Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 21 April 2020 at 11:30
Via Video/Teleconferencing / Boardroom, Doncaster Royal Infirmary

AGENDA

		LEAD	ACTION	TIME / ENC	TIME/ MINS
A	**MEETING BUSINESS**				**11:30**
A1	Apologies for absence	SBE	Note	Verbal	5
A2	Declarations of Interest	SBE	Note	Verbal	
	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.				
A3	Actions from previous meeting	SBE	Review	A3	
B	**PRESENTATION**				
	No Presentation				
C	**STRATEGY**				**11:35**
C1	ICS Update	RP	Note	C1	5
D	**QUALITY, PERFORMANCE AND SAFETY**				**11:40**
D1	COVID-19 Update	RJ	Note	Verbal	10
D2	Operational Update	RJ	Note	Verbal	10
E	**CAPACITY AND CAPABILITY**				
	No Items				

F	**FINANCE AND CONTRACT MATTERS**				**12:00**
F1	Finance Update 2019/20	JS	Note	F1	15
F2	Finance Update 2020/21	JS	Note	F2	
F3	Going Concern	JS	Note	F3	5
G	**GOVERNANCE AND RISK**				**12:20**
G1	Major Incident Plan Policy Update	RJ	Ratify	G1	5
G2	Business Continuity Terms of Reference	FD	Approve	G2	5
G3	Chairs Assurance Logs for Board Committees		Note	G3	5
	G3i Finance and Performance Committee – 31 March 2020	NR			
	G3ii Quality and Effectiveness Committee – 31 March 2020	PD			
	G3iii Charitable Funds Committee – 17 March 2020	SM			
	G3iv Audit and Risk Committee – 23 March 2020	KS			
G4	Charitable Funds Terms of Reference	SM	Note	G4	5
H	**INFORMATION ITEMS (To be taken as read)**				**12:40**
H1	Minutes of the Finance and Performance Committee – 25 February 2020	NR	Note	H1	5
H2	Minutes of the Charitable Funds Committee – 17 December 2019	SM	Note	H2	
H3	Minutes of the Audit and Risk Committee – 6 February 2020	KS	Note	H3	
H4	Board Work Plan	SBE	Note	H4	
I	**OTHER ITEMS**				**12:45**
I1	Minutes of the meeting held on 17 March 2020 (pre-approved by the Board of Directors)	SBE	Note	I1	
I2	Any other business (to be agreed with the Chair prior to the meeting)	SBE	Note	Verbal	
I3	Governor questions regarding the business of the	SBE	Note	Verbal	5

	meeting (5 minutes)*			
I4	Date and time of next meeting: Date: Tuesday 19 May 2020 Time: TBC Venue: TBC	SBE	Note	Verbal
I5	**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.	SBE	Note	Verbal
J	**MEETING CLOSE**			**12:50**

***Governor Questions**

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

For Governors in attendance, the agenda provides the opportunity for questions to be received at an appointed time.

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

- Questions at the meeting must relate to papers being presented on the day.
- There is no need for questions to be submitted in advance, although this may mean that it is not always possible to provide an answer at the meeting. In such cases a response will be provided to the Governor following the meeting and added as a 'post meeting note' to the minutes of the meeting.
- Questions will be taken in rotation and limited to one question per Governor, to ensure those wishing to raise questions have equal opportunity, within the limited time available (10 minutes in total).
- 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

Action notes prepared by: Katie Shepherd
Updated: 17 March 2020

A3

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Action Log

Meeting:	Public Board of Directors
Date of latest meeting:	17 March 2020

KEY	
Completed	**On Track**
In progress, some issues	**Issues causing progress to stall/stop**

No.	Minute No.	Action	Lead	Target Date	Update
1.	**P19/7/19**	**Virtual Meetings** - The potential to improve the Trust's systems for streaming and conference calling meetings between the Trust's three sites would be examined.	**KA**	~~October 2019~~ ~~December 2019~~ ~~March 2020~~ July 2020	Update - The initial business case was heard at the Corporate Investment Group (CIG) meeting in November 2019. The advice from the CIG was that the Trust should use a competitive tender process to ensure value for money. We are in the 'evaluation stage' of the procurement exercise and expect to confirm the successful bidder by the end of March.
2.	**P19/12/E1**	**Workforce Plan -** Information on how the local community was involved in workforce planning and recruitment would be provided to future updates for the Board.	**KB**	July 2020	
3.	**P20/01/B1**	**Council Motion on Climate and Biodiversity Emergency** - A Board workshop would be planned to further explore Climate Change and Biodiversity – looking at what could be done immediately and what could be done in the future.	**KEJ**	~~May 2020~~ July 2020	

Action notes prepared by: Katie Shepherd
Updated: 17 March 2020

4.	**P20/03/D1**	**National Directive of Medical Examiner Role and Underlying Structure -** Information on how the Trust would implement an independent separate reporting structure to be provided to the Quality and Effectiveness Committee.	**DP**	July 2020	Close – This item was added to the QEC work plan.
5.	**P20/03/E1**	**Freedom to Speak Up Report -** Further investigation would be undertaken into the reasons for escalation of hygiene issues to the FTSU guardian.	**KB/KEJ**	July 2020	
6.	**P20/03/H1-H4**	**Board Level Meetings -** Suzy Brain England would liaise with the Trust Board Office to ensure that a clear message was circulated regarding the temporary changes to Board and Board Committee meetings.	**SBE**	~~March 2020~~ July 2020	

The latest from South Yorkshire and Bassetlaw

South Yorkshire and Bassetlaw Integrated Care System

PPE

There are continuing issues with PPE and Trusts are being asked to support local primary care and care homes with mutual aid, where possible. There is a lack of gowns for the weekend and a request from the Sheffield City Region for manufacturers to come forward is due very soon.

Key worker testing

The Doncaster Sheffield Airport is the recommended drive through site for key working testing and is awaiting a decision from the Cabinet Office. The model being developed will be 'hub and spoke' and recognise that some key workers will not have a car and won't be able to access a drive through service. The go live date for the SYB facility is the middle of next week – watch this space!

The latest from Yorkshire and the Humber Region

NHS North East & Yorkshire Daily Update

Public information on NHS services over Easter Bank Holiday

Everyone should stay home in line with government guidance.

If you or someone you live with has coronavirus symptoms (high temperature and / or a new continuous cough):

- Stay at home.
- If your symptoms worsen or you feel that you cannot manage at home, please refer to the NHS111 online coronavirus service. Only call 111 if you can't get online or you've been instructed to.
- Please do not go to your GP practice or community pharmacy.

If you or people you live with don't have coronavirus symptoms and you think you need advice from a GP practice or pharmacy for a health concern:

GP practices over the bank holiday:

- GP practice services on Good Friday (10 April) and Easter Monday (13 April) will be available the same as any normal weekday. This may be at your practice or another nearby service.
- On Saturday 11 April and Sunday 12 April, GP access will be the same as any other weekend.

If you think you need to talk to your GP practice about something other than coronavirus:

- Contact your GP practice online or by phone to be assessed. If your practice is not open for any reason you will be directed to another nearby service.
- If a face-to-face appointment is necessary, you'll be advised on this.

Community pharmacy services over the bank holiday

- Many community pharmacies will be open for a minimum of three hours on Good Friday (10 April) and Easter Monday (13 April) with some pharmacies being open longer. Please check your pharmacy website or phone for details.
- Community pharmacy opening hours on Saturday 11 April will be the same as normal and for Sunday 12 April will be the same as any normal Easter Sunday.

Pharmacists and their teams are an essential part of the NHS and need your help and support during the coronavirus pandemic. Always treat our staff with respect, they are doing their best to provide you with the medicines and advice you need.

Important information on prescriptions during the COVID-19 epidemic:

- Order repeat prescriptions in your usual quantities at the usual time. Over ordering of your medicines may mean someone else has to go without their medicines.
- Order your usual prescription online or by an app. Do not go to your GP practice or pharmacy to order prescriptions and only phone them if you cannot order online or by an app. You can order repeat prescriptions on the NHS App and through your GP surgery or pharmacy's online service, where available. You can find out about ordering medicines online at www.nhs.uk
- If you have a prescription to collect:

a) If you are 70 or over, have a long-term health condition or are pregnant you should arrange collection by a relative or friend, or ask your pharmacy for help with delivery.

b) Ask any relatives and friends who are delivering your medicines to make sure they have seen you pick up the bag.

c) If your medicines are being delivered make sure you keep a safe distance when you receive them.

- For everyone else, if you are going into a pharmacy in person, follow social distancing rules and the rules put in place by the pharmacy to protect you and their staff
- Pharmacies may have altered opening times to manage their workload
- Sales of some medicines may be restricted in quantity by pharmacies to ensure that there is enough for everyone.

Bank Holiday preparations – access to primary care services

Below is an extract from the Primary Care Bulletin:

- COVID-19 demands are anticipated to be at their highest so far in many areas, with increasing care needs for our population and impact on staff. We have previously asked for primary care to align with the rest of the NHS, and to treat the Easter bank holiday as a normal working day. This will be no normal weekend, as you will have anticipated. Local Resilience Forums (LRFs) are working to maximise capacity right across the system. Thank you in advance for your support.

GP Services

Necessary changes to GP contract regulations now mean Friday 10 April (Good Friday) and Monday 13 April (Easter Monday) are defined as core hours, meaning they are normal working days for general practice, as they are for the whole NHS system.

Patients with COVID-19 symptoms will continue to be advised to use NHS 111 online as the first port of call. Our expectations for general practice services on these days are that:

1. all GP practices will be open (available) in line with core hours. The exception to this is when alternative arrangements have been agreed in advance with your clinical commissioning group (CCG) e.g. where a primary care network (PCN) ensures availability to meet anticipated demand within core hours. Transferring calls to NHS 111 will not be an option.
2. remote triage will be available for delivering care and treatment wherever possible and appropriate.
3. patients identified at highest risk from COVID-19 and who have been advised to shield will continue to receive proactive clinical management support.

4. any essential face-to-face services (including home visits) that may be required will need to be delivered in line with the GP Standard Operating Procedures.

Planned in-hours cover may be adjusted to reflect these services. The Directory of Services should be updated with the practice availability.

National patient facing communications will confirm the availability of GP services on these days.

Community Pharmacy and Urgent Dental Care

The changes for general practice also naturally impact community pharmacy as it is important patients have confidence in their ability to access pharmaceutical services on these days. Pharmacies in England are required to open from 2pm to 5pm on 10 April 2020 and 13 April 2020.

Wellbeing Support for NHS staff

Staff across the NHS are doing extraordinary things in the face of an extraordinary challenge, and so need an extraordinary level of support.

This is why the NHS nationally and locally has developed a range of wellbeing support to care for and protect all of our NHS people, whether at the front line or in supporting services.

So, from today, all staff will have access to a range of support (#OurNHSPeople Wellbeing Support) through one point of contact:

- a free wellbeing support helpline 0300 131 7000, available from 7.00 am – 11.00 pm seven days a week, providing emotional support from trained volunteers and onward signposting to specialist financial advice, bereavement care and coaching
- a 24/7 text alternative to the above helpline - simply text FRONTLINE to 85258
- online peer to peer, team and personal resilience support, including through Silver Cloud, and free mindfulness apps including Unmind, Headspace, Sleepio and Daylight
- We encourage NHS teams to take immediate advantage of these services.
- They can be used in addition to the support available from your own NHS organisations and will develop further in coming days and weeks in line with user feedback (nhsi.wellbeingc19@nhs.net)

Communications brief

#OurNHSpeople wellbeing support

Contents

1 Background

The People Directorate health and wellbeing team's NHS response to the outbreak of coronavirus is designed to protect and preserve the mental and physical safety, individual and collective psychological resilience, leadership and decision-making capacity of our NHS people.

We want to make sure that our NHS people get the support they need consistently from their employers, and that our **teams** and **people managers** feel prepared and can provide active support for their teams and each other.

The People Directorate have worked in partnership with leading experts to ensure a timely, quality and risk assessed approach that is driven by the need to support our staff to keep well both during and beyond the current emergency.

Membership of the expert reference group that has advised on the COVID-19 Health and Wellbeing staff response can be seen here.

2 Key messages

- #OurNHSPeople are doing extraordinary things and are facing an extraordinary challenge, and so need an extraordinary level of support
- This is why the NHS nationally and locally has developed a range of support for all of our NHS people, who continue to work tirelessly, whether at the front line or in supporting services
- The offer from NHS England and NHS Improvement is designed to complement, enhance and reinforce what is provided by local NHS employers, so all staff and people managers can access the consistent, high quality support they need to deal with the challenge they face
- Staff will immediately be able to access help through a helpline, and text service at all times of the day from trained professionals in a number of areas, from coaching and bereavement care to mental health and welfare support
- This package of support is based on world class research, and we're working with key national partners including Samaritans, Hospice UK, Citizens Advice, Silver Cloud, NHS Practitioner Health, Sandhurst Military Academy and NHS Leadership Academy
- This is only the start, there is a pipeline of support in place and we'll keep people up to date on further offers for our NHS staff in weeks ahead

3 Communications copy

Bulletins

Our NHS people are doing extraordinary things in the face of an extraordinary challenge, and so need an extraordinary level of support.

This is why the NHS nationally and locally has developed a range of wellbeing support to care for and protect all of our NHS people, whether at the front line or in supporting services.

So, from today, all our people will have access to a range of support (#OurNHSPeople Wellbeing Support) through one point of contact:

- a free wellbeing support helpline **0300 131 7000**, available from 7.00 am – 11.00 pm seven days a week, providing emotional support and onward signposting to specialist financial advice, bereavement care and coaching
- a 24/7 text alternative to the above helpline - simply text **FRONTLINE** to 85258
- online peer to peer, team and personal resilience support, including through Silver Cloud, and free mindfulness apps including Unmind, Headspace Sleepio and Daylight

We encourage NHS teams to take immediate advantage of these services. They can be used in addition to the support available from your own NHS organisations and will develop further in coming days and weeks in line with user feedback (nhsi.wellbeingc19@nhs.net)

Draft tweets

@NHSEngland have launched wellbeing support for all #OurNHSPeople as they tackle #COVID19. Learn about the dedicated telephone, text and online support which is available to all staff. https://people.nhs.uk/ 📞📱💻

All #OurNHSPeople, wherever they work, can now access a wealth of free support all in one place. Find out about the support available from coaching to bereavement care https://people.nhs.uk/

4 Summary of current offers

Online peer to peer, team and personal resilience support

#OurNHSPeople wellbeing support line 0300 131 7000
Available from 7.00 am – 11.00 pm seven days a week, providing confidential listening from trained professionals and specialist advice - including coaching, bereavement care, mental health and financial help

24/7 text support - text **frontline** to **85258.**

In partnership with NHS Practitioner Health and Shout.

Free access to mental health and wellbeing apps
Unmind, Headspace along with **Sleepio and Daylight** for all NHS staff until the end of the year.

5 What's on this week

Do you have a role in workforce, occupational health, organisational development, leadership, trade union support or other area that is supporting the wellbeing of our NHS people during and following the Covid-19 response?

You are very welcome to join NHS England and NHS Improvement's weekly virtual expert sessions. The sessions will be held every Wednesday between 4.00 pm and 5.00 pm.

The first session is on Wednesday, 8 April, featuring: **Sonya Wallbank**, National Clinical Lead, Health and Wellbeing Offer; **Professor Neil Greenberg**, Professor of Defence Mental Health, King's College London; and **Michael West**, Visiting Fellow, **The King's Fund** in conversation with **Helen Bevan**, NHS Horizons.

Everyone is welcome to join to find out about:

- The range of wellbeing support activities that are available to all our NHS people
- Compassionate leadership in a crisis
- The dos and don'ts of wellbeing support during this critical time.

Joining information is available here: http://horizonsnhs.com/caring4nhspeople/

Everyone is welcome, so please do feel free to share this invitation with anyone who may find it useful.

F1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Financial Performance – Month 12 March 2020**		
Report to	**Trust Board**	**Date**	**21 April 2020**
Author	**Jon Sargeant - Director of Finance**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	
	Information	X

Executive summary containing key messages and issues
The Trust's deficit (before PSF, FRF and MRET) for month 12 (March 2020) was £142k which is an adverse variance against plan of £335k in month (the Trust's overall financial position was a £1.9m surplus in month including PSF, FRF and MRET which is £335k adverse against plan). The cumulative position to the end of month 12 is a £15.1m deficit (before PSF, FRF and MRET), which is £260k favourable to plan. The Trust's YTD financial position is a £260k surplus including PSF, FRF and MRET which is £260k favourable against plan and therefore the Trust's draft financial position (subject to audit) has delivered its control total. This position is in line with forecast. The Trust's position includes revenue costs of £457k relating to COVID, an increase in the annual leave accrual of £637k (due to the suspension of annual leave and therefore increase in carried forward leave due to COVID), and lost non-NHS income of £99k (car parking and private patients). Within the position it is assumed that all of these cost pressures will be funded centrally or that the control total will be adjusted for them.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR. • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity • F&P 13 - Inability to meet Trust's needs for capital investment

- F&P – 14 - Reduction in hospital activity and subsequent income due to increase in community provision
- F&P 16 - Uncertainty over ICS financial regime including single financial control total

How this report impacts on current risks or highlights new risks

Update on risk relating to delivery of 2019/20 financial plan.

Recommendation(s) and next steps

The Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 12 (March 2020) was £142k which is an adverse variance against plan of £335k in month (the Trust's overall financial position was a £1.9m surplus in month including PSF, FRF and MRET which is £335k adverse against plan). The cumulative position to the end of month 12 is a £15.1m deficit (before PSF, FRF and MRET), which is £260k favourable to plan. The Trust's YTD financial position is a £260k surplus including PSF, FRF and MRET which is £260k favourable against plan and therefore the Trust's draft financial position (subject to audit) shows that the Trust has delivered its control total. This position is in line with forecast.
- The achievement with regards to the Cost Improvement Programme.

FINANCIAL PERFORMANCE

P12 March 2020

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
P12 March 2020

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
I&E Perf Exc Impairments	(2,388)	(211) F	(608)	(803) F	195
Income	(42,885)	(8,346) F	(409,115)	(12,452) F	(411,669)
Donated Asset Income	529	546 A	348	543 A	(195)
Operating Expenditure	41,195	8,169 A	411,163	12,170 A	407,492
Pay	24,143	659 A	276,114	241 A	277,604
Non Pay & Reserves	17,051	7,510 A	135,049	11,928 A	134,349
Financing costs	1,019	(34) F	12,640	(521) F	4,177
I&E Performance excluding PSF	**(142)**	**335 A**	**15,036**	**(260) F**	**0**
PSF / FRF / MRET	**(1,717)**	0	**(15,296)**	0	(15,296)
I&E Performance including PSF	**(1,859)**	**335 A**	**(260)**	**(260) F**	**(15,296)**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
Risk Rating	3	3

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
Employee Expenses	542	298 A	4,834	1,783 A	6617
Drugs	89	6 A	1,444	(582) F	861
Clinical Supplies	2	43 A	(50)	397 A	347
Non Clinical Supplies	0	0 A	0	0 A	0
Non Pay Operating Expenses	136	140 A	2,556	322 A	2878
Income	1,150	(1,032) F	2,407	(1,525) F	882
Mixed	0	538 A	0	1,615 A	1615
Total	**1,919**	**(8) F**	11,191	**2,009 A**	**13,200**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Movement in year
Non Current Assets	**206,773**	**214,695**	**7,922**
Current Assets	56,797	64,489	**7,692**
Current Liabilities	-57,515	-118,325	**-60,810**
Non Current liabilities	-82,091	-26,928	**55,163**
Total Assets Employed	**123,964**	**133,931**	**9,967**
Total Tax Payers Equity	**-123,964**	**-133,931**	**-9,967**

4. Other

Performance Indicator	Monthly		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance	1,900	30,822	1,900	30,822	1,900
Capital Expenditure	3,656	6,168	22,768	17,975	22,768

5. Workforce

	Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
Current Month	5953.74	5,412	254.32	105.62	5772.00
Previous Month	5955.11	5,444	256.52	102.81	5802.84
Movement	1.37	31.45	2.20	-2.81	30.84

Key

Income		Expenditure	
Over-achieved	F	Overspent	A
Under-achievement	A	Underspent	F

1. Month 12 Financial Position Highlights

The Trust's deficit (before PSF, FRF and MRET) for month 12 (March 2020) was £142k which is an adverse variance against plan of £335k in month (the Trust's overall financial position was a £1.9m surplus in month including PSF, FRF and MRET which is £335k adverse against plan). The cumulative position to the end of month 12 is a £15.1m deficit (before PSF, FRF and MRET), which is £260k favourable to plan. The Trust's YTD financial position is a £260k surplus including PSF, FRF and MRET which is £260k favourable against plan and therefore the Trust's draft financial position (subject to audit) shows that the Trust has delivered its control total. This position is in line with forecast.

