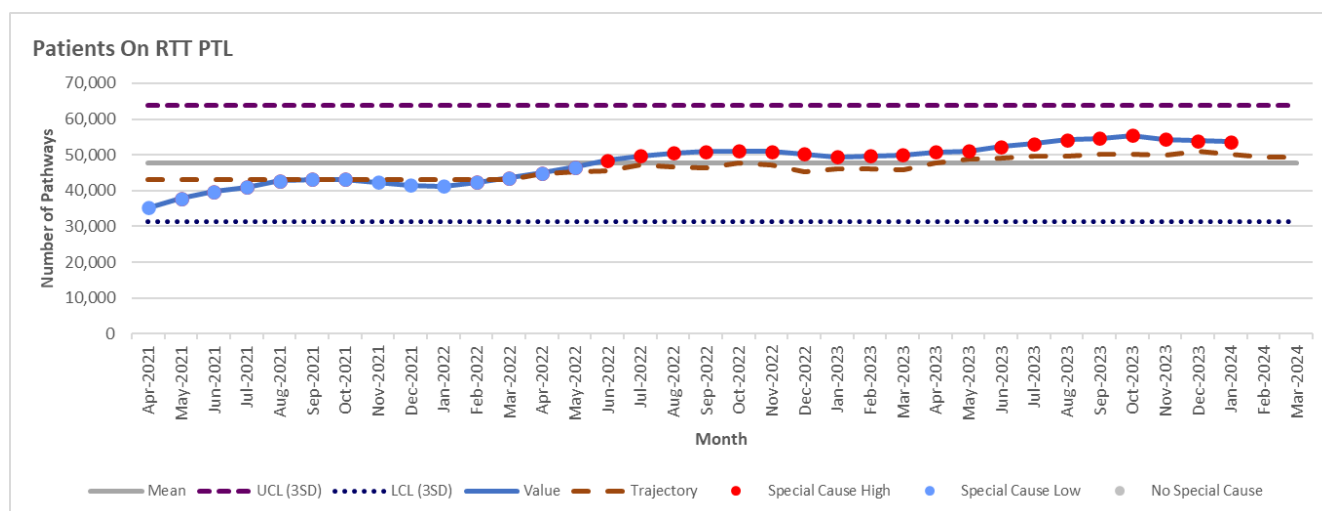
- A diagnostic improvement programme is underway, looking at multiple aspects on the delivery of diagnostic services.
- Review of utilisation of all diagnostic capacity and identify areas for improvement.
- Continued work on CT demand. Whilst CT has shown significant improvement since October, work is still ongoing to assess sustainability and financial implications on delivery.
- Increased utilisation and capacity as part of the CDC
- Working in collaboration with key partners to redesign the audiology service model.

Key risks to delivery:

- Continued periods of industrial action
- Ongoing unavailability of colleagues in some modalities.
- Increased demand on services.

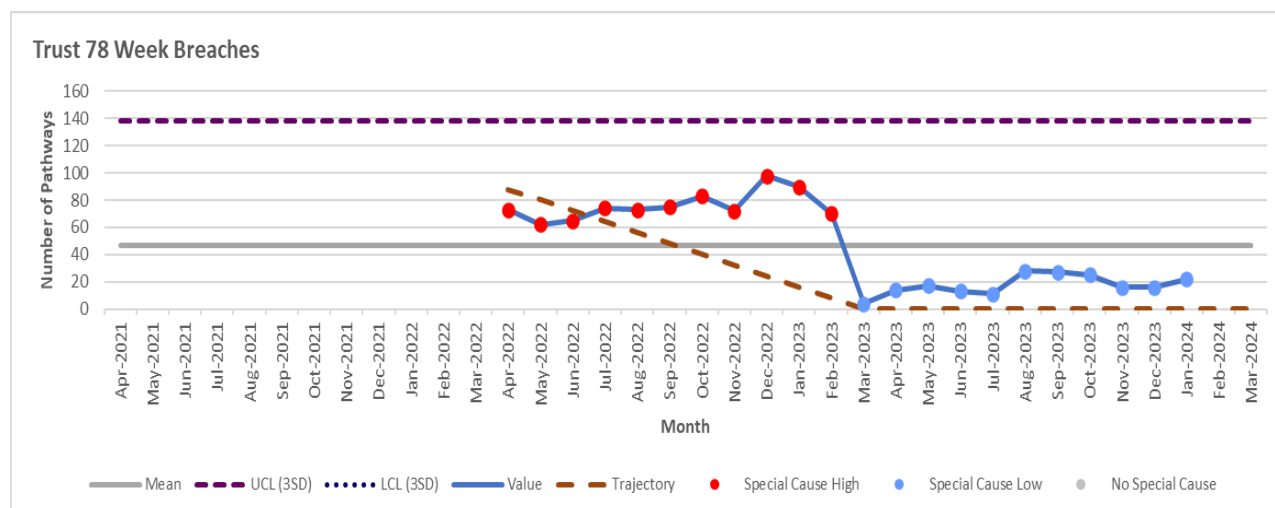
5. Elective Care

5.1 18 weeks referral to treatment



Performance in January 2024 was 59.66%, compared to 58.86% in December 2023. This represents the first increase in performance since May 2023. This position remains in the upper half nationally.

5.2 Waits over 78 weeks for incomplete pathways



Performance summary:

In January 2024 there were twenty-two patients waiting >78 weeks this was six patients more than in the previous two months (sixteen each in November and December 2023). The specialty level detail as follows:

- Trauma & Orthopaedics 12
- ENT 5
- Ophthalmology 3
- Gynaecology 1
- Vascular 1

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.

Key actions:

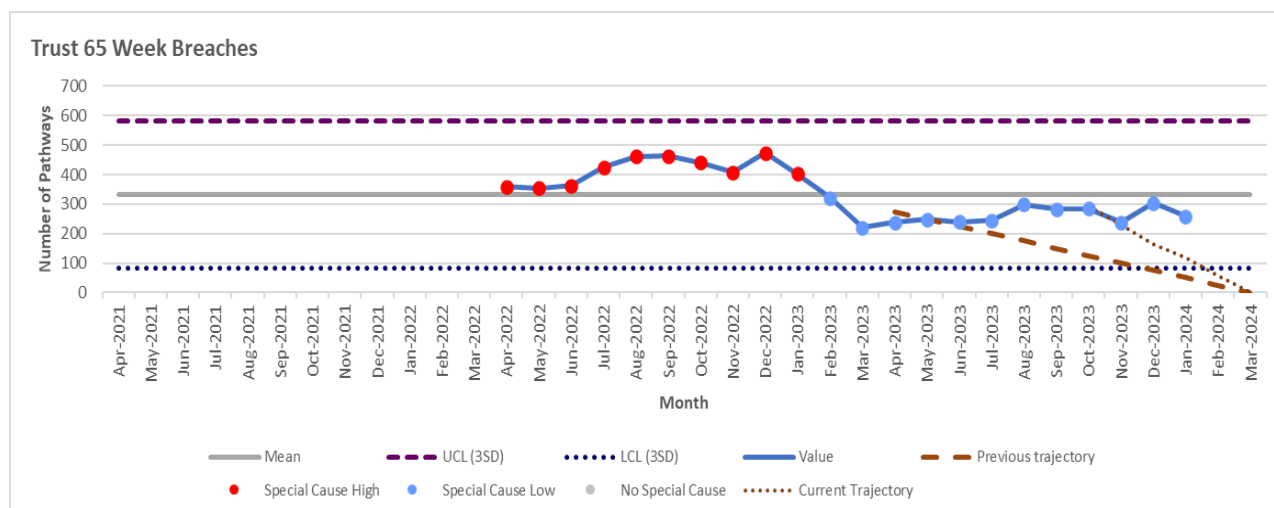
- Senior oversight of the waiting list to ensure patients are treated in order of clinical priority and long waiting times
- Additional internal capacity secured for ENT and T&O
- Prompt response when corneal transplant materials become available

Key risks to delivery:

- Further patient choice or patients not being fit for their surgery and unable to be optimised before end of March 2024, following their pre-assessment.
- Consultant sickness

- Availability of tissue for corneal graft patients

5.3 Waits over 65 weeks for incomplete pathways



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22												
2022/23	359	354	362	425	462	464	441	407	473	403	321	220
2023/24	238	248	239	244	299	283	285	238	303	258		

Performance summary:

In January 2024 there were 258 patients waiting > 65 weeks, which is a 15% positive movement compared to the previous month (December 2023: 303 patients waiting > 65 weeks). Plans to recover this position over Q4 23/24 are in place and fed back through tier 2 meetings.

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:

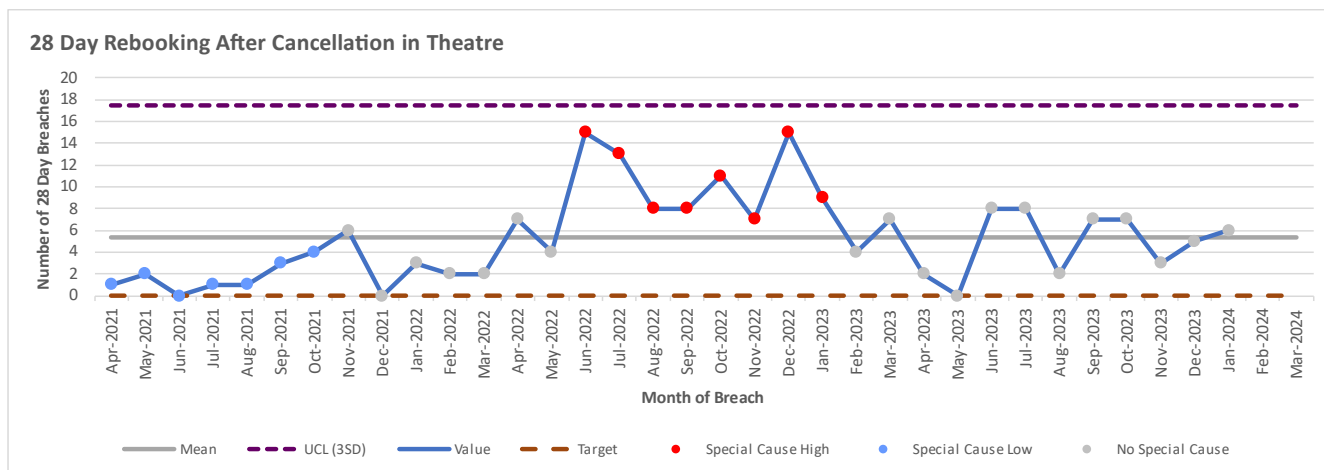
- Utilisation of capacity for clinically urgent and longest waiting patients
- Senior operational decision making on any cancellations of long waiting patients.
- Review of available pre-operative assessment capacity for Q4 23/24 - complete

Key risks to delivery:

- Pre-operative assessment capacity and ever shortening timescales to optimise patients identified as needing additional input before their procedure.

- Further patient choice or patients not being fit for their surgery and unable to be optimised before end of March 2024, following their pre-assessment.

5.4 Breaches of the 28 day guarantee



Performance summary:

There were 6 breaches of the 28-day guarantee in January 2024, 2x Ophthalmology, 1x General Surgery and 3 x Trauma & Orthopaedics.

Key issues:

- Capacity to reschedule patients with 28 days, with competing demands across specialties.

Key actions:

- Implement a more robust escalation process for any patient who cannot be rebooked within 28 days of their cancellation.

Key risks to delivery:

- Further periods of industrial action
- Appropriate clinical decision making and prioritisation of how to use the capacity available.

5.5 Urgent operations cancelled for a second time

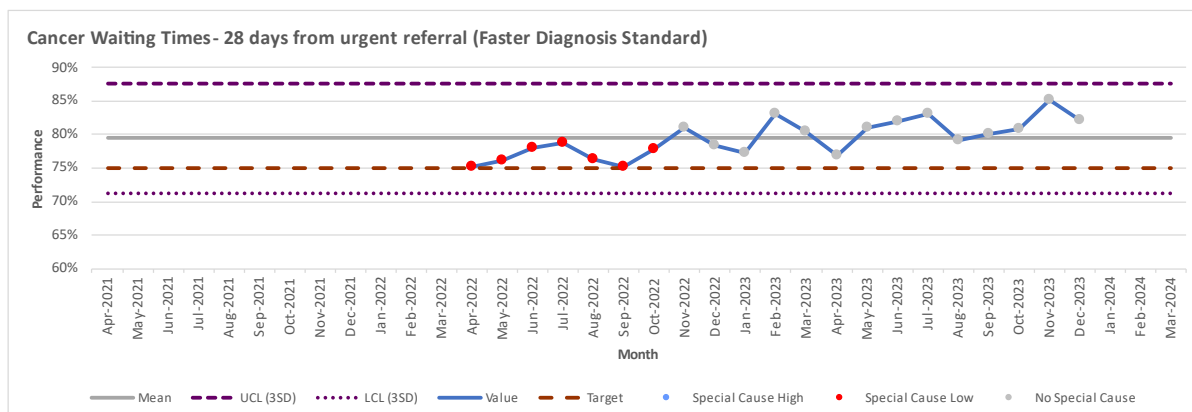
There were no urgent operations cancelled in January 2024 for a second time.

6. Cancer Waiting Times

From 1 October, the standards measuring waiting times for cancer diagnosis and treatment were modernised and simplified, moving from the 10 different standards in place now to three:

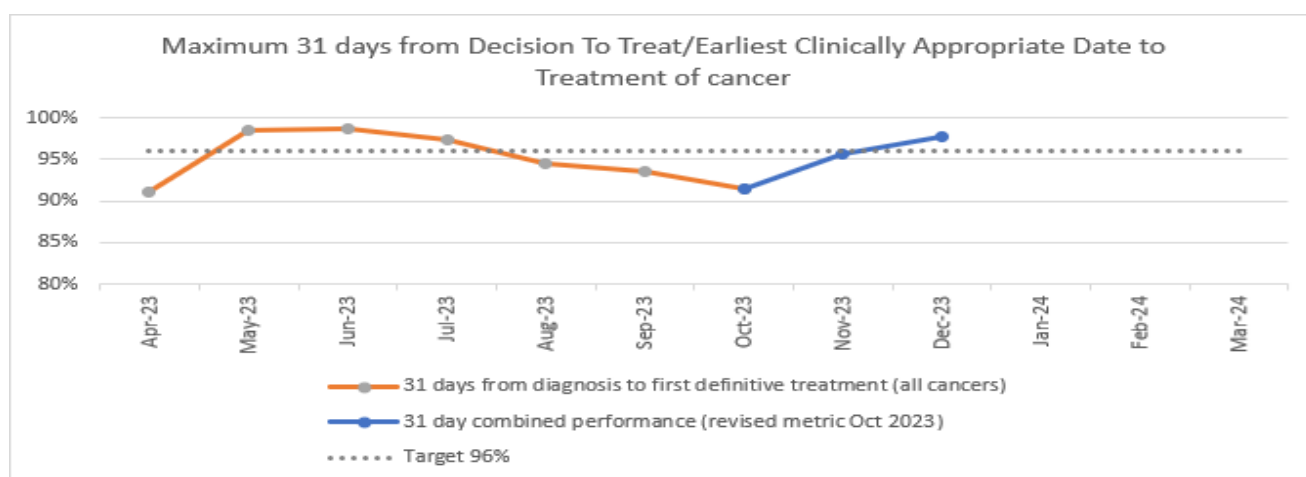
- Faster Diagnosis Standard:** a diagnosis or ruling out of cancer within 28 days of referral (set at 75%)
- 31-day treatment standard:** commence treatment within 31 days of a decision to treat for all cancer patients (set at 96%)
- 62-day treatment standard:** commence treatment within 62 days of being referred or consultant upgrade (set at 85%)

6.1 28 days from urgent referral to receiving a communication of diagnosis for cancer or ruling out of cancer (Faster Diagnosis Standard)



Performance in December 2023 was 82.2% against the standard of 75%, which is upper quartile nationally.

6.2 31-day from diagnosis to first definitive treatment (all cancers)



Performance summary:

Performance in December 2023 was 97.8% against the standard of 96%, which is upper quartile nationally. There were breaches across 3 tumour sites (Lower GI, Skin and Urology)

Key issues:

- Patient choice
- Breach reasons identified as lack of elective capacity

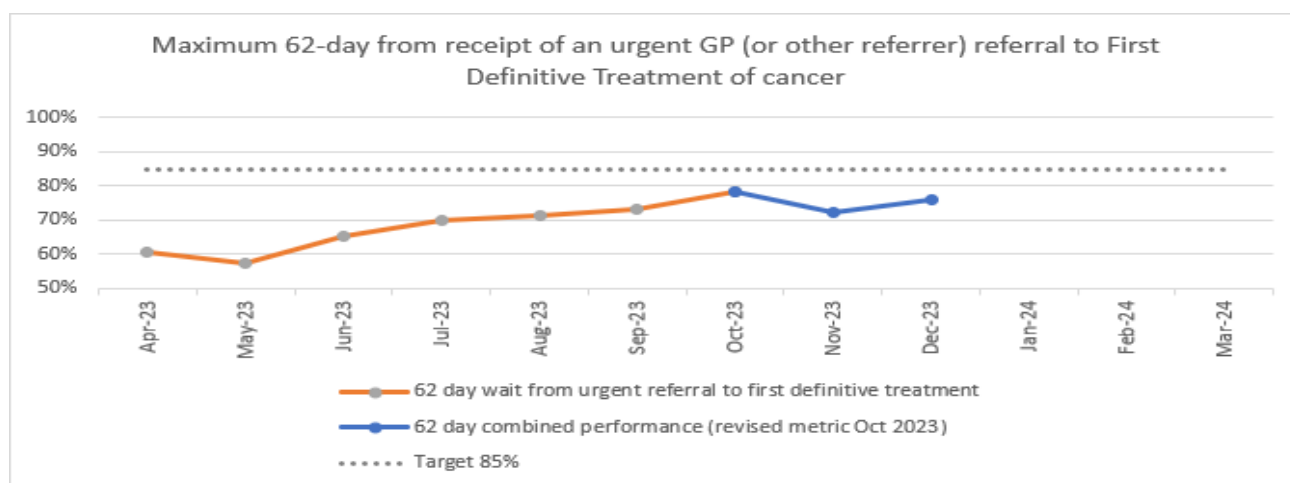
Key actions:

- Whilst performance has met the national standard in December, further actions on escalation are being considered.
- Cancer priorities session, for 24/25, with all Divisional teams and Cancer Services

Key risks to delivery:

- Further periods of industrial action
- Further issues on lack of capacity could arise, without a more detailed understanding of what is driving those issues at specialty level.
- Waiting time to pre-operative assessment

6.3 62 day wait from referral from urgent referral to first definitive treatment for cancer



Performance summary:

Performance in December 2023 was 73.9% against the standard of 85%, which is also upper quartile nationally. There were breaches across a number of specialties. The main tumour sites driving the underperformance were Urology, Lower GI, Breast, Gynaecology, and Head & Neck.

Key issues:

- Complex diagnostic pathways and diagnostic capacity
- Patient choice
- Time to first outpatient appointment

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

Key risks to delivery:

- Further periods of industrial action
- Increased demand on cancer services

7. Recommendations

The Trust Board of Directors is asked to receive the report for ASSURANCE.

2403 - E1 CHAIR'S ASSURANCE LOG - CHARITABLE FUNDS COMMITTEE

● Discussion Item

● Hazel Brand, Non-executive Director

● 11:20

5 minutes

REFERENCES

Only PDFs are attached



E1 - Charitable Funds Committee Chair's Assurance Log.pdf

Charitable Funds Committee - Chair's Highlight Report to Trust Board		
Subject:	Charitable Funds Committee Meeting	Board Date: March 2024
Prepared By:	Hazel Brand, Committee Chair & Non-executive Director	
Approved By:	Committee Members	
Presented By:	Hazel Brand, Committee Chair & Non-executive Director	
Purpose	The paper summarises the key highlights from the Charitable Funds Committee meeting held on 7 March 2024	
Matters of Concern (Partial or No Assurance)		Work Underway / Major actions commissioned
<ul style="list-style-type: none"> Ability to meet previously committed initiatives once the Fred and Ann Green Legacy has been spent (with income from dividends reducing and costs increasing). A list of these pre-commitments and costs to be provided at the next meeting. This may mean changing the criteria for bids to the Charitable Funds Development Committee (Partial assurance) Baseline data on which to calculate incremental progress on key performance indicators is missing but being worked on (Partial assurance) A risk register for the charity is required (No assurance) 		<ul style="list-style-type: none"> The Dormant Funds policy was agreed and, in consequence, the task of rationalising the named funds had commenced Re-tender for investment advisers: suggestions were made on items for inclusion, particularly 'green' energy and other eco-friendly companies, including considering duties as an anchor institution Task & Finish group is meeting on one more occasion Agreement reached with the representatives of the Fred and Ann Green family on the use of residual funds, once the surgical and rehab robots have been purchased. Photo opportunities with the representatives agreed The Montagu-Doncaster shuttle bus, in its current form, will run for one more year, during which time its use/costs/alternatives will be evaluated Comms & Marketing were complimented on the Serenity Appeal being shortlisted for a major award
Significant or Full Assurances		Decisions Made
<ul style="list-style-type: none"> Noted the auditors' in-depth audit and unqualified audit opinion on the 2022/23 annual accounts (Full assurance) Noted the auditors' opinion that the financial statements (in the Annual Report) give a true and fair view of the state of the charity's affairs as at 31 March 2023 (Full assurance) Governor observers reported that they were happy with the business of the "well-run" meeting (Full assurance) Suite of new Charitable Funds policies is in line with existing DBTH policies (Significant assurance) 		<ul style="list-style-type: none"> Approved the paper by Doncaster & Bassetlaw Health Services on its running of the Charity, including key performance indicators (KPIs), service level agreements (SLAs), financial plans, acknowledging that 2024/25 will be a year of consolidation and these elements will be kept under review 'Soft launch' of a new appeal to provide equipment for the new Bassetlaw Emergency Village, including children and vulnerable adults, has gone live

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.

2403 - F1 CHAIR AND NEDS REPORT

● Information Item

👤 Suzy Brain England OBE, Chair of the Board

REFERENCES

Only PDFs are attached

 F1 - Chair & Non-executive Directors Report.pdf

Report Cover Page				
Meeting Title:	Board of Directors			
Meeting Date:	26 March 2024	Agenda Reference:	F1	
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 January 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

In early February I was delighted to officially open the recently refurbished Leisure Library and the new IT Suite. The Leisure Library provides a quiet space for our people, learners, patients and visitors, with the IT Suite providing a dedicated space for colleagues and learners to be supported in acquiring the skills to find and appraise evidence. I would encourage anyone who hasn't visited to do so, the Library Team have launched a new Book Club and there is a dedicated health and wellbeing section. For our inpatients, who aren't as mobile, Trust volunteers continue to offer a library trolley service to the wards.

This month I had the pleasure of welcoming Lord Victor Adebowale, Chair of NHS Confederation, to the Trust. Along with the Director of Recovery, Innovation & Transformation and Acting Deputy Director of Estates & Facilities we visited some of the more challenged areas of the estate. We also had the opportunity to visit the Children's Ward, where we were welcomed by the Chief Nurse and the Divisional Nurse for Pediatrics and whilst walking the children's surgery pathway reflected upon infrastructure challenges impacting this area.

Finally, Lord Adebowale and I were joined by members of the Executive Team, Chief People Officer, Chief Nurse and Deputy Chief Executive. We shared the positive results of our staff survey. Victor commented: "Thank you and your wonderful team for an informative visit. I got a sense of the warmth and professionalism shown by you and your colleagues to the patients and citizens who use Doncaster Royal Infirmary."

As part of Healthcare Science Week, and in recognition of the work undertaken by healthcare science professionals, spanning 50 specialisms, I joined the Associate Medical Director for Clinical Safety on a visit to the Cardio-respiratory Department. We were welcomed by the Principal Clinical Physiologist to hear about the various roles and activities across the department. This was one of a programme of visits supported by the Medical Director's Office and executive directors.



Council of Governors

The quarterly Council of Governors meeting took place last month, along with presentations from non-executive colleagues, the Lead Governor and Chief Executive, the Chief Operating Officer joined the meeting to share with governors the impact of winter on the Trust's activity and bed occupancy. Actions to support the Trust's winter plans included effective discharge planning and more efficient use of the discharge lounge. The importance of collaborative working at Place and across the System was reinforced, with appropriate escalation plans in place and agreement on focused actions. An overview of attendances in the Emergency Department (walk-in and ambulance arrivals) was shared for the period October to December 2023. Whilst the overall number of attendances was comparable to the same period in 2022, a significant increase had been seen in the number of ambulance arrivals and work was underway to understand this change.