The Trust's position includes revenue costs of £457k relating to COVID, an increase in the annual leave accrual of £637k (due to the suspension of annual leave and therefore increase in carried forward leave due to COVID), and lost non-NHS income of £99k (car parking and private patients). Within the position it is assumed that all of these cost pressures will be funded centrally or that the control total will be adjusted for them.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance	
Commissioner Income	-338,447	-29,642	-34,123	-4,481	F	-338,441	-341,916	-3,475	F
Drugs	-19,606	-1,634	-1,767	-133	F	-19,606	-20,995	-1,389	F
PSF, FRF and MRET	-15,296	-1,717	-1,717	0	F	-15,296	-15,296	0	F
Trading Income	-38,617	-3,263	-6,995	-3,732	F	-38,617	-46,205	-7,588	F
Grand Total	**-411,966**	**-36,256**	**-44,602**	**-8,346**	**F**	**-411,960**	**-424,412**	**-12,452**	**F**

Note: The income figure excludes £744k relating to 18/19 post accounts allocation of PSF

The month 12 the income position is £8,346k favourable to plan in month, with a £12,452k favourable YTD position. The over performance in month relates to both clinical and non-clinical income, which in month are £4,614k and £3,732k favourable to plan.

The movement on clinical income against plan in month was expected, as this is due to the agreement of year-end positions with commissioners as previously reported.

The main movements within the trading income (non-clinical income) variance against plan in month are due to;

- £1.2m assumed COVID19 income from NHS England as set out above;
- £0.5m donated asset income relating to the donated CT scanner from the cancer alliance;
- £0.4m Education funding, grants and CPD income from HEE; and
- £1.2m IGI income including income expected from the cancer alliance and other non-recurrent income.

The YTD expenditure position at the end of Month 12 is £12.2m adverse to plan (with pay £241k favourable to plan and non-pay/reserves £11.8m adverse to plan).

Expenditure type	In Month Budget	In Month Actual	In Month Variance		YTD Budget	YTD Actual	YTD Variance		Annual Budget
Pay	23,485	24,143	659	A	275,873	276,114	241	A	277,288
Non-Pay	9,583	14,450	4,867	A	116,234	132,009	15,775	A	113,267
Reserves	-42	2,601	2,643	A	6,887	3,040	-3,847	F	13,168
Total Expenditure Position	33,026	41,195	8,169	A	398,994	411,163	12,170	A	403,723

The expenditure variance is being driven by continued overspends in a number of areas (some of which are activity related) as previously reported including: non-PbR drugs and PbR drugs, clinical supplies (including equipment maintenance, prosthesis, lab external tests); £1.2m of COVID 19 related expenditure, and underachievement of CIPs of £2m. The in month position also includes consolidation of the WOS with the recharges to the Trust offset with income. The expenditure position whilst adverse to plan is in line with the year-end forecast.

Year-end capital expenditure is £741k behind forecast with spend of £17,975k against the forecast of £18,716k. This includes capital spend of £681k relating to COVID-19, which is assumed to be funded by PDC. Against the original NHSI plan of £22,768k, the year-end capital spend is £4,793k behind. Estates are c.£300k behind forecast, mainly on the Fire scheme which has been stopped due to COVID-19. IT are c. £400k behind forecast, mainly on the PACS/RIS and infrastructure schemes. Medical Equipment spend is on forecast.

The cash balance at the end of March was £30.8m (February: £27.1m). The increase of cash in month is mainly as a result of receipt of PDC Dividend relating to capital schemes of £1.2m, the receipt of Q3 PSF funding (£4.5m) and capital expenditure being in excess of depreciation.

In March 2020, CIP savings of £1,919k are reported, against a plan of £1,911k, an over achievement of £8k in month. Year to date the Trust has delivered savings of £11.2m versus plan of £13.2m an under-delivery of £2m.

2. Recommendations

The Board is asked to note:

- The Trust's deficit (before PSF, FRF and MRET) for month 12 (March 2020) was £142k which is an adverse variance against plan of £335k in month (the Trust's overall financial position was a £1.9m surplus in month including PSF, FRF and MRET which is £335k adverse against plan). The cumulative position to the end of month 12 is a £15.1m deficit (before PSF, FRF and MRET), which is £260k favourable to plan. The Trust's YTD financial position is a £260k surplus including PSF, FRF and MRET which is £260k favourable against plan and therefore the Trust's draft financial position (subject to audit) shows that the Trust has delivered its control total. This position is in line with forecast.
- The achievement with regards to the Cost Improvement Programme.

F2

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Finance Update 2020/21**		
Report to	**Trust Board**	**Date**	**21st April 2020**
Author	**Alex Crickmar – Deputy Director of Finance** **Jon Sargeant - Director of Finance**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	
	Information	X

Executive summary containing key messages and issues
As a result of the NHS's response to COVID 19 there have been a significant number of national changes to financial arrangements and cost reimbursement for the period 1 April – 31 July. The purpose of this paper is to set out these revised financial arrangements. The paper also sets out the proposed Trust interim budget and financial arrangements during COVID 19.
Key questions posed by the report
Is the Board aware of the new financial arrangements in place for 20/21? Is the Board assured of the financial governance arrangements in place during COVID 19? Is the Board in agreement with the proposed interim budget arrangements?
How this report contributes to the delivery of the strategic objectives
This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR. • F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications • F&P 3 - Failure to deliver Cost Improvement Plans in this financial year • F&P 19 - Failure to achieve income targets arising from issues with activity • F&P 13 - Inability to meet Trust's needs for capital investment • F&P – 14 - Reduction in hospital activity and subsequent income due to increase in community provision • F&P 16 - Uncertainty over ICS financial regime including single financial control total

How this report impacts on current risks or highlights new risks
Update on risks relating to 20/21 financial performance.
Recommendation(s) and next steps
The Board is asked to note: • The new financial arrangements for 2021 including revenue, capital and cash arrangements. • The potential shortfall for the Trust and local CCG's. • The Trust's outline Capital Scheme and pre-commitments against the capital plan. • The Trust's current cash position. • The proposed interim budget arrangements during COVID 19.

Finance Update 2020

Overview

As a result of the NHS's response to COVID 19 there have been a significant number of national changes to the financial arrangements for the period 1 April – 31 July. The purpose of this paper is to set out a summary of the revised financial arrangements.

Revenue Costs

Block Contract Arrangements

The operational planning process for 2020/21 is currently suspended. Commissioners are instead to have block contracts with NHS providers for the period 1 April to 31 July. The block payments have been calculated nationally and are based on the Month 9 Agreement of Balances with an inflationary uplift of 2.8% applied as follows:

a. the tariff cost uplift factor of 2.5% (as per 20/21 planning guidance); and

b. additional CNST funding of £198m equivalent to an additional 0.3% across all income.

For information, the block contract values from Commissioners as notified by NHS E/I are as follows:

Commissioner	Block Contract Value £000
Midlands Regional Office	22.8
NHS Barnsley CCG	455.9
NHS Bassetlaw CCG	6,415.0
NHS Derby and Derbyshire CCG	423.5
NHS Doncaster CCG	18,252.7
NHS East Riding of Yorkshire CCG	210.4
NHS England - North East Specialised Commissioning Hub	75.7
NHS England - Yorkshire and the Humber Specialised Commissioning Hub	1,722.0
NHS Lincolnshire CCG	141.8
NHS Nottingham and Nottinghamshire CCG	296.1
NHS North Lincolnshire CCG	312.2
NHS Rotherham CCG	842.3
NHS Sheffield CCG	79.7
NHS Vale of York CCG	22.7
NHS Wakefield CCG	257.6
North East and Yorkshire Regional Office	595.3
Total Block Value	**30,125.7**

Non-NHS Income

Nationally NHS E/I are assuming that patient and other income from non-NHS sources including from HEE and from local authorities will continue at the same levels as 2019/20 during the next few months. However there is recognition nationally that income is unlikely to be at the same level in all these areas in 20/21 due to the impact of COVID. Therefore where the nationally calculated block payment and income for other sources is insufficient to cover the Trust's cost base, it is expected that additional central top up payments will be made. Further top up payments will be made to cover reasonable costs of responding to COVID, net of any cost reductions e.g. for consumables not required.

FRF

Planned revenue payments to providers from NHS England national budgets (e.g. FRF, MRET) will be taken into account in the top up funding calculation, as the costs that these revenue payments support are expected to form part of each organisation's cost base as considered for the top up payment.

Top Up Payments

Detailed guidance on the Trust's top up is yet to be received from NHS E/I. However some initial guidance on the top up has been provided in terms of overall principles.

The calculations for the top up payment will be based on the difference between each organisation's cost base taken from 2019/20 reporting, and the income expected from NHS and other sources (we understand both the cost base and other income sources will be based on Months 8-10 run rate).

As noted above in addition to the central top up payments, providers will continue to report additional Covid-related costs alongside routine monthly reporting. Where an organisation's reasonable costs exceed the income from other sources, including the central top up payment, a further Covid top up payment is expected to be made.

Initial work reviewing the block contract would suggest that the Trust is underfunded by £2.6m a month, however this may be resolved within the top up payments. Once the top up payment process is clarified the Trust will need to escalate the financial gap if necessary to the NHSE/I and ICS finance team. Barnsley and Rotherham have similar issues with the block contract.

Trust Board members should also be aware that the Block Contract amounts when aggregated for CCG's are larger than the notified cash limits for local CCG's when taking into accounts payments required for Primary Care and GP practices. There is no clear indication of how this will be resolved.

It is unclear how long this arrangement will last, initially it was thought the scheme could be extended to last the whole year, with a minimum extension of another 4 months. However, Julian Kelly has signalled to Directors of Finance that NHSE/I will look to bring more normal business rules in sooner than expected if patient numbers remain at current levels.

Financial Governance

Maintaining financial control remains critical during the NHS response to COVID 19 where the Trust needs to ensure it continues to comply with legal responsibilities and other related guidance. A key requirement for the Trust is that it:

- Must carefully record the costs incurred in responding to the outbreak and will be required to report actual costs incurred on a monthly basis.
- The Trust Board must maintain it's SFI's and be able to justify any expenditure on Covid 19. The monthly submission to NHSE/I has to be signed off by the DoF and CEO as being accurate and only expenditure relating to Covid19.
- Trust have been advised to be extra vigilant and to guard against increased risks of fraud.
- Accurate record keeping during this time is crucial and must meet the requirements of external audit, and public and Parliamentary scrutiny.
- Trusts are being asked to pay suppliers within 7 days of receiving an invoice, to support the economy. However, they are still to ensure that payments are correct and reasonable. Trusts are not allowed to pay strategic partners for goods or services not received in order to support that partner through the lockdown period, without national approval.

The Trust has undertaken a review of its financial governance during the COVID crisis, including the resilience of the finance function. This includes the implementation of a clear approvals process through Silver and Gold Command structures where the DoF (Gold) and senior finance team (Silver) attend.

It should also be noted that national guidance sets out that no new revenue business investments should be entered into (unless related to Covid 19 /approved by NHSE/I). Normal consultancy and agency approvals must also be maintained.

Capital

Capital allocations are yet to be issued for 20/21; however it is expected that capital allocations will be notified to the ICS shortly.

For COVID 19 capital claims there will be a different claim process or bid approval process depending on capital value. All claims and bids are submitted to NHSE/I. Bids over £250k require approval before expenditure is incurred. PDC revenue charges will not be levied on any funding supplied in connection with COVID 19.

Value	Submit advance application to	Approval	Response Standard	Submission Format
Less than £250k	Internal Trust process	Retrospective	Retrospective	*COVID-19 Capital Less than £250k Claim Form*
Greater than £250k	NHSE/I Regional Teams	NHSE/I National Team & DHSC	48 hours from submission to National Team	*COVID-19 Capital Over £250k Bid Form*

Cash arrangements

NHS E/I have set out that it is critical that NHS Providers have certainty regarding cash inflows over the next few months. To facilitate this Commissioners and NHSE/I central will make payments to the Trust via Block Payments, Top Up Payments and additional COVID 19 payments as set out in the table below:

Payment Date	From Commissioners	From NHS E/I
1 April 2020	Block Payment for April 2020 *(received)*	On-account central Top Up Payment for April *– However the Trust has not received this top up payment as the centre calculated the Trust's block payment to be more than 90% of costs.*
15 April 2020	Block Payment for May 2020. Therefore at this date the Trust should have received cash to the equivalent of 2 months of Block Payment	Central Top Up Payment for May; and any adjustment to the April on-account payment
15 May 2020	Block Payment for June 2020	Central Top Up Payment for June; and final payment for additional Covid-19 costs for 19/20
1 June 2020		Additional Covid-19 costs for April
15 June 2020	Block Payment for July 2020	Central Top Up Payment for July

As set out in the national government announcements interim revenue and capital debt are to be replaced with Public Dividend Capital (PDC). The effective date of the transaction to repay the loan will be 30 September 2020. All loans will be frozen at 31 March 2020 and interest payments will cease from that date.

Financial Reporting and Budget Setting 2020/21

Context

Under normal circumstances the Trust would have set a financial plan by this point (including budgets for each Division), which it would then be monitored against internally and externally by NHS E/I. However as noted above the planning process has been suspended and NHS E/I are yet to publish any detailed guidance on financial reporting and monitoring.

To remind the Board, the draft plan submission to NHS E/I showed a gap of £6.5m to the Trust's Financial Improvement Trajectory (before loss of MRET) as issued by NHS I/E.

Movement LTP to 20/21 Plan	£000
Draft Operational Plan Submission Deficit	(16,440)
FIT	(9,954)
Gap to FIT before MRET loss	**(6,486)**
Gap to FIT after MRET loss	**(8,555)**

There were a number of significant assumptions that were included within the draft financial plan that needed to be worked through ahead of the final plan submission in order for the Trust to be able to confirm its position against the FIT. However as noted above this has not been possible as a result of planning being suspended shortly after the draft plan was submitted and the Trust shutting down normal business to develop its Covid19 response plan. The finance team and PMO have supported the production and validation of these plans meaning that work originally planned to take place to prepare for a return to normal business hasn't taken place. As the Trust looks to return to business as usual focus on completing this task will need to be given priority.

The key assumptions within the draft plan were:

- £13m CIPs (3% of expenditure). Of this £2.7m was identified as high risk and £4.1m as unidentified at the stage of the draft financial submission. Currently CIP planning has been suspended during COVID, however this will need re-engagement moving forwards.
- The Trust had not yet agreed a contract with Commissioners and therefore the income position in the draft financial plan was subject to change. This included outstanding issues on agreeing growth, requirements to deliver waiting list, RTT and bed occupancy per planning guidance, counting and coding and blended tariff arrangements. The income position for the year is difficult to know at this point due to the interim arrangements around block contracts that have been put in place nationally as set out above.
- Within the pay budget position £3.5m was assumed to not be spent by the Trust based on proposed budgets being higher than the level of pay spend in 19/20. However if Divisions recruited to all vacancies this would cause an additional gap of £3.5m. With areas currently trying to fill vacancies during the COVID crisis this may put this assumption at risk, and if these vacancies are filled permanently cause an increase in the underlying cost base of the Trust.
- The plan assumed no contingency reserve and therefore there was no provision for unexpected cost pressures.

Interim Budget Setting – 20/21

In the absence of national guidance and significant uncertainty due to COVID the Finance team has been working through the potential options for setting an initial budget for 20/21 during COVID. This is essential to try and

maintain financial governance and control during this time, and to support the Trust in not committing recurrent spend that could be unaffordable and could increase the Trust's underlying cost basis after the COVID crisis.

It is proposed that the Trust sets a 4 month (April – July) budget in line with period the interim national financial arrangements cover. This will then be reviewed and updated as and when further national guidance is provided and will also be updated for the full 12 months once any planning guidance is published around returning to business as usual financial arrangements. The 4 month budget is proposed to be prepared on the following basis:

- Clinical Income – to include block, notified central top up and local authorities.
- Non-Clinical Income – Q4 run rate adjusted for impact of COVID e.g. reduced car parking income and any central notifications of funding for Q1 (e.g. HEE).
- Expenditure budgets – Q4 run rate adjusted for:
    - Known national impacts per planning guidance – e.g. pay award, non-pay inflation, CNST
    - Any significant non-recurrent spend and FYE
    - COVID impacts – including both reductions in spend (e.g. outsourcing, theatre consumables) and increases (e.g. staff meals). Therefore allowing the Trust to clearly understand and monitor COVID spend.

The proposed interim budget will be presented in further detail to the Finance and Performance Committee.

Alongside the preparation of the budget the Trust's finance team has also begun the development of an expenditure financial forecast for the months April – July. This will be compared to the proposed budget to identify any significant differences that need to be taken account of. As set out previously a high level first cut of this would indicate that spend is c.£2.6m higher per month than the commissioner block payments and expected Non-NHS income. This will be reviewed further on completion of the detailed forecast.

COVID Revenue

The Trust's year end position includes revenue costs of £457k relating to COVID, an increase in the annual leave accrual of £637k (due to the suspension of annual leave and therefore increase in carried forward leave due to COVID), and lost non-NHS income of £99k (car parking and private patients). Within the year end position it is assumed that these cost pressures will be funded centrally or that the control total will be adjusted for them. A breakdown of the £457k costs are shown in the table below.

Scheme	£
Respirator FIT Tester	11,346
Protective Clothing – PPE	14,411
Protective Clothing – PPE	12,865
Dynamic Mattresses for ICU	35,259
Pathology - Testing Kits	19,458
Pathology – Staffing	736
Isolations PODs for both DRI and BDGH sites	3,938
Critical Care Equipment	12,948
Silicone Keyboard Covers - Clinical Areas	3,984
Teleconference Facilities	1,197
Patient and Visitor Banners	7,890
Labour Backfill for Estates Ops	2,808
Additional PPE for Estates Staff	1,504
Service Assistance & Healthcare Assistance Recruitment	43,202

Scheme	£
Provision for staff hotel stays	3,897
Estates Costs – Pay	9,059
Estates Costs - Non Pay	41,371
Procurement Overtime	487
WOS - Pharmacy Additional Costs	389
WOS - Pharmacy Additional Costs	240
Backfill Nurses	2,932
Medical Staff Bookings associated with cover/backfill for Covid	21,411
NHSP - Staff Bookings associated with cover/backfill for Covid	7,025
DCC – Consumables	199,544
Total	**457,901**

Based on current spend and known commitments a high level COVID forecast revenue spend is as follows:

Covid Revenue Forecast (£)	Apr-20	May-20	Jun-20	Jul-20
Pathology Testing – Reagents	43,446	43,446	43,446	43,446
PPE	311,515	52,429	52,429	52,429
Temporary Staffing	203,754	180,234	180,234	180,234
Catering Costs	206,266	206,266	206,266	206,266
IT Support Working From Home	52,647	9,140	9,140	9,140
Other Costs	123,975	9,052	9,052	9,052
Total	**941,603**	**500,568**	**500,568**	**500,568**

- Pathology Testing – Assumption that testing and the purchase of reagents will continue as a minimum at the current estimated levels until the end of July.
- PPE – Increased spend on PPE in April following the purchase of significant levels of scrubs and PAPR hoods, with a commitment to bring onsite shower cubicles for staff for a period up to the end of July.
- Temporary Staffing – Increase levels of staff to support the Covid requirements including Services Assistance, Medics and Nurses. Additional resource in estates to allow an increase in security across sites, and external maintenance staff to continue BAU while trust staff undertake Covid works.
- Catering Costs – Provision for providing free staff meals.
- IT – Additional IT requirements to support working remotely, including extension to wifi contract, additional devices, and access to additional video conferring licenses.
- Other Costs – Include purchase of medical and surgical general equipment and consumables. Estimate for Hotel costs provided for staff, and additional support provided to the Pharmacy WOS to support home deliveries to the elderly and vulnerable.

Capital

Context

With regards to capital budget for 20/21 the ICS has advised Trust's to continue with its current capital plans, however nationally the expectation is that Trust's main capital spend in the first quarter will be on COVID related items. A reminder of the draft capital plan for 20/21 is set out below.

Capital Programme	£000
Essential Estates Upgrades	4,630
Essential Medical Equipment Replacement	3,313
Essential Medical Imaging Replacement	805
Essential IT Upgrades	3,012
PDC - Electronic Patient Record (Phase 1)	837
PDC - Emergency Fire Improvements	11,792
PDC - Emergency Theatres Works	11,482
PDC - BDGH Emergency Department Development	4,911
PDC - BDGH CT Diagnostic Equipment Replacement	600
Donated - Rapid Diagnostic Development	4,100
IFRS 16 Assets	1,060
Total Capital Programme	**46,543**

Capital Funding Sources	£000
Depreciation	10,925
Loan Repayment	(2,053)
Disposals	-
Cash Reserve	7,588
Internal Capital Resource	**16,460**
Rapid Diagnostic Centre - Grant/Donations	4,100
Grant/Donations	**4,100**
Awaiting Approval PDC - Electronic Patient Record (Phase 1)	837
Awaiting Approval PDC - Emergency Fire Improvements	7,092
Awaiting Approval PDC - Emergency Theatres Works	11,482
Awaiting Approval PDC - BDGH Emergency Department Development	4,912
Awaiting Approval PDC - BDGH CT Diagnostic Equipment Replacement	600
New Lease Liability (borrowings)	1,060
External Funding Sources	**25,983**
Total Capital Resource	**46,543**

In the draft plan the Trust assumed internally generated funds of £16.5m, to be used to fund the essential and high priority schemes across the Trust. In addition to this £4.1m donated income to support the development of a Rapid Diagnostic Centre is expected from the Trust's charitable funds. The Trust has a number of schemes at various stages within the approval process to be funded by PDC, these are described below.

- Electronic Patient Record – HSLI: This is year 3 of a 3 year roll-out for phase 1 of the EPR project (£0.8m).
- Emergency Fire Improvements – Emergency fire improvement works required as per the enforcement notice. Emergency bid submitted and awaiting approval (7.1m).
- Emergency Theatres Works – Emergency theatres works required to upgrade the high risk ventilation within Obs & Gynae theatres (£11.5m).
- BDGH Emergency Department Development – Development of the urgent and emergency care/front door at Bassetlaw Hospital (£4.9m).
- Diagnostic Equipment Replacement – Replacement of Medical Imaging CT scanner at BDGH (0.6m).

Capital – Impact of COVID

Whilst the above section sets out the annual plan this will be impacted by spend incurred so far where COVID capital funding will not be provided, or not part of the original capital plan.

The Trust have capital commitments against the 20/21 capital plan of £1m, which require funding from the Trusts internal source of funds. These schemes are identified in the below table.

Capital Commitments:	£000
Dynamic Mattresses	143
HSDU Redevelopment	450
Installation of 2nd VIE	250
Dr Mess	100
Falsified Medicine Directive – JAC	67
Total	**1,010**

Underspends on capital in 19/20 result in a first call on capital budgets for pre-approved schemes in 20/21 as follows totalling £260k:

Capital Commitments:	£000
IT High Priority Infrastructure	150
Creation of DR Mess	60
Pre-Op Accommodation	50
Total	**260**

Further to this continuation of the next phase of schemes and business cases developed in 19/20 still to be approved at Corporate Investment Group give rise to a further £3.4m identified as a priority in 20/21, please see table below.

Capital Commitments:	£000
A&E DRI re-development of majors	550
Phase 3 Electrical scheme	1,960
Medical Equipment Priorities from 19/20	880
Total	**3,850**

The Trust has incurred COVID capital spend to the end of March of £681k. This is expected to be funded via PDC and is set out in the table below for information.

SCHEME	£
WARDS 20 AND 21 DOORS AND SCREENS TO 4 BED BAYS	47,793
MEDICAL IMAGING CREATE SUB-WAITING AREA	2,977
MAIN ENTRANCES CONVERT PUSH PADS TO PIR'S (TRUSTWIDE)	22,967
MAIN ENTRANCES INSTALLATION OF WASH BASINS (TRUSTWIDE)	124,326
SITE WIDE SECONDARY EXTERNAL DOOR LOCKDOWN - DRI & BDGH	22,416
OLD AMBULANCE STATION SCAFFOLD COVER TO DRIVE THRU SWABBING STATION	7,818
DCC - EWB ESTABLISHMENT OF CLEAN AND DIRTY ZONES	852
MICROBIOLOGY SAFETY CABINET - CLASS 2	9,582
DCC PATIENT MONITORS	94,432
PRIME X STRYKER TROLLEYS	239,302
LINET E2 BEDS	15,930
DELL LAPTOPS AND CONFERENCING EQUIPMENT - HOME WORKING	12,605
DELL WORKSTATIONS	35,941
REPORTING FROM HOME WORKSTATIONS	43,849
TOTAL	**680,789**

The current forecast for capital spend is as £1.2m as set out in the table below (however please note this is subject to change). It is expected this will be incurred in April 20 as any capital works should have been completed ahead of the peak in cases.

Covid Capital Forecast (£)	Apr-20	May-20	Jun-20	Jul-20
Equipment	838,249	0	0	0
Mortuary Expansion	242,327	0	0	0
Other Capital Works - Incl. Segregation	117,688	0	0	0
Total	**1,198,263**	**0**	**0**	**0**

Cash

The cash position at the end of March 2020 was £30.8m. Since the year end the Trust has received two of the block payments of £30m (£60m in total) from Commissioners to cover the first two months of the financial year (1st and 15th April). This has led to the Trust's cash balance being £91.4m as at 16th April (before payroll run which is c.£23m). The Trust is also expecting to receive its Q4 FRF/PSF earlier than usual (national indications have been May-June) which is a further c.£5.2m. However the Trust has significant capital creditors at year end (c£7m) which will require payment in Q1 of 20/21, along with significant COVID capital and revenue costs as outlined in this paper.

A cash flow forecast is currently being developed in line with the forecast revenue expenditure in the first four months of the year and capital position. This will be presented in further detail to the Finance and Performance Committee.

Recommendation

The Board is asked to note:

- The new financial arrangements for 2021 including revenue, capital and cash arrangements.
- The potential shortfall for the Trust and local CCG's.
- The Trust's outline Capital Scheme and pre-commitments against the capital plan.
- The Trust's current cash position.
- The proposed interim budget arrangements during COVID 19.

F3

Doncaster and Bassetlaw Hospitals
NHS Foundation Trust

Title	**Annual Accounts - Going Concern Basis**		
Report to:	**Board of Directors**	Date:	**21 April 2020**
Author:	**Jon Sargeant, Director of Finance** **Matthew Bancroft, Head of Financial Accounts**		
For:	**Recommendation to Trust Board**		

Purpose of Paper: Executive Summary containing key messages and issues

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

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

Guidance

The 'Group Accounting Manual 2019-20' published by the Department of Health contains the following guidance :

4.12 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. DHSC group bodies should 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.

4.13 Sponsored entities whose statements of financial position show total net liabilities should 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.

4.15 Where a DHSC group body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.

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

Assessment

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

As at March 2020, there are a two scenarios that need to be considered:

Firstly a Covid19 scenario:

In this scenario the Trust assumes that the current 'emergency' regime is in place for the whole of the next year. In this scenario the DoH has written to DoF's and CEO's stating that a mechanism of block contracts will introduced to replace the normal contracts between purchaser and provider. These contracts are to ensure that cashflows are maintained so the provider organisations came focus on delivery of patient care in the current force majeure situation. The guidance states that costs will be met by the treasury and the block contract will be topped up to cover all costs of the pandemic. Initially this arrangement has been set up to cover the first quarter of the financial year however, in a recent briefing for Directors of Finance it was suggested that the arrangement will be extended for at least one more quarter, and maybe left in place for the whole year.

The second scenario is a post Covid19 return to business as usual in the latter part of the year.

In the second scenario the block contracts stop and a 'traditional contract' between providers and commissioners is re-instated. Business rules were published for the year and significant work was undertaken with CCG's and ICS to produce plans. Although the plans are not signed as the service was told to abandon the normal planning cycle to prepare for Covid19. Within the work undertaken the Trust had a good expectation to meet its financial targets as set by NHSIE and accept its control total. Planning undertaken with local CCG's indicated no major changes to service provision or demand for the Trust.

The ICS has also supported the Trust in making the redevelopment of the Doncaster Trust Site its top priority for capital expenditure. This would equate to an inward capital investment by the Government of more than £500m.

The business rules issued for the financial year 20/21 clearly laid out the intent for the DoH to convert revenue loans to PDC Dividend (equity funding). This is significant as the uncertainty of whether the Trusts revenue loans of £71m would be repayable by the Trust, caused our auditors to previously give a qualified view on the Going Concern opinion for the Trust. The Trust Board has always noted the risk of repayment, but not seen it as a high risk issue.

At the current point in time it is not now clear whether this will happen in 20/21 and I believe this will depend on the length and severity of the Covid Pandemic and this may not now happen before 21/22.. If it does not, in light of the block contract arrangements there is little risk to the Trust's financial standing as this is entirely focused on ensuring the NHS has the cashflow to support the treatment of UK residents.

In addition to the above, the following supports the assessment of the Trust being treated as a going concern for the next 12 months:

- Continuing support from local commissioners
- The Trust will end the year with c£26m cash in the bank
- The Trust has delivered a surplus in 2018/19 and plans to achieve its control total for 2019/20.

- There are no licence conditions in place on the Trust from its regulatory body.
- The Trust has received a Good rating from the CQC for use of resources during 2019/20.

Therefore it is considered appropriate for the trust to continue to prepare its financial statements on a going concern basis under both scenarios, and to make the necessary declarations as part of its annual report and annual accounts. However, the continued risks, particularly around the treatment of revenue loans, will also be clearly stated in the 2019/20 annual report. These, however, may evolve between now and the date upon which the accounts are signed off.

Recommendation(s)

The Board of Directors are asked to agree the following :

- The Trust should be considered a going concern for accounts preparation purposes.
- The Trust should prepare its annual accounts for the year 2019/20 and balance sheet as at 31st March 2020 on that basis.
- The annual report should clearly state this assessment whilst also outlining the risks facing the trust.

G1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Major Incident Policy**		
Report to	**Board of Directors**	**Date**	**21 April 2020**
Author	**Rebecca Joyce, Chief Operating Officer**		
Purpose			Tick one as appropriate
	Decision		√
	Assurance		√
	Information		√

Executive summary containing key messages and issues
Attached is a refreshed version of the Trust's Major Incident Policy for formal ratification by the Board. Minor changes have been made in the refresh, largely to reflect changing Trust Structures.
Key questions posed by the report
Is the Board assured that the Major Incident policy provides sufficient policy framework to meet our legislative requirements and to deliver robust operational Major Incident arrangements?
How this report contributes to the delivery of the strategic objectives
Ensuring robust EPRR arrangements is important to the contribution of the overall Trust Strategy.
How this report impacts on current risks or highlights new risks
EPPR is a stated risk on the Board Assurance Framework. A number of additional risks are being added to the Trust risk register related specifically to COVID 19. Ratifying this policy will ensure an up to date policy framework to respond to COVID 19 within, alongside the Trust Flu Pandemic Policy.
Recommendation(s) and next steps
The Board is asked to formally ratify the policy.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

MAJOR INCIDENT PLAN

(This Plan supersedes CORP/RISK 1 v 8: 2018)

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Neil Colton, Emergency Planning Officer (Temp)
Date written/revised:	January 2020
Approved by:	Board of Directors
Date of approval:	
Date issued:	
Next review date:	**Jan 2023**
Target audience:	All members of staff within Doncaster and Bassetlaw Teaching Hospitals NHS FT; Local Resilience Partners for Information

Amendment Form

Version	Date Issued	Summary of Changes	Author
Version 9		• Revised Trust Structure throughout Policy • Update Equality Impact Assessment	Neil Colton Emergency Planning Officer (Temp)
Version 8	**30 July 2018**	• Updated Trust name and logo throughout; • Updated job titles throughout; • Standardised references to ED throughout; • Replaced references to *Monitor's Compliance Framework* with *NHS Improvement's Single Oversight Framework;* • Replaced *Care Quality Commission's Essential Standards of Quality and Safety* with *Care Quality Commission's Fundamental Standards;* • Added references to, and included Appendix 10 – Patient Dispersal Matrix; • Reorganised and simplified section 8 – in particular 8.3.3 (previously 8.1.1); • Added METHANE information (page 31); • Updated mortuary capacity at section 11; • Referenced master keys for access to ICR at appendix 1.	Jeannette Reay, Emergency Planning Officer
Version 7	**26 July 2016**	Annual review of Plan. Plan revised significantly to incorporate current guidance within NHS England's revised EPRR Framework (November 2015). The following additions and changes have been made: S1.2: Classification of incidents and inclusion of 'Critical Incident' as the first line method of reporting operational pressures over and above normal, where an internal major incident may usually have been declared. S2: National incident levels (1-4) responsibilities and actions to be taken at each S4.3: Expanded role of the AEO S5: Inclusion of expanded definition of command	Jean Yates, Emergency Planning Lead

		and control S5.2and3: Included key functions of Silver and Gold command S6.3: adjusted the role of the CSM/Duty Matron in line with changed organisational processes S18: added the requirement for senior managers and executives on-call to undertake a command post exercise at three yearly intervals Changed the format of the plan to focus the body of the plan on DBTH actions in a major incident, and removed other key sections to the Appendices (see 'list of contents'. Included a section relating to how senior managers on-call would determine that an emergency or significant service disruption had occurred as required by the NHS Core Standards for EPRR (App 2 P.52.) Included a section on the statutory and regulatory requirements underpinning EPRR (App. 6 P.69).	
Version 6	**March 2015**	Annual review of Plan. Plan revised significantly and amended to reflect the following changes: • Organisational restructure • NHS England restructure and updated on-call number • Revised aim and objectives in line with EPRR recommendations • Expand role and responsibilities of AEO • Revised Command and Control and application; Incident Control Room and Incident Director. Included Gold Silver and Bronze action cards • Added section on record keeping • Expanded role of Clinical Site Manager • Added Care Group responsibilities • Added impact of Trauma network on DBTH as receiving hospitals: included role of HART and MERIT (see glossary) • Added role of Rail Incident Care Teams to volunteer section • Added section on action cards and responsibilities to revise and test • Revised action card section into immediate	Jean Yates, Emergency Planning Lead

		and support responders. • Added Guidelines for ICR	

STOP!!

IF A MAJOR INCIDENT HAS BEEN CALLED

AND YOU HAVE NOT READ THE PLAN

DO NOT DO SO NOW

FIND YOUR WARD OR DEPARTMENT

ACTION CARD AND FOLLOW IT

NB: Staff who are NOT on duty should only come into the hospital if called.

USEFUL TELEPHONE NUMBERS

Switchboard is responsible for calling our key members of staff and therefore a list is not provided in the Major Incident Plan Folder.

MAJOR INCIDENT CONTROL ROOM

DRI: 01302 644690
Secure Email: DBH-tr.Doncaster-EPRR@nhs.net

SILVER COMMAND BASSETLAW (KILTON ROOM)

BDGH: 01909 572245

CCG CONTACT DETAILS IN HOURS:

NHS Bassetlaw CCG: 01777 274400
NHS Doncaster CCG: 01302 566300 email: eprr@doncasterccg.nhs.uk

Out of Hours: (Joint South Yorkshire and Bassetlaw on-call arrangement)

01709 820000 asking for "South Yorkshire and Bassetlaw CCG On-call Officer"

Email: eprr@doncasterccg.nhs.uk

NHS ENGLAND (NORTH) - 24/7 on-call number

0333 012 4267
Press Option 2 and ask for the South Locality 1st on-call officer

If you are not put through to the paging bureau (ie you are put back to the message to choose from options 1, 2 or 3) then dial the alternative number **0203 949 7273**

Email: england.yorkshire-eprr@nhs.net

DONCASTER MBC:

24/7 on-call number - 01302 341628
Email: emergency.planning@doncaster.gov.uk

BASSETLAW DISTRICT COUNCIL:

01909 534999 – not 24/7. Out of hours is through Access through Notts County Council Emergency Planning number out of hours **0300 500 80 80**

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1. DEFINING EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)

EPRR spans a range of definitions, expectations and actions which come together to enable organisations to be resilient in the face of emergencies and significant service disruptions, and to meet their statutory and regulatory obligations. The following definitions describe each element of EPRR:

- **Emergency Preparedness -** The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to emergencies.

- **Resilience –** The ability of the community, services, area or infrastructure to detect, prevent and, if necessary to withstand, handle and recover from disruptive challenges.

- **Response -** Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.

1.1 Emergency

The Civil Contingencies Act 2004 defines an emergency as:

"An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK".

For the NHS, a major incident is defined as:

"Any occurrence that presents serious threat to the health of the community; disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance Trusts or local NHS organisations."

1.2 Incidents

NHS England classifies an Incident as it relates to the NHS, as either:

- Business continuity incident.
- Critical incident.

Each will impact upon service delivery, may undermine public confidence and require contingency plans to be implemented. Clarity about each different incident type is required to

ensure the Trust operates optimally, the specific concern being the difference between what is a critical incident and the declaration of an internal major incident.

The guidance recommends that Trusts should be confident about the severity of any incident that may warrant declaration of an internal major incident. This applies particularly where the event is due to severe operational pressures. In such circumstances, the Trust should ensure that early communication with Commissioners, has taken place, and where appropriate, declare a critical incident in the first place.

1.2.1 Business Continuity Incident

A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).

1.2.2 Critical Incident

A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

2. INCIDENT LEVELS

An incident can be described in the following terms as it evolves. For the purpose of consistency and clarity, all NHS organisations will refer to incidents using the following scale:

Incident level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

2.1 Types of Incidents

The following list provides commonly used classifications of types of incident. This list is not exhaustive and other classifications may be used as appropriate. The nature and scale of an incident will determine the appropriate Incident Level.

- **Business continuity/internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
- **Big bang** – a serious transport accident, explosion, or series of smaller incidents.
- **Rising tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.
- **Cloud on the horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.
- **Headline news** – public or media alarm about an impending situation, reputation management issues.
- **Chemical, biological, radiological, nuclear and explosives (CBRNe)** – CBRNe terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.
- **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials.
- **Cyber attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality.
- **Mass casualty** – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures.

3. THE TRUST MAJOR INCIDENT PLAN

3.1 Aim of the Plan

The aim of the Major Incident plan is to ensure that the Trust is prepared and able to respond to, manage and recover from, a major incident by having in place a suitable plan which describes critical roles and actions, defines the command and control structure, has a clear communication strategy in place and is agreed and approved by the Trust's Board of Directors. The intention is to respond in a way that will safeguard health and safety of individuals, minimise financial losses, damage to property and the environment and minimise the impact on the reputation of the Trust.

Objectives:

- Facilitate an effective response in any major incident regardless of cause.

- Document the detailed actions required in order to mobilize and deploy staff with appropriate skills to respond to the incident.

- Provide an effective command and control structure to manage and co-ordinate the Trust's response internally and with other Category 1 and 2 responders.

- Ensure the plan is built on the principles of risk assessment, co-operation with partners, current emergency planning principles, communicating with the public and information sharing.

- Ensure the plan links into the Trust's arrangements for business continuity.

Some of the risks identified have resulted in, or will result in, supplementary plans being prepared. Plans that already exist are:

- Business Continuity Plans for Divisions and Departments.
- Trust Plan for dealing with Hazardous materials (HAZMAT) and chemical, biological, radiation, nuclear or explosive incidents (CBRNe).
- Trust Plan for dealing with a large number of casualties from an incident at a local prison or secure hospital.
- Planning for Pandemic Influenza.
- Trust Fire Policy, including evacuation.
- Trust Security Policy.

3.2 Statutory and Regulatory Requirements of the Major Incident Plan

As a minimum, the Trust major Incident Plan:

- Delivers the statutory requirements of the Civil Contingencies Act (CCA) 2004 and the duties placed upon acute hospitals as Category 1 responders.

- Meets the statutory requirements of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

- Complies with the requirements of the NHS England Emergency Preparedness Framework 2013 and the National Core Standards for EPRR.

- Meets the expectations of NHS Improvement's Single Oversight Framework for NHS Foundation Trusts.

- Complies with the Care Quality Commission's Fundamental Standards.

4. ROLES AND RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive retains overall responsibility for ensuring that the Trust's Major Incident Plan is fit for purpose, enables the Trust to fulfil its statutory obligations as a Category 1 Responder under the Civil Contingencies Act 2004 (CCA 2004) and meets the Trust's governance arrangements.