The Council of Governors ratified the decision taken at its Nominations Committee on 8 December 2023 to extend the term of office for the Deputy Chair for a further three-year period, effective from 1

April 2024.

With the support of NHS Providers, a review of the effectiveness of the Council of Governors had been undertaken. An anonymous survey, facilitated by NHS Providers' GovernWell Team, sought governors' views on a series of questions, including the composition of the Council, provision of induction, training and development, management of the meetings and overall performance of the Council. In addition to assigning an overall rating (ranging from strongly agree to don't know) recipients were able to share supporting narrative in free text format to ensure a meaningful response. Following collation and analysis, the Council of Governors was invited to join a session facilitated by NHS Providers' Member Development Manager, where governors were able to feedback thoughts and consider next steps as part of breakout groups and plans to progress the recommendations and output are in train.

Since my last report, Lynne Schuller has stepped down from her role as Lead Governor for the time being and I would like to take the opportunity to place on record my appreciation for her significant contribution during her tenure. Lynne continues as public governor for Bassetlaw.

Following the Effectiveness Review we are awaiting an independent review of how the Council of Governors should operate at DBTH Foundation Trust. In the meantime, all Governor questions will be routed through the Trust Board Office.

1:1s & Introductory Meetings

In addition to my regular meetings with the Chief Executive, I have taken part in one-to-one discussions with the Non-executive Directors and have met with the recently appointed Chair of The Rotherham NHS Foundation Trust.

Other Meetings/Events

I have chaired February's Board meeting and attended a Board development session.

I participated in the Yorkshire & Humber Chairs' quarterly meeting, where we received a national policy update from NHS Providers' Deputy Chief Executive and a regional and national overview from Regional Director, Richard Barker and Sir Andrew Morris, Deputy Chair, NHSE. A national event of ICB and Trust Chairs also took place later that month in County Hall, London, which I attended. The latter focused heavily on encouraging NHS organisations to increase productivity and lower costs. This included a big push on Emergency Department performance in March.

As the second cohort of the Board Development Delegate Programme draws to a close the delegates were invited to receive their certificate of completion and feedback on the value of the programme.

Non-executive Director's (NEDs) Report

Kath Smart

Since the last report Kath has attended the February Board and Development Session, Finance & Performance Committee, Charitable Funds and Remuneration Committee. She also attended the non-executive director development day in early March, which included a session on developing the 2024/25 internal audit plan.

Alongside fellow non-executives she had the opportunity to hear how the Getting it Right First Time Programme is progressing in the Trust and attended the reporting of Trauma & Orthopaedics and Spinal Surgery.

She met with the newly appointed Chief Information Officer to discuss cybersecurity and the Data Security and Protection Toolkit, with the Local Counter Fraud Officer around the fraud prevention plans and with the Chief Financial Officer in respect of audit planning, recommendations and contracts. She also hosted the Governor training and development session on workforce development and plans.

During this period Kath visited the newly opened Macmillan Cancer Information pod with Emyr Jones, where she met with staff and volunteers who have made this possible; plus, alongside the Chair who opened the Leisure Library newly refurbished for staff and patient use.

Kath also visited clinical specialties and the Intensive Care Unit at Bassetlaw Hospital with the Deputy Chief Executive as part of the programme of Board visits to understand services and meet colleagues. Whilst on site she also took the opportunity to join the "Topping Out" ceremony of the Bassetlaw Emergency Village project.

Emyr Jones

Since his last report Emyr Jones has attended the Board of Directors meetings; Quality & Effectiveness Committee; Finance & Performance Committee; Board of Directors Nomination & Remuneration Committee; Council of Governors; Teaching Hospital Board and Charitable Funds Committee.

He has attended bi-monthly catch-up meetings with the Chair of the Quality & Effectiveness Committee and the Chief Nurse.

In his role as Joint Maternity and Neonatal Board Champion, he has attended:

- Maternity & Neonatal Quality and Safety Champion visit (Ante-natal clinic and Serenity Suite at DRI)
- Maternity & Neonatal Quality and Safety Champion meeting.
- Local Maternity & Neonatal Service assurance visit

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 has also attended a presentation on 'Getting it Right First Time' (GIRFT) by the Surgery Directorate.

Together with Acting Executive Medical Director, Nick Mallaband, Emyr undertook a visit to the Mortuary facilities at DRI and to the Histopathology Department.

Emyr chaired the Clinical Excellence Awards panel and attended the on-line training event delivered by 360 Assurance

and NHS England on 'Hearing the Patient Voice'.

Emyr had an introductory meeting with Dan Howard, Chief Information Officer and attended the launch of Macmillan Information Pod at DRI.

Jo Gander

Since the last Board report, Jo has chaired February's Quality and Effectiveness Committee, attended the Charitable Funds, Audit & Risk and Board of Directors Nomination & Remuneration Committees, Board and Non-executive development sessions, as well as attending the Quality and People Committee meetings at Nottingham & Nottinghamshire ICB.

Jo has met for a 1:1 with the Chair as well as attending the 360 Assurance Yorkshire event 'Hearing the Patient Voice'.

In March Jo attended the international recruitment OSCE celebration event and along with Emyr Jones attended the Local Maternity and Neonatal System assurance visit and the bimonthly Maternity and Neonatal Quality and Safety Champion visit and meeting.

Finally, Jo along with Acting Executive Medical Director visited Ophthalmology outpatients and secretaries.

Lucy Nickson

Since the last Board meeting, Lucy has been into DRI for two site visits; Chaplaincy and Bereavement Services and St Leger and the elective wards. She has also been on site for non-executive director development time.

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 also attended the Council of Governors. Lucy has also been supporting developments within the hospital charity through a dedicated task and finish group.

Lucy continues to meet regularly with the deputy Chief Executive as part of a buddying arrangement and has also attended a 360 Assurance event on 'Hearing the Patient Voice'.

Other activities have included chairing of the recruitment panel for the appointment of a consultant in Pathology Services and participation in a panel for a grievance hearing relating to employment.

In addition, Lucy attended a further two days of NHS Providers training 'Effective Chairing of NHS Organisations' to complete that programme.

Mark Bailey

Since the last Board report, Mark has attended Board and his designated corporate meetings; Finance and Performance Committee; Nominations and Remuneration Committee and Board / Non-Executive development sessions.

Mark has chaired the Board of our Wholly Owned Subsidiary, Doncaster & Bassetlaw HealthCare Services Ltd., and a follow-on workshop to further business development work.

Mark has met with the Chair, Executive and Non-Executive Director colleagues during the period to continue assurance and strategic development discussions and held buddy conversations with the Chief Information Officer and Divisional Director for Women & Children.

Other activities have included supporting the recruitment of a Head of Charity for the Hospital Charity and representing the Trust at the Doncaster Chamber of Commerce event examining opportunities presented by innovation in artificial intelligence.

Finally, site visits have included time with the Acute Medical Unit and Ambulatory Care team at DRI.

Mark Day

Since the January Board meeting Mark has chaired the February and March meetings of the Finance and Performance Committee, as well as taking on a new role as Chair of the Remuneration Committee. He attended the short form February Board Meetings, the Charitable Funds Committee, and an internal Non-Executive Director Development session with colleagues. As well as continuing to meet regularly with the Chief Financial Officer to stay apprised of the financial position, he enjoyed a one-to-one meeting with the Chair to discuss progress on a number of business issues and performed various confidential duties as Senior Independent Director.

Additionally, with the Chief People Officer, he undertook a very informative visit to the Neonatal Unit and Central Delivery Suite at DRI seeing for themselves facilities which were as welcoming as they were efficient, attended training for aspirant Chairs, and prepared to chair an Employment Appeal Hearing which unfortunately did not go ahead.

Hazel Brand

A considerable part of the last two months has involved the recruitment of the Head of Charity. The Charitable Funds Committee decided to, firstly, give responsibility for managing the fund-raising and grant-making function to Doncaster & Bassetlaw Healthcare Services Ltd from 1 April 2024, and, secondly, to recruit a Head of Charity to report to Mark Olliver, Managing Director of Doncaster & Bassetlaw Healthcare Services Ltd. A Task and Finish Group was set up to establish the job description and person specification and at the time of writing, four candidates have been interviewed. I would like to thank Mark for the many hours he has devoted to this, leading to, we hope, an excellent appointment.

The Charitable Funds Committee agreed, in discussion with the relatives of Fred and Ann Green, to purchase a surgical robot and rehab robot with the Legacy. The Legacy-funded shuttle bus between Montagu Hospital and DRI will continue for another year while its use, and the most cost-effective way to continue the service, will be assessed.

Hazel chaired two consultant appointment panels: appointments were made to Intensive Care and Acute Medicine. Both were applicants with great potential, and it was good to see DBTH being able to attract such high-caliber staff.

In her role as Board Champion for Freedom to Speak Up, she attended a day's online webinar with the National Guardian for the NHS, Jayne Chidgey-Clark. Of particular interest was hearing how others, including Nat West Bank and the BBC, manage their speaking-up processes. The NHS stands up well when compared to these large and complex organizations. Hazel also attended the launch event of the new Speaking Up Strategy.

Hazel was present at a celebration event of the Virtual Ward initiative run jointly by the Trust and Rotherham Doncaster and South Humber NHS Foundation Trust. Introduced by Richard Parker, guests heard about how the Virtual Ward works and from patients about its positive impact on their healthcare journeys. Some 800 patients had been treated in the Virtual Ward since it was set up around a year ago.

2403 - F2 CHIEF EXECUTIVE'S REPORT

● Information Item

● Richard Parker OBE, Chief Executive

REFERENCES

Only PDFs are attached



F2 - Chief Executive's Report.pdf

Topping out ceremony marks significant milestone investment at Bassetlaw Hospital

The Bassetlaw Emergency Village, a multi-million-pound project aimed at upgrading Bassetlaw Hospital's Emergency Department (ED), has recently reached a key point in the construction of the new building.

To mark the occasion, Brendan Clarke Smith, MP for Bassetlaw, senior colleagues from the Trust, as well as construction partners, IHP Vinci and Archus, took part in a topping out ceremony to celebrate the end of the structural construction phase, with the focus now shifting to the interiors ahead of the planned opening in late summer.

Those in attendance signed the final panel to be placed into the building, which is now watertight and ready for the next phase of development.

Initiated in July 2023 with a £17.6 million pledge from the UK government, the Emergency Village is designed to improve and expand emergency care services for the Bassetlaw community, as well as to enhance paediatric care at BDGH.

Once opened, all urgent and emergency care services at Bassetlaw Hospital will be housed within the new facility, alongside paediatric and acute care. The footprint of the new building is within the former car park opposite the main entrance, as well as accommodation previously used by Nottinghamshire Healthcare NHS Foundation Trust.

To enable the construction of the Emergency Village, a £15 million project to remove Reinforced Autoclaved Aerated Concrete (RAAC) roofing panels was completed in 2023, making Doncaster and Bassetlaw Teaching Hospitals the first NHS trust in the country to completely eradicate this material from its hospitals.

Significant improvements in survey scores

The Trust has registered significantly improved results in the latest NHS Staff Survey, highlighting the organisation's continued commitment to providing high-quality patient care and a positive work environment.

The survey, which was conducted in late 2023, was completed by over 4,700 colleagues, which equates to 67% of the Trust's workforce and is one of the highest response rates in the country. Comparatively, the national average for acute hospital trusts was 45%.

The survey is designed to assess the experiences of NHS employees to give an indication of how they feel about working at their organisations, and how they would feel if someone they knew were to work there or need treatment there.

The Trust, which runs Doncaster Royal Infirmary, Bassetlaw Hospital and Mexborough Montagu Hospital, scored higher on 71% of questions when compared with the national average.

Colleagues also indicated improvements on 94% of questions compared to last year's results. Most notably, the Trust scored significantly better on questions that asked colleagues about their work-life balance, flexible working opportunities and how DBTH supports them to look after their health and wellbeing.

Each year, the survey results are broken down into seven categories which reflect the key themes within the national NHS People Promise. The results for this year reveal that DBTH has made significant improvements in all of the related themes, including 'we are compassionate and inclusive', 'we are a team' and 'we each have a voice that counts'.

Most notably, for the 'we are always learning theme', DBTH achieved one of the highest scores in the country.

The NHS Staff survey is an important tool for assessing the quality of care and the work environment within NHS trusts. It provides valuable feedback to help NHS organisations identify areas in which improvements could be made.

Following receipt of the full and anonymised survey results, teams throughout the organisation will look to discuss their results, address any concerns raised, as well as build on positives.

Major investment in robotic surgery at Doncaster Royal Infirmary

The Fred and Anne Green Legacy, a part of the Doncaster and Bassetlaw Teaching Hospitals Charity have supported £3.6 million of funding to allow Doncaster, Bassetlaw and Mexborough residents to benefit from Cancer Surgery involving an Intuitive Da Vinci Xi surgical robot, to deliver cancer surgery.

It is envisaged that the investment in the state-of-the-art surgical robot will transform the way DBTH performs cancer surgery, initially for colorectal cancer patients.

Colorectal surgery is the field of medicine that deals with repairing damage caused by colorectal diseases. Surgery can be necessary due to a variety of health problems along the gastrointestinal tract, in your rectum, anus and colon.

Operated by a surgeon, a camera and surgical instruments are inserted into the abdomen through small incisions with the robotic arms controlled from a console using an advanced set of instruments for a minimally invasive surgery. This procedure allows for greater precision than traditional laparoscopic (also known as 'keyhole') or open surgery.

Colorectal patients are set to benefit from robotic cancer surgery as soon as the robot arrives early next financial year, as a member of the DBTH colorectal team is already a trained autonomous robotic surgeon. Three additional colorectal surgeons are due to begin training next month, and all four colorectal surgeons will be able to operate independently on the machine within six months.

Montagu Hospital marks expansion of Community Diagnostic Centre services with groundbreaking ceremony

On Wednesday 28 February, senior colleagues from the Trust joined our partners IHP Vinci, to officially commence the next phase of development for the Community Diagnostic Centre (CDC) at Montagu Hospital.

The groundbreaking ceremony marked the commencement of a 13-month programme to expand CDC services within the Mexborough site. This includes the construction of a purpose-built unit equipped with a CT and MRI scanner.

It is anticipated that works will be complete by March 2025, with the service opening to patients at that time.

In attendance were clinicians from the Medical Imaging service, the project delivery team from DBTH, ProCure 23 Partners Integrated Health Projects (IHP), and P+HS Architects. This development represents the third and final phase of the CDC project, aiming to extend diagnostic services at Montagu Hospital for the benefit of the Dearne Valley area.

The initial phase of the CDC began in 2021 and was the first of two CDCs in the South Yorkshire area. It initially offered patient screening via a mobile MRI unit and an on-site CT scanner. Further funding enhanced the CDC, incorporating an endoscopy suite within the 'Rotunda' area, a prominent feature in Montagu Hospital.

Opened to the public in November 2023 this second phase included training facilities and multifunctional clinic rooms, featuring ultrasound.

This project marks the final phase of the CDC, introducing a purpose-built unit housing a Static CT, MRI, and ultrasound scanning facilities, with potential for additional diagnostic services at the Montagu site. The medical imaging service will retain mobile scanner units on-site during the new facility's completion next Spring.

Accompanying this building will be a new substation supporting the energy requirements for the scanners and accommodating potential expansion or additional services, ensuring the future-proofing of the Montagu site.

In the past year, the CDC service has experienced significant growth, completing over 30,000 tests, including endoscopy, CT and MRI, ultrasound, and cardiorespiratory testing. This figure is projected to double in the coming year, with 68,000 procedures. This expansion brings crucial diagnostics to a location that offers patients increased choice, convenience, and accessibility.

In recent years, Montagu Hospital has received around £40 million in investment to redevelop the site. This has also included the introduction of Montagu Elective Orthopaedic Centre of Excellence (MEOC), providing those awaiting surgery better access to treatment and reducing waiting times regionally.

For more information about the CDC at Montagu, visit www.dbth.nhs.uk/community-diagnostic-centre-at-montagu-hospital/

International teaching event celebrates its 20th year at Doncaster Royal Infirmary

This year's ENT Masterclass took place from 26 to 28 January at Doncaster Royal Infirmary. The event, organised by Mr. Shahed Quraishi OBE, consultant and founding director, saw participation and attendance from esteemed professionals in the field of Otolaryngology across 37 lectures, discussions and other interactive sessions.

Otolaryngology, also known as otolaryngology-head and neck surgery, is a specialised medical discipline focusing on the diagnosis and treatment of disorders related to the ears, nose, and throat.

Under the guidance of Mr Quraishi, the ENT Masterclass has emerged as a premier platform for Otolaryngology education, attracting national and international attendance across a range of additional events.

Since its inception 20 years ago, the International ENT Masterclass® platform now provides nearly 2,500 free delegate places every year and provides over 50,000 surgeons free resources annually via its website, equivalent to over £15 million worth of free educational resources across four continents.

ENT Trainees, General Practitioners and Senior Nurses from the UK, Europe, Australia, America, Africa and Asia have attended and benefitted from these Masterclasses which cover wide topics including otology, rhinology, laryngology, head and neck surgery, paediatric ENT, radiology, pathology and medico-legal issues.

In addition to those attending in person within the Education Centre of Doncaster Royal Infirmary, the event was live-streamed over YouTube, reaching a wider audience and facilitating participation beyond geographical boundaries.

You can find out more about the ENT Masterclass and upcoming events by heading to: <https://www.entmasterclass.com/>

Trust receives the highest return rate for surveys across Europe for study looking to improve clinician well-being and hospital work environments

Our organisation has achieved the highest return rate for surveys as part of Europe for Magnet 4 Europe (M4E), a research study looking to improve clinician well-being and hospital work environments.

The Magnet 4 Europe study, established in 2020, is based on United States hospitals that received 'Magnet Status', which is the most esteemed award an institute can receive for care excellence.

Many organisations have used this Magnet model to enhance critical criteria, including patient safety, results, colleague engagement and retention. These hospitals reported that the changes made had a positive impact on both healthcare professionals' mental health and patient treatments.

The Magnet 4 Europe study is about adopting, where appropriate, and testing these principles in over 60 European Hospitals with the hope of achieving the same positive effects.

As part of the study, DBTH has joined only 14 NHS trusts in England, with aspirations to improve the mental health and wellbeing of nurses and doctors.

In the final round of data collection for the study, hospitals involved were asked to collect confidential surveys from nurses and doctors about how hospital care and the demands placed on clinical colleagues experience.

To help with engagement, the Trust's dedicated Research and Innovation team visited a number of areas and services across the organisations three hospital sites in Doncaster and Bassetlaw with a tea trolley to inspire and educate colleagues on this initiative and the opportunities it offers.

Due to the efforts of the team, the Trust has achieved the highest return rate for surveys filled in by doctors and the second best for nurses, placing DBTH at a combined return rate of first place for the contributing institutes across Europe.

Colleagues are now looking to take key elements from the Magnet framework and implement them into core business via initiatives like a shared decision-making council which will be led by the Chief Nurse. There have already been three pilot wards who have agreed to take part and it will be exciting to see the impact that frontline staff can have within the organisation.

Veteran Aware reaccreditation

I am pleased to share that Doncaster and Bassetlaw Teaching Hospitals (DBTH) has been re accredited as a 'Veteran Aware' organisation.

This distinction means that patients who have served in the British Armed Forces are cared for by frontline staff who have received training and education on their specific needs, such as around mental health, and who can signpost them to local support services.

The Trust initially gained the accreditation in November 2018, when DBTH joined just 24 NHS bodies across the UK as Veteran Aware.

The accreditation is overseen by the Veterans Covenant Hospital Alliance – a group made up of national bodies, including NHS Improvement, NHS England, the Department of Health and Social Care, the Ministry of Defence, and the Confederation of Service Charities.

Patients and visitors at Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital can expect to see posters that services are 'Veteran Aware', such as in clinics and public waiting areas, encouraging them to notify staff that they have served in the armed forces. This is to ensure that the armed forces community is never disadvantaged compared to other patients.

There are around 2.16 million veterans in England, making up between three and nine percent of the population.

● Information Item

● Executive Directors

REFERENCES

Only PDFs are attached

 F3 - IQPR Dashboard V9.7_February 2024.pdf



Integrated Quality & Performance Report

Reporting Period - February 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

13/03/2024

Report Layout Modified

20/03/2024

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

6.75%

(Last Month 6.5%)

(9+18 / 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

31 %

9 out of 29 KPI's



Performance

27 %

18 out of 62 KPI's

Coming Soon

SET Training	88.80%
Completed Appraisals	85.25%
Employee Turnover	0.86%
Sickness Absence	5.94%
Workforce Vacancies	6.77%
Consultants with Signed	
Off Job Plans in EJP	63.00%
Time to Fill Vacancies	73 Days

Health Inequalities 0/1

IPC	2/6
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	1/8
Cancer	4/8
Activity Against Plan	2/9
Elective Recovery Fund	5/5
Stroke	4/6
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 D All KPIs on this page are refreshed on daily basis.

Ambulance Handovers



Ambulance Handovers
Within 15 Mins

41.23 %!
Goal: 65.00 %



Ambulance Handovers
Within 30 Mins

72.63 %!
Goal: 95.00 %



Ambulance Handovers More
Than 60 Mins

9.91 %!
Goal: 0.00 %



EM Wait Times



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

66.31 %!
Goal: 95.00 %



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

6.00 %!
Goal: 2.00 %



Self Arrivals - Initial
Assessment Within 15 Mins

54.34 %!
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

9.91 %!
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	109	57.14 %
GYNAECOLOGY	104	36.36 %
OTHER	375	13.48 %
GENERAL MEDICINE	1036	6.43 %
GENERAL SURGERY	198	5.41 %
TRAUMA AND ORTHO SURGERY	124	0.00 %
Total	1946	9.91 %

Non Admission Wait Times

(For Monitoring Only)

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

51.67 %!
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	4	100.00 %
Died in department	26	0.00 %
Discharged	10435	52.70 %
Discharged home with COVID-19 advice to self-isolate	5	50.00 %
ESA - Direct to Orthopaedics	8	66.67 %
ESA - Direct to Urology	1	100.00 %
ESA - Referred to Ambulatory Care	193	75.00 %
ESA - Referred to FCMSUCC	36	
Total	14202	51.67 %

Hospital

Doncaster Royal Infirmary

Bassetlaw District General Ho... Monta...

[Click here for EM Trends](#)





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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
A&E: Max wait four hours from arrival/admission/transfer/discharge	66.31 %	95.00 %	!	
Ambulance Handovers Within 15 Minutes	41.23 %	65.00 %	!	
Ambulance Handovers Within 30 Minutes	72.63 %	95.00 %	!	
Ambulance Handovers More Than 60 Minutes	9.91 %	0%	▲	
% Patients with Total Length of Stay in Emergency Department >12 hours	6.00 %	2.00 %	!	
TOTAL -% patients leaving ED from clinically ready to proceed to admission within 60 mins	9.91 %	95.00 %	!	
Self Arrivals - Initial Assessment Within 15 Mins	54.34 %	95.00 %	!	

Waiting List

Apr 23



Active RTT waiters (Total Incomplete Pathways)

587413

Data refresh

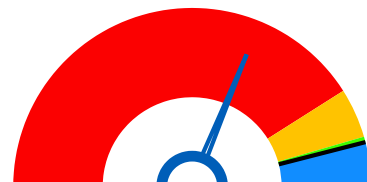
(M) All KPIs on this page are refreshed on monthly basis.

RTT Waiters

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

60.27 % !

Goal: 92.00 %



RTT Number of 52 Weeks Waiters

13429

RTT Number of 78 Weeks Waiters

211

Target 0

RTT Number of 65 Weeks Waiters

2799

Target 0

RTT Number of 104 Weeks Waiters

9

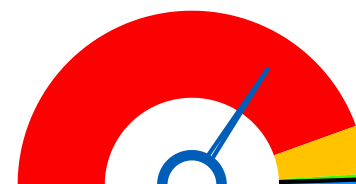
Target 0

Waiters - Diagnostic Activity

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

75.21 % !

Goal: 99.00 %



Trust - % DM01 Diagnostic Activity vs 19/20 levels

111.20 % !

Goal: 120.00 %



RTT Clock Stop Activity

Clock Stop Activity (% against 19/20)

101.11 % !

Goal: 110.00 %



Division (Drill Down For Speciality)

Unknown

Surgery and Cancer

Medicine

Childre...

[Click here for RTT Waiters Trends](#)



Waiting List



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

Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
% of patients waiting less than 18 weeks from referral to treatment	60.27 %	92.00 %	!	
RTT Number of 52 Weeks Waiters	1227			
RTT Number of 78 Weeks Waiters	22	0		
RTT Number of 104 Weeks Waiters	0	0	✓	
% of patients waiting less than 6 weeks from referral for a diagnostics test (DM01)	75.21 %	99.00 %		



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...