The Chief Executive will ensure that the Trust Board, NHS England Yorkshire and the Humber and local Commissioners receive assurance that the Trust is compliant with the all relevant legislation and guidance in respect of Emergency Preparedness, Resilience and Response (EPRR).

In order to carry out this function, the Chief Executive will nominate an Executive Director to undertake the role of Accountable Emergency Officer (AEO). This role is a statutory requirement under the *NHS Act 2006 (as amended)*, and is described *in NHS England Emergency Preparedness Framework 2013.*

The Chief Executive will be supported by:

- The Accountable Emergency Officer (AEO).
- The Executive Team.
- The Emergency Planning Officer (EPO).
- Care Groups and Departments.

The Chief Executive ensures the preservation of documentation. All documents, excluding patient medical records, created while the major incident procedure is in place, must be preserved for future reference, in case of Coroners Inquests and/or official Inquiries into the incident. The Chief Executive will remind Divisional Directors and Heads of Departments of this responsibility throughout the incident. (See *Record Keeping Protocol* - B Drive, Major Incident Control Room Folder).

4.2 Board of Directors

The Trust's Board of Directors will endorse the Trust's Major Incident Plan and receive regular reports, at least annually, regarding compliance and assurance in EPRR, including reports on exercises, training and testing undertaken by the organisation.

4.3 Accountable Emergency Officer (AEO)

The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint a Board level Director to be responsible for discharging their duties under Section 252A and this role is defined as the Accountable Emergency Officer. The Executive Lead for EPRR has delegated

responsibility from the Chief Executive to undertake the role of AEO. There is a requirement for the AEO to be supported by a non-executive director, or another appropriate Board member to support and endorse the assurance process.

Key elements of the AEO role are:

- Ensures that the organisation and any sub-contractors are compliant with the EPRR requirements as set out in the legislation and guidance, including the NHS England Core Standards for EPRR and with S.30 and 31 of the National Standard Contract.
- Ensures that the organisation, any providers that they commission and any subcontractors have robust business continuity plans in place, aligned to ISO22301.
- Ensures the Trust's state of readiness to respond to an emergency situation, by having plans in place which are tested, and around which training and exercising is undertaken within the organisation and with multi-agency partners where appropriate. This includes having a robust surge capacity plan that provides an integral organisational response.
- Ensures that all plans associated with EPRR are linked to the organisation's governance arrangements for ensuring business continuity as required by the Civil Contingencies Act 2004.
- Trust Representation at the Local Health Resilience Partnership Group (LHRP), and responsibility for ensuring that the Trust contributes to the wider resilience framework of NHS England Yorkshire and the Humber.
- Presentation of reports to the Board of Directors as required, including an annual statement of compliance against the National Core Standards to the Board of Directors and to NHS England, Yorkshire and the Humber.

4.4 Executive Team

The Executive Team supports the Chief Executive and AEO in managing a major incident or significant service disruption by undertaking roles within the Incident Control Room (ICR), attending relevant training appropriate to managing an incident and acting as Incident Director when on-call or in the absence of the Chief Executive or the AEO.

4.5 Emergency Planning Officer (EPO)

The Emergency Planning Officer (EPO) is responsible for supporting the Chief Executive and AEO by ensuring that the Trust develops and maintains an effective EPRR strategy which includes a robust major incident plan, in order to demonstrate compliance with statutory and regulatory requirements. The EPO ensures that all current and emerging national guidance is considered and implemented. The EPO is also responsible for ensuring that an annual training and exercising programme is available and delivered to all staff who have key roles to undertake in a Major Incident and that, as a minimum, the national requirements for the training and exercising of the plan is met;
The EPO acts as Chair of the Trust's Business Resilience Steering Group (BRSG) and also:

- Represents the Trust at local Health Resilience Groups and Multi-Agency groups.
- Within these groups, considers the implications of incidents that might have a wider impact than just the acute hospitals eg a contamination incident.
- Ensures organisational planning and preparedness is based on current local risk registers.
- Is aware of hazards and iconic sites within the community that have the potential to increase the risk of an incident occurring.
- Ensures effective communications are maintained with other NHS organisations, Local Authority Emergency Planners and other Category 1 and 2 responders, with regard to the development of multi-agency plans, the potential for mutual aid, and ensuring that appropriate sharing of information is carried out in the event of an incident.
- Liaises with other Category 1 and 2 responders with regard to joint training and exercising opportunities.
- Instigates discussion within the Trust to develop escalation plans for managing potential internal incidents eg chemical/radiation contamination, hospital evacuation, business continuity etc.
- Undertakes on behalf of the Chief Executive and AEO all NHS England's Audit and Compliance assessments, developing appropriate action plans to ensure that any gaps identified are addressed and changes added to the subsequent revisions of the plan.

4.5.1 Business Resilience Steering Group (BRSG)

The Business Resilience Steering Group (BRSG) has representatives from Division, and Departments.

Each Division and Department is required to have a link member responsible for leading on emergency planning and business resilience. They are responsible for updating their departmental action cards, updating their staff call-out lists at least twice a year, auditing the location of the Major Incident Plans within their areas of responsibility and for ensuring that all staff are aware of their responsibilities and receive appropriate training, particularly new staff.

In addition to reviewing the content of the Major Incident Plan, the steering group also:

- Considers any national or regional guidance relating to emergency planning.
- Determines any audits undertaken to test compliance with the plan.
- Instigates or is involved in at least annually a test of some aspect of the Major Incident Plan and evaluates performance.

4.6 Emergency Planning Support Officer (EPSO)

The Emergency Planning Support Officer (EPSO) supports the EPO to deliver the Trust EPRR agenda, with particular reference to the training and exercise programme.

The EPSO delivers planned training to staff groups, developing and delivering exercises to test the plan within the Trust, and working with partners to contribute to multi-agency training and exercising.

The EPSO is responsible for ensuring accurate records of staff attendance are collated and stored on the organisation's electronic training record.

5. COMMAND AND CONTROL

During times of severe pressure, and when responding to significant incidents and emergencies, NHS organisations need a structure which provides:

- Clear leadership;
- Accountable decision making; and
- Accurate, up to date and far-reaching communication.

This structured approach to leadership under pressure is commonly known as 'command and control'.

Accountable Emergency Officers and Emergency Planning Officers are required to be familiar with, and able to operationalise the principles of Command and Control, as are all senior managers who will be called, as part of their on-call responsibilities, to lead an Incident Control Room.

The management of emergency response and recovery is undertaken at one or more of three ascending levels: Operational, Tactical and Strategic. The concepts of command, control and coordination which are defined as follows:

- Command is the exercise of vested authority that is associated with a role or rank within an organisation (the NHS), to give direction in order to achieve defined objectives.

- Control is the application of authority, combined with the capability to manage resources, in order to achieve defined objectives.

- Coordination is the integration of multi-agency efforts and available capabilities, which may be interdependent, in order to achieve defined objectives. The coordination function will be exercised through control arrangements, and requires that command of individual

organisations' personnel and assets is appropriately exercised in pursuit of the defined objectives.

The levels are defined by their differing functions rather than specific rank, grade or status

- Strategic (Gold).
- Tactical (Silver).
- Operational (Bronze).

For the purposes of this document, the terms Gold, Silver and Bronze will be used.

5.1 Bronze Command - Operational

Bronze command refers to those responsible for managing the main operational working elements of the response to an incident, e.g. ED, Theatres, Critical Care, service. They will lead a team carrying out specific tasks within the service area, geographical area or functional area. Each service will set up its own command room and appoint an operational commander, informing tactical command as soon as they are set up.

Bronze Commanders act on Silver instruction, remain in command of their own resources and staff, and liaise and cooperate with other Operational teams. They feed information about the incident into the Silver Command centre. Typically, managers of the specific services act as Bronze commanders.

5.2 Silver Command - Tactical

Silver command is responsible for directly managing the organisation's response to an incident. They develop the tactical plan which will achieve the objectives set by Gold command. Their role is to make sure that Bronze command provides a clear and coordinated response which is as effective and efficient as it can be. They set response priorities in line with Gold command, allocate resources and coordinate tasks.

Silver command should oversee and support, but not be directly involved in the operational response to an incident. If the Trust response to the incident includes Bassetlaw and/or Montagu, or if the incident is at either site, a Silver commander will be allocated to each site. This means setting up a Silver Control room at both Bassetlaw and Montagu. Typically, tactical commanders are Senior Managers within the service and may be deputy directors or general managers. Key functions of the Trust Silver Command are to:

- Determine priorities for allocating available resources.
- Plan and coordinate how and when tasks will be undertaken.
- Obtain additional resources if required.
- Assess significant risks and use this to inform tasking of operational commanders.
- Ensure the health and safety of the public and personnel.

5.3 Gold Command - Strategic

Gold command has overall executive command of the organisation's response to and recovery from the incident. They are responsible for liaising with partners to develop the strategy and policies, where external agencies are involved, and allocate the funding which will deal with the incident. Gold Command is also responsible for maintaining the organisation's normal services at an appropriate level during the incident.

Gold command is required to maintain the 'helicopter view' of the situation, considering the incident in its wider context to establish its longer term and wider impacts on the organisation and establishing a recovery pathway at an early stage in the incident. They delegate tactical decisions to their Silver commanders, so are not involved in directly managing the tactical or operational detail. The Chief Executive Officer remains accountable for business delivery of the organisation throughout all situations and this may be discharged through the AEO or on-call executive director in his absence. Key functions of Gold command are:

- Determine and promulgate a clear strategic aim and objectives and review them regularly.
- Establish a policy framework for the overall management of the event or situation.
- Prioritise the requirements of the tactical tier and allocate personnel and resources accordingly.
- Formulate and implement media-handling and public communication plans.
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process.

5.4 Multi-Agency Command and Control

Multi-agency command and control takes place when an incident involves several responders and organisations.

Although individual organizations can operate unilaterally at a Strategic level, the reality is that a number of other organizations will have taken the decision to operate at a Strategic level. When this happens, a Strategic Co-ordinating Group (SCG) will be established, and an appropriate organisation will take the Chair. This is usually but not exclusively the Police, in the early part of an incident, before transferring to another organisation at a later date. It must be remembered that co-ordination of a group does not denote "being in charge of", or in direct command of, other organisations who form the wider Strategic Co-ordinating Group.

Health is represented by the Chief Executive or nominated deputy of the Local NHS England body at the SCG. The Chief Executive will be expected to co-ordinate the setting of strategy and ensure implementation of a co-ordinated NHS response. The Trust Incident Director will therefore be in close communication with NHS Yorkshire and the Humber Incident Director.

5.5 Application of Command and Control within the Trust

The inference of the structure of Command and Control suggests that all three levels would be set up in every situation. This is not necessarily the case, and the AEO or on-call director will decide, based on the nature and severity of the incident, whether to operate the ICR initially as a Silver Command centre and activate Bronze commands within the areas affected by the given incident, and as the incident evolves, decide whether a Gold command should be set up to oversee the strategic impacts and longer term consequences, allowing a Silver team to concentrate on immediate impacts caused by the incident.

5.6 The Hospital Incident Control Team

The Hospital Incident Control Team is set up in response to the declaration of on external major incident, if the Trust is designated as a receiving hospital by an ambulance service at the scene of an incident, or if an internal major incident is declared.

The Hospital Incident Control Team will implement the hospital's plan, according to the Action Cards held in the Incident Control Room in order to manage the whole hospital's response to the incident and instigate the recovery arrangements.

The designated room for the Incident Control Room (ICR) is Rooms 1 and 2 in the Education Centre at the DRI site. Whichever site the incident occurs, the ICR will remain the centre for incident management and control unless access to the ICR is prohibited for any reason, eg involved as part of the incident.

Other rooms may be set up across site as required to support incident control team, as either Silver or Bronze command centres:

- At Bassetlaw Hospital, the Kilton Room, The Hub is the designated facility for Silver Command on site.
- At Montagu Hospital, the Board Room will be set up as either Silver or Bronze as required.

It is a recommendation of best practice that all documents/copy printed within the Incident Control Room should be printed on coloured paper to make it easily identifiable as documentation relating to the incident. The paper supplied for use is dark gold.

5.7 Incident Director

The Chief Executive or the Chief Operating Officer, as AEO, leads the Hospital Incident Control Team as Incident Director, other key members being the Medical Director and Director of Nursing, Midwifery and Allied Health Professionals (or deputies) plus other Executive Directors/Managers as required, depending on the nature of the incident and the time of occurrence. Out of hours, the executive on-call will activate the Incident Control Room and undertake the role of Incident Director.

The Incident Director is responsible for ensuring an effective response to the incident and all communications, including:

- Activating the response to the incident and ensuring that additional Silver and Bronze command and control rooms are set up as required at Bassetlaw or Montagu Hospital.
- Ensuring the right team members are present and calling in support team members as relevant to the incident, including trained Loggists and staff to act as administrative support, and record management.
- Producing an agenda and action notes relating to the incident, and ensuring that all documentation is retained and stored with a copy of the CURRENT plan in case of future inquiries or investigations surrounding the major incident.
- Ensuring that a formal LOG is started and maintained.
- Liaising with NHS England Yorkshire and the Humber regarding the incident through the relevant CCG.
- Telephone, internal media and email messages.
- Media Relations - supported by the Head of Communications.
- Staff Briefing.
- Informing partner agencies within the Health Community.
- Reviewing the response to the incident.
- Setting up the recovery process from the incident.

N.B. The major incident scene may also be designated a scene of crime.
Guidance on the management of any incident, roles of the Hospital Incident Control Team, setting up the Incident Control Room, templates and relevant Action Cards are held in the Incident Control Room and on the DBTH Shared 'B' Drive folder 'Incident Control Room' and as appendices in this plan.

As part of the process of learning and improving, policies and procedures and information collated from the major incident may be used for teaching and training purposes.

5.8 The Loggist

The role of the loggist (as outlined by the Civil Contingencies Act 2004) is to keep an accurate and contemporaneous record of decisions made and actions taken within the ICR. Loggists undertake an in depth training programme in order to fulfil the role effectively. The Log and any other written, electronic or telephony records, including flip charts, drawings and maps may be required at a later date in the case of a public inquiry, criminal or Coroner's court and to provide evidence for witnesses who may be called to such inquiries.
The loggist role should not be confused with that of a minute taker as their role is to record the assigned officer's decisions and they must not be distracted from this function.

5.9 Record Keeping

Following any major incident or significant business continuity disruption, a internal review will be conducted to identify lessons learned so that future planning and response can be improved. In some cases, external inquiries may be conducted into the management of the incident, and a request made for evidence to support the sequence of events that occurred and the decisions made to manage the consequences. It is essential that accurate records are kept in order to facilitate the identification of lessons learned and any actions required to improve the management of future incidents, as well as to be able to support external inquiries.

The Trust may therefore be called to provide documentary evidence for the following types of inquiry:

- An appropriate enforcement authority eg Health and Safety Executive.
- A judicial inquiry.
- A Coroner's Inquest.
- The Police.
- A Civil Court hearing compensation claims.

Presevation of records is therefore a necessity – Information on Record Keeping can be found at:

B:\Major Incident Control Room\Loggist and Record Keeping.

A member of staff should be allocated the role of managing any records produced during the incident and ensuring that the Emergency Planning Officer receives the complete bundle for retention.

6. LEAD CLINICAL ROLES

6.1 Medical Incident Commander at the Scene

The Trust *may* be asked to provide a Medical Incident Commander (MIC) to support the teams at the scene of an incident.

The designated MIC at the scene of the incident will assume overall responsibility for the co-ordination of clinical activity in liaison with the Ambulance Medical Incident Commander (AMIC) involved in a Major Incident. All medical and clinical staff will report to the Medical Incident Commander at the Ambulance and Medical Control Point when established. It should be noted that the first doctor arriving at the scene of the incident will have the initial clinical responsibility until the arrival of the designated MIC. The MIC, in liaison with the AMIC, will be responsible for the orderly despatch of casualties to the receiving hospital, based on medical priorities.
If the Trust receives a request from the Ambulance Service to dispatch an MIC to the scene of the incident, this should be directed to the consultant in charge of the ED at DRI. The ED

consultants at DRI have agreed to take on this role provided DRI is not a 'receiving' hospital. The Medical Incident Commander will follow the actions detailed in the ED Department's Action Card file.

6.2 The ED Incident Controller

The most senior nurse on duty in ED is the designated ED Incident Control Officer (ICO). The ED Incident Control Officer will undertake the actions detailed in the ED Department's Action Card file.

Pivotal to this role is the requirement to establish and maintain regular communication with the Ambulance Liaison Officer at the scene of the incident, the Incident Control Room and Lead Clinicians within the Trust, keeping them informed/updated in relation to the incident.

6.3 Site Manager/Duty Matron

6.3.1 Duty Matron/Clinical Site Manager DRI

The Clinical Site Manager (CSM)/Duty Matron initially has a dual role in a major incident, until the next senior manager attends, one being continued site management, and the other setting up and manning the Incident Control Room. If there is only one person, they should delegate their site management role temporarily to a senior sister or matron until able to leave the Incident Control Room. The role outlines are:

- Setting up the ICR, and remaining there until the first senior manager or executives arrives to relieve them. Collating initial information for the incoming Senior Manager/ executive about the nature of the incident, number of casualties, and potential injuries, and begin to alert key services who will need to be ready to manage casualties.
- Obtaining an up to date bed state and then taking responsibility for organising the clearance of the ED of those patients waiting for admission, who are not involved in the Major Incident. This may lead to a surge of patients to the wards that may not have had a full ED assessment. These patients must be settled into a bed as quickly as possible, any immediate needs met and the situation explained to them, and the relevant medical and surgical teams informed of the whereabouts of the patients.

6.3.2 CSM Bassetlaw 24/7

- Setting up the Kilton Room, The Hub as a SILVER Command if instructed to do so by the Senior Manager or Incident Director based at DRI. Remaining there until the first senior manager or executives arrives to relieve them. Collate initial information for the incoming Senior Manager/executive about the nature of the incident, if occurring at Bassetlaw, number of casualties, and potential injuries, and begin to alert key services that will need to be ready to manage casualties.

- Obtaining an up to date bed state and then taking responsibility for organising the clearance of the ED of those patients waiting for admission, who are not involved in the Major Incident. This may lead to a surge of patients to the wards that may not have had a full ED assessment. These patients must be settled into a bed as quickly as possible, any immediate needs met and the situation explained to them, and the relevant medical and surgical teams informed of the whereabouts of the patients.
- If the incident is not at Bassetlaw, undertake the collation of initial information around staffing availability and bed availability and inform the ICR at DRI. Work with any transfer teams to accept outliers from DRI if this is a decision made by the Incident Director. Liaise with ambulance services if diverted as part of the DRI strategy. Ensure the ICR is informed of any capacity issues.

6.3.3 Senior Manager On-call/ Senior Manager Rostered for Office Hours' Response

- Support the initial response by arranging for the ICR to be set up during day time hours.
- Check Bassetlaw situation and instruct on setting up the Kilton Room as a Silver Command if required.
- Work with ED Incident Controller to obtain as much information about the incident as is available, and agree the frequency of reporting into the ICR timeline (Battle Rhythm).
- Support the ED team in managing their response – deploy additional staff if required, arrange for transfer of patients waiting for medical/surgical assessment.
- Confirm all key staff have been contacted and are on their way in.
- Collate all information on available bed capacity in the areas likely to be receiving Divisions, and ensure that theatres and CRITICAL CARE are ready and prepared to accept casualties.
- Inform relevant partners of the nature and impact of the incident.
- Handover to first executive director on site - who becomes the Incident Director.

6.4 Divisional Clinical Responders

There are key personnel within Divisions who have a specific clinical role to play in responding to a major incident. Such teams as Theatres staff, Surgeons and Anaesthetists, Trauma and Orthopaedic Surgeons, have designated action cards identifying their roles and these are kept up to date by the Divisional Teams. The Hospital Switchboards will contact these members of staff when the plan is implemented, as part of their major incident call out schedule to ensure that all appropriate skilled expertise is available to respond to the emergency as required.

It is the Divisional Directors' responsibility to ensure their clinical teams are prepared for and able to respond to a major incident.
Managers must also maintain any necessary procedural documents detailing further action to be taken by staff when they report for duty, together with a list of back-up staff who could be contacted to provide assistance. Staff call out lists must be tested by the relevant Division or

Department at least twice per year to ensure contact numbers are up to date and sufficient staff could be called in to support a major incident response. The most senior manager available in the Division or department will activate their local plans as necessary, acting under from the action card for Bronze Commander, *(see Command and Control Action cards shared B drive Major incident Control Room folder*) in order to lead their team's response.