79.40 %✓
Goal: 75.00 %



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

97.20 %✓
Goal: 96.00 %



Maximum 31 day wait for
subsequent treatment - Surgery

100.00 %✓
Goal: 94.00 %



Maximum 31 day wait for
subsequent treatment - Drugs

100.00 %✓
Goal: 98.00 %



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

71.30 %!
Goal: 85.00 %



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

80.60 %!
Goal: 90.00 %



Cancer Waiting Times Open
Suspected Cancer Pathways 63 -
104 Days

24.00 !
Goal: 22.00



Cancer Waiting Times Open
Suspected Cancer Pathways 104
Days +

7.00 !
Goal: 0.00



[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)	79.40 %	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	80.60 %	90.00 %	▲	
Maximum 62 day wait for patients on 2ww pathway to first definitive treatment	71.30 %	85.00 %	!	
Cancer Waiting Times Open Suspected Cancer Pathways 63 - 104 Days	24.00	22.00	▲	
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	7.00	0.00	▲	



Data refresh

Daily Refresh



Monthly Refresh



Inpatients



TOTAL Activity against
plan

47065!

Plan: 49344(-2279)



Non Elective Activity -
Discharges (for monitoring)

5195



Endoscopy Activity against
plan

1352!

Plan: 1889(-537)



Day Case Theatre Activity
against plan

978!

Plan: 1,082 (-104)



Non-Theatre Elective
Activity - excluding
Endoscopy against plan

178!

Plan: 180 (-2)



In Patient Elective Theatre
Activity against plan

441!

Plan: 531 (-90)



Outpatients



Outpatient Procedures (For Monitoring Only)

9,050



Outpatient New Activity - face
to face Including Procedures
against plan

12,222!

Plan: 13,260 (-1,038)



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

23,294!

Plan: 25,104 (-1,810)



Outpatient New Activity -
Virtual against plan

1,914✓

Plan: 1,799 (+115)



Outpatient Follow Up Activity -
Virtual against plan

4,390✓

Plan: 3,165 (+1,225)



Click here for Activity Against Plan Trends



Division (Drill Down Currently Not Available for Inpatients Section)

Surgery and Cancer

Medicine

Children and Families

Cli...

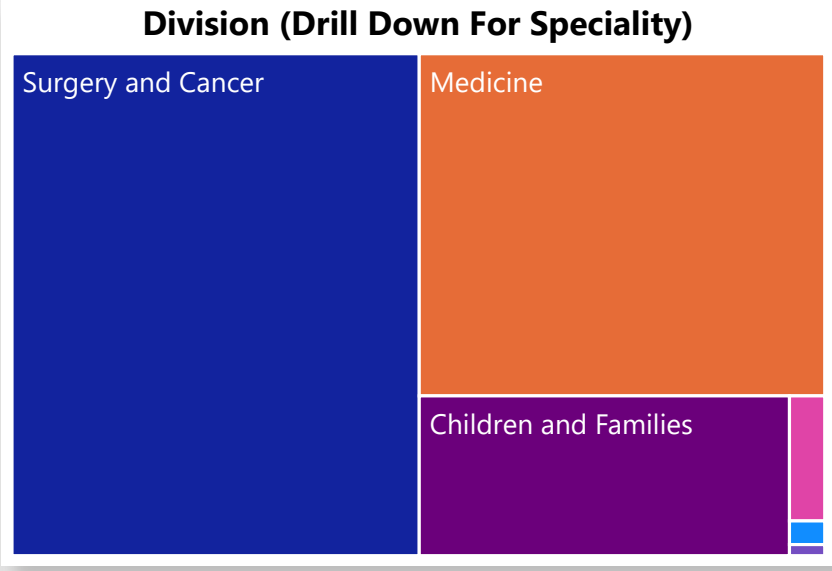
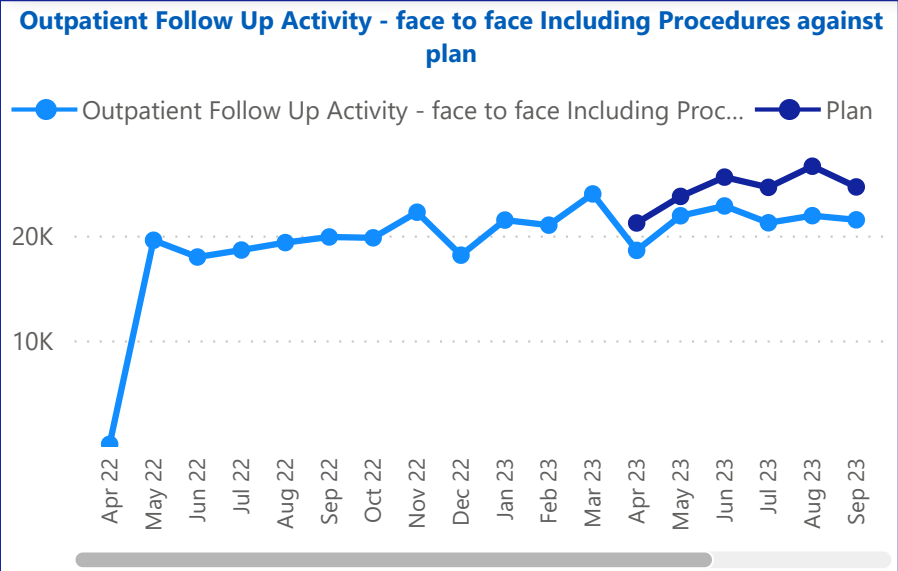
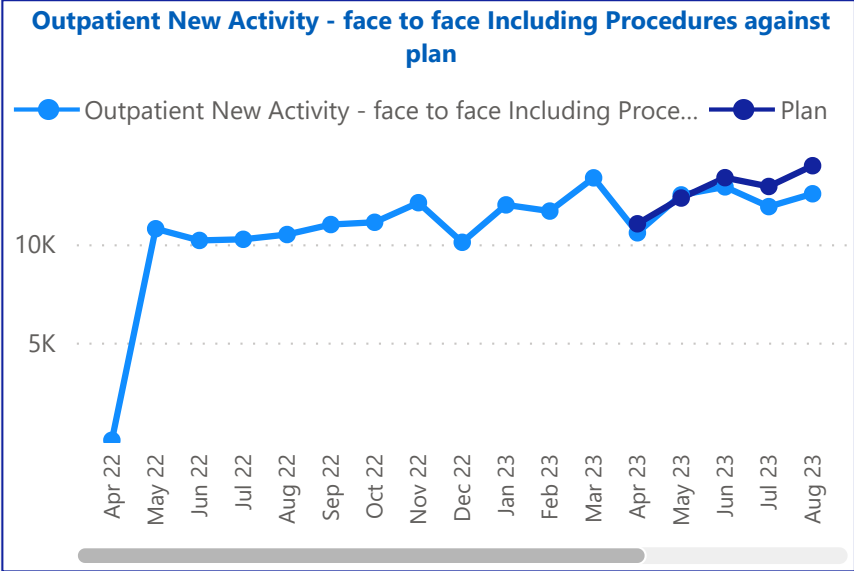
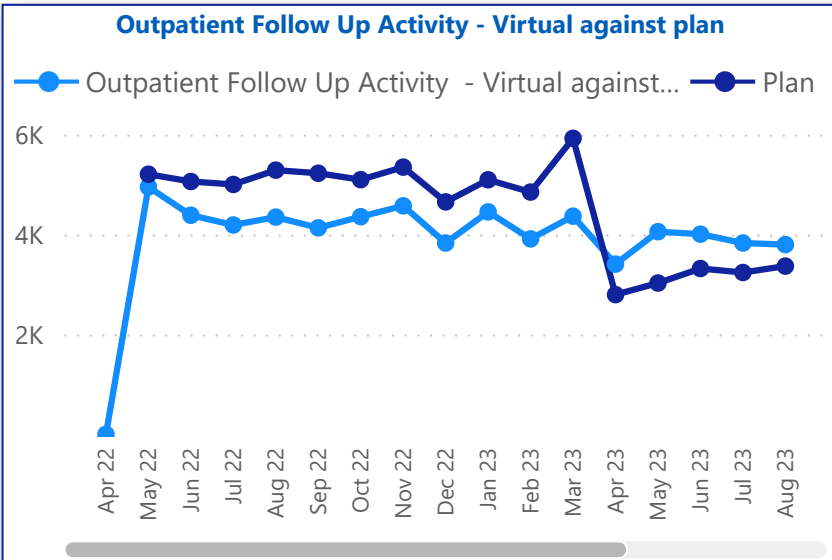
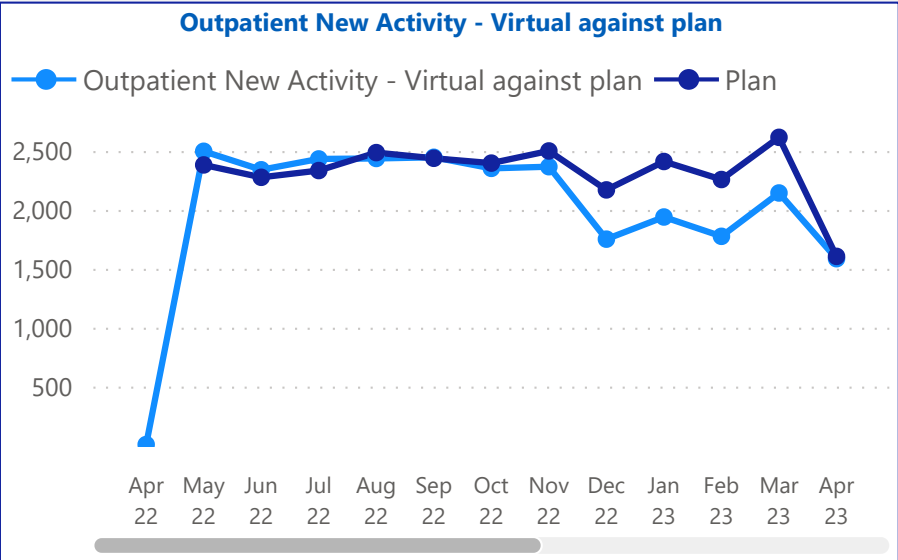
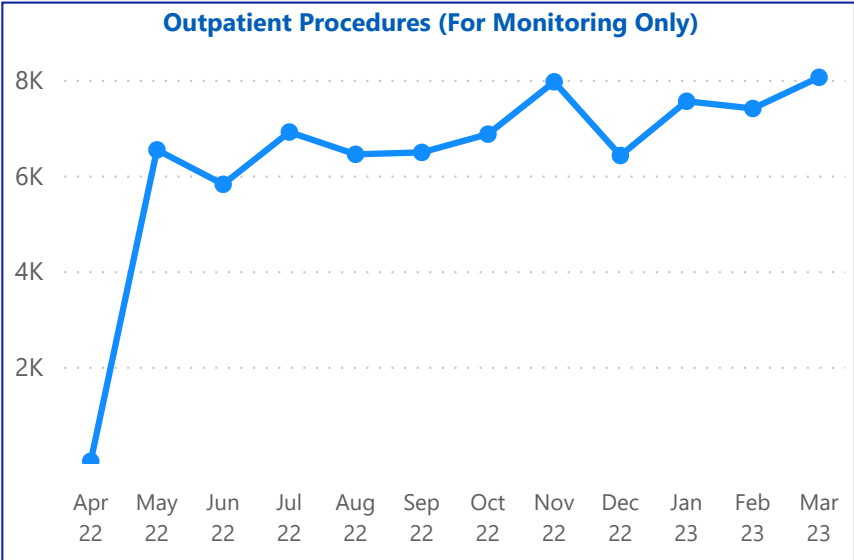
U...

Activity Against Plan Trends - Outpatients



Data refresh

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



30/04/2022 31/12/2099

[Click here for Inpatients Trends](#)



Activity Against Plan Trends - Inpatients

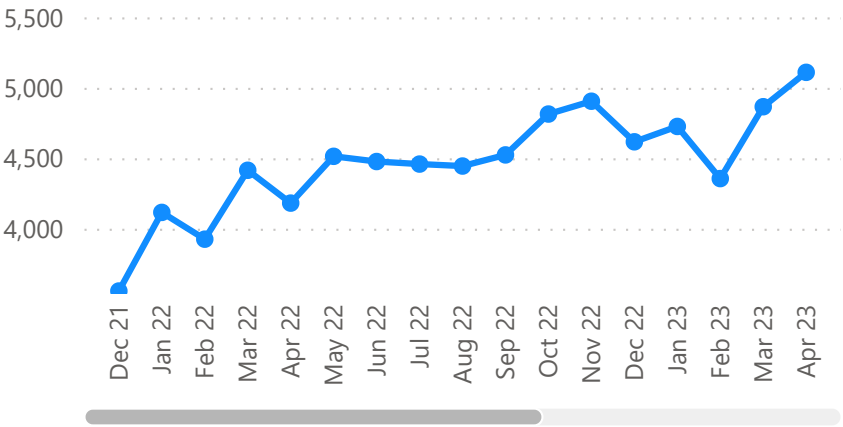


Data refresh D All KPIs on this page are refreshed on daily basis.

TOTAL Activity against plan

Not Available

Non Elective Activity - Discharges (for monitoring)

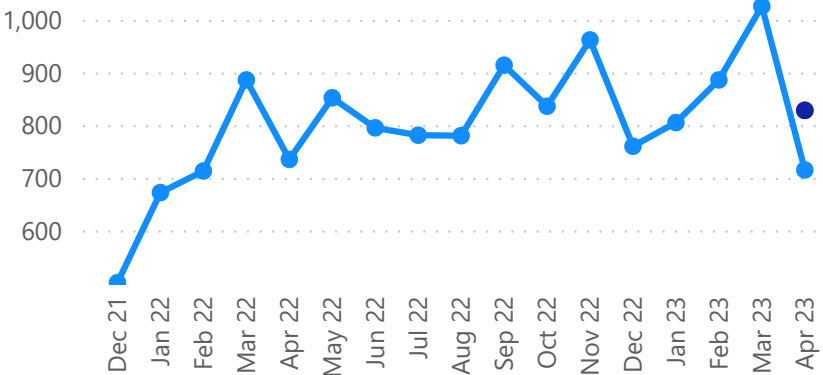


Endoscopy Activity against plan

Not Available

Day Case Theatre Activity against plan

Day Case Theatre Activity against plan Plan

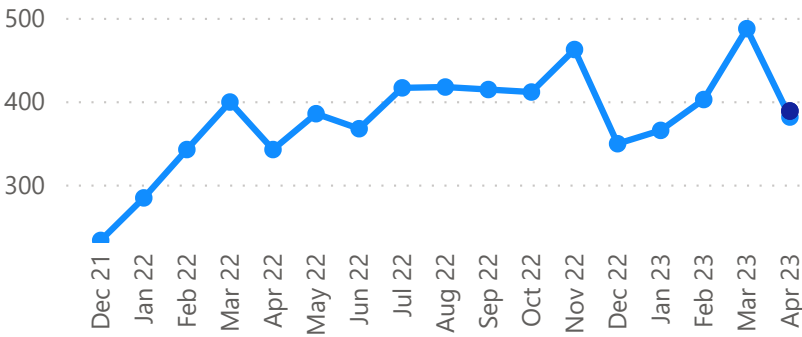


Non-Theatre Elective Activity - excluding Endoscopy against plan

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)

92.59 %✓

Goal: (Blank)



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

96.56 %✓

Goal: (Blank)



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

99.08 %✓

Goal: (Blank)



Outpatient Procedures Core
Value (% against 19/20)

102.02 %✓

Goal: (Blank)



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

72.00 %✓

Goal: (Blank)



TOTAL Activity Value
(% against 19/20)

Not Available



TOTAL Independent Sector Activity Value
(Sum of Price Actual)

£300,128.00

TOTAL Independent Sector Activity Value
(Sum of Total Income)

£295,164.28

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

£256,795.62

Division (Drill Down For Speciality)

Click here for Elective Recovery Fund Trends →



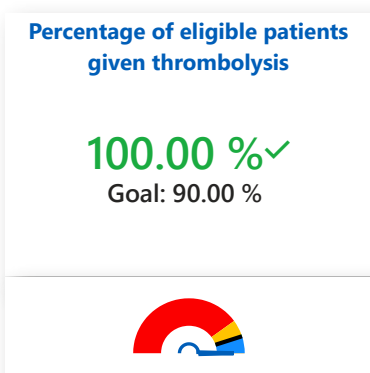
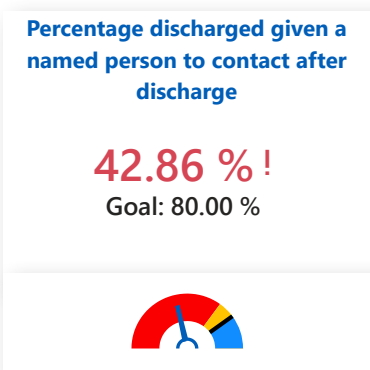
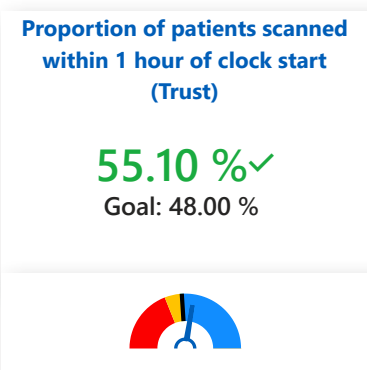
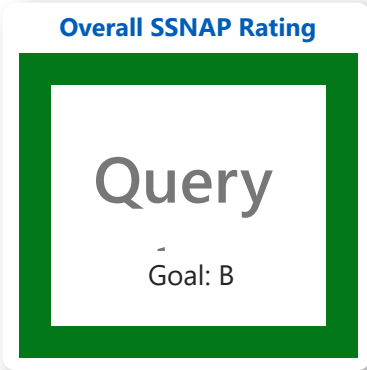
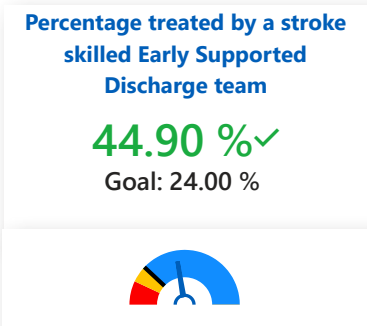
Data refresh

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	92.59 %			93.27 %
Outpatient New ERF Core Income Value Against 19/20	96.56 %			93.91 %
Outpatient Procedures ERF Core Income Value Against 19/20	102.02 %			100.48 %
Elective ERF Core Income Value Against 19/20	72.00 %			83.26 %
Daycase ERF Core Income Value Against 19/20	99.08 %			93.42 %



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



[Click here for Stroke Discharges Trends](#)





Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Proportion directly admitted to a stroke unit within 4 hours of clock start	53.06 %	75.00 %	!	
Percentage treated by a stroke skilled Early Supported Discharge team	44.90 %	24.00 %	✓	
Percentage of eligible patients given thrombolysis	100.00 %	90.00 %	✓	
Proportion of patients scanned within 1 hour of clock start (Trust)	55.10 %	48.00 %	✓	
Percentage discharged given a named person to contact after discharge	42.86 %	80.00 %	!	



Data refresh

Daily Refresh

D

Monthly Refresh

M

Utilisation



Central - Out Patient Booking %
Appointments Booked 2 weeks Prior

73.54 %!

Goal: 95.00 %

D

Unvalidated

Divisional - Out Patient Booking %
Appointments Booked 2 weeks Prior

76.90 %!

Goal: 95.00 %

D

Unvalidated

Utilisation - % Booked Out Patient Clinic
Slots Attended

84.09 %!

Goal: 90.00 %

D

Unvalidated

Number of Registered Referrals not
Appointed

35,191

M

Attended Appointments



New to Follow Up Ratio
19/20 Comparison

0.19!

Goal: -25.00 %

D

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

13.39 %!

Goal: 25.00 %

D



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

5.70 %!

Goal: 16.00 %

M

Unvalidated

Not Attended Appointments



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

55.77 %!

Goal: 5.00 %

D

Out Patients DNA Rate
19/20 Comparison

-0.11 %!

D

Out Patients: DNA Rate
(First Appointment)

10.70 %

(for monitoring only)

D

Out Patients: DNA Rate
(Follow Up Appointment)

9.90 %

(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

2.64 %!

Goal: 5.00 %

D



Data Quality

Number of Unreconciled
Appointments 14 days +

108!

Goal: 0

D

Unvalidated

Division (Drill Down For Speciality)

Surgery and Cancer

Medicine

Children and Fa...

Clinical Spe...

**Click here for Elective
Outpatients Trends**



Elective Outpatients Trends



Data refresh

Daily Refresh



Monthly Refresh



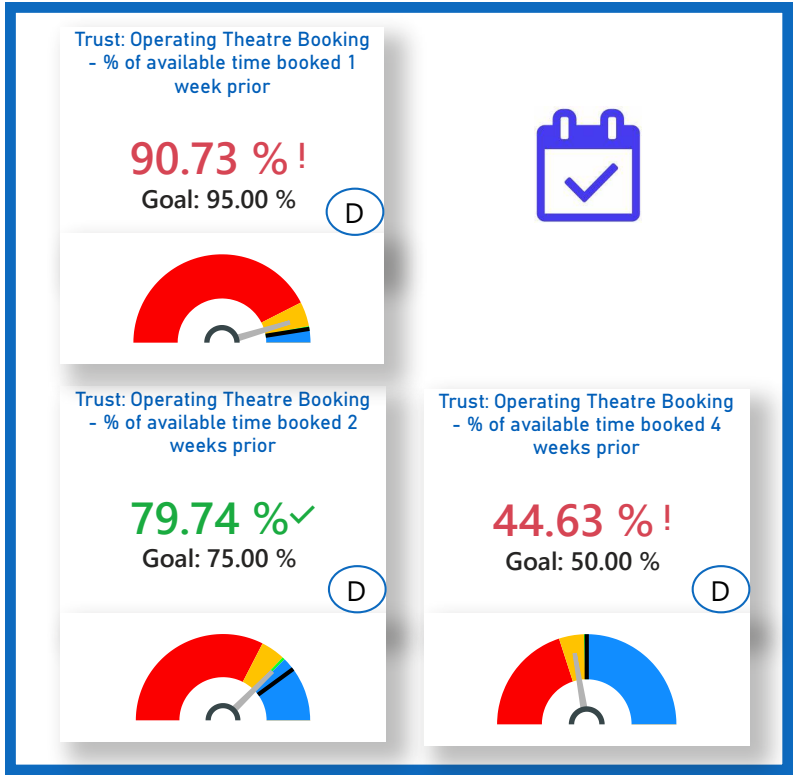
Metric Name	Current Value	Comparison Value	KPI Status	Sparklines
Out Patients: % Provider Cancellation Rate (less than 6 weeks notice) (D)	66.16 %	5.00 %	!	
Central - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	74.13 %	95.00 %	!	
Divisional - Out Patient Booking % Appointments Booked 2 weeks Prior (D)	72.60 %	95.00 %	!	
TRUST - % of OP appointments delivered virtually (video or telephone) (D)	15.07 %	25.00 %	▲	
% of First Out Patient Appointment via ERS Advice & Guidance Activity (M)	5.70 %	16.00 %	▲	
Number of Registered Referrals not Appointed (M)	35,191	0		
Typing Turnaround Time (dictation to letter sent) (Trust Contract) within 2 WD (D)	In Development			
Number of Unreconciled Appointments 14 days + (D)	959	0	!	
TRUST - % patients discharged onto Patient Initiated Follow Up Pathway in Month (D)	2.94 %	5.00 %	▲	
Utilisation - % Booked Out Patient Clinic Slots Attended (D)	85.46 %	90.00 %	▲	