6.5 Hospital Staff on Duty

Not everyone has a specific role to play in a major incident and therefore will not have an action card to refer to. All staff on duty with no specific key duties during a Major Incident should remain in their respective wards and departments and await further instructions by their Divisional Managers/Clinical Directors. Operational managers will ensure that their departments are not over-staffed, and that staff are not overworked, as, depending on the extent of the incident, extra staff may be required to cope with increased levels of clinical activity in the aftermath of the incident. Staff may be redeployed to support the emergency response, and this will be managed by the Hospital Incident Control Team through the Command and Control structure. Managers should have a list of staff available in readiness.

6.6 Staff not on Duty

Each Division must maintain an accurate staff call out register and, in the event of a major incident; Managers should only call in staff whose presence is required immediately. Additional staff should be kept in reserve in case they are required to staff rotas at a later time in the duration of the incident. When calling in staff, Managers must advise staff where they should report for duty, and that they should be able to identify themselves as members of the Trust, in case they have to cross police or security barriers. Staff who report for duty without being so requested or required immediately, may either be requested to return home or asked to wait in a designated area for redeployment.

6.7 Staff Welfare

As an NHS funded organisation, the Trust is required to have in place systems and processes to ensure staff welfare needs during and after a major incident are met. The Incident Director and Divisions / Department Managers will be aware of the potential for stress and fatigue which can impact on individuals' performance and decision-making. It is essential that staff are supported during the response and that the potential impact of the incident on individuals is monitored. Sufficient rest breaks should be provided, and shift patterns organised so that staff do not work overly long hours.

Following any incident, staff should, if necessary be offered pastoral care and the opportunity to be part of the debrief process. Depending on the impact on individuals, additional support in the form of counselling should be offered.

6.8 Identifying Deputies

Managers must advise their own staff and the switchboard of deputising arrangements, in the event of a major incident. They must ensure that deputising staff are aware of their duties and have access to all documentation relating to responding to an emergency, and staff details for call in and deployment.

7. IMPLEMENTING THE TRUST PLAN

7.1 Trust Plan Priorities

The priorities of the Trust plan are: **to Save lives and reduce harm** by undertaking the following actions:

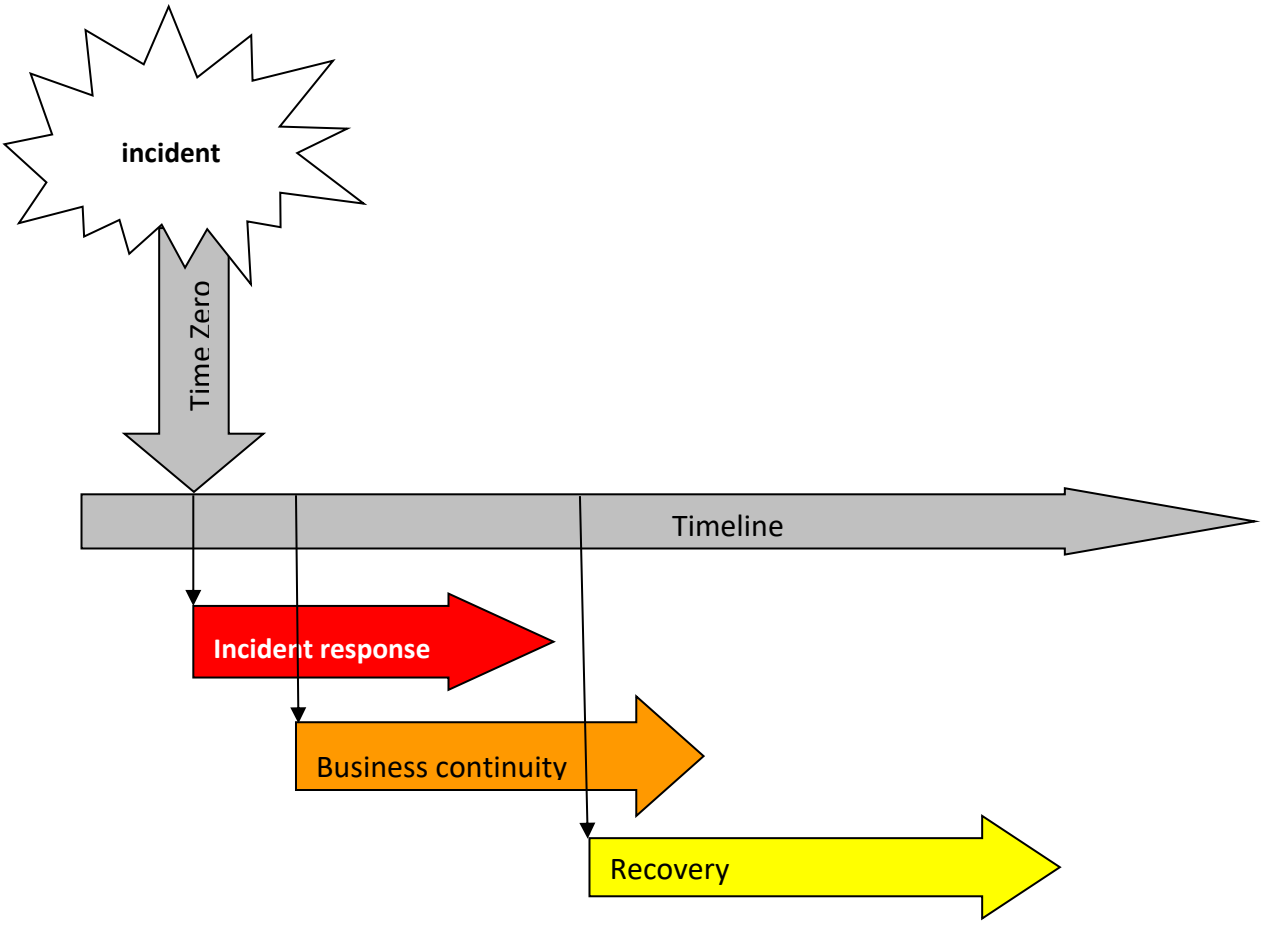
- To set up an appropriate Command and Control structure in order to manage the incident effectively, identifying an aim and objectives for the incident.
- To receive and treat all casualties sent to the hospital.
- To prepare wards and departments for the reception of casualties.
- To mobilise staff within the hospital.
- To maintain timely and effective communication within the hospital and with the Emergency Services.
- To consider the impact on the staff on duty and ensure their welfare needs are determined and met, including if necessary, post-incident support.
- To suspend non-essential routine work when appropriate to do so.
- To manage the public response to the Major Incident in the form of enquiries, offers of help from volunteers, and the media interest shown.
- To work with multi-agency partners to mount an effective response.
- To instigate effective recovery from the incident.
- To identify lessons post incident and learn from them, sharing learning appropriately.

The plan is designed so that it can be activated at any time of the day or night at short notice. As the nature and the extent of the incident cannot be predicted, this plan outlines the arrangements for the hospital as a whole and defines the main responsibilities for the key personnel involved.
It is essential for the hospital's response to be flexible. Individual managers and clinicians must use their initiative and judgement according to the circumstances at the time.

It is the responsibility of the Chief Executive to ensure that the Major Incident Plan is updated annually. This task is managed through the Business Resilience Steering Group.

Business Continuity Management (BCM) is an important feature of the overall response to a Major Incident, as clearly, there is potential that the response to a large scale Major Incident can also impact on routine business functions, either because of the nature of the incident itself or the fact that a high proportion of resources are by necessity diverted to respond to the incident.

Whilst the Major Incident and Business Continuity responses are different these are not discreet activities and BCM activities should overlap and be invoked once the initial Major Incident response has been implemented and relevant control measures established to mitigate the immediate threat. Likewise, recovery activities should commence the return to normality at the earliest opportunity – shown in Figure 1.



7.2 Action Cards

In a major incident, the key responders follow specific actions documented on action cards. This is meant to act as aide memoires and to ensure a consistent response. In most situations, the following clinical services will predominantly be called on to take part in the Trust clinical response to a major incident:

- ED.
- Orthopaedic service.
- Surgical service.
- Theatres.
- Critical Care.

Other specialties and services will have a support role which varies in response level, to enable the response to be as effective as possible, and include for example, such services as medical imaging, pharmacy, pathology, hotel services and pastoral/volunteer services.

7.3 Development, Maintenance and Storage of Action Cards

Action cards and support documentation for the three levels of Command and Control are managed by the Emergency Planning Officer and copies are stored within the Incident Control Room and also stored electronically on the Shared B Drive Major Incident Control Room folder.

Local Action cards for key personnel in each Division and support department are developed and maintained by the Division or department and copies stored in designated and readily identifiable areas within the wards and departments. It is the responsibility of each Division and Department to ensure that their action cards are reviewed at least annually and following any incident, to ensure they are still relevant and appropriate. All staff should be made aware of their action cards and where they are stored. Action cards must be tested as part of the Trust's annual training and exercise programme. Division and Departments will be supported by the emergency planning team to undertake this.

Master copies of all action cards are stored in both electronic and a hard copy formats, on the B Drive: Major Incident Control Room folder, and with the Emergency Planning Officer.

8. ACTIVATION OF MAJOR INCIDENT PLAN

8.1 Notification of a Major Incident

The decision to declare a major incident at the scene will be made by the Emergency Services responding. The Ambulance Service is responsible for selecting and alerting the receiving hospital(s) using the national set of alert messages. Either Bassetlaw or DRI could be designated

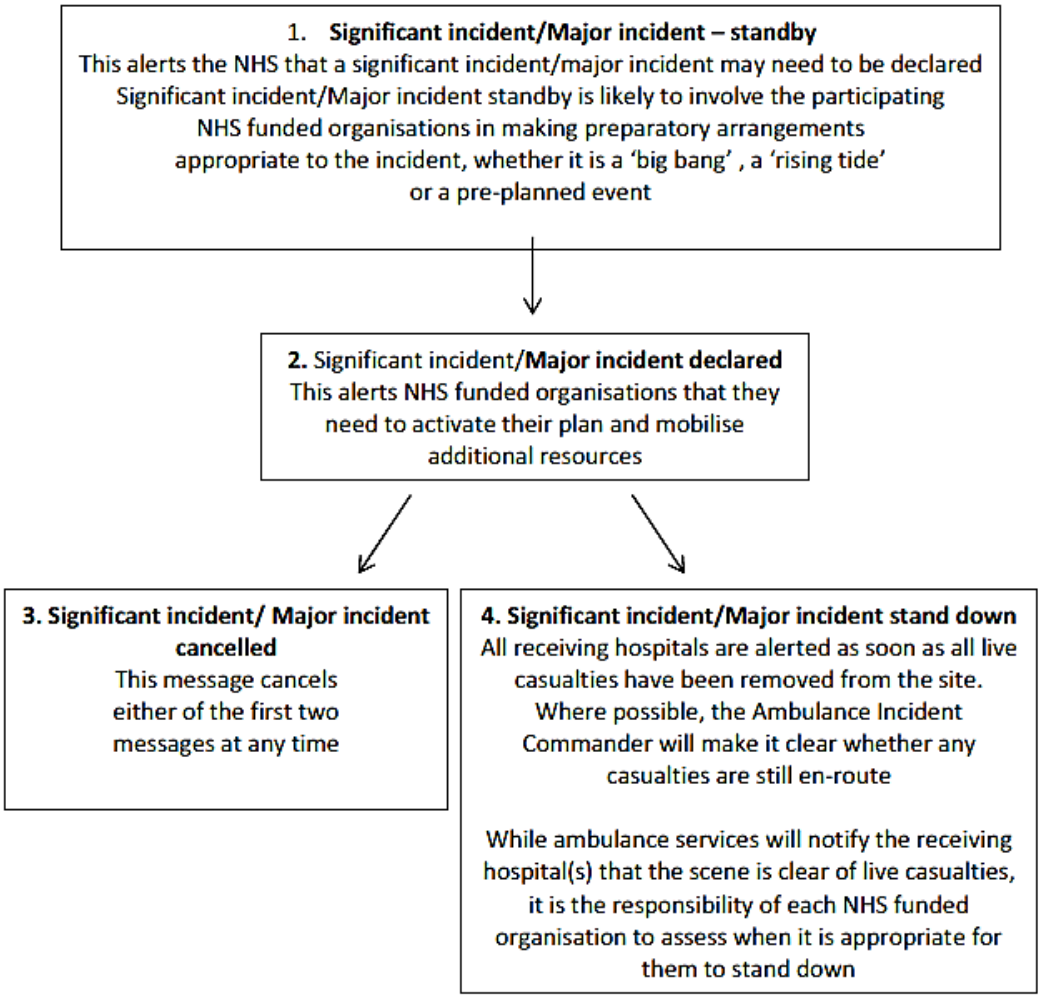
as a receiving hospital, depending on the geographical location of the incident and the complexity of the casualties.

Notification of a major incident follows a strictly adhered to protocol. It is the ambulance service control centre who undertakes the alerting procedure, having been notified by staff at the scene of the incident.

All calls are received on a designated telephone into the ED departments (ASHICE phone).

8.2 Alerting Procedure

Ambulance Control will select and contact the most appropriate hospital(s) to receive casualties. The alerting message will be notified by the Ambulance Service through the designated telephone in the ED. There are four messages that will be used are described in Figure 2:



NB – The initial message could go straight to Major Incident Declared if the incident warrants it.

All messages will be in the **METHANE** format:

M Major Incident Declared?
E Exact Location
T Type of Incident
H Hazards Present or Suspected
A Access – Routes that are Safe to Use
N Number, Type , Severity of Casualties
E Emergency Services Present and Those Required

The Nurse in Charge in the ED who receives the alerting message on the ASHICE phone will record the details on the form contained with the ED Action Card, and then verify this information by ringing Ambulance Control back on a dedicated telephone number. Not until the call has been verified as a real incident, will the Nurse in Charge inform anyone else.

At this point, the Nurse in Charge will become the designated Incident Control Officer and will then be responsible for escalating the situation internally and will take action as specified in the ED Action Cards, which begins with contacting Switchboard and confirming the message and action to be taken.

8.2.1 Major Incident - Standby

The Ambulance Service will prefix the message:

MAJOR INCIDENT STANDBY – PREPARE TO ACTIVATE THE PLAN

In this case, the ambulance service are present at the scene of an incident, which MAY escalate to become a Major Incident.

The Nurse in Charge will assess whether the incident is likely to escalate and advise the Chief Executive (or On-call Executive), who will make preliminary arrangements and will ensure that the full-scale Major Incident Plan can be activated without delay, should confirmation of a Major Incident be subsequently received. Switchboard will be asked to alert the members of the Incident Hospital Control Team. Being put on standby does not necessarily mean we will become a receiving hospital but this message alerts the Trust to be prepared to escalate if required to do so.

8.2.2 Major Incident Declared

The Ambulance Service will prefix the message:

MAJOR INCIDENT DECLARED – ACTIVATE THE PLAN

The information will include whether the hospital is the receiving or supporting hospital.

This notification may be received from the Ambulance Control without any prior STAND BY warning. In this event, the full Major Incident Plan will be activated with immediate effect, and call-out procedures will be implemented.

The nature and estimated number of casualties and location of the incident will be notified by the Ambulance Service to the Nurse in Charge in the ED and this information must be passed on to the switchboard. The switchboard operators will then commence the Major Incident Call-Out according to the schedules included in their Action Cards. The telephonist will call out other switchboard operators if additional telephone consoles need to be manned. If any person or deputy on the call-out lists cannot be reached, the Hospital Control Team must be informed.

8.2.3 Major Incident - Cancelled

This means that the previous message has been cancelled.

8.2.4 Major Incident – Stand Down

The message:

MAJOR INCIDENT - STAND-DOWN

is issued by the Ambulance Service to the Incident Control Officer in the ED, who will inform the Hospital Incident Control Team.

The term is used to indicate that the treatment and removal of casualties *at the scene of the incident is complete* and should indicate the number of casualties that are in transit. It does not necessarily mean that the hospital will stand down at this stage.

The Hospital Incident Control Team will continue to function until it is known that all casualties have been dealt with and that all the first wave of press and relatives' enquiries have ceased. The Head of Communications and Engagement or a designated deputy, will deal with all press enquiries. The Hospital Incident Control Team will determine when the hospital is ready to "stand down" and will request the hospital switchboard to advise all personnel on the Major Incident Call-out schedules.

8.2.5 Local Decision to Implement the Plan – Self Declared Major Incident

The Major Incident Plan may be activated by the Consultant in Charge of ED with the agreement of the Chief Executive, or if out of hours, the Executive Director on-call.

This might be in the event of overwhelming numbers of casualties arriving at the hospital not related to a known incident, and without any prior notice.

In this situation the normal procedure should be followed, i.e. the Nurse-in-Charge in the ED will be advised to activate the plan. He/she will advise the Switchboard but must also advise the relevant Ambulance Control that the hospital has declared an internal major incident.

Guidance from NHS England expects Trusts to declare a critical incident in the first instance and advise Commissioners at an early stage, particularly if it relates to operational pressures.

The Executive Director making this decision must escalate this to NHS England Yorkshire and the Humber via the CCG.

8.3 Casualty Allocation

8.3.1 Principles of Triage at the Scene

The main objective of the emergency services at any multiple casualty incidents is to produce the largest number of survivors. In order to do that, Ambulance Services use a tried and tested system called triage, which classifies casualties according to their physiological needs and tags them with a triage card which is easily recognised as the designated priority.

During an incident they may use two levels of triage – these are referred to as "triage sieve" and "triage sort". Both triage systems use algorithms to determine which priority group a casualty falls into. The priority groups are as follows:

Priority	Description	Extraction	Colour
1	Immediate	Treatment within 1 hour	RED
2	Urgent	Treatment within 4 hours	YELLOW
3	Delayed	Treatment can be up to 4 hours and over	GREEN
4	Expectant	Authorised by Medical Incident Commander only	RED WITH BLUE CORNER
5	Deceased		WHITE OR BLACK

In exceptional circumstances (eg multiple burns casualties or multiple ballistic trauma casualties) other/specialised triage processes may be adopted. These will be agreed and instigated by the Ambulance Service MIC.

Triage Sieve: Triage sieve quickly sorts out casualties into priority groups. Each ambulance vehicle has a triage belt pouch consisting of 20 triage cards. Using the algorithm card attached to the pouch the staff member given the responsibility of triage sieve systematically works through the casualties, triaging and labelling them. This process helps to gauge the size and complexity of the injured.

Triage Sort: On the arrival of further resources, casualties are moved to a place of safety, usually the Casualty Clearing Station (CCS). At this location they can be re-triaged using a triage sort system, which is the Triage Revised Trauma Score (TRTS).

This system is based on three parameters: respiratory rate, systolic blood pressure and the Glasgow Coma Scale. The Secondary Triage Officer must ensure that triage sort is carried out

correctly. This should be done by clinical staff allocated to the CCS carrying out a triage sort on a casualty, using the triage card that has been attached to the casualty during a triage sieve. They should then note the findings of the TRTS on the card and updating the triage category by refolding the card as necessary.

8.3.2 Impact of Trauma Network on Receiving Hospitals

England's trauma system has been designed to ensure that seriously injured casualties receive world-class specialist care. This is achieved through a network of three major trauma centres (MTC) in the Yorkshire and Humber region:

- Hull Royal Infirmary.
- Leeds General Infirmary.
- Northern General Hospital (Sheffield).

Supported by:

- James Cook Hospital (Middlesbrough).

Nottinghamshire is served by:

- Queens Medical Centre (Nottingham University Hospitals).

Their specialist teams provide treatment for major trauma injuries 24 hours a day, seven days a week. These centres are supported by a number of trauma units located in ED's, where casualties with less serious injury will receive their treatment.

Doncaster Royal Infirmary ED is designated as a Trauma Unit (TU). Bassetlaw ED does not have this status and this may affect their role as a receiving hospital in a major incident that occurs in the Nottinghamshire region.

8.3.3 Casualty Clearing under the Trauma Network System

The impact of the trauma network therefore affects how casualties at the scene of an incident are allocated to a receiving hospital. All Ambulance Services follow the same process:

- Casualties will be brought out of the scene to a casualty clearing station to identify those most seriously injured – Priority 1, 2 and 3 (see 8.3.1 above).

- Priority 1 patients will be triaged and sent to an MTC in the local area where possible OR to an MTC further afield OR to a TU.

- MTCs and TUs will also receive patients categorised as Priority 2 and Priority 3 casualties as part of their normal major incident provision.