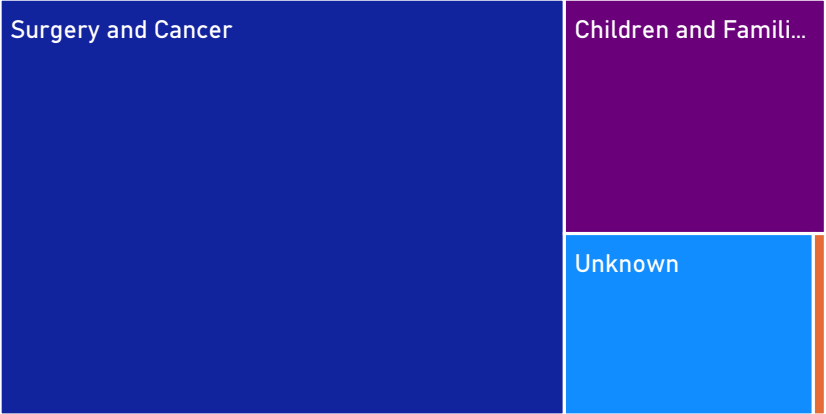
Data refresh

Daily Refresh D

Monthly Refresh M

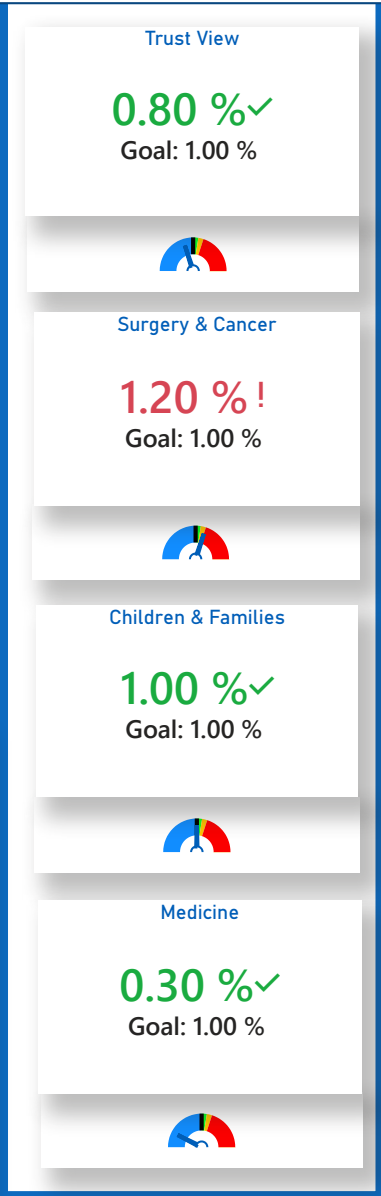


Division (Drill Down For Speciality)



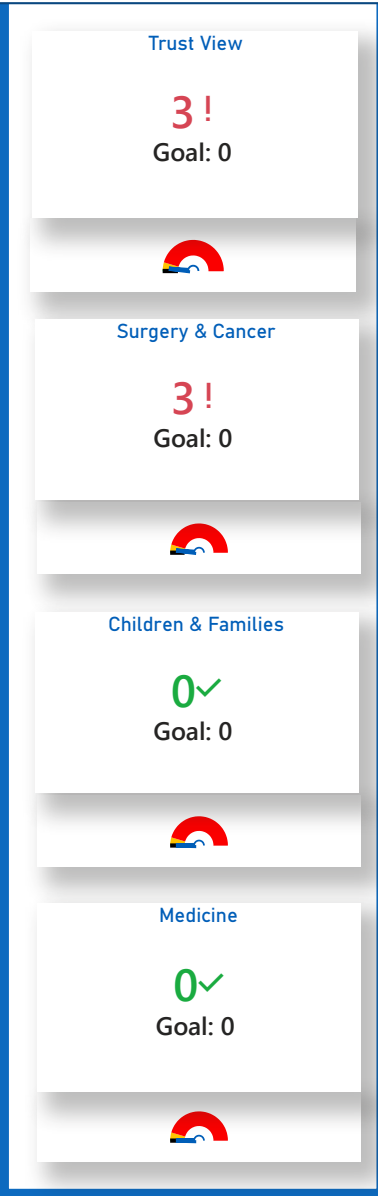
% Cancelled Operations on the
day (non-clinical reasons)

M



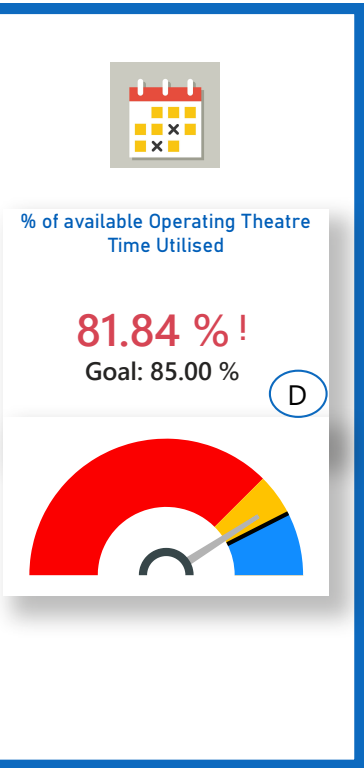
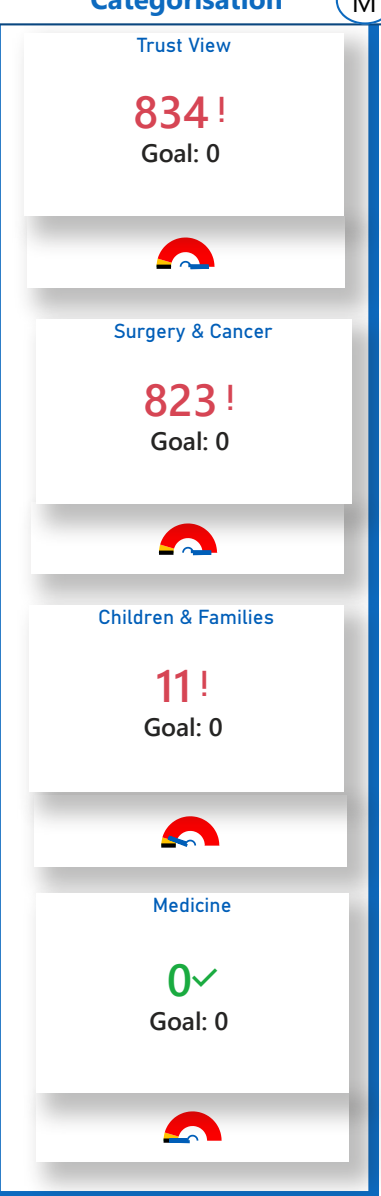
Cancelled Operations Not
Rebooked within 28 Days

M



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

M



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	90.73 %	95.00 %	▲	
Operating Theatre Booking - % of available time booked 2 weeks prior	79.74 %	75.00 %	✓	
Operating Theatre Booking - % of available time booked 4 weeks prior	44.63 %	50.00 %	▲	
% of available Operating Theatre Time Utilised	81.84 %	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

1!
Goal: 0



Hospital Acquired MRSA (Bacteraemia) Cases Reported in month

Trust View

1!
Goal: 0



Medicine Division

0✓
Goal: 0



Surgery & Cancer
Division

0✓
Goal: 0



Children & Families
Division

0✓
Goal: 0



Clinical Specialities
Division

1!
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

4!

Goal: 2

YTD

51!

Goal: 22

Medicine Division

In Month

3!

Goal: 2

YTD

39!

Goal: 22

Surgery & Cancer Division

In Month

1✓

Goal: 2

YTD

10✓

Goal: 22

Children & Families Division

In Month

0✓

Goal: 2

YTD

0✓

Goal: 22

Clinical Specialities Division

In Month

0✓

Goal: 2

YTD

2✓

Goal: 22

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

Trust View

In Month

7!

Goal: 2

YTD

10✓

Goal: 22

Medicine Division

In Month

0✓

Goal: 2

YTD

3✓

Goal: 22

Surgery & Cancer Division

In Month

4!

Goal: 2

YTD

7✓

Goal: 22

Children & Families Division

In Month

0✓

Goal: 2

YTD

0✓

Goal: 22

Clinical Specialities Division

In Month

0✓

Goal: 2

YTD

0✓

Goal: 22



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

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

104.73 !
Goal: 100.00

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

63.10 ✓
Goal: 100.00

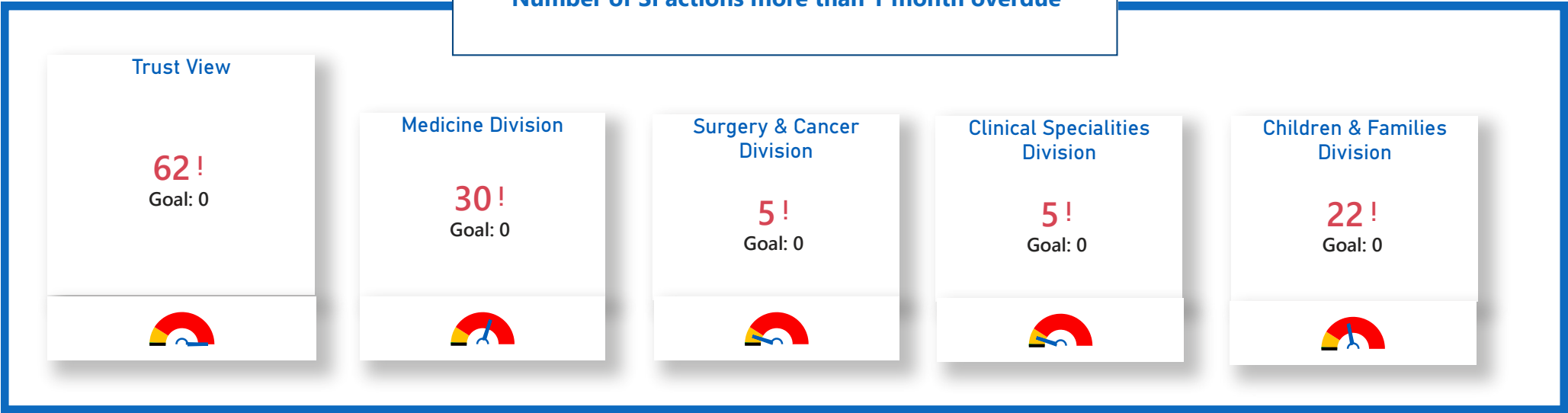
Hospital Services Mortality Rate
(HSMR): Non-Elective (rolling 12
Months)

105.15 !
Goal: 100.00

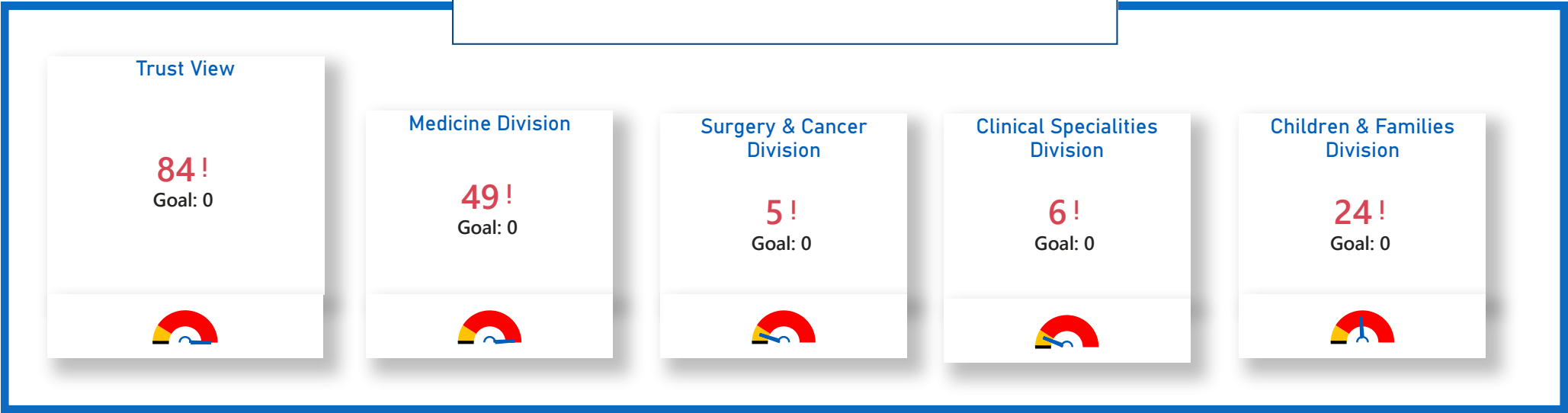


Data refresh M All KPIs on this page are refreshed on monthly basis.

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)

Trust View

4

Medicine Division

0

Surgery & Cancer
Division

1

Clinical Specialities
Division

1

Children & Families
Division

2

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

Trust View

614!
Goal: 0



Medicine Division

412!
Goal: 0



Surgery & Cancer
Division

28!
Goal: 0



Clinical Specialities
Division

40!
Goal: 0



Children & Families
Division

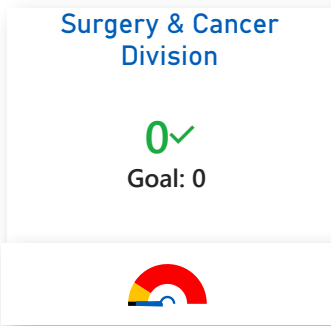
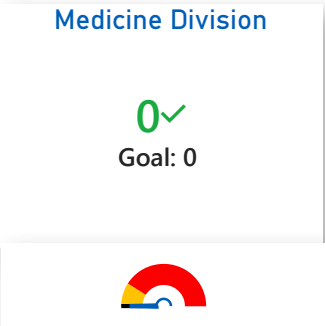
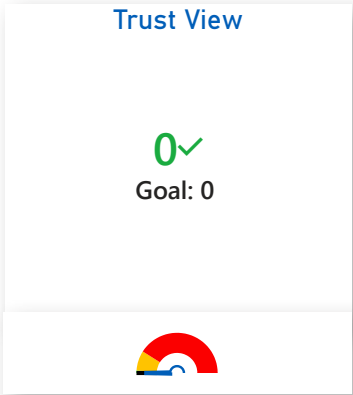
134!
Goal: 0





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

Never Events - Reported in month





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

65!

Goal: 56

YTD

491✓

Goal: 616

Medicine Division

In Month

40✓

Goal: 56

YTD

276✓

Goal: 616

Clinical Specialities Division

In Month

5✓

Goal: 56

YTD

39✓

Goal: 616

Surgery & Cancer Division

In Month

13✓

Goal: 56

YTD

102✓

Goal: 616

Children & Families Division

In Month

1✓

Goal: 56

YTD

7✓

Goal: 616

Non Inpatient Areas

In Month

6✓

Goal: 56

YTD

70✓

Goal: 616



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

Current Year

Last Year

(Blank)

(Blank)

Medicine

Current Year

Last Year

(Blank)

(Blank)

Surgery & Cancer

Current Year

Last Year

(Blank)

(Blank)

Children Families

Current Year

Last Year

(Blank)

(Blank)

Clinical Specialities

Current Year

Last Year

(Blank)

(Blank)



Data refresh

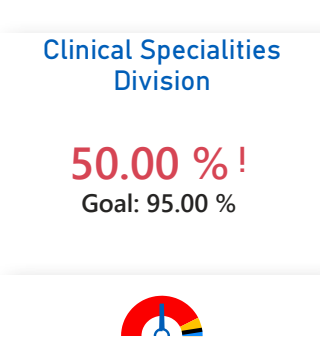
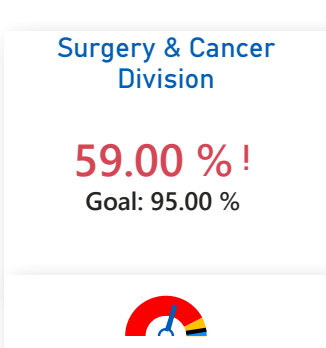
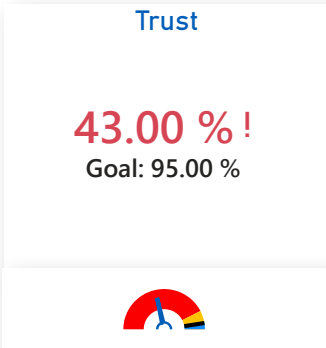
M

All KPIs on this page are refreshed on monthly basis.

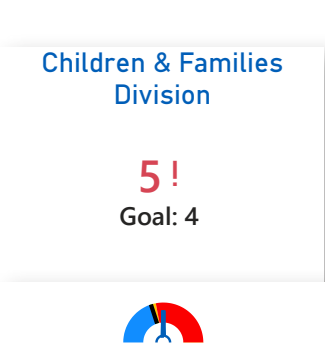
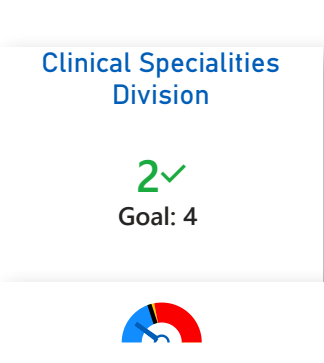
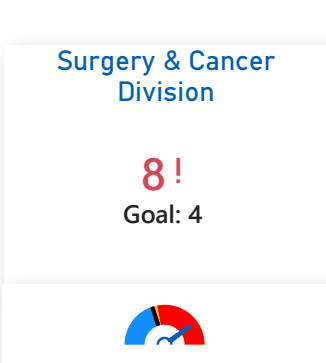
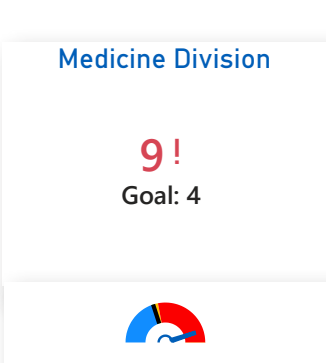
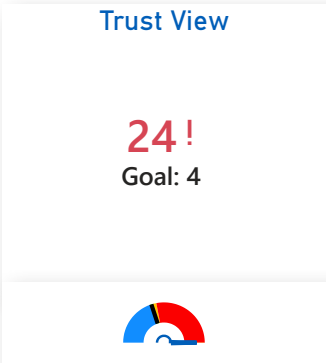
Complaints - New in month



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

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
8	3	2	1	2

Claims LTPS - (staff) new
in month

Trust View	Medicine Division	Surgery & Cancer Division	Clinical Specialities Division	Children & Families Division
1	0	1	0	0



Data refresh

M

All KPIs on this page are refreshed on monthly basis.

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

1.61 % !

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

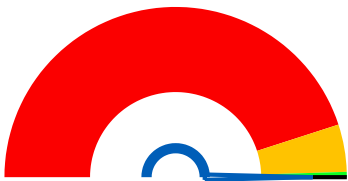
Children & Families
Division



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

85.74 %!
Goal: 95.00 %





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

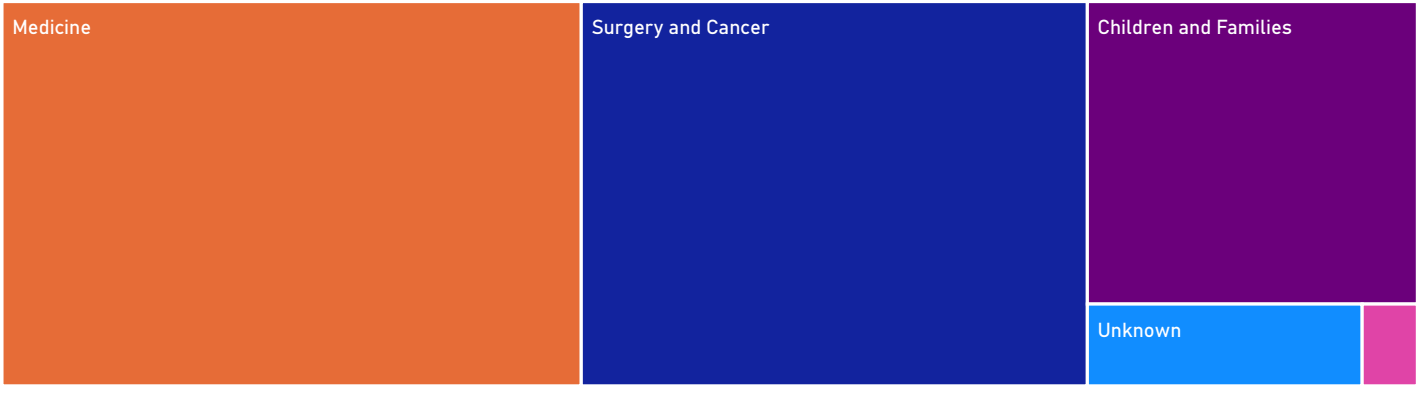
Days - Reducing length of stay for patients in hospital for 21 days +

-1.62 %✓

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

-4.85 %✓

Division (Drill Down For Speciality)



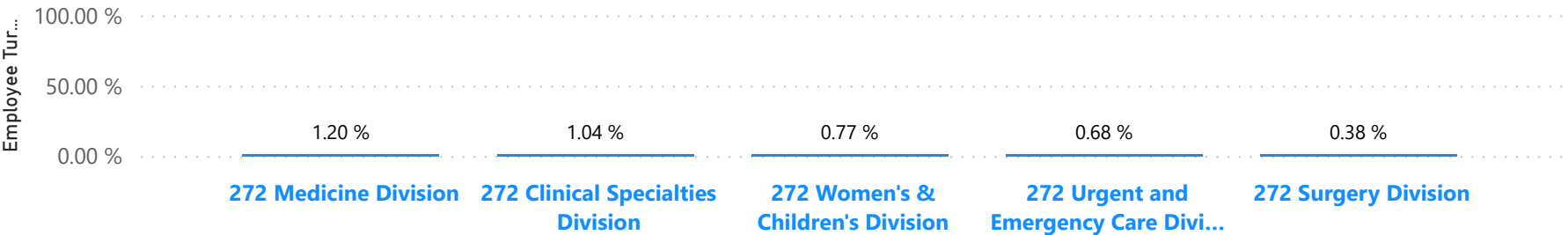


Data refresh M All KPIs on this page are refreshed on monthly basis.

Employee Turnover

0.86 %!
Goal: 0.83 %

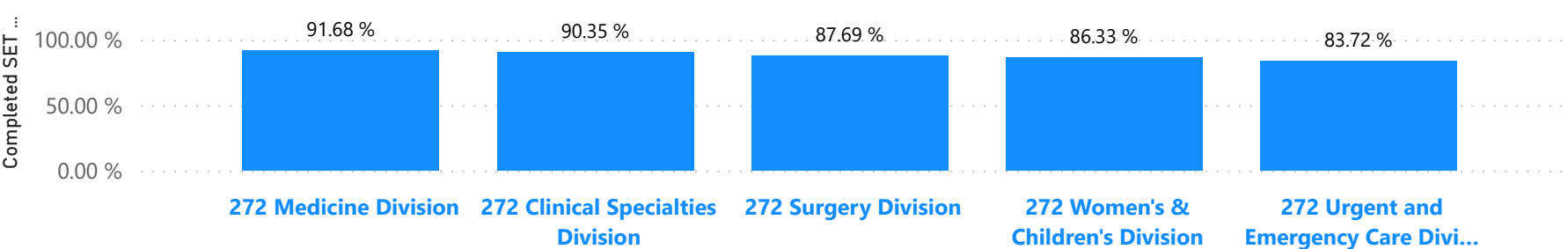
Division - Employee Turnover



Completed SET Training

88.80 %!
Goal: 90.00 %

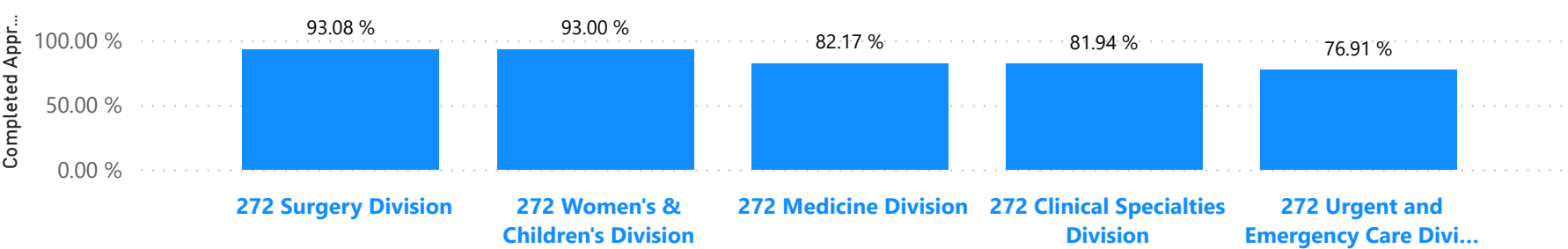
Division - Completed SET Training



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

5.76 %!
Goal: 5.00 %

Overall Staff Vacancies

6.77 %!
Goal: 5.00 %

Consultants with Signed Off Job Plans in EJP

63.00 %!
Goal: 90.00 %

Medicine Division Sickness Absence

6.50 %!
Goal: 5.00 %

Children & Families Sickness Absence

6.69 %!
Goal: 5.00 %

Medicine Division Workforce Vacancies

8.07 %!
Goal: 5.00 %

Children & Families Workforce Vacancies

4.00 %✓
Goal: 5.00 %

Medicine Division Consultants with Signed Off Job Plans in EJP

82.00 %!
Goal: 90.00 %

Children & Families Consultants with Signed Off Job Plans in EJP

82.00 %!
Goal: 90.00 %

Surgery & Cancer Sickness Absence

6.39 %!
Goal: 5.00 %

Clinical Specialties Sickness Absence

4.95 %✓
Goal: 5.00 %

Surgery & Cancer Workforce Vacancies

4.20 %✓
Goal: 5.00 %

Clinical Specialties Workforce Vacancies

8.05 %!
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

71.00 %!
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**

73 !