- Yorkshire and the Humber has a Patient Dispersal Matrix detailing the number of casualties that hospitals are able to receive in the case of a major incident (Appendix 10).

- The Ambulance Service will continue to monitor capacity in all hospitals that have been alerted as activated or on standby via a Hospital Ambulance Liaison Officer (HALO) if on site or direct liaison with the hospital command structure.

9. SUSPENSION OF ROUTINE HOSPITAL ACTIVITY

In many cases it may be necessary to suspend routine hospital activity for a period of time in order to be able to manage the demand of incoming casualties. The Hospital Incident Control Team will assess the risk posed by incoming casualties to routine services and make a decision accordingly.

The decision will be communicated to all relevant Divisions. Where the impact is low, some lists may continue, but this will depend on the overall impact of the incident on the Trust. Any decision to cancel routine activity in order to respond to the incident must be relayed to the appropriate Clinical Commissioning Group (CCG).

9.1 Operating Theatres

The most senior member of the theatre team on duty is responsible for preparing theatres to receive casualties. Cases in progress should be completed. The Hospital Incident Control Team will advise the Theatres Manager of the anticipated workload from the incident. Remaining lists may be suspended until the nature and full extent of the incident is known.

9.2 Outpatient Clinics

The Hospital Incident Control Team will advise whether or not to suspend routine outpatient appointments and will inform the local Outpatient Managers of the potential impact on Out Patient Clinics. Urgent appointments and cancer appointments will continue to run. Depending on the nature and duration of the incident, the position will be reassessed and will determine if and when clinics may have to be cancelled and the patients informed of future arrangements.

Once the decision to cancel routine appointments has been made, patients already in the departments can be prepared for discharge giving full consideration to their clinical condition. Standard Patient Transport Serve may not be available as they may have been redeployed to support the incident scene, therefore patients should be asked if they can ask a friend or relative to collect them, or if necessary, Trust transport will undertake the discharges. If transport home is not immediately available, patients must be escorted to a designated waiting area within the relevant outpatient department.

9.3 Waiting List Admissions

The Hospital Incident Control Team will advise Divisions whether non-urgent admissions for elective surgery are to be suspended until the bed availability situation is assessed following "Major Incident Stand Down". As before, wherever possible, urgent and cancer cases will be undertaken. Depending on the nature and duration of the incident, the position will be reassessed and will determine if and when elective surgery patients may have to be cancelled and the patients informed of future arrangements.

9.4 Returning to Normal Service

As soon as it is practical to do so, all cancelled lists will be reinstated, and patients contacted and offered a new date and time for their outpatient appointment or their surgical procedure.

10. RECEPTION/TREATMENT/ DOCUMENTATION OF CASUALTIES

10.1 Reception of Casualties

DRI ED is a designated Trauma Unit (TU) within the Trauma Network. It has the capability to manage a number of severely injured persons, plus walking wounded.

The total number of injured that can be dealt with at any one time will depend upon the types of injury, the staff and resources available, and will be at the discretion of the ED Incident Control Officer, in liaison with the Consultant undertaking triage.

Casualties from a major incident scene are categorised at the scene of the incident according to the severity of their injuries at that time (see Section 8.3.1 above).

The role of the ED team is to re-assess the casualties and to update their category accordingly, prior to treatment.

An Ambulance Hospital Liaison Officer will be either deployed to ED to act as liaison between the incident scene and ED, or will communicate by telephone.

If it is decided that there are problems with managing the number of casualties, they will then be diverted by the Ambulance Control to other supporting hospitals which have been placed on stand-by. The request to divert casualties to supporting hospitals will be made to the Ambulance and Medical Control Point, at the scene of the incident, in consultation with the IC Team. This information will be relayed by the Hospital Ambulance Liaison Officer (HALO).

In the event of casualties being diverted to other hospitals, the situation in the ED will be kept under constant review. As the casualties are cleared from the Department, the HALO will radio this message to the Ambulance Control and Medical Control Point at the scene of the incident, advising that the Hospital can recommence receiving casualties from the scene of the incident.

Depending on the degree of pressure, the IC Director may seek Mutual Aid from other hospitals in the area, to accept suitable convalescent patients so that beds may be released for acutely ill patients from the incident.

This will be instigated by the Clinical Site Manager, in liaison with the Hospital Incident Control Team.

10.2 Treatment of Casualties

The assessment and early treatment of casualties will take place in the ED by the designated Triage Officer, to establish priority ratings for treatment, and then the casualties will be referred to the appropriate surgical/medical teams.

Minor casualties will be received and treated in clinical areas outside of the ED identified by the ED Incident Control Officer.

The overall management of casualties will be the responsibility of the ED consultant, regardless of the nature of the incident, whilst the other Consultants will concentrate upon the emergency clinical situation appropriate to their specialties.

10.3 Documentation of Casualties

Medical Records/Reception staff at both DRI and BDGH will follow their Action Cards which ensure that each patient arriving from a major incident will have a ready prepared set of notes as they arrive.

Documentation will include pathology and X-ray forms, a drug chart and labels.

Casualties will be given a special sequential incident number which will be used on all documents. This numbering system will separate 'routine attendance' from incident casualties and enable the Hospital Incident Control Room to monitor the number of casualties received, and assist with location and communication with the Police Documentation Team.

10.4 Patients Property/Forensic Evidence

Patients' property will be placed in a bag and labelled with the corresponding Major Incident number. If it is required for forensic evidence, the property will be managed by the Police Documentation Team.

For biological specimens there is a procedure for "non-specific screening" whereby blood or tissue samples are sent for processing. Special containers held in the ED Department are to be used.

11. MORTUARY CAPACITY

The mortuary capacity across the Trust is as follows:

Site	Capacity (standard)	Capacity (bariatric)	Contingency
Doncaster Royal Infirmary	145	2	13 (9 biers + 4 bay freestanding)
Bassetlaw Hospital	29	1 (coolzone)	-
Montagu Hospital	12	Refrigerated room	Refrigerated room (15 biers)

There is no freezer storage on any site but a Memorandum of Understanding is in place with other local mortuaries to provide contingency storage as required.

12. COMMUNICATIONS

12.1 General Communication

During a Major Incident, the Hospital Switchboard will rapidly become overloaded. To maintain external communications, it is essential that staff do not make any unnecessary outgoing calls. Staff who must make outgoing calls will make use of direct lines and payphones.

In addition to other issues of confidentiality, staff should be aware that photographers and camera crews may focus on any part of the hospital from a distance. It may be wise then to close/draw curtains and blinds and (if possible) to conduct work away from areas that are externally visible.

12.2 Communication with the Incident Scene

All communications between the scene of the incident and the hospital should go via the ED Incident Controller, so that duplications and confusions are avoided.

12.3 Incident Control Room Communication

All formal communications both internally and to external partners will originate from the Hospital Incident Control Team. The Head of Communications and Engagement (or nominated Deputy) will work closely with the Incident Director to develop appropriate messages which will be cascaded using a range of methods available.

Furthermore, the Head of Communications and Engagement will liaise with other services' communications managers across the area to ensure that communications are aligned where appropriate and sent in a timely manner.

12.4 Press Liaison

The Head of Communications and Engagement or, in their absence, a nominated deputy will take responsibility for liaising with the press and media in general. It is important that briefings are undertaken according to a pre-arranged timetable. Further information is within the Communications Action Card, as part of the Incident Control Room action.

12.5 VIPS and Visitors to the Site

Whilst the major incident procedure is in operation, official visitors and VIP visits must be authorised by the Hospital Incident Control Team. The Head of Communications and Engagement or, in their absence, a nominated deputy will make all the necessary arrangements.

12.6 Police Documentation Team

This team will be located in the Information-call Handling and Triage (iCHAT) room, which is located at the back of the ED reception. The contact number will be issued to the Hospital Incident Control Team at the time of the incident. The Team will liaise closely with and receive updates, relating to the casualties attending the hospital, from the Incident Control Officer in the ED and Senior Managers.

It is the responsibility of the ED team to provide details to the Police Documentation Team of all casualties attending the ED. This information will be relayed to the Casualty Bureau which the Police will open to list all casualties dealt with at any location including the site of incident. The Casualty Bureau will then be able to deal with any enquiries relating to the incident.

As far as casualty injuries are concerned, the Documentation Team will need to know whether the person is:-

- Deceased.
- Injured and detained (for treatment or observation).
- Injured and not detained.
- Uninjured.

Regarding death of casualties, the news will be delivered personally to relatives by a Police Officer and not passed to them by telephone.

13. DESIGNATED LOCATIONS FOR KEY FUNCTIONS – DONCASTER ROYAL INFIRMARY

FUNCTION	LOCATION and Room Number	INFORMATION
Incident Control Room	Rooms 1 and 2 Education Centre DRI	This is the primary coordination centre for any incident across all sites of the Trust and is fully equipped and supported with IT
Alternative ICR	Boardroom	If Rooms 1 and 2 are inaccessible due to an internal incident in that area
Minor Injuries	OPD 2	Part of ED actions to relocate services in a major incident
Press and Media	Multifunction Room, Main Corridor DRI	
Relatives and non-injured public self-presenting at the hospital (worried well)	Fracture Clinic	
Ambulance Liaison	Outpatients Ambulance accommodation	May prefer to be sited in ED
Police	Information-call Handling and iChat room	Located behind main reception in ED
Safe Haven for Children	Children's OPD South Block	
Counselling Area	Fracture Clinic Consulting Rooms to be allocated	
Volunteers holding point	Main Foyer	
Discharge Lounge	Main Corridor	If insufficient capacity, ICT to allocate Endoscopy waiting areas
Rest area	Main dining room and coffee shops	Supported by catering staff

14. DESIGNATED LOCATIONS FOR KEY FUNCTIONS-BASSETLAW HOSPITAL

FUNCTION	LOCATION and room number	INFORMATION
Silver Command or back up ICR if premises inaccessible at DRI	Kilton Room Management Suite Bassetlaw	Fully equipped to run as back up ICR if required
Press and Media	Surgical Services Seminar Room	If required, ICT will allocate a Press Liaison Officer to manage press and media on site
Ambulance liaison	Use designated office in OPD	If HALO provided, they will be based in ED secretary's office
Police Documentation Team	ED Secretary's Office	
Safe haven for Children	Child development Centre A3	
Relatives and non-injured public self- presenting to the hospital (worried well)	OP Waiting area and Coffee Lounge	
Counselling Area	Outpatient consulting rooms to be allocated	
Volunteers holding point	Committee Room, (formerly known as GP Co-op)	
Discharge Lounge	ATC	If additional accommodation is needed, the ICT will allocate another location
Rest Area	Staff Restaurant	

15. MAJOR INCIDENTS INVOLVING CHILDREN

Many major incidents involve children. In some, children are the main casualties. Children have special needs in any major incident – they are different from adults in terms of their size, physiology and psychological needs – all of which have an impact on their care.

Types of Incidents

There are three broad situations that need to be considered.

1. Those involving children only.
2. Those which result in adult and child casualties.
3. Those in which only adults are injured but children need to be cared for.

A key decision in the event of many children being injured or requiring care will be which hospital to take them to. The receiving hospital(s) should have the facilities to treat children. Should any hospital not have paediatric facilities or they are very limited then it may not be appropriate to take the injured children there.

In most cases where this may occur, a Children's Hospital may be close by and the Ambulance service at the scene will take injured children there. Where possible, children and their parents should be kept together but it may be that if both are injured, they will go to different receiving hospitals.

At DRI a safe haven will be set up in Children's Out-Patients Department, South East Ward Block for discharged children. At Bassetlaw this will be in the Child Development Centre, Ward A3 Critical Care and Admissions bays will be set up at both sites.

Paediatric ICU beds will be arranged by the co-ordinator in Paediatrics if required.

In the event of children requiring transfer to another hospital, clinical contact should be made with the appropriate tertiary centre. The Incident Control Room must be advised of children transferring.

16. INCIDENTS INVOLVING HAZARDOUS MATERIALS, CHEMICAL, BIOLOGICAL, RADIATION AND NUCLEAR DECONTAMINATION

The Trust's plan (ref: CORP/RISK: 26 HAZMAT and CBRNe Plan) describes action to be taken in the event of casualties arriving at either ED department, who may be contaminated. The plan describes how the environment will be protected, the appropriate use of protective equipment, and the decontamination process.

The following hospitals are prepared to accept casualties with radioactive contamination:

1. Royal Hallamshire Hospital, Sheffield
2. Derbyshire Royal Infirmary, Derby
3. Leicester Royal Infirmary, Leicester
4. County Hospital, Lincoln
5. University Hospital, Queen's Medical Centre, Nottingham.

16.1 Operation Carbon Steeple

On occasion, the Trust may be required to receive and treat casualties of an exceptionally high VIP status who, whilst visiting the local area, may have been involved in a deliberate chemical incident. On such occasions we are obliged to follow the instructions set out by the attending security forces.

In order to ensure that the Trust is prepared for and has the capability to assist, the ED staff will contribute to and comply with pre-event site visits to satisfy external security police that we have the right facilities, appropriately trained staff and plans in place to discretely manage such events. The Emergency Planning Officer will facilitate these visits and work with the departments to ensure compliance.

If such an occasion is pre-eminent, the Nurse in Charge of the ED must contact the Executive on-call, using the prefix 'Operation Carbon Steeple has been activated'.

The DBTH protocol has been agreed with the Police and has a security restriction applied to it – Official-Sensitive, which means it can only be shared on a need to know basis, in order to protect the public figure it may be activated for. An electronic copy is available for the on-call senior manager and executive on-call folder and within both ED departments.

17. MANAGEMENT OF MASS CASUALTIES

Mass Casualty incidents involve a step change in demands that are made on response capabilities. It is generally focused on a response to a conventional "sudden impact" event or an "emergency" which results in hundreds of casualties occurring simultaneously either in one or multiple locations.

Yorkshire and the Humber has a Patient Dispersal Matrix (Appendix 10) detailing the number of casualties each hospital is able to accept in the event of a major incident. Mass casualty incidents will require an increase in critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care.

The Hospital Incident Control Team will have to consider reducing all non-urgent activity both for inpatients and outpatients, in order to release resources. Command Control and Co-ordination will be activated regionally and all local hospitals' surge capacity will be monitored through a Strategic Coordination Group (SCG).

18. TRAINING

A major incident places extreme stress on the organisation and may place individuals in unfamiliar roles and sometimes into an unusual and possibly dangerous environment. Training and exercise are essential, to be suitably prepared to deal with major incidents.

The Departmental Leads for Emergency Planning are responsible for ensuring regular discussion with staff about their potential involvement in a major incident. Staff should:

- Understand their role and the roles of others.
- Understand their department's major incident plan.
- Have access to staff contact lists.
- Perform to an agreed standard.
- Learn from experience.

Plans become unreliable if not regularly exercised. It is important that this major incident plan and the competence of staff are validated on a regular basis. An annual training and exercise schedule is in place which details the types and frequency of training and exercising undertaken by the Emergency Planning Support Officer. A range of methods are employed to capture all levels of Trust staff to provide awareness and training at a level suitable to the grade and involvement of staff. As a minimum:

- The Major Incident Plan is part of the Trust welcome booklet.

- Divisions and Departmental Leads for EPRR will ensure that Major Incident Plans are discussed at localised Induction courses.

- The Divisional and Departmental Leads for EPRR will ensure that the communication cascade will be regularly updated and exercised. Exercises will take place both in working time and out of hours. Records will be maintained of these exercises and copies sent as evidence to the EPSO and the EPO.

- The Emergency Planning Support Officer takes the lead to ensure that elements of the plan are tested in line with national recommendations as a minimum; communications twice a year; a desk top at least once a year; a live or simulated full exercise every three years.

- The Emergency Planning Support Officer develops and delivers an annual calendar of training and exercises to meet the National Core Standard requirements.

- Senior Managers within Divisions and Departments will be responsible for ensuring that their staff are aware of individual emergency roles and that they are conversant with the responsibilities relevant to their department's contingency plans.

- All Senior Managers and Executives on-call will receive training in managing a major incident in line with National Core Standards requirements for incident commanders. A Command Post Exercise must be undertaken with a minimum frequency of every three years. This involves the following elements:

    - To test the operational element of Command and Control.
    - Requires the setting up of the ICR, providing a practical test of equipment, facilities and processes to provide a sense of familiarity to those undertaking roles within the ICR.
    - It can be incorporated into other exercises/tests, such as the communications exercise or a live play exercise.
    - It will also include testing links and communications with multi-agency partners.

If the Trust activates its ICR in response to a live incident, this replaces the need to undertake an exercise, but the Trust must ensure that lessons are learned from the incident, these are logged and a post incident action plan developed.

19. LOCATION AND DISTRIBUTION OF THE MAJOR INCIDENT PLAN

The Trust MAJOR Incident Plan is a controlled document for the purposes of ensuring that only the most current version is in use. In line with Trust policy management, the Plan will be stored securely on the Intranet, with hard copies retained in the ICR, and with the Emergency Planning Officer.

A master copy of all action cards will be retained in the ICR and with the Emergency Planning Officer.

Divisions and Departments will retain copies of their own action cards and ensure distribution to designated locations within their service areas making sure that all staff are aware of where to locate their action cards.

It will not be encouraged to have hard copies of the Plan in circulation but, any Division or Department manager who decides they need a hard copy, will be able to print from the Intranet, on the proviso that they are responsible for ensuring that they are using the most up to date plan. They must take notice of the recommendation on the front of each Trust policy:

"Did you print this document yourself?
The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. ***If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours."***

Having out of date copies poses a significant risk to the Trust ability to respond and to staff understanding of the process and actions.

20. DEBRIEFING A MAJOR INCIDENT

It is best practice to ensure that all events are debriefed in order to determine whether the Plan is effective or whether changes need to be made. The process of debriefing an incident is a well-documented one, the principles of which are:

- It should be conducted openly and honestly.
- Pursue personal, group and organisational understanding and learning.
- Be consistent with professional responsibilities.
- Respect the rights of individuals.
- Value equally all those involved.
- Does not seek to apportion blame.

The key findings should address as a minimum:

- What went well and why.
- Any recommendations from the positive aspects to take forward.
- What could have gone better and why.
- How can we improve that/ what would we do differently next time.

<u>The process</u>

There are two steps to the debriefing process:

- A hot debrief organised as soon after the event has ended to gather the 'here and now' issues whilst they are still fresh and raw in the minds of the key contributors. It should be before the individuals have had time to reflect and should be kept short requiring little planning.

- A cold debrief – this is usually conducted within one month of the event and is usually structured and captures the whole event. This should last between 60 to 90 minutes.

From this a report will be developed.

Post event, the Director who lead the response to the event or the Lead Director For Emergency Planning and Preparedness, supported by the EPO, will organise a hot debrief as soon as practical after the stand down of an incident. This will include all key players and any external partners if necessary.

The EPO will take responsibility for setting up a cold debrief process according to the above recommendations ensuring that a report is written and presented to the Board of Directors and Management Board. Any amendments to the Major Incident Plan found as a result of the debrief will be made and submitted as a report at that time.

21. GLOSSARY OF TERMS

AEO	Accountable Emergency Officer – Executive Director with delegated responsibility for EPRR.
Ambulance Control	24 hours service which receives all demands for ambulance resources.
Ambulance Incident Officer	Responsible for the co-ordination of the ambulance service and nursing staff at the scene of the incident.
Ambulance Liaison Officer	Responsible for the supervision of ambulance service activity and liaison with the receiving hospital.
EPRR	Emergency Preparedness, Resilience and Response – National strategy to plan for, respond to and recover from emergencies and significant service disruptions.
Hospital Incident Control Team	The team responsible for the co-ordination of the hospital's response during an incident. Usually Medical, Nursing and General Management Staff. The Chief Executive or Accountable Emergency Officer would be in charge.
Hospital Information Centre	For collecting data for internal use. Also liaise with Police Documentation Team.
Incident Control Officer	The Nurse-in-Charge in the ED Department responsible for liaison with the ambulance Incident Officer and Medical Incident Officer and the Hospital Control team.
Medical Incident Officer	The Medical Officer with overall medical responsibility at the scene of the incident.
Medical Co-ordinator	Part of the Hospital Control team, controls medical response.
Mobile Medical Team	Team sent to the incident at the request of either the Ambulance Service or Medical Incident Officer.
MERIT	Medical Emergency Response Incident Team: A highly specialized medical team responding to a significant event resulting in MASS casualties. NOT a mobile medical team.

Personal Protective Equipment	Equipment available at both ED Departments to provide protection to personnel who may have to treat contaminated casualties.
Police Documentation Team	The police team based at the receiving hospital, that collects and collates details of all casualties and transmits the information to the Police Bureau.
Receiving Hospitals	The hospitals selected by the Ambulance Service to receive casualties following an incident.
Supporting Hospital	The hospital nominated by the Ambulance Service to support the designated hospital to receive casualties.
Triage Officer	ED Consultant who receives and assesses all casualties as they enter the hospital and decides the priority of treatment.

22. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Awareness, knowledge and Understanding of the plan,	Emergency Planning Officer and Emergency Planning Support Officer	Annual awareness/training programme on the plan.	Trust OLM used to record attendance at awareness/training. Reported via the Business Resilience Steering Group (BRSG).
Compliance with the plan	Emergency Planning Officer	Annually	Emergency Planning Officer is responsible for ensuring Division and Departmental managers are aware of any issues relating to their area of responsibility. Escalate to Accountable Emergency Officer (AEO). Statutory requirement to undertake self-assessment and report to NHS England on compliance with National Standards for EPRR.
Currency, relevance and understanding of Action Cards	Division and Department Managers	Annual review of all cards as minimum and following every incident in case changes need to be made	Within Division and Departments. EPO via BRSG. Issues escalated to AEO and Operational Group.
Training and exercise compliance	Emergency Planning Support Officer	Statutory requirement for Communications exercise every 6 months: desktop every year (minimum) live or simulated full exercise every 3 years (tests action cards)	Reported via BRSG. Issues raised with relevant managers. Unresolved matters escalated to AEO.

23. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 11.

24. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/RISK 9 - Business Continuity Policy and Strategy
- CORP/RISK 26 - Hazardous Materials and Chemical Biological Radiation Nuclear and Explosives Plan
- Operation Carbon Steeple – Secure attachment to HAZMAT/CBRNe Plan limited access via senior manager/executive on-call
- CORP/RISK 30 - Risk Identification, Assessment and Management Policy
- CORP/HSF 14 - Fire Policy

APPENDIX 1 - GUIDANCE FOR INCIDENT CONTROL ROOM MEMBERS

1. LOCATION OF THE ICR

The ICR is located at Doncaster Royal Infirmary, in the Education Centre. Rooms 1 and 2 are dedicated to conversion to the ICR and both are set up with the appropriate IT and Telecommunications to enable an efficient response. Additional resources are stored in the Major Incident cupboard in Room 1, including dedicated laptops, and IT hold the Printer/Fax machine, which will be set up in Room 2. Any printing should be printed using the gold coloured paper supplied to enable differentiation from normal documentation. Regardless of where the incident is, the ICR will always be set up at DRI, unless for some reason, eg fire or flood, access is denied.

Currently, there is no designated backup control room on site, but the Kilton Room at Bassetlaw (designated as Silver Command) can quickly be converted to serve as a back-up centre as it is equally provided with resources and equipment.

2. LEADING THE ICR

The Incident Director is responsible for leading the Incident response. This may be the Chief Executive or Accountable Emergency Officer during office hours, or the Executive on-call out of hours, supported initially by the senior manager on-call and the Clinical Site Manager. Members of the ICR should constitute those staff best placed to support the Incident Director and in practical terms, the following are needed:

- Chief Operating Officer.
- Director of Nursing and Quality.
- Medical Director.
- Head of Communications and Engagement.

Additional or replacement members may be:

- Director of Finance and Infrastructure.
- Director of People and Organisational Development.

The Incident Director should co-opt other members as he sees fit and according to the nature of the incident.

3. DEDICATED TELEPHONY AND IT TO THE ICR

The following numbers are dedicated ICR lines:

Room 1:	Ext: 649224 (DD 01302 649224)
	Ext: 644690 (DD 01302 644690)
Room 2:	Ext: 571016 (DD 01302 571016)
	Ext: 644976 (DD 01302 644976)
Printer Fax:	Ext: 644691 (DD 01302 644691)
Email: (secure)	DBH-tr.doncaster-EPRR@nhs.net

It is advisable NOT to give out both the DD numbers, as this could block the Trust's external communications capability. One should be allocated and agreed to be given to key partners such as NHS England.

4. SILVER COMMAND

4.1 Bassetlaw Hospital

Depending on where the incident is, and certainly if Bassetlaw is designated as a receiving hospital, the Incident Director should delegate a senior manager to set up the Kilton Room as Silver Command, reporting directly to the ICR. Supporting the senior manager, the Incident Director may delegate and Executive Director colleague to oversee Silver Command. Additional members for the Silver Command may be:

- Matron of the Day.
- Business Manager on rota duties.
- Clinical Site Manager.

4.2 Dedicated Telephony to the Silver Command Room at Bassetlaw

DD: 01909 572245
Ext: 2244; 2245; 2597

4.3 Silver or Bronze Command at Montagu

Currently there are no formal arrangements for a command centre at Montagu but if a situation arises where there needs to such a facility, the Board Room is a feasible option. The Incident Director will delegate a team to staff this centre when appropriate.

5. SETTING UP THE ICR IN ROOMS 1 AND 2 EDUCATION CENTRE DRI

The ICR should already be set up on the arrival of the executive Director as it is part of the Clinical Site Manager's action card. A master set of keys is held at DRI switchboard.

Each ICR member must inform Switchboard of their arrival and undertake the following duties as allocated:

- First member to arrive will assume the role and authority of Incident Director until the designated Incident Director arrives, and will check that the ICR has been set up according to the hard copy operational guidelines in the Majax cupboard folder. Follow Action Cards 1 and 1a - Gold Commander.
- If the Medical Director is unavailable or it is out of hours, a Deputy Medical Director can be requested to support the Hospital Incident Control Team. The Medical Director can request support from a senior Clinical Lead. In the absence of a deputy, allocate the role to a senior consultant physician.
- If the Director of Nursing, Midwifery and Allied Health ServicesNS is unavailable or it is out of hours, delegate a deputy or a Head of Nursing to act as the nursing lead.
- Co-opt other team members as you see fit to manage and advise on the ICR strategic response to the incident.
- **KEEP THE TEAM SMALL**
- Obtain a handover from the Silver Commander on site, seeking as much information as available to ensure all facts about the incident are known.
- Ensure that a Silver team can be deployed, and allocate the action cards 2 and 2a.
- Confirm with Switchboard that all key staff have arrived or are on their way.
- Set up your initial communications cascade for all external and internal communications. Allocate a press Secretary in the absence of the Head of Communications and Engagement. Ensure all key teams are aware of your reporting in schedules – set the timeframes and minimum information you require.
- Inform both CCGs advising that we have set up the ICR and why. The Lead CCG should, if necessary, advise NHS England (North) Yorkshire and the Humber.

- Other groups you may consider will be:

  - The Local Authority Emergency Planning Teams
  - Neighbouring Trusts

- Cascade the emergency preparedness emails and contact numbers to relevant Divisions, Departments and external agencies. Do not hand out all the DD lines as these may become blocked when you want to make an outside call. Dedicate one only to issue to external partners.

- Consider whether a Silver Command needs to be set up at either Bassetlaw or Montagu (depends on nature and location of incident, and impact on Trust as a whole). Allocate a senior manager to run these command rooms.

- Confirm with Silver Command (if set up – again it could be the duty manager who has actioned all these) that all key functions rooms have been unlocked and made ready eg Outpatients 2 at DRI to manage Minor Injuries from ED.

During Office Hours, most of this can be delegated to the Silver Team with instructions from the ICR. In or out of hours, once the ICR is clear everything is being actioned, you should step back and assume the full strategic role allowing Silver to manage the Incident through the Bronze teams.

You should expect all key Divisions and Departments to provide a Situation Update through the Silver team once set up, or directly to the ICR in the early stages. It is important you communicate your requirements on the reporting process at an early stage to enable you to brief NHS England as required.

The Ambulance Service will advise the ED Incident Controller (Nurse in Charge) when the incident has been stood down at the scene. You will decide when the Trust activates stand down as it may be some time after the Ambulance service message before the Trust has dealt with all the casualties from the incident.

A full incident report will be required post incident in order for the Trust to identify and learn from lessons, and to share with the appropriate external partners. All documentation needs to be collated, and sent to the Emergency Planning Officer for storage with a copy of the current Plan in case of future inquiries.

6. ALERTING MECHANISM FOR A CRITICAL INCIDENT

In the latest guidance from NHS England, Trusts who may decide to declare an internal major incident, should first consider whether the incident is a *critical incident* as opposed to a major incident. NHS England defines a critical incident as:

'A critical incident is principally an internal escalation process response to increased system pressures/disruption to services that are or will have a detrimental impact on the organisations ability to deliver safe patient care'.

Should the Trust decide to declare a critical incident, primarily to CCGs, then it is recommended that the following format is adopted as "*a recommended method of communicating critical information that requires immediate attention and action, contributing to effective escalation and increased patient safety "(NHS Institute for Innovation and Improvement):*

	SBAR REPORT
Situation	Describe the situation or incident that has occurred
Background	Explain the history and impact of the incident on services/patient safety
Assessment	Confirm your understanding of the issues involved
Recommendation	Explain what you need, clarify expectations and what you would like to happen Ask the receiver to repeat the information and ensure understanding

APPENDIX 2 - TRUST PROCEDURE FOR DETERMINING AN EMERGENCY OR SIGNIFICANT SERVICE DISRUPTION HAS OCCURRED

Introduction

In line with NHS England's Core Standards for EPRR, the Trust is required to have in place a procedure which enables senior managers and executives to determine that an emergency or significant service disruption has occurred.

An incident may present as a variety of different scenarios, they may start as a response to a routine emergency call or 999 response situation and as this evolves it may then become a significant incident or be declared as a major incident,

What the Civil Contingencies Act says:

Chapter 5 of the Revision to Emergency Planning *(Cabinet Office : Civil Contingencies Enhancement Programme 2012)* states that the definition of *emergency* in Section one of the CCA 2004, is concerned with the scale of the ***consequences in terms of damage*** to human welfare, the environment and security. It states that an exercise of judgement is required to determine whether or not an incident falls within the definition.

In effect, the Act imposes a duty on the Trust to only maintain an emergency plan if it is likely that as a category 1 responder we:

- Would consider in necessary or desirable to respond; and,
- Would be unable to do so without redeploying or obtaining additional resources.

Determination of when an emergency has occurred or is likely to occur:

The Act provides a specification of the kinds of events or situations which may cause *damage* and provides two tests for determining whether an event or situation threatening such damage, constitutes and emergency (only one of which must be met)*:*

Specification of events which may cause damage:

- **Business continuity/internal incidents** – fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.

- **Big bang** – a serious transport accident, explosion, or series of smaller incidents.

- **Rising tide** – a developing infectious disease epidemic, or a capacity/staffing crisis or industrial action.

- **Cloud on the horizon** – a serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action.

- **Headline news** – public or media alarm about an impending situation, reputation management issues.

- **Chemical, biological, radiological, nuclear and explosives (CBRNe)** – CBRNe terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.

- **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials.

- **Cyber attacks** – attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality.

- **Mass casualty** – typically events with casualties in the 100s where the normal major incident response must be augmented with extraordinary measures.

Two tests as to whether a response is required:

1. Where the emergency would be likely to seriously obstruct the Trust's ability to perform its functions.

2. Where the Category 1 responder:

- would consider it necessary or desirable to act to prevent, reduce, control, or mitigate the emergency's effects, or otherwise take action; and,
- would be unable to act without changing the deployment of its resources or acquiring additional resources.

One of these two tests must be met for the main duties of the Act to apply.

Further Actions Required

The Act requires that the decision-maker be a senior person with the authority to make the judgement based on the circumstances at the time. This person is generally an executive director of the Trust in the absence of the Chief Executive, but with regard to the Trust on-call procedure, the Senior Manager on-call is the first person who will have to consider the situation. The deciding factors are:

- Does the incident fit into one of the categories in the specification?
- Is it likely to cause damage?
- Shall the Trust need to act to mitigate the impact of the damage?, or
- Does the Trust need to deploy or request additional resources in order to manage the response?

In the event that the situation meets the above criteria, the Senior Manager shall escalate to and consult with the Executive on-call and begin the emergency response. Further escalation shall be to partners via their emergency contact details, including relevant Local Authorities.
Bear in mind that in some instances, the decision will have been made by another Category 1 responder, eg the Ambulance Service at the scene of an incident and ED will have been advised of the circumstances, thus activating the call out cascade for Major Incident.

However, the circumstances should be reassessed in light of the damage the Trust might be exposed to – whether this be patient related, financial or reputational, as technically no other organisation can make the Trust activate its plans – it is a Trust decision based on information at the time. It is, however, better to activate a plan then stand it down at a later time, than defend a decision not to activate and have to deal with underestimated consequences.

The action card for use when a significant sevice disruption has occurred can be found at:

B:\Major Incident Control Room\Guidance and Templates\Procedure for Determining an Emergency or Significant Service Disruption has Occurred

APPENDIX 3 - ROLES OF THE EMERGENCY SERVICES

The common aim of all services is to save life and reduce suffering. This can only be achieved by good teamwork, which is dependent on mutual respect, and understanding of each other's functions. A considerable amount of work has been undertaken to improve the interoperability of the three main emergency services under the auspices of the Joint Emergency Services Interoperability Programme (JESIP) and this is now incorporated into their response.

i) AMBULANCE SERVICE

The Ambulance Service provides the first health response at the scene of a major incident and is the key communicator with other health providers. The main responsibilities are:

- Overall co-ordination and control of medical response and resources at the scene of the incident.
- To determine the main "Receiving" and "Supporting" hospitals for the receipt of those injured in consultation with the Medical Incident Commander, at the scene of the incident.
- To arrange and ensure the most appropriate means of transporting those injured to their designated hospital.
- To provide at the Incident, an Ambulance Control Point, to act as a focal and reporting point for all medical and Voluntary Aid Service support.
- To liaise with all other emergency services and the Medical Incident Commander.
- The triage and initial management of those injured, either directly or in conjunction with medical personnel.
- To designate an Ambulance Incident Officer and a support team of officers on scene, and to provide the "Receiving" Hospital with a designated Ambulance Liaison Officer. If circumstances permit, provide the receiving hospital with an on-site Hospital Ambulance Liaison Officer (HALO).
- To request support from voluntary aid organisations, immediate care schemes and General Practitioners when appropriate.
- The primary alerting and mobilisation of hospital medical teams.

ii) HAZARDOUS AREA RESPONSE TEAMS (HART)

The Ambulance service also have advanced practitioner teams, highly trained to respond to complex incidents, and are referred to as Hazardous Area Response Teams (HART). HART teams are trained to respond to such incidents as Chemical, Biological, Radiation, Nuclear and Explosives (CBRNe) incidents, train crashes, large scale motorway collisions, fires and building collapses. They are also trained to respond to mass casualty events and have the capability of setting up a casualty clearing station at the scene.

HART teams work alongside the police and fire and rescue services within what is known as the 'inner cordon' (or 'hot zone') of a major incident. The job of the HART teams is to triage and treat casualties and to help save lives in very difficult circumstances. They are also there to look after other emergency personnel who may become injured whilst attending these difficult and challenging incidents.

iii) MEDICAL EMERGENCY RESPONSE INCIDENT TEAM (MERIT)

MERIT is not part of the Ambulance Service but for the purpose of this plan, its role is best described in this section.

The purpose of a MERIT response is to provide advanced medical care on scene at a range of emergency incidents, up to and including major and mass casualty incidents. This may include provision of advanced airway procedures, surgical interventions and critical care over and above current levels of ambulance clinical practice. It will also include provision of advice and support to emergency services staff already on scene.

The key aim in providing a MERIT response is to get advanced, specialist medical intervention to casualties in the pre-hospital environment where it is recognised that this would increase their chances of survival and improve clinical outcomes, further than can be currently undertaken by ambulance Trusts. MERITs are to be regarded as an extension of available medical care with the provision of specialised skills to enhance pre-hospital patient management.

MERIT is a complementary response to the emergency services and therefore would arrive on scene to provide appropriate support. The initial call or an on scene assessment made by the emergency services will determine whether a MERIT is required. A request for a MERIT response should only be made once the MIC and AIC are clear about what is expected of them, and that a MERIT is the best way to provide it.

iv) POLICE

- To co-ordinate all emergency services at the scene.
- To control traffic and any crowd.
- To establish a Casualty Bureau.

- To establish a Police Documentation Team at the Receiving Hospital(s).
- Site security (at incident) – including the preservation of evidence and the recovery of lost and found property.
- To establish temporary mortuary facilities at the scene, where necessary, and act as HM Coroner's Officer at a temporary mortuary.
- To appoint a Press Liaison Officer.
- To call out public and specialist support (Local Authority, BT, Electric and Gas Services, Welfare Services etc).
- Subject to the overall police commitment, to assist with the handling of casualties.

v) FIRE AND RESCUE SERVICE

- All firefighting, rescue and coordinating activities associated with fires during the incident.
- Rescues which involve specialist extraction or a hazardous situation.
- Liaise with other emergency services to provide an effective and successful conclusion to an incident.
- Subject to the commitment to the above responsibilities the Fire and Rescue Service may provide:

  a) Emergency lighting.
  b) Specialist and humanitarian assistance.
  c) Advice and handling of dangerous substances.
  d) Casualty handling.
  e) Details of contaminants that may affect the treatment and handling of casualties.

vi) THE ARMED FORCES

The role of the Armed Forces in a Major Incident is defined within the very narrow parameters of three guiding principles:

- Military Aid should always be a last resort. The use of mutual aid, other agencies and the private sector must be insufficient or unsuitable.
- The Civil Authority lacks the required level of capability and it is unreasonable to expect it to develop the required level.
- The Civil Authority has capability but the need to act is urgent and there is an immediate lack of Civil Authority resources.

Access to military aid can only be done through NHS England and has to be authorized and signed off by NHS England, the DoH and the Government. In essence, the only time NHS England would accept a request for military support would be in response to an emergency situation when the NHS had exhausted all options to deliver safe patient care.

APPENDIX 4 - ROLES OF PARTNER ORGANISATIONS

i) DEPARTMENT OF HEALTH

In addition to its Lead Government Department role, the Department of Health takes control of the NHS resources in England in the event of a complex and significant emergency, including those on a national and international scale. It leads on identification of requirements for EPRR for the Health sector, and communicates this to NHS England and other healthcare sectors. It provides the co-ordination and focal point for the NHS and supports the Health Ministers and Secretary of State. It also co-ordinates with the health departments in the devolved administrations where health is a fully devolved function.

ii) NHS ENGLAND

The generic EPRR role and responsibilities of NHS England are:

- To set a risk based EPRR strategy for the NHS.
- To ensure there is a comprehensive NHS EPRR system and assure itself and DH that the system is fit for purpose.
- Lead the mobilisation of the NHS in the event of an emergency.
- Work together with PHE and DH, where appropriate, to develop joint response arrangements.
- Undertake its responsibilities as a Category 1 responder under the CCA 2004.

iii) NHS ENGLAND (NORTH) REGIONS

- Ensure that each LHRP and LRF has director level representation.
- Ensure integration of plans across the region to deliver a unified NHS response to incidents, including ensuring the provision of surge capacity.
- Maintain capacity and capability to coordinate the regional NHS response to an incident 24/7.
- Work with relevant partners through the LHRP and LRF structures.
- Seek assurance through the local LHRP and commissioners that the Core Standards are met and that each local health economy can effectively respond to and recover from incidents.
- Discharge the local NHS England EPRR duties as a Category 1 responder under the CCA 2004.

CLINICAL COMMISSIONING GROUP (CC+Gs)

Under the 2015 arrangements for EPRR, the CCGs are Category 2 Responders within the Civil Contingencies Act 2004. Clinical Commissioning Groups are seen as *'co-operating bodies'*. CCGs are less likely to be involved in the heart of the planning, but there is an expectation that they will be heavily involved in incidents that affect their sector through cooperation in response and the sharing of information. They are therefore required to support NHS England in discharging it's EPRR functions and duties locally, including supporting the health economy tactical coordination during incidents at alert level 2-4.

In the event that the Trust has to report a critical incident in relation to this plan, or escalate to Major Incident, this will be done by contacting the CCG on the relevant contact details, who will then escalate to NHS England, Yorkshire and the Humber, if they consider it necessary.