Goal: 47 Days

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

48 !

Goal: 47 Days

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

70 !

Goal: 47 Days

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

59 !

Goal: 47 Days

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

83 !

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	72.50	47.00		
Consultants With Signed Off Job Plans In EJP	63.00 %	90.00 %		
Overall Workforce Vacancies	6.77 %	5.00 %		
Overall Staff Sickness Absence (rolling 12 Months)	5.76 %	5.00 %		
Completed Appraisals	87.44 %	90.00 %	▲	
Employee Turnover	0.59 %	0.83 %	✓	
Completed SET Training	88.29 %	0.83 %	✓	

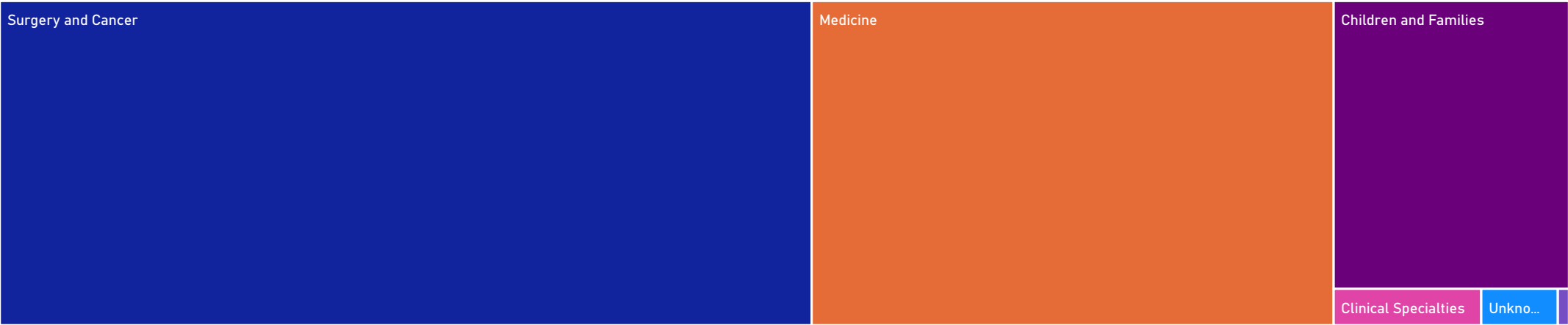


Data refresh D All KPIs on this page are refreshed on daily basis.

% Patients on CAMIS with Ethnicity
Recorded

95.84 %!
Goal: 100.00 %

Division (Drill Down For Speciality)





- 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

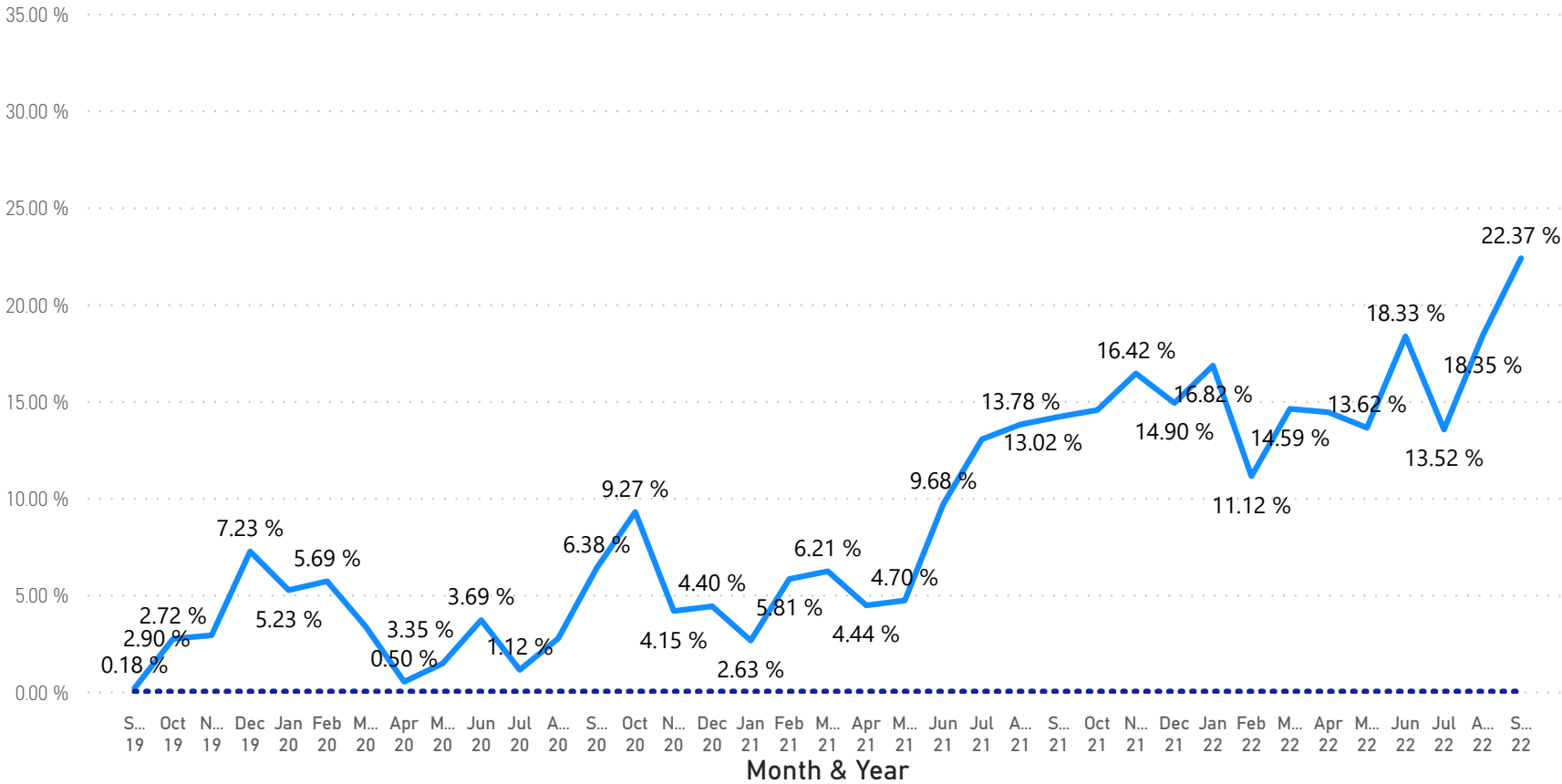
Activity Against Plan - Outpatients

Activity Against Plan - Inpatients

Elective Theatres

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



EM Hospital

Doncaster Royal Infirmary

Bassetlaw District Ge...

Montagu Hospital

2403 - F4 MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE ? 27

NOVEMBER 2023



Information Item



Mark Day, Non-executive Director

REFERENCES

Only PDFs are attached



F4 - Finance & Performance Committee Minutes - 27 November 2023.pdf



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
held on Monday 27 November 2023 at 11:00 via Microsoft Teams**

Present:	Mark Bailey - Non-Executive Director Mark Day - Non-Executive Director (Chair) Emyr Jones - Non-Executive Director Jon Sargeant - Chief Financial Officer Denise Smith - Chief Operating Officer	
In attendance:	Fiona Dunn - Director Corporate Affairs /Company Secretary Anthony Fitzgerald – Executive Place Director for Doncaster (agenda item B2) Paul Mapley – Efficiency Director (agenda item D3) Angela O’Mara - Deputy Company Secretary (minutes)	
To Observe:	Cathy Hassell - Managing Director, South Yorkshire Acute Federation Karen Jessop - Chief Nurse Andrew Middleton - Public Governor – Bassetlaw Joseph Money - Staff Governor	
Apologies	Joseph John - Medical Director for Operational Stability and Optimisation Kath Smart - Non-Executive Director	
		ACTION
FP23/11/A1	<u>Welcome, Apologies for Absence and declarations of interest (Verbal)</u>	
	The Chair welcomed members of the Committee and those in attendance to the meeting. The above apologies for absence were noted and no declarations of interest were received.	
FP23/11/A2	<u>Requests for any other business (Verbal)</u>	
	No items of other business were received.	
FP23/11/A3	<u>Minutes of the meeting held on 30 October 2023</u>	
	The minutes of the meeting held on 30 October 2023 were approved.	
FP23/11/A4	<u>Action Notes from Previous Meeting (Enclosure A3)</u> <u>Action 3 – FP23/07/B1 – Diagnostic Reporting Time</u> – a draft report had been developed for medical imaging and would be presented at the next meeting of the Committee in January 2024.	

	<p>Action 4 - FP23/07/B2 – UEC Improvement Programme – interim support would be provided by the Trust from mid-January to 31 March 2024. Action to be closed.</p> <p>Action 5 - FP23/07/E1 – Getting It Right First Time – the Committee received the approved reporting template from the Trust Executive Group, the Chair agreed to meet with Joseph John outside of the meeting to clarify and agree the Committee’s requirements. Action carried forward to January 2024.</p> <p>Action 10 - FP23/09/B5 – Trust Access Policy – to be received for information at January’s meeting. Action to be closed.</p> <p>Action 11 – FP23/09/B6 – Operational Winter Plans – included at B4 on the agenda. Action to be closed.</p> <p>Action 14 – FP23/10/E1 - Board Assurance Framework – remains under review. Action to be carried forward to January 2024.</p> <p>Action 15 - FP23/10/E3 Management of Committee Meetings – following discussions with the Chief Operating Officer, the Chair agreed to speak with the Chief Financial Officer and Chair of the Board during w/c 27/11/2023.</p> <p>In respect of answers outstanding on closed actions 6 FP23/09/A3 (CT & Obstetric Ultrasound Demand) and 12 FP23/09/B6 (Virtual Wards), the Chair agreed to discuss with Joseph John outside of the meeting.</p> <p>It was agreed that the Chief Operating Officer would provide an update on the recommendations of the waiting list clinical prioritisation audit at January 2024’s meeting.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the above updates 	
FP23/11/B1	<u>Access Standards Report (Enclosure B1)</u>	
	<p>The Committee received the Access Standards Report, which provided September’s data for emergency, elective and diagnostics performance and August’s for cancer standards. The Chief Operating Officer provided an overview of performance, a slight improvement was reported in emergency care access. An improvement had been seen in diagnostic performance, particularly related to CT and MRI, due to additional capacity.</p> <p>For elective care, whilst a reduction had been seen in the number of patients waiting over 65 weeks, the Trust remained off trajectory and ENT and Orthopaedics continued to be the most challenged specialities for waits in excess of 78 weeks. The first Tier 2 monitoring meeting with NHSE had taken place, with a further meeting scheduled this week.</p> <p>In respect of cancer standards, the Trust continued to meet the Faster Diagnosis Standard, the Trust had achieved 94.5% against the 96% 31 day diagnosis to treatment standard, of the seven patients four were in dermatology, which had seen a high demand in month.</p> <p>In response to a question from Non-executive Director, Emyr Jones with regards to the impact of skill mix and recently recruited colleagues on the emergency care standards, the Chief</p>	

	<p>Operating Officer clarified that this was not the sole contributing factor and recognised a period of settling in for newly recruited colleagues. Work to streamline the front door offer as part of the Urgent & Emergency Care Improvement Programme was noted, along with extended wait times to see a doctor.</p> <p>Non-executive Director, Mark Bailey enquired if the change to early senior assessment was the key driver of improvement in ambulance handovers, the Chief Operating Officer recognised the positive impact of increased capacity and staffing and confirmed the Trust had sufficient capacity in the main, however, flow through the department remained critical.</p> <p>In respect of CT performance, the Chief Operating Officer confirmed that the Trust was a national outlier, particularly in relation to emergency demand and clinical conversations to manage this and return to expected levels were ongoing. For MRI, the impact of additional capacity was acknowledged.</p> <p>In respect of cancer, the Chief Operating Officer recognised the increase in dermatology demand, which would remain under review.</p> <p>In determining the level of assurance, the Chair reflected on the discussion and whilst the Committee was assured by the quality and clarity of the data the need for continued improvement against performance standards was recognised. The Chief Operating Officer shared her view that assurance could not purely be based upon delivery, highlighting the need to recognise the position, have a plan to address the position, and be on trajectory to achieve the plan. Significant assurance was noted.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took significant assurance from the Access Standards Report</i> 	
FP23/11/B2	<u>Urgent & Emergency Care (UEC) Improvement Plan Update (Enclosure B2)</u>	
	<p>The Chair welcomed the Executive Place Director for Doncaster and Senior Responsible Officer for the UEC Improvement Programme to the meeting and reflected on the collaborative working, associated action plans and reporting against the plans which offered a lack of assurance on the progress made.</p> <p>The Executive Place Director identified the combined approach to sign up to a series of principles with joint responsibility. With the support of NHSE's Emergency Care Intensive Support Team (ECIST) a plan and supporting workstreams had been designed and continued to be the focus, against which progress was reported on a monthly basis. An impact was not being seen against all measures, due to the required time to embed the processes, rather than the appropriateness of the plans. A need for more robust challenge was considered, potentially with the need to simplify the number of indicators.</p> <p>Recognising the change in support from ECIST, the Chair enquired if there was sufficient capacity and capability to drive the programmes forward, the Executive Place Director confirmed the necessary expertise was in place, the key was how best to create the environment for colleagues to have the capacity to work together, ensuring data and analysis was available to support that work. The Chief Operating Officer acknowledged the urgent and emergency care clinical expertise which would have been offered by ECIST was difficult to replicate. In order to share learning the Executive Place Director confirmed the Integrated Care</p>	

	<p>Board's Medical Director would spend time at the Trust to improve the interface between primary and secondary care and opportunities to share learning within the system should be maximised.</p> <p>Non-executive Director, Emyr Jones acknowledged the challenges faced, however the level of detail within the majority of the highlight reports was worthy of review. The Executive Place Director confirmed this had been addressed at the Urgent & Emergency Care Board and ahead of winter a reprioritisation of plans had been considered.</p> <p>The Chair thanked the Place Director for attending and recognised the commitment to partnership working and the importance of engagement as seen in today's dialogue. A request to sharpen up the detail of the highlight reports to evidence progress was made.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Urgent & Emergency Care Improvement Plan</i></p>	
FP23/11/B3	<u>Elective Activity Plan (Enclosure B3)</u>	
	<p>The Chief Operating Officer brought the Committee's attention to the key highlights of the report. The impact of industrial action was noted on outpatient activity, the areas of focus continued to be "did not attend" and clinic utilisation. The effectiveness of the planning and scheduling meetings for elective activity focused on those high-volume specialities, ophthalmology, and orthopaedics. A revision to the terms of reference and membership, including the Chair, of the planning and scheduling meeting had been proposed with a relaunch in the New Year, or earlier if completed.</p> <p>Non-executive Director, Emyr Jones recognised a lack of clinical engagement in some clinical specialities in relation to Patient Initiated Follow Up (PIFU) and enquired if there was any transferable learning from ENT who had performed well. The Chief Operating Officer advised this was currently not an area of focus with efforts devoted to reducing the DNA rates. This would be considered in 2024/25, however it should be noted that locally clinicians were able to leave episodes open as an alternative to PIFU.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Elective Activity Plan</i></p>	
FP23/11/B4	<u>Winter Plans (Enclosure B4)</u>	
	<p>Following the identification and prioritisation of a series of deliverable actions, which would have the greatest impact, additional investment of £671k was sought to support the Trust's winter plans. The funding for which was held in reserves and included within the forecast.</p> <p>In response to a question from the Chair, the Chief Operating Officer confirmed the operational winter plans would be published following the population of rotas, at which stage they would be shared with the Committee.</p>	

	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Approved the Winter Plans</i> 	
FP23/11/C1	<u>Recovery, Innovation & Transformation Directorate Update (Enclosure C1)</u>	
	<p>The paper was received and noted.</p> <p>With regards to the reference to the Autumn Statement, the Chief Financial Officer confirmed this would be covered within the DRI update agenda item.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Recovery, Innovation & Transformation Directorate Update</i> 	
FP23/11/C2	<u>DRI Update (Enclosure C2)</u>	
	<p>The paper identified the approach, work to date and costs identified for a range of options to address the estate challenges at Doncaster Royal Infirmary. The technical advisors' report was in the process of being finalised, a copy of which would be shared in due course.</p> <p>The anticipated funding announcement was not made in the Autumn Statement and the next potential opportunity was expected to be the Spending Review. The Trust had made further contact with Lord Markham's advisor and a meeting, to include the Chief Financial Officer and Director of Innovation & Infrastructure, had been agreed. In addition, NHSE's Director of Estates would visit the site and review the plans. Plans for the Chair of the Board, Chief Executive and Chief Financial Officer to brief local MPs would be progressed.</p> <p>In response to a question from Non-executive Director, Mark Bailey, the Chief Financial Officer confirmed a series of bids had been developed, which would be dependent upon a decision on funding. Ideally, the plan would be to vacate D Block and the Old Ambulance Station in order that this space could be utilised for accommodation and car parking, to be provided by a third party, technical guidance was currently being sought on this. The space released across the site could then be used to support modular, decant facilities to allow work to progress in the East Ward Block.</p> <p>In response to a question from the Chair, the Chief Financial Officer confirmed work on plans for a new hospital plans were not being progressed. As the work was site specific the opportunity to keep such plans active would ultimately be determined by the Council's plans for the basin site.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the DRI Update and endorsed the suggested approach</i> 	
FP23/11/D1	<u>Financial Performance – Month 7 – (Enclosure D1)</u>	
	The Chief Financial Officer reported a month seven deficit of £0.9m, £0.1m favourable to plan and £0.8m favourable to forecast. The year to date deficit was £24.8m, £1.3m adverse to plan, and £1.0m adverse to forecast.	

	<p>Capital spend in month seven was £5.3m, against a plan of £4.3m, the year to date position was £15.7m, against a plan of £25m. One area of concern for capital and revenue related to the funding for the Electronic Patient Records, a meeting with the Integrated Care Board's Chief Finance Officer, NHSE and NHS Digital would take place to discuss the movement of in year funding.</p> <p>The cash balance at the end of October was £15.4m, an increase of £6.2m in month.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Financial Performance – Month 7</i> 	
FP23/11/D2	<u>ICB and National Financial Update (Enclosure D2)</u>	
	<p>The Chief Financial Officer confirmed the Integrated Care Board (ICB) had submitted a deficit plan of £55m, as previously advised the £23m allocation to support the impact of industrial action had been used to reduce the system deficit.</p> <p>The Trust's deficit position had been revised by the ICB to £22.8m, an improvement of £4m. All Trusts had been asked to indicate areas where spend could be stopped which did not impact on income. A review highlighted a number of areas, including the additional winter plan investment, Same Day Emergency Care and the discharge lounge, all of which related to winter and emergency care plans.</p> <p>The request for further savings was acknowledged by Non-executive Director, Emyr Jones and whilst recognising the need to contribute to the system plans noted directors' accountability to the organisation.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the ICB and National Financial Update</i> 	
FP23/11/D3	<u>CIP Plan 2023/24 (Enclosure D3).</u>	
	<p>The Efficiency Director reported £3.3m of savings in month seven, against a £2.6m plan, £11.1m year to date, against a plan of £9.2m. The risk adjusted forecast identified savings of £16m against the £22.1m plan submitted to NHSE.</p> <p>Areas of under delivery were summarised, with escalation meetings in place. Plans for 2024/25 had commenced with a focus on recurrent schemes.</p> <p>In response to a question from Non-executive Director, Mark Bailey with regards to theatres, the Efficiency Director confirmed that savings had been forecast on an over achievement against the capacity plan to secure Elective Recovery Funding which had proved difficult to meet. In addition, the Chief Financial Officer clarified that where schemes had not progressed, they had now been removed from the forecast.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the CIP Plan 2023/24</i> 	

FP23/11/D4	<u>Same Day Emergency Care Business Case (Enclosure D4)</u>	
	<p>The Chief Operating Officer confirmed the business case would support a change to the opening hours of medical Same Day Emergency Care, in line with the national standards of a twelve hour a day 7 days a week service.</p> <p>Recurrent funding was available from commissioners for the majority of the business case value, with approval being sought for the £97k gap which was included within the forecast.</p> <p>In response to a question from Non-executive Director, Mark Bailey, the Chief Operating Officer confirmed that staffing was available to support the change in hours. In terms of the potential to extend the hours to 24/7, the Chief Operating Officer confirmed an initial desire to meet the national standard, the times of which may be reviewed in the future, out of hours numbers were reported to be limited.</p> <p>The business case was recommended for approval by the Board.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>recommended the Same Day Emergency Care Business Case for approval by the Board</i> 	
FP23/11/E1	<u>Board Assurance Framework (BAF) & Trust Risk Register 15+ (Enclosure E1)</u>	
	<p>The Company Secretary confirmed it would be helpful to receive changes prior to its presentation to the Board in January 2024.</p> <p>The Chair reflected on the plans for refurbishment of the DRI site and an increased level of confidence around solutions and suggested it may be helpful to reflect this on the BAF.</p>	JS
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Board Assurance Framework and Trust Risk Register 15+</i> 	
FP23/11/F1	<u>Governor Observations</u>	
	<p>The staff governor welcomed the insight provided as part of his first meeting as a governor observer.</p> <p>A written report for governors would be prepared post meeting.</p>	
FP23/11/G1	<u>Any Other Business</u>	
	There were no items of any other business received.	

FP23/11/G2	<u>Minutes of the Sub – Committee Meetings (Enclosure G3)</u>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Cash Committee Minutes from 28 September 2023</i> - <i>Noted the Capital Monitoring from 28 September 2023</i> 	
FP23/11/G3	<u>Assurance Summary (Verbal)</u>	
	<p>The Committee was assured, on behalf of the Board of Directors on the following matters:</p> <ul style="list-style-type: none"> • Matters of Concern/Key Risks to Escalate • Major Actions Commissioned/Work Underway • Positive Assurance to Provide • Decisions Made • Progress against committee associated Executive’s objectives. 	
FP23/11/G6	<p>Date: Thursday 25 January 2024 Time: 09:30 Venue: Microsoft Teams</p>	
FP23/11/H	Meeting closed at: 13.16	

2403 - F5 MINUTES OF THE QUALITY & EFFECTIVENESS COMMITTEE ? 5

DECEMBER 2023

● Information Item

👤 Jo Gander, Non-Executive Director

REFERENCES

Only PDFs are attached



F5 - Quality & Effectiveness Committee Final Minutes - 5 December 2023.pdf

QUALITY AND EFFECTIVENESS COMMITTEE

**Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 5 December 2023 at 13.00
via Microsoft Teams**

Members:	Hazel Brand - Non-executive Director Jo Gander - Non-executive Director (Chair) Karen Jessop - Chief Nurse Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive Nick Mallaband - Acting Executive Medical Director Lucy Nickson - Non-executive Director	
In attendance:	Laura Brookshaw - 360 Assurance Fiona Dunn - Director Corporate Affairs / Company Secretary Heather Jackson - Director of Allied Health Professionals (agenda item C4) Lois Mellor - Director of Midwifery Angela O'Mara - Deputy Company Secretary (minutes) Hannah Stirland, Lead Nutrition Nurse (agenda item C4)	
To Observe:	Lynne Logan - Public Governor – Doncaster Paula Marchetti – Board Delegate Anneleisse Siddall – Corporate Governance Officer	
Apologies:	David Northwood – Public Governor	
		<u>ACTION</u>
QEC23/12/A1	Welcome, apologies for absence and declarations of interest	
	The Chair welcomed members and those in attendance. The above apology for absence was noted and no declarations of interest were made.	
QEC23/12/A2	<u>Request for Any Other Business</u>	
	<p>The Company Secretary confirmed the Trust had provided a response in relation to the recommendations contained within Sir Jonathan Michael's report into the David Fuller case. A full report would be provided to the next Committee meeting to include an update on the United Kingdom Accreditation Service and Human Tissue Authority inspections during 2023, including supporting action plans. As part of the review consideration would be given as to whether this should be included on the workplan for review annually.</p> <p>Non-executive Director, Emyr Jones highlighted the reference to board oversight, within the report, including visits to the mortuary which it was agreed should be included in</p>	

	<p>the Trust's programme of departmental and ward visits going forwards.</p> <p>In response to a question from the Deputy Chief Executive, it was agreed that the Committee would reference the work to date and next steps within the Chair's assurance log to Board.</p>	
QEC23/12/A3	<u>Actions from Previous Meeting</u>	
	<p><u>Action 2. QEC23/04/CI Learning from Tendable Audits</u> – action not yet due</p> <p><u>Action 3. QEC23/04/E1 Risk ID 3209 – Patient Tracking Inaccuracies</u> – action to remain open as not yet fully implemented.</p> <p><u>Action 7. QEC23/08/E2 Clinical Audit Deep Dive</u> – action to be closed, included on today's agenda.</p> <p><u>Action 9. QEC23/10/C3 Patient Safety Priorities</u> - to report against patient safety priorities and progress around common themes aligned with national expectations of Patient Safety Incident Response Framework. Action to be closed.</p>	
QEC23/12/B1	<u>Summary of Clinical Audit Deep Dive</u>	
	<p>The Acting Executive Medical Director's report provided an overview of the work in progress, including those areas identified for further improvement to ensure the effectiveness of clinical audit activity, which was reflected within risk one of the Board Assurance Framework.</p> <p>Non-executive Director, Emyr Jones welcomed the comprehensive action plan which highlighted the need for the Committee to receive assurance on clinical activity. The Chair recognised the progress made to date, however, in view of the work in train it was agreed that the current level of assurance would remain as partial, pending delivery of the action plan.</p> <p>In response to a question from Non-executive Director, Lucy Nickson regarding action one, with regards to clinical audit being driven through specialities and divisions. The Acting Executive Medical Director confirmed that audit leads would be accountable to the division and receive professional leadership from the Head of Audit & Effectiveness; progress was expected to be evidenced through the outputs of audit plans.</p> <p>Non-executive Director, Hazel Brand highlighted paragraph 4.3 of the report which highlighted the need to demonstrate how results from clinical audit improved patient outcomes. Non-executive Director, Emyr Jones reflected on the statement and confirmed clinical audit was not necessarily a good way to demonstrate the impact on outcomes. 360 Assurance agreed to pick up with the auditor and feedback to the Committee outside of the meeting.</p> <p>In response to a question from the Deputy Chief Executive, 360 Assurance confirmed there was sufficient evidence to close down the first of the high risk internal audit actions. The second action would require the Committee to seek assurance from evidence within a future report.</p>	LB

	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took partial assurance from the Summary of Clinical Audit Deep Dive</i> 	
QEC23/12/C1	<u>Chief Nurse Report - Quality</u>	
	<p>The Chief Nurse brought the Committee's attention to the key highlights of the report and confirmed future reports would include regional and national benchmarked data. Since writing the report the number of C.difficile cases had increased to 40, against the trajectory of 42.</p> <p>A reduction had been seen in the percentage of complaints closed within the agreed timescale, potentially linked to changes in personnel; it was expected that performance would be back on track by 31 December 2023.</p> <p>In response to a question from Non-executive Director, Emyr Jones, the Chief Nurse confirmed the Care Quality Commission's report for factual accuracy was now expected in January 2024, the delay related to the regulator's internal processes.</p> <p>Non-executive Director, Lucy Nickson sought the Chief Nurse's view of the impact of winter on infection, prevention, and control measures. The lack of space limited the ability to close areas, other than by bay, to undertake deep cleaning. The standard of response by the Infection, Prevention & Control Team and collaborative working across the Trust was recognised. The high standard of cleanliness across all sites was recognised by Lucy Nickson, the positive feedback was welcomed and would be shared with the team.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Chief Nurse Report – Quality</i> 	
QEC23/12/C2	<u>Chief Nurse Report – Patient Safety</u>	
	<p>The Chief Nurse brought the Committee's attention to the key highlights of the report and reminded colleagues of the change in reporting of open overdue incidents which had resulted in an increase, as seen in figure four of the report.</p> <p>The Trust had commenced formal transition to the Patient Safety Incident Response Framework (PSIRF) on 1 December 2023 and Learning from Patient Safety Events (LFPSE) was now being captured on Datix, an increase in data capture was noted and any impact on reporting levels would be monitored.</p> <p>The Chair recognised the improvement in duty of candour compliance, no themes had been identified for learning.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Chief Nurse Report – Patient Safety</i> 	

QEC23/12/C3	<u>Q1 Update CQUNS</u>	
	<p>The Committee received and noted the paper, the quarter two update would be shared with the Trust Executive Group later this month. The Chief Nurse highlighted that the threshold for flu vaccination of frontline healthcare workers would not be met in quarter two, this was a regional issue and not unique to the Trust, a series of focused actions had been identified in an attempt to increase the uptake.</p> <p>Non-executive Director, Emyr Jones, welcomed the report and the associated audit work.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Q1 CQUIN update</i> 	
QEC23/12/C4	<u>Nutrition Steering Group Annual Report</u>	
	<p>The Director of Allied Health Professionals (AHPs) and Lead Nutrition Nurse were welcomed to the meeting. An overview of the report was provided, which referenced a number of workforce challenges throughout the year. Following the introduction of the national standards for healthcare food and drink in 2022, a gap analysis indicated partial compliance in four of the eight domains. The Trust's food and drink strategy would be refreshed in 2024, linked to guidance and standards and with the inclusion of key performance indicators. A work plan summarised the key areas of work and expected review dates.</p> <p>In response to a question from Non-executive Director, Emyr Jones regarding the level of dietetic support, the Director of AHPs confirmed this was limited by colleague availability. Following the recent appointment of a gastroenterologist, working alongside the dietitian and lead nurse the level of support was expected to improve.</p> <p>With reference to the limited out of hours hot food offer the Director of AHPs confirmed that feedback was sought via various methods, including PLACE assessments. The Chief Nurse confirmed this matter was being progressed by the Director of Infrastructure & Innovation.</p> <p>Progress against the work plans would be evidenced through the Nursing, Midwifery and Allied Health Professional strategy delivery plans.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took partial assurance from the Nutrition Steering Group Annual Report</i> 	
QEC23/12/D1	<u>Maternity & Neonatal Transformation Report</u>	
	<p>In view of the requirement to report maternity and neonatal matters to the Board of Directors on a monthly basis, the Chief Nurse confirmed she had agreed with the Chair of the Committee that the report would be received on a quarterly basis until such time</p>	

	<p>as the trust wide governance review was completed. The focus of this month's report would be on the Clinical Negligence Scheme for Trusts (CNST). Since writing the report the Director of Midwifery confirmed that the 80% standard for training compliance had been met across all staff groups, over the next 12 weeks there was a need to improve the compliance rate to 90%. The Chair recognised the significant efforts in securing compliance.</p> <p>The requirements of safety action six, related to the implementation of Saving Babies' Lives Care Bundle version three were clarified. CNST required 50% compliance for each of the six elements, with an overall compliance rate of 70% by 5 December 2023. This standard had been achieved, however, full implementation was required by 31 March 2024 and this would be a challenge for the Trust and all organisations within the Local Maternity and Neonatal System who were unlikely to achieve the required deadline.</p> <p>In response to a question from Non-executive Director, Hazel Brand regarding the reasons training compliance was not met, the Chief Nurse identified the need to maintain a safe service, impacted by activity levels, absence and industrial action which on occasions resulted in the need to delay training. In addition, where colleagues had moved between organisations, the inability to passport training had initially caused an issue, which had now been resolved. Actual numbers of colleagues who had not completed the training as required was limited to a handful and was subject to close monitoring.</p> <p>Non-executive Director, Emyr Jones shared his disappointment that the three year delivery plan did not amalgamate all required submissions and enquired if support was required to make representations in this respect. The Director of Midwifery highlighted recent coverage in the Health Service Journal and whilst the single delivery plan did cross reference to Ockenden and CNST, individual submissions were still required to the LMNS, who were also undertaking assurance visits to gain oversight.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted and took assurance from the Maternity & Neonatal Report</i></p>	
QEC23/12/E1	<u>Executive Medical Directors Report</u>	
	<p>The Executive Medical Director's report summarised the business considered by the Clinical Governance Committee at its meetings in September and October 2023.</p> <p>The development of the sepsis dashboard was recognised which had the capacity to be extended to other diagnoses and would evidence the impact on patient safety.</p> <p>In response to a question from Non-executive Director, Emyr Jones with regards to the structured judgement review compliance rate, the Executive Medical Director confirmed that the process of requesting a review was robust, improvements were required to the allocation and completion of reviews, which was being evaluated, including establishing learning from an exemplary local organisation.</p>	

	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Executive Medical Directors Report</i> 	
QEC23/12/E2	<u>Mortality Data Assurance Group Report</u>	
	The Committee received and noted the Mortality Data Assurance Group report.	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Mortality Data Assurance Group Report</i> 	
QEC23/12/F1	<u>Board Assurance Framework</u>	
	<p>The changes to the Board Assurance Framework were summarised in the covering report. In view of the required work to strengthen clinical audit the current assurance level assigned to the Audit & Effectiveness Committee had been amended to “not assured”.</p> <p>In response to a question from the Deputy Chief Executive regarding the patient and colleague voice being appropriately reflected in the framework, the Chief Nurse noted the inclusion of Picker patient surveys and the accessible information standards.</p> <p>Reflecting on the key assurances related to the effectiveness of the controls, and not unique to this framework, the Deputy Chief Executive suggested a need to iteratively develop all frameworks to extend beyond a reference to the oversight committee and to include specific actions to close the gap. The Chief Nurse acknowledged the feedback and confirmed this detail was contained within the key actions to close the gap section.</p> <p>The Chief Nurse identified the need for the Board to review the risk appetite, which would be addressed as part of a future Board development session.</p> <p>The Company Secretary suggested an additional control be considered for inclusion relating to learning from PSIRF and patient experience, the Chief Nurse suggested it would be helpful to review this outside of the meeting with the support of the Deputy Chief Executive.</p> <p>Non-executive Director, Lucy Nickson sought colleagues’ views on the framing of the key issues and if there was a need to adjust the wording to reflect they were potential rather than current issues.</p> <p>The Chair highlighted the target score on the summary page reflected the current, rather than year-end target, the rating would be reviewed for accuracy and the Company Secretary would ensure a consistent presentation. Where there was a change in the risk score, the Deputy Chief Executive confirmed the need for clarity on how the change would be delivered, and noting the Trust’s vision to be the safest Trust in England the expectation would be that the target risk would be lower than 16.</p>	

	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted & took assurance from Board Assurance Framework</i> 	
QEC23/12/F2	<u>Radiation Safety / IRMER Standards Compliance Update Report</u>	
	<p>The Head of Medical Imaging was welcomed to the meeting. An overview of the current governance arrangements, regulatory compliance and improvements made since 2019's Care Quality Commission (CQC) inspection were shared. Ionising and non-ionising radiation safety was reported on a six monthly basis to the Radiation Safety Committee and an annual report was provided to the Patient Safety Review Group. Due to workforce challenges and operational pressures time to maintain documentation was limited and in the absence of a document management system a manual monitoring system was in place. Clinical audit activity was summarised, learning opportunities identified and the draft CQC report from September 2023 was awaited.</p> <p>Non-executive Director, Emyr Jones noted the audit of lead aprons had identified defects in 109 of the 393 reviewed, the need to prioritise safety above the associated financial implication was reinforced.</p> <p>With regards to the training requirements for the use of a mini c arm, the Head of Medical Imaging confirmed a surgeon would be required to undertake e-health training in addition to equipment training.</p> <p>In response to a question from Non-executive Director, Emyr Jones, the Head of Medical Imaging confirmed the Trust no longer administered therapeutic radioactive substances, the service was provided locally by Sheffield Teaching Hospital. In respect of the nuclear medicine service, two Trust consultant radiologists held an Administration of Radioactive Substances Advisory Committee (ARSAC) licence, the Trust also held a site licence for the use of nuclear medicine, which had been renewed in August 2023. Due to the age of the Single Photon Emission Computed Tomography (SPECT) scanner the licence was only issued for a two year period, the risk of not being able to continue to provide the service was included on the Trust's risk register if a replacement scanner was not secured. The Chair confirmed the challenges had been discussed at length as part of a recent departmental visit and potential system working opportunities explored.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and took partial assurance from the Radiation Safety / IRMER Standards Compliance Update</i> 	
QEC23/12/G1	<u>Governor Observations</u>	
	Lynne Logan, Public Governor had no observations to share. A written report would be prepared post meeting.	
QEC23/12/H1	<p><u>Sub-Committee Meetings</u></p> <ul style="list-style-type: none"> - Clinical Governance Committee Minutes – 15 September & 20 October 2023 - Patient Experience & Involvement Committee – 30 August & 27 September 2023 	

	<i>The Committee:</i> - <i>Noted the Sub-Committee minutes</i>		
QEC23/12/II	<u>Any Other Business</u>		
	See minute at agenda item A2.		
QEC23/12/I2	<u>Minutes of the meeting held on 3 October 2023</u>		
	<i>The Committee:</i> - <i>Noted and approved the minutes from the meeting held on 3 October 2023</i>		
QEC23/12/I3	<i>Issues escalated from/to:</i> i) QEC Sub-Committees ii) Board Sub-Committees iii) Audit & Risk Committee		
QEC23/12/I4	<u>Assurance Summary</u> The Committee was asked if it was assured, on behalf of the Board of Directors on the following matters. Any matters where assurance was not received, would be escalated to the Board of Directors: - Matters of Concern/Key Risks to Escalate, - Major Actions Commissioned/Work Underway - Positive Assurance to Provide - Decisions Made - Progress against committee associated Executive's objectives		
	<u>The Committee:</u> - <i>Was assured on the above matters.</i>		
QEC23/12/I5	<u>Date and time of next meeting (Verbal)</u>		
	Date: Time: Venue:	Tuesday 6 February 2024 13:00 Microsoft Teams	
QEC23/12/J	Meeting End time	15:29	

2403 - F6 - MINUTES OF THE CHARITABLE FUNDS COMMITTEE ? 7

DECEMBER 2023

● Information Item

👤 Hazel Brand, Non-executive Director

REFERENCES

Only PDFs are attached

 F6 - Minutes Charitable Funds Committee - 7 December 2023.pdf

CHARITABLE FUNDS COMMITTEE

Minutes of the meeting of the Charitable Funds Committee
Held on Thursday 7 December 2023 at 13.30
via Microsoft Teams

Trustees:	<p>Suzy Brain England OBE - Chair of the Board Hazel Brand - Non-executive Director (Chair) Mark Day - Non-executive Director Jo Gander - Non-executive Director Karen Jessop - Chief Nurse Zoe Lintin - Chief People Officer Nick Mallaband, Acting Executive Medical Director Lucy Nickson - Non-executive Director Jon Sargeant - Chief Financial Officer/Executive Director of Recovery, Innovation & Transformation Kath Smart - Non-executive Director Zara Jones - Deputy Chief Executive Officer</p>	
In attendance:	<p>Peter Anderton - Clinical lead for Stroke Rehabilitation (agenda item B2) Matthew Bancroft - Head of Financial Control Fiona Dunn - Director Corporate Affairs / Company Secretary Sarah Dunning - Fundraising Manager (agenda item C2) Heather Jackson - Director of Allied Health Professionals (agenda item B2) Rhian Morris - Specialist Bereavement Midwife Shaina O'Hara - PA to the Deputy Chief Executive (minutes) Mark Olliver - Managing Director Doncaster and Bassetlaw Healthcare Services Limited (agenda item B4) Emma Shaheen - Director of Communications and Engagement (agenda item C1)</p>	
To Observe:	None	
Apologies:	<p>Mark Bailey - Non-executive Director Norma Brindley - Executors and Representatives of the Fred & Ann Green Legacy Emyr Jones - Non-executive Director Mick Muddiman - Public Governor (Bassetlaw) Richard Parker - Chief Executive Denise Smith - Chief Operating Officer Rebecca Tomkins – Ernst & Young Sheila Walsh - Public Governor (Bassetlaw)</p>	
		<u>ACTION</u>
CFC23/12/A1	<p><u>Welcome and Apologies for Absence (Verbal)</u> The Chair welcomed the trustees and those in attendance to the meeting. The above apologies for absence were noted.</p>	
CFC23/12/A2	<p><u>Conflicts of Interest (Verbal)</u></p>	
	No conflicts of interest were declared.	
CFC23/12/A3	<p><u>Actions from previous meeting</u> <u>Action 1 - CFC22/12/B3 – Portfolio Ethical Considerations</u> – in readiness for the next discussion, all responses forwarded by Hazel Brand to Jon Sargeant. Action closed.</p>	

	<p>Action 2 – CFC23/12/B1 – Investment Portfolio Review – review December 2023.</p> <p>Action 3 – CFC23/12/C1 – Fundraising Strategy – revised deadline of March 2024.</p> <p>Action 4 - CFC23/12/B1 – Financial Update – part of the agenda. Action closed.</p> <p>Action 5 - CFC23/12/B4 - Charitable Funds Development Committee Report - Action closed.</p> <p>Action 6 - CFC23/12/D1 - Review of Charitable Fund Policy and Terms of Reference – ToR updated. Action closed.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the updates and agreed actions to be closed</i></p>	
CFC23/12/B1	<u>Financial Update</u>	
	<p>The Head of Financial Control provided a financial update to the committee. Total income reported up to October 2023 was £624K of which £457K was income from donations and investments. The total overall charitable expenditure was £913K, on the basis of the number of schemes that are being undertaken. The Head of Financial Control highlighted the loss of investment at £153K. The total funds available to spend comes to £6.7m. Within the report are a list of dormant fund balances for information. The Chief Financial Officer explained the process to the committee when dealing with dormant funds after 12 months, the fund holder would be formally contacted in respect of future plans for the funds.</p> <p>In response to a question from Non-Executive Director, Lucy Nickson around measuring performance of the fund income. The Chief Financial Officer confirmed that targets were only set for the Charitable Funds Development Committee of £725K per year, however no other targets were set beyond that. This would be part of the tasks once the future support for the Charitable Funds had been agreed.</p> <p>The Chair of the Board, Suzy Brain-England asked what proactive financial management the dormant funds list had in the last quarter. The Chief Financial Officer explained that due to long term sickness there hadn't been that resource available due to prioritising the management of the Trust's financial position. However, the finance team now have full capacity to undertake that task.</p> <p>The Chair asked that by the next Charitable Funds meeting in March, a full review of the dormant funds list would be undertaken and individuals who no longer work for the Trust are removed. The update would form part of the agenda for that meeting.</p>	MB
	<p><i>The Committee:</i></p> <p>- <i>Noted the Financial update.</i></p>	
CFC23/12/B2	<u>Approval of Expenditure</u>	
	<p>The Chief Financial Officer explained that following a discussion with the Executors and Representatives of the Fred & Ann Green Legacy they indicated that they were in agreeance to spending the bulk of the legacy on a number of schemes for the Trust. The Executive team had then recommended the following three cases in priority order.</p> <p>a) Surgical robot at DRI – Top priority b) Stroke rehabilitation robotic therapy suite gym extension – 2nd priority c) Hydrotherapy pool at Montagu</p>	

	<p>The total of all these schemes exceeds the balance of the Fred and Anne Green fund, therefore it was recommended that only two cases were approved by the Executive Directors (A and B).</p> <p>The Chief Financial Officer advised that the total of the Fred & Ann Green Legacy currently sits at £4.2m, the first two cases (A and B) totals £4.1m. Following recommendations at the last Corporate Investment Group meeting, the business case for the Surgical Robot would require a further discussion regarding Estates costs and work within the courtyard whereby the costs would be reduced slightly. The Chief Financial Officer highlighted the two cases would not be funded by the Trust due to affordability, hence the charitable fund request. The proposal for the Stoke Rehabilitation suite was innovative and would allow for income generation, mitigating extra staffing costs. The Surgical Robot would enhance the Trust's portfolio, junior doctors are now being trained to operate in this manner and it would be a huge step forward for the Trust.</p> <p>The Clinical lead for Stroke Rehabilitation provided a comprehensive overview of the proposal which detailed the request of funding for a portion of the business case, mainly the robot.</p> <p>In response to a question from the Chair, the Clinical lead for Stroke Rehabilitation confirmed that use of the suite would be open for other areas not just for stroke patients. It was highlighted the potential for use by private hospitals and other collaboratives.</p> <p>Non-Executive Director, Mark Day asked to understand the justification of the cases, the Stroke Rehabilitation suite and the Hydrotherapy would apply additionality. The Surgical Robot would be applied under a mainstream service. In response to the question, the Chief Financial Officer explained the funding for the Surgical Robot would take longer should it go through NHS funding. The proposal would strategically help maintain the Trust's services, attract more doctors, strengthen services, keep cancer services and it would support other specialities.</p> <p>In response to the second part of a question raised by Non-Executive, Mark Day around revenue consequences and future expectation on charitable funds costs. The Chief Financial Officer advised for the Surgical Robots, the ongoing costs would be similar to operations, the capital charges for all the cases are not included due to donated assets. The extra staffing costs of £68K would be funded via the extra income from Rotherham, Barnsley or Parkhill. The surgeons had agreed to increase an extra patient case (smaller operations) on each list for the robotic sessions. The maintenance costs would be included in the purchase price for 5 years, the costs would be absorbed as the expectation was to generate income and would not be a burden on the charitable funds. The Hydrotherapy pool would be expensive due to running and maintenance costs, however this was not the reason for the prioritisation.</p> <p>Acting Executive Medical Director provided further assurance around additionality in the Colorectal surgery where better outcomes are seen using the robot. This would not be nationally mandated, however a benefit to patients.</p> <p>In response to a question from Non-Executive Director, Kath Smart around potential additional income from the Stroke Rehabilitation business case, Peter Anderton confirmed there would be a potential service level agreement with other services in the future, however the current business case reflects no additional income.</p> <p>Non-Executive Director, Kath Smart also highlighted that utilising existing funds within the dormant funds balance to support this case and would help reduce the funds list. A further</p>	
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	<p>request from the Clinical lead for Stroke Rehabilitation for donations for consumables which could be funded from this list.</p> <p>The Surgical Robot business case to be circulated outside of the meeting before the end of December, the case had been brought to the Charitable Funds Committee for an agreement to fund the case to secure the discount. Once circulated, either virtual agreement or a separate meeting to be arranged.</p> <p>The Hydrotherapy business case would have grounds for a major fundraising appeal in the future.</p> <p>The Chair of the Board supported all 3 cases, however asked for a firmer understanding around revenue links to the cases and the longer term commitments for the Fred and Ann Green Legacy such as the shuttle bus. The Chief Financial Officer reiterated the ongoing costs which aren't linked to the charity. Once the estate and courtyard costs are revisited, the expectation was that there would be more than £100K left in the Fred and Ann Green Legacy to support the shuttle bus, however this would be an issue to resolve in the future.</p> <p>The Chair encouraged that the Stroke Rehabilitation equipment be utilised to full capacity as quickly as possible.</p> <p>The Chief Financial Officer confirmed exploratory discussions had been undertaken to ensure sufficient training, not just for surgeons but for theatre nurses before rolling out the sessions. There would be a 14 week process for surgeons to get up to speed on the equipment.</p> <p>The Chief Nurse highlighted that the Hydrotherapy business case does not sit under additionality as with the other 2 cases, however asked if the Stoke Rehabilitation equipment could be utilised for those patients seeking to use hydrotherapy services. The Clinical lead for Stroke Rehabilitation confirmed the equipment could be used to benefit these patients.</p> <p>The committee agreed to fund the Stroke Rehabilitation suite and the Surgical Robot, the business case proposal would be circulated as agreed.</p>	JS/MB
	<p><i>The Committee:</i></p> <p>- <i>Approved the expenditure, as detailed above.</i></p>	
CFC23/12/B3	<u>Investment Portfolio</u>	
	<p>The paper was taken as read. The Chief Financial Officer highlighted that the re-tendering for the support for the investment process was imminent, therefore would be seeking Non-Executive Directors as volunteers to be part of that process. Non-Executive Director, Kath Smart confirmed that she would be happy to be involved, however would step aside should another Non-Executive Director like to be involved. As the paper was written prior to the business cases being approved, rework would be required to the document.</p>	MB
	<p><i>The Committee:</i></p> <p>- <i>Noted the Investment Portfolio report.</i></p>	

CFC23/12/B4	<u>DBHS – Charity Support Proposal Paper</u>	
	<p>The Managing Director of Doncaster and Bassetlaw Healthcare Services Limited highlighted the goal of the proposal was around operational structure. The governance and sign off would remain in place. The paper was taken as read, however the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited indicated the three key parts of the structure.</p> <ol style="list-style-type: none"> 1. Achieving operational excellence 2. Delivering strategic growth 3. Maintaining strong financial grip and transparency <p>The structure was based on the here and now and the next 3 to 4 years. There could be a caveat around the structure being staggered or phased based on charity milestones that are reached at certain points. The structure would be required to ensure the growth was deliverable, however the salaries that had been highlighted within the report were driven on market analysis, therefore there may be some leeway. The Managing Director of Doncaster and Bassetlaw Healthcare Services Limited highlighted key points taken from the MORE report where the proposed structure would support the delivery on all the points previously raised.</p> <ol style="list-style-type: none"> 1. Unified charity approach and organisational structure. 2. Reactive grant making to strategic and measured grant making with clear impact goals. 3. Streamlined fundraising approach with return on investment (ROI) consideration. 4. A good financial grip, checks, balances and evidence based decision making. <p>The management fee indicated would be funding a 2 day a week from the wholly owned subsidiary (WOS) to support the expertise required to grow the charity. The fee was considered lower than market value.</p> <p>In response to one of the questions raised by the Deputy Chief Executive Officer around speed of process, the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited advised that the original view was to be operational by the next financial year. In terms of faring with other charities, the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited shared previous experiences and indicated that with the proposed structure, a target of £1m on pure income would be achievable.</p> <p>Non-Executive Director, Lucy Nickson agree that the structure would be deemed top heavy, however would be interested in roles within the structure and the level of autonomy between the Head of the Charity and the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited. In response there would need to be some alignment with volunteering and with the charity in terms of the autonomy between roles. In the longer term, the Head of the Charity would be critical for the day to day charity focus. It was agreed the urgency around getting the right skill mix in place to generate income as funds are rapidly depleting.</p> <p>In response to a question from the Chair and the Chief Nurse around volunteering, the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited confirmed that a wider conversation would be required to clarify the volunteering expectation and associated costs.</p> <p>The Chief People Officer questioned the resource costs and if it had been pitched at the correct level. The Managing Director of Doncaster and Bassetlaw Healthcare Services</p>	

	<p>Limited confirmed the Service Level Agreement would need to be clear, however the Chief Financial Officer explained the allowance would not cover all professional advisor role costs. The level of funding at this stage would seem reasonable, however would require a review to ensure the correct investment was in place to help progress the charitable funds.</p> <p>The Chair of the Board raised concerns around managing a stronger grip and control of the business as usual before investing in a new structure. A deeper discussion around expectations of the roles to manage the governance and growth of the charitable funds was undertaken and the urgency to get the right support in place sooner rather than later.</p> <p>It was agreed that the proposal had been accepted by the committee, however a task and finish group would formulate an agreed transition plan in readiness for the next meeting. The Deputy Chief Executive Officer would lead the task and finish group consisting of the Chair, Non-Executive Director Lucy Nickson, the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited.</p>	ZJ/HB/LN /MO
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>The DBHS – Charity Support Proposal had been accepted, the Task and Finish Group to present the transition plan.</i> 	
CFC23/12/B5	<p><u>Charitable Funds Development Committee Report</u> <u>Charitable Funds Development Committee Terms of Reference</u></p>	
	<p>The Chief Nurse summarised the key points from the Charitable Funds Development Committee. Out of the allocated budget of £725K, £482K had been committed to date. The Finance team to confirm actual spend to date.</p> <p>The Chair questioned why safeguard training had been requested, in responses the Chief Nurse confirmed that the training was not mandatory training, it was over and above.</p> <p>The Terms of Reference had been reviewed by the Charitable Funds Development Committee, the main change was around divisional sense check sign off to ensure sensible requests are presented to the committee. The Charitable Funds Committee noted the Terms of Reference.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Charitable Funds Development Committee Report and Terms of Reference.</i> 	
CFC23/12/C1	<u>Overview of Current and Planned Activities</u>	
	<p>The Director of Communications and Engagement highlighted key points from the report, including an update on the recommendations from the MORE Partnership which tied into the earlier discussions, the planned activities would continue into the transition phase.</p> <p>The Director of Communications and Engagement updated the committee on work with the Trust's Capital Planning Unit (CPU) to identify above and beyond requirements in the development of some of the Trust's major capital schemes. Bassetlaw Emergency Village was identified as an area where the charity could support. The request was for the installation of an external canopy within the children's play area and to include additional play equipment and various sensory related equipment which would support the whole</p>	

	<p>Emergency Village. The fundraising appeal would propose to start in January in readiness for the opening of the Emergency Village at the end of the year.</p> <p>The committee agreed to support this appeal.</p> <p>The Director of Communications and Engagement shared news that the charity had been nominated for two awards at the Doncaster Chamber Awards being held that evening. Nominations for Campaign of the Year for the Serenity appeal and Charity of the Year. The committee passed on their well wishes.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Approved the Overview of Current and Planned Activities.</i> 	
CFC23/12/C2	<u>Feedback from Fund-Holder on Funded Scheme - Serenity Suite (Verbal)</u>	
	The Fundraising Manager shared feedback on behalf of the Specialist Bereavement Midwife, Rhian Morris, who had departed the meeting. Positive feedback had been received following the opening of the suite and several families had requested something similar at Bassetlaw and other areas such as Gynae and Neonates. Other Trusts have also shown an interest and have been inspired by the success of the suite to start their own appeal.	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Feedback from Fund-Holder.</i> 	
CFC23/12/D1	<u>Annual Report & Accounts 2022/2023</u>	
	The Head of Financial Control updated the committee on the progress of the external auditor review. The expectation was to meet the deadline for submission which was scheduled for the end of January 2024. Any additional information would be shared with the committee outside of the meeting via the Chair and the Chief Financial Officer. No questions were raised.	
CFC23/12/D2	<u>ISA260 External Audit Report</u>	
	The Head of Financial Control advised the committee that the report was still working progress and unavailable at the time of the meeting.	
CFC23/12/E1	<u>Governor Observations (Verbal)</u>	
	No attendees at the meeting.	
CFC23/12/F1	<u>Minutes of the Sub-Committee Meeting</u>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the minutes of the Charitable Funds Development Committee of 4 September 2023.</i> 	

CFC23/12/F2	<u>Minutes of the Charitable Funds Committee Meeting held on 29 September 2023</u>		
	<i>The Committee</i> <ul style="list-style-type: none"> - <i>Approved the minutes from the Charitable Funds Committee of 29 September 2023</i> 		
CFC21/12/F3	<u>Any Other Business</u>		
	No items of other business were received.		
CFC22/12/F4	<u>Assurance Summary</u> <p>The Committee is asked if it is assured, on behalf of the Board of Directors on the following matters. Any matters where assurance is not received, will be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> - Matters discussed at this meeting, - Progress against committee associated Executive's objectives, - Divisional compliance with the Trust's risk management process <p>The committee was assured.</p>		
CFC22/12/F5	<u>Date and time of next meeting</u> <p>Thursday 7 March 2024 Via MS Teams Time 13:30</p>		
	Meeting closed:	15:45	

2403 - H7 MINUTES OF TRUST EXECUTIVE GROUP - 13 NOVEMBER, 11 DECEMBER 2023 & 8 JANUARY 2024



Information Item



Richard Parker OBE, Chief Executive

REFERENCES

Only PDFs are attached



F7 - Trust Executive Group Minutes - 13 November 2023.pdf



F7 - Trust Executive Group Minutes - 11 December 2023.pdf



F7 - Trust Executive Group Minutes - 8 January 2024.pdf

TRUST EXECUTIVE GROUP

**Minutes of the Meeting of the Trust Executive Group (TEG)
Held on Monday 13 November @ 2pm via Microsoft Teams**

Present:	<p>Richard Parker – Chief Executive (Chair) Zara Jone – Deputy Chief Executive Fiona Dunn - Director of Corporate Affairs / Company Secretary Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Jochen Seidel – Divisional Director for Clinical Specialties Andrew Pope – Interim Chief Information Officer Alex Crickmar - Deputy Director of Finance Zoe Lintin – Chief People Officer Denise Smith – Chief Operating Officer Karen Jessop – Chief Nurse Anurag Agrawal - Divisional Director for Medicine Nick Mallaband - Medical Director for Workforce and Specialty Development (interim Executive Medical Director) Eki Emovon - Divisional Director for Children and Families Emma Shaheen – Director of Communications and Engagement</p>
In attendance:	<p>Laura Brookshaw - 360 Assurance Anneleisse Siddall – Corporate Secretary (Minutes) Kaylee Daniels – Corporate Secretary (Observer) Helen Burroughs - Divisional Director of Operations (Children and Families) Robert Mason - Head of Quality Improvement Lauren Bowden - Divisional Director of Operations (Specialty Medicine) Andrew Potts - Divisional General Manager for Clinical Specialities Laura Churm - Divisional Nurse for Children and Neonates Emma Galloway –Divisional Nurse Clinical Specialties Heather Jackson – Director of Allied Health Professionals Lucy Hammond - Divisional Director of Operations (Surgery and Cancer) Ranjit Pande- Divisional Director for Surgery Nabeel Alsindi – Place Medical Director for Doncaster/SY ICB Laura Sherburn – Chief Executive of Primary Care Doncaster Limited Joanna Stedman – Divisional Nurse for Urgent and Emergency Care Elizabeth Dunwell – Divisional Nurse for Surgery Paul Mapley – Efficiency Director</p>
Apologies:	<p>Dr Tim Noble - Executive Medical Director Jon Sargeant – Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT) Lorna Ball – Divisional Nurse for Medicine Sam Debbage - Director of Education & Research</p>

		<u>ACTION</u>
TEG13/11/A0	<u>Internal Audit Acton Log Update</u>	
	<p>Laura Brookshaw of 360 Assurance informed there had been no immediate changes from the circulated report.</p> <p>Laura informed of the actions outstanding, Job planning had been deferred to December 2023 and Divisional Risk Management and Performance Management was undergoing assessment.</p> <p>The Chief Executive asked Leads to note outstanding audit actions and stressed the importance of closure rates to meet Trust objectives.</p> <p>The Deputy Chief Executive asked if the delivery of information to TEG could be revised to include Lead Officers comments on outstanding actions. Laura agreed this could be reassessed with The Deputy Chief Executive and Director of Corporate Affairs / Company Secretary.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Noted the Internal Audit Acton Log Update.</i></p>	
TEG13/11/A1	<u>Welcome and Apologies for Absence</u>	
	The Chief Executive welcomed attendees to the meeting and noted Apologies.	
	<i>The Committee:</i>	
TEG13/11/A2	<u>Matters Arising / Action Log</u>	
	<p><u>Harm Review Policy</u> The Acting Medical Director informed the harm review policy had not been completed but assured work was underway, The Chief Operating Officer noted the final draft would be brought back in December for approval with the provision it had been circulated to Divisional Teams prior.</p> <p><u>Mortality Review</u> The Acting Medical Director explained Mortality review was included in the agenda.</p> <p><u>IPC</u> The Chief Nurse confirmed updates had been provided within the agenda.</p> <p><u>Neonatal Workforce review</u> The Chief Executive informed a robust action plan would fall under BAPM Standards and closed the action.</p>	
TEG13/11/A3	<u>Conflict of Interest</u>	
	There were no conflicts of interests declared.	

TEG13/11/A4	<u>Requests for any other business</u>	
	There had been no request for other business.	
TEG13/11/A5	<u>Chief Executive Update</u>	
	<p>The Chief Executive informed the Integrated Care Board (ICB) was undergoing work related to a Management Cost Reduction Programme and was in consultation phase, a new structure would be implemented by January 2024.</p> <p>It was highlighted by the Chief Executive changes to ERF would be worked on with the ICB to gain financial balance in preparation of the financial year-end.</p> <p>The Chief Executive noted the Pathology Board Programme had gone through Acute Federation and expressed the importance for DBTH to support the transitional period.</p> <p>The Chief Executive informed the development of the EPR business case had been agreed and a presentation would be sent to board.</p> <p>The Chief Executive explained how the Chief Executive from NHS Providers had visited the Trust to discuss the challenges within the Trust.</p>	
	<p><i>The Committee:</i></p> <p>- <i>Discussed the Chief Executive Update</i></p>	
TEG13/11/B1	<u>Medical Director Clinical Update</u>	
	<p><u>Job planning</u></p> <p>The Acting Medical Director informed there had been progression on Job plans and there would be work undertaken to support the 20% that had not been completed, it was noted the division of surgery had five job plans above fifteen PA.</p> <p><u>Virtual ward</u></p> <p>The Acting Medical Director noted attendance of patients on virtual ward had increased to twenty-five and was improving. It was noted communications with RDaSH had taken place in relation to pathways for community Geriatricians.</p> <p>Dr Alsindi asked what actions the Trust had undergone to ensure referrers understood which patients could or could not be admitted to virtual ward. The Chief Executive explained a standard operating procedure would need to be in place and the Acting Medical Director confirmed selected patients for virtual ward had not been accepted due to location.</p> <p><u>CT demand</u></p> <p>The Acting Medical Director expressed concern related to CT demand as the Trust had carried out 50% more CT scans than necessary as such I-refer pathways had been opened to manage demand however consultant requests had closed.</p> <p>The Deputy Chief Executive asked the Acting Medical Director if reducing CT demand had not been remedied due to the volume of actions and limited time or had accurate solutions not been presented.</p>	

	<p>The Acting Medical Director confirmed there was more work to be carried out and a gatekeeping process may need to be present, though this may cause clinical delay.</p> <p>The Director of Clinical Specialties confirmed Sheffield Teaching Hospitals had a senior clinical oversight colleague that overseen the referrals of CT scans and would approve or reject.</p> <p><u>Appraisals</u></p> <p>The Medical Director informed the NHSE standards target of 85% had been achieved with the Trust achieving 93%.</p> <p>The Chief People Officer informed medical appraisals had been discussed at People Committee and it had been agreed to sustain a Trust Standard of 90%.</p> <p><u>HSMR/SHMI</u></p> <p>The Medical Director explained how HSMR and SHMI had reduced overall but the latest figures had been higher than expected. There was concern that the depth of coding did not meet the national average expectations, it was assured work with coders would be undertaken through a new project and would ensure data was captured correctly and in-depth.</p> <p>There had been issues with pneumonia HSMR so project work with AMU was carried out to tackle them. Sepsis audits shown care would need to be improved, as such a sepsis tracker dashboard and investments was being looked into.</p> <p><u>Medical Examiner's Office</u></p> <p>The Medical Director stated all deaths are examined and there had been a review of Subject Judgement Review (SJR).</p> <p><u>PAs</u></p> <p>The Acting Medical Director informed of consultants having high volumes of PA work and proposed to review any above fifteen in aid to reduce them. The Chief Operating Officer supported the review.</p> <p>The Director of Clinical Specialties agreed with the overall principle but informed there may need some exceptions.</p> <p>The Chief Executive asked the committee if they were happy to support, to which they agreed. It was asked for the Acting Medical Director to bring the PA paper back to TEG for approval.</p>	NM
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Medical Director Clinical Update and supported the PA proposal and welcomed the paper back to TEG.</i> 	
TEG13/11/B2	<u>Chief Nurse Report</u>	
	<p>The Chief Nurse highlighted key areas within the Chief Nurse Report.</p> <p><u>Infection Prevention Control</u></p> <p>The Chief Nurse updated there had been two cases of MRSA Breakouts since the last reporting period.</p>	

	<p><u>Patient Safety Incident Response Plan (PSIRP)</u> The Chief Nurse informed the Integrated Care Board (IBC) was due to review PSIRP with a plan to commence a formal transition on 01 December 2023, in line with planned timescales.</p> <p><u>Learning from patient safety events (LFPSE)</u> The Chief Nurse stated there had been changes to DICE and NRLS had been replaced by LFPSE which had gone live. It was noted there was a need to release communications related to data input on LFPSE.</p> <p><u>Vacancy Position</u> The Chief nurse informed the overall vacancy positioned continued to improve.</p> <p><u>Patient Experience Metrics</u> The Friends and Families Test (FFT) had dropped considerably in relation to response times and the chief nurse informed October targets had not been met due to gaps within the trust, however, discussions would take place with divisional nurses.</p> <p><u>Clostridioides Difficile (CDI)</u> The Chief Nurse explained the Trust was still within the annual threshold of CDI cases and benchmarking data had been included to show the Trusts position compared with other Trusts and noted the need to take actions.</p> <p>The Chief Nurse informed the deep cleaning programme had not achieved a good outcome due to limited deep clean facilities available, and the length of time it takes for machines complete the clean (Up to ten hours)*. The head of facilities, Paul Bird, had been contacted for information on reasonable timescales. <i>Post Meeting Note confirmed the average time for clean was four hours.</i></p> <p>The Chief Nurse explained four beds could be closed to progress the use of deep cleaning programme but opened discussions for other options.</p> <p>The Chief Executive asked if learning from other sites could be made.</p> <p>The Director of Innovation and Strategy asked the Chief Nurse if discussions could be made outside of the meeting.</p> <p>The Chief Operating Officer stated there had not been a decant ward present on the DRI site, effort could be made by closing a bay at a time but stressed it would be a slow process.</p> <p>The Chief Executive asked the group if plans to set aside a deep cleaning programme should be agreed for the winter months, the committee agreed.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Chief Nurse Report.</i> 	

TEG13/11/B3	<u>Operational Update</u>	
	<p>The Chief Operating Officer explained within the Patient Initiated Mutual Aid System (PIDMAS) over 3000 patients had been contact with 46 responses gained, however the NHS would not progress the next cohort and would be on hold. It was asked for Divisions to share with Divisional Management Boards.</p> <p>The Chief Operating Officer informed the new OPEL framework for 2023-24 would be implemented from December 2023 with set parameters and scores dependant on triggers. The Chief Operating Officer confirmed there would be a separate ICS and regional score and the Deputy Director of Nursing for Operations would work with divisions.</p> <p>The Director for clinical specialties asked if the OPEL escalation levels was due to administrative or clinical response. The Chief Operating officer confirmed this was due to clinical and operational response.</p> <p>The Chief operating Officer stated the Trust was signing off the October position for the Access Standards which had shown deterioration in emergency care access within the 4-hour, 12-hour, and ambulance handover but further work would be undertaken for the winter period.</p> <p><u>Winter Plan</u></p> <p>The Chief Operating Officer informed how the Winter plan had taken longer than expected and work had not been in full completion, however there had been discussions with divisions related to B floor at Bassetlaw and the option to open beds in aid to maximise medical inpatient capacity, once confirm and challenge around use of the beds had been decided, the final winter plan would be available.</p> <p>Other Schemes Prioritised are.</p> <ul style="list-style-type: none"> • Paramedics in the Emergency Department (ED) • Middle Grade in Paediatrics (Weekend) • Surgical Same Day Emergency Care • TACU (7 Days a week) • Additional Transport for ED • Additional Acute Medicine Consultants <p>The Deputy Chief Executive asked if the resources were planned into the winter plan alongside budgets.</p> <p>The Chief Operating Officer informed once the winter plan had been finalised with the additional B floor plan, this would be circulated and raised at the Finance and Performance committee.</p> <p>The Chief Operating Officer asked the committee if they were supportive with holding four beds for the deep clean programme. The committee agreed to support under the provision an action plan was completed and circulated.</p>	<u>ALL DIVIS IONS</u>

	<p><u>Pain Management</u></p> <p>The Divisional General Manager for Clinical Specialties informed due to the moratorium pause in referrals from Primary Care, the waiting list had improved and allowed for discussions and development within community pain services in Doncaster, it had also been considered by the Division to not reopen by November 2023 due to a change of system and the inability to meet demand which no longer included physiotherapists.</p> <p>The Divisional General Manager for Clinical Specialties highlighted pain consultants felt General Practitioners (GPs) should retain rights to refer directly to the Pain Unit and Dr Alsindi expressed an objection to point four in the paper*. The Chief Operating Officer stated the closure had impacted Sheffield Teaching Hospitals.</p> <p><i>*Post Meeting Note Dr Alsindi confirmed he was comfortable with recommendations if all was adopted, however, could not support the extension of the closure to referrals if there was no other community service until March 2024.</i></p> <p>The Deputy Chief Executive asked what impact the closure had on patients. The Divisional General Manager for Clinical Specialties confirmed referrals had redirected elsewhere. The Director of Allied Health Professionals informed there had been an increase in chronic pain patients due to gaps within pain service.</p> <p>Ranjit Pande stated they would rather have no pain service than an inadequate pain service.</p> <p>The Chief Executive of Primary care asked how the service would be expedited within the community.</p> <p>The Chief Executive informed a discussion had taken place with Anthony Fitzgerald and this highlighted the need for alternative community solution with the understanding patients was on the correct pathway, therefore was happy to support the process but work would need to be undertaken to describe pathways, MDT, and alternative solutions.</p> <p>The Divisional General Manager for Clinical Specialties explained on an interim basis whilst plans were looked into, an external contractor within community pain service could be used for a six-month period.</p> <p>The Chief Executive informed an understanding of which patients could be referred via GPs to the Consultant of Pain Management needed to be precise.</p> <p>The Chief Executive summarised there would be an extended six-months limited referral of pathways for Physiotherapists whilst other options would be explored, this would include clear description of consultant referrals and an accelerated programme of work with Primary Care colleagues towards the development of a community-based model using an MDT approach.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Approved the draft winter plan</i> - <i>Discussed Pain Services</i> - <i>Noted the Operational Update</i> 	

TEG13/11/B4	<u>Acute Paediatric Innovator Programme</u>	
	This item was deferred to December 2023's Trust Executive Group.	
TEG13/11/B5	Date and time of next Trust Executive Group meeting Part One: Monday 11 December 2023 14:00-15:00 Via Microsoft Teams	

TRUST EXECUTIVE GROUP

**Minutes of the Meeting of the Trust Executive Group (TEG) – Part One
Held on Monday 11 December 2023 @ 2pm via Microsoft Teams**

Present:	<p>Richard Parker – Chief Executive (Chair) Zara Jones – Deputy Chief Executive Fiona Dunn - Director of Corporate Affairs / Company Secretary Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Jochen Seidel – Divisional Director for Clinical Specialties Alex Crickmar - Deputy Director of Finance Zoe Lintin – Chief People Officer Denise Smith – Chief Operating Officer Karen Jessop – Chief Nurse Anurag Agrawal - Divisional Director for Medicine Nick Mallaband - Medical Director for Workforce and Specialty Development (interim Executive Medical Director) Eki Emovon - Divisional Director for Children and Families Emma Shaheen – Director of Communications and Engagement Sam Debbage - Director of Education & Research Jon Sargeant – Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT)</p>
In attendance:	<p>Anneleisse Siddall – Corporate Secretary (Minutes) Kaylee Daniels – Corporate Secretary (Observer) Helen Burroughs - Divisional Director of Operations (Children and Families) Lauren Bowden - Divisional Director of Operations (Specialty Medicine) Andrew Potts - Divisional General Manager for Clinical Specialities Eithne Cummins – Divisional Director for Urgent and Emergency Care Laura Churm - Divisional Nurse for Children and Neonates Heather Jackson – Director of Allied Health Professionals Lucy Hammond - Divisional Director of Operations (Surgery and Cancer) Ranjit Pande- Divisional Director for Surgery Nabeel Alsindi – Place Medical Director for Doncaster/SY ICB Lois Mellor – Director of Midwifery Laura Sherburn – Chief Executive of Primary Care Doncaster Limited Joanna Stedman – Divisional Nurse for Urgent and Emergency Care Elizabeth Dunwell – Divisional Nurse for Surgery Cathy Hassell - The Managing Director of South Yorkshire and Bassetlaw Acute Federation Matt Sandford - Interim Divisional General Manager Urgent and Emergency Care</p>
Apologies:	<p>Dr Tim Noble - Executive Medical Director Lorna Ball – Divisional Nurse for Medicine Emma Galloway –Divisional Nurse Clinical Specialties Anthony Jones - Deputy Director of P&OD Andrew Pope – Interim Chief Information Officer</p>

		<u>ACTION</u>
TEG23/12/A1	<u>Acute Paediatric Innovator Programme</u>	
	<p>The Managing Director of South Yorkshire and Bassetlaw Acute Federation (SY Acute Fed) confirmed that NHS England had launched a scheme named Provider Collaborative Innovator Scheme and the Acute Federation had been successful in securing a place on the programme.</p> <p>The South Yorkshire and Bassetlaw Acute Paediatric Innovator Programme included DBTH and an explanation was given on the pathways and collaborative work streams included.</p> <ol style="list-style-type: none"> 1. Care Closer to home through virtual ward. 2. Improving Access: ENT Elective Care. 3. Improving access: Dental Services. 4. Developmentally appropriate Healthcare for children and young people transitioning to adult care. 5. Delegated commissioning for SYB Collaborative Paediatric Secondary Care. <p>The Chief Executive thanked The Managing Director of SY Acute Fed for the presentation and asked the committee if they had any questions.</p> <p>The Deputy Chief Executive asked if the two-year timeline had taken into consideration risks and challenges that could impact timescales. The Managing Director of SY Acute Fed informed timelines had been self-imposed within the planning process and dependencies would be down to workforce, funding implications, and whether there would be service changes.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Discussed the Acute Paediatric Innovator Programme.</i> 	
TEG23/12/A2	<u>Welcome and Apologies for Absence</u>	
	The Chief Executive Welcomed the committee and noted apologies.	
TEG23/12/A3	<u>Matters Arising / Action Log</u>	
	<p><u>Action Log</u></p> <p>Action 5: Medical Director Clinical Update. The Acting Medical Director informed this action was embedded within the Medical Director Clinical Update.</p>	
TEG23/12/A4	<u>Conflict of Interest</u>	
	There were no conflicts of interests declared.	
TEG23/12/A5	<u>Requests for any other business</u>	
	There had been no request for other business.	

TEG23/12/A6	<u>Chief Executive Update</u>	
	<p>The Chief Executive informed how the National and Integrated Care Board (ICB) finance position remained challenged with additional savings of £109m needed to be made within ICB, although money had been secured from the treasury of £800m to support financial pressures only £100m was additional money. The Chief Executive informed how the ICB had submitted a plan to reduce deficit down to £54m.</p> <p>The Chief Executive informed Junior Doctors had confirmed further Industrial Action (IA) between 20 December to 23 December and again 03 January to 09 January, it was noted planning had begun and partners would be contacted in aid in mitigating risk.</p> <p>The Chief Executive confirmed that Doncaster Place Chief Executives would be visiting DRI Emergency Department on 18 December 18:00pm for discussions about the winter plan, expected pressures and the mitigation of the potential risks throughout the winter period.</p> <p>The Chief Executive updated the committee that the Pathology Programme FBC would require further consideration at Barnsley and Rotherham Trusts but that it was expected the business case would be signed off by Barnsley in December and Rotherham in January.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Discussed the Chief Executive Update.</i> 	
TEG23/12/B1	<u>Medical Director Clinical Update</u>	
	<p>The Acting Medical Director informed the committee on progress with job planning and compliance.</p> <p>The Acting Medical Director updated on the aim of setting standards around job planning and specifically working towards a ceiling of 14 pa's reducing to 12.</p> <p>The Chief People Officer stated early engagement was recommended with JLNC and MAC. It was asked of the Acting Medical Director if new job plans had been taken into consideration when allocating job plans equally. The Acting Medical Director stated new job plans had been taken into consideration along with old job plans but both remained challenged.</p> <p>The Chief Executive informed discussions had taken place whereby job plans that had beyond 48 hours per week should be agreed within the Medical Directors Office. It was also noted by the Chief Executive that job plans should be aligned with strategic priorities and contribute towards professional development.</p> <p>The Finance Officer stated productivity must not be reduced, or additional finance pressures created and noted that changes to pa's should be included in business planning.</p> <p>The Divisional Director of Clinical Specialties agreed the need to spread out job planning fairly and equally.</p>	

	<p>The Divisional Director for Medicine asked how the reduction in PAs would measure against clinical and non-clinical activities and if there had been benchmarking against other Trusts. The Medical Director confirmed GIRFT reports had shown the Trusts individual consultant costs to be higher, however, the Trust had fewer consultants which balanced costs.</p> <p>The Divisional Director of Children and Families asked for the plan to look at sickness leave measured against PA work.</p> <p>The Chief Operating Officer supported the principles and suggested the Job plan be linked with demand, capacity, and skill mixing.</p> <p>The Finance Officer informed of pressure given by the ICB Finance team related to whole time and productivity.</p> <p>The Director of Education and Research confirmed support of the job planning process.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Discussed the Medical Director Clinical Update and supported the development of the job planning process.</i> 	
TEG23/12/B2	<u>Chief Nurse Report</u>	
	<p>The Chief Nurse informed the CQUIN Flu vaccination for frontline healthcare workers had reached approximately 40% but had not achieved the CQUIN minimum target, it was noted how the communications team had started promoting the flu campaign in efforts to achieve higher results of participation.</p> <p>The Chief nurse stated the identification and responses to frailty and emergency departments had been highlighted as a risk however the division had devised an improvement plan.</p> <p>The Chief Executive noted the COVID Vaccination had reached 18% and asked for members of the team to promote and support vaccination within divisions.</p> <p>The Chief Nurse described amendments to proposals around patient and staff COVID testing with changes that included 3 ,5 and 7 days testing.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Chief Nurse Report.</i> 	
TEG23/12/B3	<u>Fit Note</u>	
	<p>The Director of Allied Health Professionals outlined how changes in legislation from July 2022 allowed nurses, occupational therapists, and pharmacists to certify fit notes alongside recommendations of training.</p> <p>The Chief Executive asked for further information to be included related to issuing fit notes for colleagues as the context wasn't clear.</p>	

	<p>The Deputy Chief Executive asked the Director of Allied Health Professionals what the Trust would need to ensure compliance. The Director of Allied Health Professionals confirmed recommendations were not mandated and was open to interpretation, however it seemed relevant to undertake training.</p> <p>The Divisional Director for Urgent and Emergency Care suggested patients be issued fit notes, but not carried out for colleagues within the same department due to conflicts.</p> <p>The Director of Allied Health Professionals informed the group there was a need to have the ability to provide an E-fit note. However this would not come with financial penalty and the Chief Executive asked for a risk and benefit assessment to be undertaken to determine if this was feasible and a priority. The Director of Allied Health Professionals confirmed she would liaise with the IT department to assess the risk.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Supported the development of training to allow practitioners to provide fit notes and for the DAHP to liaise with IT to determine the options for e-fit notes.</i> 	
TEG23/12/B4	<u>Operational Update</u>	
	<p><u>Access Policy</u></p> <p>The Chief Operating Officer informed of an updated Access Policy and asked colleagues to send feedback by the 27 December 2023.</p> <p>The Deputy Chief Executive asked if the policy would need to return to the Trust Executive group if amendments are made. The Chief Operating Officer notified as part of control the policy, it would go through the Trusts' access group.</p> <p>The Director of Corporate Affairs / Secretary stated it would be good practice to include the policy on the Trust website, the Chief Operating Officer agreed.</p> <p><u>Choice Policies</u></p> <p>The Chief Operating Officer informed how the choice Policies from Nottingham and South Yorkshire had been aligned and followed national discharge policy. The committee approved the policies.</p> <p><u>Harm Review Policy</u></p> <p>The Chief Operating Officer stated the harm review policy related to patients on an admitted pathway, it was asked of the group to approve the policy. The Chief Operating Officer noted colleagues across South Yorkshire had been contacted but feedback had not been received.</p> <p>The Deputy Chief Executive asked if the policy had been implemented previously or if the policy was new to the Trust. The Chief Operating Officer confirmed there had been a harm review policy in place for Cancer but not a standardised process for other specialties.</p> <p>The Director of Corporate Affairs / Company Secretary asked the Medical Director if it would be suitable to take the policy to the next clinical governance meeting, to which the Chief Finance Officer supported. The Chief Operating Officer mentioned the</p>	

	<p>urgency of the policy and requested this be brought to the clinical governance meeting as a post approval implementation.</p> <p>The Chief Executive supported approval of the policy under the provision the Clinical Governance Meeting would be sighted and sent to Quality Effective Committee to note. The Medical Director would circulate the policy within the clinical governance meeting, and the Chief Operating Officer confirmed an SOP would be developed.</p> <p><u>Elective Inpatient Surgery</u></p> <p>The Chief Executive informed of the Junior Doctors Industrial Action in January and how this could impact the winter plan as such The Chief Operating Officer proposed a review of elective inpatient surgery with a focus on P2 and category two patients which would free up beds for emergency demand. The Chief Operating Officer noted the risk of the 65 week waits delivery and potential impact on ERF, however the Montagu Elective Orthopaedic Centre (MEOC) would be open the second week in January therefore mitigate some of the risk. It was asked of Trust Executive to support and approve the proactive approach for January 2024.</p> <p>The Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT) informed how MEOC would open on the 15 January 2024 and would mitigate risk for the ICB but not the Trust.</p> <p>The committee approved the Elective Inpatient Surgery plan with a review to be concluded the second week of January for February's plan.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Approved the Harm review policy.</i> - <i>Approved the Elective Inpatient Surgery Plan and review.</i> 	
TEG23/12/B5	<u>Humber Acute Services</u>	
	<p>The Director of Communications and Engagement summarised the Humber Acute Services review which had been launched to consultation by NHS Humber and North Yorkshire Integrated Care board (ICB), specifically around NLAG services and the consultation on changes to services provided at Scunthorpe and Grimsby Hospitals. It had been asked of the Trust Executive Group to note and send feedback / concerns to the Director or Communications and Engagement.</p> <p>The Chief Executive noted the proposal could mean out of area patients choose to come to Doncaster Bassetlaw Teaching Hospitals, to which the Acting Medical Director stated challenges may be faced related to bed availability and asked if additional finances would be given to the Trust.</p> <p>The Divisional Director for Urgent and Emergency Care requested further information be circulated before a case be implemented.</p> <p>The Director of Finance informed a capital scheme would have to be notified to the Trust and the Trust feedback on the impact on capital with weekly estate and running costs.</p>	

	<p>The Chief Operating Officer informed a meeting would be attended with The Deputy Chief Executive and Kerry, Operational lead, to discuss operational impact.</p> <p>The Director of Innovation and Infrastructure confirmed modelling had been received and would circulate to the Divisional Directors and the Director of Communications and Engagement.</p> <p>The Divisional Director of Clinical Specialties emphasised how out of area care had historically been prolonged due limited out of area resources related to clinical background.</p> <p>The Director of Communications and Engagement asked members to send feedback by the 20 December 2023.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Discussed the Humber Acute Services and request to provide comments or concerns to the Director of communication.</i> 	
TEG23/12/B6	Minutes of the Trust Executive Group dated Monday 13 November 2023	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Approved minutes dated 13 November 2023.</i> 	
TEG11/12/B7	<p>Date and time of next Trust Executive Group meeting Part One: Monday 08 January 2023 14:00-15:00 Via Microsoft Teams</p>	

TRUST EXECUTIVE GROUP

**Minutes of the Meeting of the Trust Executive Group (TEG) – Part One
Held on Monday 08 January 2024 @ 2pm via Microsoft Teams**

Present:	<p>Zara Jones – Deputy Chief Executive (Chair) Anurag Agrawal - Divisional Director for Medicine Ken Agwuh – Director of Infection and Control Alex Crickmar - Deputy Director of Finance Fiona Dunn - Director of Corporate Affairs / Company Secretary Kirsty Edmondson-Jones - Director of Innovation & Infrastructure Eki Emovon - Divisional Director for Children and Families Dan Howard – Chief Information Officer Zoe Lintin – Chief People Officer Nick Mallaband - Medical Director for Workforce and Specialty Development (interim Executive Medical Director) Emma Shaheen – Director of Communications and Engagement Denise Smith – Chief Operating Officer</p>
In attendance:	<p>Lorna Ball – Divisional Nurse for Medicine Simon Brown – Deputy Chief Nurse Lauren Bowden - Divisional Director of Operations (Specialty Medicine) Helen Burroughs - Divisional Director of Operations (Children and Families) Laura Churm - Divisional Nurse for Children and Neonates Eithne Cummins – Divisional Director for Urgent and Emergency Care Kaylee Daniels – Corporate Secretary (Observer) Elizabeth Dunwell – Divisional Nurse for Surgery Emma Galloway – Divisional Nurse for Clinical Specialty Services Lucy Hammond - Divisional Director of Operations (Surgery and Cancer) Mel Howard – Divisional General Manager for Medicine Heather Jackson – Director of Allied Health Professionals Lois Mellor – Director of Midwifery Ranjit Pande- Divisional Director for Surgery Matt Sandford - Interim Divisional General Manager Urgent and Emergency Care Anneleisse Siddall – Corporate Secretary (Minutes) Joanna Stedman – Divisional Nurse for Urgent and Emergency Care Howard Timms – Acting Operational Director of Estates and Facilities</p>
Apologies:	<p>Nabeel Alsindi – Place Medical Director for Doncaster/SY ICB Sam Debbage - Director of Education & Research Karen Jessop – Chief Nurse Dr Tim Noble - Executive Medical Director Richard Parker – Chief Executive Andrew Potts - Divisional General Manager for Clinical Specialities Jon Sargeant – Chief Finance Officer and Director of Recovery, Innovation & Transformation (RIT) Jochen Seidel – Divisional Director for Clinical Specialties Laura Sherburn – Chief Executive of Primary Care Doncaster Limited</p>

		<u>ACTION</u>
TEG08/01/A1	<u>Health and Safety Executive Enforcement Letter CL3 Inspection</u>	
	<p>The Director of Infection and Control informed a Health and Safety Executive (HSE) Enforcement letter had been received following a review of the Category 3 laboratory at Doncaster Royal Infirmary, enclosed were four actions for the Trust to address in preparation of the next visit from HSE.</p> <p>The Director of Infection and Control confirmed actions had been addressed and final changes would be carried out by the 25 February 2024, final updates would be brought to the next Trust Executive Group meeting on the 11 March 2024.</p> <p>The Deputy Chief Executive asked the Director of Infection and Control if the update would be presented at other meetings. The Director of Infection and Control confirmed updates would be presented through the Pathology Governance meeting and had been worked alongside governance leads these would be sighted within Divisional meetings, a confirmation letter would be sent to the HSE Board.</p> <p>The Director of Corporate Affairs / Company Secretary clarified the governance process and asked for divisions to refresh on the Peer Review Policy.</p>	<u>KA</u>
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Health and Safety Executive Enforcement Letter CL3 Inspection Update.</i> 	
TEG08/01/A2	<u>Risk Management Board Update</u>	
	<p>The Acting Medical Director noted there had been no further updates but was happy to take questions related to the paper provided.</p> <p>The Interim Chief Information officer asked the committee to note how risk 2685 was deemed extreme risk and welcomed a discussion with the Acting Medical Director and the Chief Operating Officer. The Acting Medical Director was happy to support a discussion.</p> <p>The Director of Corporate affairs / Company Secretary informed risk 3203 had been escalated in relation to RIS and Zillion pertaining to issues receiving ICE Referrals. The Divisional Nurse for Clinical Specialty Services confirmed there was no recent updates but informed the risk had been guided to procurement with mitigations in place. The interim Chief Information Officer confirmed a new RIS would be implemented between September - October 2024 and notified a member within IT was assigned to ICE and had been working with radiology department, it was asked of cannon for additional support.</p> <p>The Director of Corporate affairs / Company Secretary asked for risk 3203 be brought back to TEG for further updates in three months' time. The Acting Medical Director confirmed the Risk Management board had agreed to a three-month review and escalate appropriately to TEG, it was also noted the Risk management board had felt assured actions were implemented accordingly to mitigate risk.</p>	

	The Deputy Chief Executive highlighted there was still risk that were considered extreme and graded above fifteen, however Risk Management Board had been proactive in mitigation and review, but TEG was also encouraged to give additional support.	
	<i>The Committee:</i> - <i>Discussed the Risk Management Board Update.</i>	
TEG08/01/B1	<u>Operational Position Update</u>	
	<p>The Divisional Director for Urgent and Emergency Care Eithne Cummins thanked everyone for their support throughout Industrial Action (IA) but remained mindful of colleagues' resilience and the impact it could pose on individuals, therefore encouraged kindness and courtesy throughout the Trust.</p> <p>The Chief Operating Officer confirmed over fifty percent of Junior Doctors had participated in IA December 2023 and early January 2024 and assured patients had remained safe throughout. Bed capacity remained challenged and ambulance conveyances had increased from 2022 with a shift in ambulance walking balance.</p> <p>The Chief Operating Officer informed a patient Standard Operating Procedure had been introduced and a formal launch would be expected in due course with many thanks to nursing and ward colleagues.</p> <p>The Chief Operating Officer stated a new process would be implemented within Yorkshire Ambulance Service named Duty to Rescue Protocol which would be circulated.</p> <p>The Director of Infection and Control informed an incident had presented to the Emergency Department with possible infection risk to other patients related to dialysis use. It was confirmed procedures were followed post incident and learning had been undertaken in mitigating further risk. The Deputy Chief Executive stated the risk was deemed low for infection outbreak rate but asked for timescales for certainty, the Director of Infection and Control confirmed patients were being closely monitored with weekly testing which would be followed up for three months.</p> <p>The Deputy Chief Executive informed the Trust Executive Group on 12 February 2024 would be a face-to-face development session in the Education centre at Doncaster Royal Infirmary and gave a summary as to what would be included within the session.</p>	
	<i>The Committee:</i> - <i>Discussed the Operational Position Update.</i>	
TEG08/01/C1	<u>Other Urgent / Important Business</u>	
	No other items were presented to TEG.	
	<i>The Committee:</i> - <i>Discussed Other Urgent / Important Business.</i>	

TEG08/01/D1	Minutes of the Trust Executive Group dated Monday 11 December 2023.	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Did not discuss the minutes dated Monday 11 December 2023, therefore not approved.</i> 	
TEG08/01/D2	<p>Date and time of next Trust Executive Group meeting: Monday 12 February 2023 14:00 – 17:00 Face-to-face development session at DRI Education Centre Learning Rooms 1 and 2.</p>	

2403 - G1 MINUTES OF THE MEETING HELD ON 27 FEBRUARY 2024

● Decision Item

👤 Suzy Brain England OBE, Chair of the Board

🕒 11:25

5 minutes

REFERENCES

Only PDFs are attached



G1 - Draft Public Board of Directors Minutes - 27 February 2024 v2.pdf

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 27 February 2024 at 1:30pm
via MS Teams

Present:	<p>Mark Bailey - Non-executive Director</p> <p>Suzy Brain England OBE - Chair of the Board (Chair)</p> <p>Hazel Brand - Non-executive Director</p> <p>Mark Day - Non-executive Director</p> <p>Jo Gander - Non-executive Director</p> <p>Dr Emyr Jones - Non-executive Director</p> <p>Karen Jessop - Chief Nurse</p> <p>Zara Jones - Deputy Chief Executive</p> <p>Zoe Lintin - Chief People Officer</p> <p>Dr Nick Mallaband - Acting Executive Medical Director</p> <p>Lucy Nickson - Non-executive Director</p> <p>Richard Parker OBE - Chief Executive</p> <p>Jon Sargeant - Chief Financial Officer</p> <p>Kath Smart - Non-executive Director</p> <p>Denise Smith - Chief Operating Officer</p>
In attendance:	<p>Fiona Dunn - Director of Corporate Affairs / Company Secretary</p> <p>Lois Mellor - Director of Midwifery</p> <p>Angela O'Mara - Deputy Company Secretary (Minutes)</p> <p>Emma Shaheen - Director of Communications & Engagement</p>
Public in attendance:	<p>Gina Holmes - Staff Side</p> <p>Annette Johnson - Public Governor Doncaster</p> <p>Lynne Logan - Public Governor Doncaster</p> <p>Andrew Middleton - Public Governor Bassetlaw</p> <p>Jo Posnett – Partner Governor</p> <p>Lynne Schuller - Public Governor Bassetlaw</p>

Apologies:

P24/02/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. No apologies were received, or declarations of interest made.

P24/02/A2 Actions from Previous Meetings

There were no active actions.

P24/02/B1 Chair's Assurance Log – Quality & Effectiveness Committee (enclosure B1)

Jo Gander, Chair of the Quality & Effectiveness Committee provided an overview of the four quadrants of the Chair's assurance log, positive assurance, areas of major works, areas of focus and decisions made.

To address an area of concern the Acting Executive Medical Director would provide an assurance report to the next Committee meeting on progress and next steps towards the full implementation of the digital patient pathway tracker.

A comprehensive report by the Head Biomedical Scientist provided assurance relating to inspections by the Human Tissue Authority and the national accreditation body, United Kingdom Accreditation Service. In addition, the Trust had undertaken a self-assessment based upon the phase one recommendations of Sir Jonathan Michael's independent inquiry into the David Fuller case. To clarify the scope of the self-assessment the Committee recommended the narrative be updated to reflect activity had been considered across all relevant hospital sites. Future recommendations and assessment from phase two of the inquiry would be shared with the Committee for oversight and assurance to the Board. The Acting Executive Medical Director and Non-executive Director, Emyr Jones had recently visited the mortuary and this would form part of the annual programme of Board visits going forwards.

The Board:

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

P24/02/B2 Maternity & Neonatal Update (Enclosure B2)

The report provided an overview of the progress made against the national standards within maternity and neonatal services. The Director of Midwifery brought the Board's attention to the key highlights.

An increase in the number of stillbirths had been seen in January 2024, with three cases reported; despite this, the annual adjusted rate remained in line with expectations. No specific learning points had been identified and as previously confirmed an external peer review would be undertaken by a Local Maternity and Neonatal System.

An increase in the number of neonatal admissions related to respiratory conditions had been seen, potentially linked to a reduction in the take-up of antenatal steroids. Work to raise awareness, with the support of the Maternity and Neonatal Voices Partnership, was ongoing supported by the Royal College of Obstetricians and Gynaecologists educational literature.

The outcome of the Year 5 submission for the Clinical Negligence Scheme for Trusts was awaited.

In response to a question from Non-executive Director, Kath Smart, the Director of Midwifery confirmed that the Terms of Reference for the peer review had been agreed, to include quarter four data and work was expected to commence on 9 April 2024.

In respect of learning from perinatal mortality reviews where it was identified that English was not the first language, the Director of Midwifery confirmed the ongoing use of the translation and interpretation service. In addition, the Lead Midwife for Equity & Equality worked closely with the Maternity & Neonatal Voices Partnership to promote accessibility of services.

The Board:

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

P24/02/C1 Chair's Assurance Log – Finance & Performance Committee (enclosure C1)

Following the Committee meeting of 22 February 2024, the Chair of the Finance & Performance Committee provided a verbal update of the Chair's quadrant report, a written copy of which would be provided in due course.

The Committee was assured by the current year financial position and forecast to meet or improve the Trust's deficit plan. In the absence of national guidance progress was reported on operational and financial business plans with expectations of a challenging year ahead.

Delivery of the national operational standards remained largely unchanged when compared to the previous month's performance and in line with challenges seen nationally. Improvement trajectories were in place, improved grip and control could be seen and a fully recruited senior leadership team was now in place.

In terms of decisions made, confidential procurement matters would be considered further at the confidential Board of Directors meeting.

The Board:

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

P24/02/C2 Finance Update (Enclosure C2)

The Chief Financial Officer reported a month ten deficit of £184k, £184k favourable to plan and forecast.

The year to date deficit was £24.2m, which was £1.0m favourable to plan and £0.7m favourable to forecast. A year end deficit of £25.3m was forecast, £1.5m ahead of the financial plan and forecast. The key risks to delivery being the impact of industrial action and the ability to earn elective recovery funding.

Capital spend in month ten was £6.4m, against a plan of £7.5m, the year to date position was £34.6m against a plan of £40.7m. The Trust was on target to deliver its year end capital plan.

The cash balance at the end of January was £12.4m, a decrease of £0.3m in month. The Trust had requested an additional £4m of Public Dividend Capital (PDC) cash support.

In month, the Trust had delivered £0.8m of savings against the plan of £2.6m; year to date the Trust had delivered £15.3m of savings against the plan of £17m. Delivery at year end was forecast to be £17.4m, one third of which was non-recurrent.

In response to a question from Non-executive Director, Lucy Nickson the Chief Financial Officer confirmed cash support was subject to a 3.5% charge.

The Board:

- ***Noted the Finance Update***

P24/02/D1 Any other business (to be agreed with the Chair prior to the meeting)

No items of other business were received.

P24/02/D2 Governor Questions regarding the business of the meeting (10 minutes) *

No governor questions were received prior to the meeting, any questions post meeting should be directed to the Trust Board Office.

P24/02/D3 Minutes of the meeting held on 30 January 2024 (Enclosure D3)

- ***The Board approved the minutes of the meeting held on 30 January 2024***

P24/02/D4 Date and time of next meeting (Verbal)

Date: Tuesday 26 March 2024

Time: 09:30am

Venue: MS Teams

P24/02/D5 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 13.59

2403 - G2 PRE-SUBMITTED GOVERNOR QUESTIONS REGARDING THE BUSINESS OF THE MEETING

 Discussion Item

 Suzy Brain England OBE, Chair of the Board

 11:30

10 minutes

2403 - G3 ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIR PRIOR
TO THE MEETING)

● Discussion Item

● Suzy Brain England OBE, Chair of the Board

● 11:40

2403 - G4 DATE AND TIME OF NEXT MEETING

● Information Item

● Suzy Brain England OBE, Chair of the Board

● 13:05

Date: 7 May 2024

Time: 9:30

MS Teams

🕒 13:05