CCGs in South Yorkshire and Bassetlaw operate a shared on-call rota and if appropriate, can be contacted by the Director on-call (via contact numbers on page 5 of this document).

v) LOCAL RESILIENCE FORUMS

Category 1 and 2 responders are required under the CCA 2004 to work jointly to form local resilience forums (LRF), based on Police areas. These forums help to co-ordinate activities and facilitate co-operation between local responders. LRFs are usually chaired by a member of the police. In this role, the Chair has no authority or autonomy, as these remains with the individual Chief Executives around the table.

vi) LOCAL HEALTH RESILIENCE PARTNERSHIP (LHRP)

The LHRP is the NHS strategic forum for joint planning for health emergencies. It will support the health sector's contribution to multi-agency planning through LRFs. LHRPs will ensure co-ordinated planning for emergencies impacting on health or continuity of patient services and effective engagement across LHRP and local health economies. They also provide a forum through which NHS providers affirm assurance and compliance in EPRR. LHRP Co-chairs will be the key links with:

a. LRF chairs.
b. Director of Public Health (DPH) colleagues, PHE.
c. Health sector EPRR leads.
d. Local Authority Chief Executives and EPRR teams; and
e. other senior emergency preparedness leads for local agencies**.**

vii) PUBLIC HEALTH ENGLAND CENTRES (PHE)

The EPRR role of the PHE centres is to:

- Support NHS England with local roll-out of LHRPs, coordinating with local Government partners.
- Ensure that PHE has plans for emergencies in place across the local area.
- Where appropriate, develop joint emergency plans with the NHS and local authorities, through the LHRP.
- Provide assurance of the ability of PHE to respond in emergencies.
- Discharge the local PHE EPRR functions and duties.
- Provide a representative to the LHRP who will also represent the PHE on the LRF.
- have the capability to lead the PHE response to an emergency at a local level; and
- Ensure a 24/7 on-call roster for emergency response in the local area, comprising staff with the appropriate competencies and authority to coordinate the health protection response to an emergency, establish a STAC when requested to do so.

viii) SCIENCE and TECHNICAL ADVICE CELL (STAC)

The establishment of a Science and Technical Advice Cell (STAC) within the multi-agency Strategic Co-ordination Centre (SCC) is a requirement in the event of an emergency where there is likely to be a need for co-ordinated scientific or technical advice.

The STAC will undertake an advisory role, supporting other EPRR groups as necessary. In a counter terrorist incident there are existing arrangements set out in the Home Office Counter Terrorist Contingency Planning Manual, for the provision of specialist advice to the Police Gold Commander, and the appointment of a Senior Scientific Advisor, to advise on response measures. Their focus is primarily within the “Hot Zone” and immediate surrounding areas. Those agencies with statutory function to perform will also be involved and will provide advice to the Strategic Co-ordinating Group (SCG), through the STAC, where appropriate, to consider wider scientific and technical issues affecting the response outside the “Hot Zone”.

ix) INTER AGENCY PLANNING GROUPS

Effective preparation for an incident response requires co-operation between the local Emergency Services, Local Authorities, NHS bodies, Voluntary Organisations, Environment Agency and Utilities companies. This enables joint plans to be developed, tested and exercised and lessons identified and shared with partners. The Trust is represented on external partnership groups by the Emergency Planning Officer.

APPENDIX 5 - ROLES OF VOLUNTARY AID

A number of voluntary organisations can support the response to a major incident.

i) ST JOHN'S AMBULANCE and THE BRITISH RED CROSS SOCIETY

St John Ambulance and the British Red Cross respond to hundreds of local incidents and major accidents each year. They play a crucial role in supporting the emergency services when help is needed. Their volunteers are fully-trained and available to offer assistance and support to those in need. They respond quickly, providing vital help when major emergencies, road accidents, weather incidents and fires occur.

The Ambulance Service will, as part of their mobilising procedure, request Voluntary Aid Societies to assist in any incident. In addition to their nursing and welfare function they may provide:

- First Aiders at the scene to assist with the initial treatment and handling of casualties or to establish a first aid post at a survivor reception centre.

- Ambulance vehicles and staff (where available) for transport purposes, especially if there is a requirement to move existing patients between hospitals.

ii) VOLUNTARY AID SOCIETIES

Members of the Voluntary Aid Societies arriving at the scene will report to the Ambulance and Medical Control Point to be directed and allocated duties wherever possible under the direction of their own officers and leaders.

The Trust has a dedicated team of volunteers who are able to support a number of services in the event of a major incident. If called in, they will be advised where to report and will be allocated duties, as detailed in their action cards.

iii) RAIL INCIDENT CARE TEAMS

Train operating companies have teams of staff who have been specially trained and equipped to respond to the needs of those affected in the hours and days immediately following an incident involving a rail emergency. They can be deployed to hospitals, emergency assistance centres and other venues, in order to work alongside other responding agencies. They have a wide range of capabilities and can arrange special support and funding to those affected. They can support those directly involved along with their families and friends and the bereaved, in the following way:

- Information (particularly that specific to the railway).
- Assistance with getting/keeping in touch with friends/family members, eg access to phones or email.

- Refreshments.
- Accommodation.
- Travel.
- Purchase of basic personal items, eg toiletries, clothing.
- Return/replacement of lost or damaged personal effects.
- Signposting to other agencies.
- General pastoral support.

In the event of a major rail incident, the train operating company will be seeking to make early contact with the relevant receiving hospitals, LA's and police in order to facilitate rapid deployment of and most effective use of Rail Incident Care Teams.

APPENDIX 6 - STATUTORY REQUIREMENTS AND UNDERPINNING PRINCIPLES OF EPRR

Evidence shows that good planning and preparation for any incident saves lives and expedites recovery. The Trust, as with all NHS funded services must that it has and well tested arrangements in place to respond to and recover from these situations. The two pieces of legislature which governs the response to an emergency are:

- The Civil Contingencies Act 2004 (CCA 2004).
- The NHS Act 2006 (as amended by the Health and Social care Act 2012).

i) STATUTORY REQUIREMENTS UNDER THE CCA 2004

The CCA 2004 designates responders as either Category 1 (primary responders) or Category 2 responders (supporting agencies). Category 1 responders are those organisations at the core of emergency response and are subject to the full set of civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Cooperate with other local responders to enhance co-ordination and efficiency.

Category 1 responders for health are:

- Department of Health (DH) on behalf of Secretary of State for Health (SofS).
- NHS England.
- Acute service providers.
- Ambulance service providers.
- Public Health England (PHE).
- Local authorities (Including Directors of Public Health (DsPH)).

Category 2 responders are critical players in EPRR and are expected to work closely with partners. They are required to cooperate with and support other Category 1 and Category 2 responders. They are less likely to be involved in the heart of planning work, but will be heavily involved in incidents that affect their own sector.

Category 2 responders have a lesser set of duties - co-operating and sharing relevant information with other Category 1 and 2 responders. Category 2 responders for health are:

- Clinical Commissioning Groups.

CCGs are expected to provide support to NHS England in relation to the coordination of their local health economy. There is a requirement that commissioners and providers ensure they have effective, coordinated structures in place to adequately plan, prepare and rehearse the tactical and operational response arrangements with their local partners. There are a number of other bodies who either provide health care or support the delivery of healthcare, who are not included in the CCA 2004, eg NHS Blood and Transplant, NHS Supply Chain and NHS 111. Regardless of this, DH and NHS England guidance expects them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary and proportionate to the scale and services provided.

ii) STATUTORY REQUIREMENTS APPLICABLE WITHIN THE NHS ACT 2006 (as amended)

Under the Act, the Trust has obligations to ensure that it is properly prepared to deal with an emergency. It is the responsibility of the CCG, as local system leaders, to assure themselves that DBTH as a provider is compliant with legislation and guidance and can demonstrate this. This is undertaken through the National Standard Contract (S.30).

NHS England regards CCGs as the pivotal link in demonstrating through local assurance, their readiness to assist NHS England in co-ordinating the NHS response. The following elements clearly establish the relationship between NHS England and CCGs. In essence NHS England would seek to work with and through the local CCGs to ensure the NHS response can be effectively managed at strategic and tactical levels delivering the service-wide aim and objectives:

- NHS England and each CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency.
- NHS England must take steps as it considers appropriate for securing that each CCG and each relevant service provider is properly prepared for dealing with a relevant emergency.
- The steps taken by NHS England must include monitoring compliance by each CCG and service provider; and
- NHS England must take such steps as it considers appropriate for facilitating a coordinated response to an emergency by the CCGs and relevant service providers for which it is a relevant emergency.

A ‘relevant emergency’ in this case is defined as:

- In relation to NHS England or a CCG: any emergency which might affect NHS England or the CCG (whether by increasing the need for the services that it may arrange or in any other way).

- In relation to a relevant service provider: any emergency which might affect the provider (whether by increasing the need for the services that it may provide or in any other way).

The NHS provides the following underpinning principles for NHS EPRR, which apply to all commissioners and providers of NHS funded services:

1. **Preparedness and Anticipation** – the NHS needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.

2. **Continuity** – the response to incidents should be grounded within organisations' existing functions and their familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.

3. **Subsidiarity** – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.

4. **Communication** – good two way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public.

5. **Cooperation and Integration** – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised between and within organisations and local, regional and national tiers of a response. Active mutual aid across organisational, within the UK and international boundaries as appropriate.

6. **Direction** – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident in order to effectively prioritise and focus the response. A strong capacity in NHS England to oversee the health service working.

APPENDIX 7 - UK RESERVE NATIONAL STOCK FOR MAJOR INCIDENTS

i) **NHS Trusts, Foundation Trusts and NHS Regional Teams** should access the following items by contacting their local NHS Ambulance Service Trust Emergency Control Room. **YAS 0300 330 0238; EMAS 01159 675099/675086**

- **Nerve agent antidote pod** for the treatment of nerve agent poisoning (90 people).
- **Obidoxime injection -** further treatment for nerve agent poisoning.
- **Dicobolt edentate pod** for treatment of cyanide poisoning (90 people).
- **Botulinum antitoxin –** Treatment of botulism.

The NHS England EPRR Duty Officer must be informed via 0844 822 288 and ask for 'NHS 05'.

ii) NHS Trusts, Foundation Trusts and NHS England Regional Teams should access the following items through the NHS England EPRR Duty Officer:

Primary Number	**0844 822 2888 ask for 'NHS 05' (This is the Pager Number you will be asked for)**
Secondary Number:	**0845 000 5555**

Callers should clearly give details of the incident, the number of pods requested and their contact details

A. **Antibiotic Pods (oral ciprofloxacin)** To treat 250 adults and children aged 12 years and above (using 500mg tablets), or 250 children aged 8-less than 12 years (using 250mg tablets) or 50 children aged 0-less than 8 years (using 250mg suspension), for 10 days, with post exposure prophylaxis for anthrax, plague or tularaemia.

B. **Further stocks of ciprofloxacin** To treat post exposure prophylaxis for anthrax, plague or tularaemia.

C. **Ciprofloxacin intravenous injection** for post-exposure treatment of for anthrax, plague or tularaemia.

D. **Gentamicin intravenous/intramuscular injection** for post exposure treatment of plague.

E. **Potassium iodate tablets** to block the uptake of radioactive iodine, plus information leaflets for the public.

F. **Prussian blue** for treatment of thallium and caesium poisoning.

G. **Naloxone** for the treatment of opioid poisoning.

The decision to request any of these medical supplies should be made in consultation with the Health Protection Consultant from the local Public Health England (PHE) Centre and/or the local Director of Public Health.

Copies of the patient group directions for the countermeasures may be found here:

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Emergencyplanning/DH_4069610

APPENDIX 8 – MANAGEMENT OF BURN INJURIES

(Refer to the Northern Burn Care Network MIP 2012, the current content of which will always take precedence). A copy of the above plan will be held electronically by the EPO and also by the Matron, ED.

1. Management of Burns Casualties

The Northern Burn Care Network (NBCN) and the Midlands Burn Care Network (MBCN) are the designated entities for ensuring that, where a major incident occurs within our localities, and burn injuries are incurred as a result, all burn injured patients receive the most appropriate care, in a facility matched to their care requirements.

Guidance on managing the burn-injured patient was released in April 2011. The guidance is directed at all National Health Service (NHS) organisations and aims to help those involved to plan, prepare and respond to all types of emergencies that may involve significant numbers of burn injured patients. (*NHS Emergency Planning Guidance – planning for the management of burn injured patients in the event of a major incident: interim strategic national guidance. April 2011).* This guidance replaces and supersedes two previous documents[1], and encompasses the creation of Burn Care networks in England and Wales, and the introduction of Regional Networks for Major Trauma in NHS England. Working with regional Burn Care Networks and centres, the guidance supports the development of burn specific major incident plans, which are based on the premise that the treatment of burn-injured patients is best carried out in a Burn Service, or where this is not possible, under the guidance of a Burn Service.

For all incidents involving burn injured patients, DBTH will follow the guidance issued in the NBCN Plan.

2. Summary of Activation of the Burn Major Incident Plan

Activation of the NBCN Plan will take place when the ambulance service strategic commander at the scene contacts the local specialized burn care service provider and requests the involvement of the Burns Liaison Officer (BLO – Consultant in Burns Management). Once invoked, the BLO and the Burns Liaison Manager (BLM – Senior Manager Burns service) will undertake their roles within the Plan, key actions being:

- to set up the Burns Clinical Incident Desk and advise Ambulance Gold Commander, and co-ordinating clinicians at receiving Trauma centres and EDs of their contact details as soon as practicable.

- This team will orchestrate the information flow and will provide advice on the availability or beds and resources to ensure burn injured patients are managed in the most appropriate facility for their needs.

- Also ensure that a comprehensive log of all the patients with burn injuries including knowledge of the location of patients not transferred to a specialised burn service (Tracking Log) is recorded and ensure that they have given and logged advice to the ED's or receiving hospitals of the appropriate transfer destination of all patients, and have arranged the transfer of high priority patients with the most complex injuries.

3. Specialist Burns teams

In the event of a major incident, it is likely that before patients with complex burn injuries are transferred to a specialised burn care service, they will be first moved from the ED to another part of the hospital (Critical Care or Ward). Additionally, it is possible that patients with less severe burn injuries may be retained in non-specialised burn hospitals.

Under both such circumstances, there may be a requirement for specialist burn advice or care teams to attend at the receiving or non-specialised hospital(s) in the days following a burn major incident. Depending on the nature and numbers involved in the initial incident, two types of "off burn service site" outreach teams may be available as shown:

Specialist Burns Teams	Burns Specialist Advice Team	Burns Specialist Care Team
Provide burn management advice	Y	Y
Provide burn care/intervention	-	Y
Liaise with Burn Service's Command and Control structure	Y	Y
Liaise with receiving hospital's Command and Control structure	Y	Y
Ensure that burn injured patients details are logged	Y	Y
Ensure that burn injuries are photo-documented	Y	Y
Ensure up-to-date accurate and relevant medical documentation	Y	Y

Both teams comprise of burn clinicians and/or senior burn nurses and would provide advice to other clinicians. The key roles and responsibilities for the two teams are described separately because there may be situations or incidents where two teams (one of each kind or two of one type) are required.

The BLO and/or BLM will be responsible for providing a point of contact for advice and/or care.

(Extracted from the NBCN Burn MIP)

4. Management of Burn injured patients in a Major Incident

Following a Major Incident with many burns victims, the Medical Incident Officer, should ensure patients are triaged using tag - labels -

O - Dead (Black)

I - Respiratory Burns (Red)

II - Children with Burns over 10% (Yellow)

- Adults with Burns over 15% (Yellow)

III - Other Burns Victims of Lesser Severity (Green)

At the first opportunity the Medical Incident Officer should ensure that the receiving hospital emergency department is informed of the approximate number of major or lesser burns that they are likely to receive.

5. Management of the burn injured patient in ED

The role of accident and emergency staff in an incident involving burn injured patients is first and foremost to treat, stabilize and support the patient until such times as transfer to an appropriate Burn Centre is agreed. This will be done by:

- Instigate the Trauma Call Out.
- Early liaison with the Specialist Burns Team for interim guidance on management.
- Manage all patients, including children according to agreed protocols.
- Early liaison with support teams, pharmacy, supplies and sterile supplies to ensure sufficient availability of stocks.
- Once stabilized, provide interim care in the most appropriate facility, eg Critical Care until such times as advice on transfer is received.
- The ED nurse in charge of the incident will liaise with the appropriate ambulance service at the incident site to convey information about available capacity, priority of patients that can be managed, and the capacity limits.

The ED of the receiving hospital should contact the staff at the designated Burn Centre, via the Burns Clinical Incident Desk, depending on which ED site is receiving patients. Ideally, a burn specialist, usually a Consultant but sometimes a Senior Registrar, would go immediately to the receiving hospital to assist and advise on further triage. However, this may not be possible and telephone advice or telemedicine only may be available.

His/her primary function would be to assess the patients and decide which specialist unit they would be most appropriately managed in e.g. life threatening burns should be transferred to a Burn Centre, patients requiring skin grafts to a Burn Plastic Surgery Centre.

Pressure on the Burn Centres will be high - It is considered that any single major burn of over 20% constitutes a very considerable workload. Most Burn Centres are capable of managing 2 or 3 such patients at a time without undue stress on the system, but to take more causes considerable disruption to the normal work pattern. Patients with over 20% burns need to be transferred to a Burn Centre as soon as possible after stabilization at the receiving hospital.

The BLO and BLM in conjunction with the receiving ED Clinician will authorise transfer of patients to the most appropriate facility, liaising with Burn Centres on the clinical details.

Patients with inhalation injury or patients with additional major injuries may require critical care support, and early involvement of Anaesthetic teams will be required. These patients may also subsequently require transfer to a Burn Centre.

Patients with small burns that can be managed on an out-patient basis will be treated in ED, preferably by Doctors and Nurses with experience in burns dressings. These patients will be asked to return to ED within 24 hours for re-assessment by a burns specialist.

6. Special Points to Note

- Electrical burns may need special monitoring.
- Chemical burns may need immediate antidote.
- Some very extensive burns i.e. 90% may be assessed as unable to survive and it would be more humane for them to remain at the receiving hospital or close to family.

APPENDIX 9 - LIST OF RESPONDER MAJOR INCIDENT ACTION CARDS

Action cards are not included within the Major Incident Plan as, by their very nature, may need changing more often than the plan. Each responding team retains their own cards and copies are held on the B Drive. Master copies are held by the Emergency Planning Officer.

Immediate Action Responders

Section	Responder Action Cards	Division/Department
S1	EDs	Medicine
S2	Switchboards	Digital Transformation
S3	Clinical Site Managers /Duty Matrons	Medicine
S4	**Command and Control Action cards**: • Gold • Silver • Bronze • Loggists • Information Technology Support to ICR	Corporate
S5	Communications and Engagement	People & Organisational Development
S6	Theatres and DSA	Clinical Specialities
S7	Anaesthetics and Department of Critical Care DRI Anaesthetics and Critical Care Bassetlaw	Clinical Specialities
S8	General Surgery	Surgery and Cancer
S9	Trauma and orthopaedics	Surgery and Cancer
S10	Children's Services	Children and Families
S11	Physiotherapy	Clinical Specialities
S12	Medical Imaging	Clinical Specialities
S13	Pharmacy	Clinical Specialities
S14	Pathology	Clinical Specialities
S15a and 15b	Clinical Outpatients – General Nursing and Fracture Clinic	Clinical Specialities

Support Responders

Section	Responder Action Cards	Division/Dept
S16	Integrated Discharge Team	Director of Nursing, Midwifery and Allied Health Professionals
S17	Clinical Outpatients – Administration Staff	Clinical Specialities
S18	Generic Wards:	
	• Medical Wards	Medicine
	• Gynaecology Ward	Children and Families
	• Obstetrics	Children and Families
	• S12	Surgery & Cancer
S19	Estates and Hotel Services	Estates & Facilities
S20	PALS, Chaplaincy and Volunteers	Director of Nursing, Midwifery and Allied Health Professionals

APPENDIX 10 – YORKSHIRE AND THE HUMBER – PATIENT DISPERSAL MATRIX

P1 - immediate care needed
P2 - urgent care needed (2 to 4 hours)
P3 - needs medical treatment, but this can safely be delayed
Children considered 12 and under
MTC = Major Trauma Centre, (P) = Paediatric,
TU = Trauma Unit, LEH = Local Emergency Hospital,

				West Yorkshire								North Yorkshire and Humber							Northern	South Yorkshire and Bassetlaw						
				Airedale Hospital	Bradford Royal Infirmary	Calderdale Royal Hospital	Dewsbury & District Hospital	Huddersfield Royal Infirmary	Leeds General Infirmary & St James' Hospital	Pinderfields Hospital	Harrogate District Hospital	York Hospital	Scarborough General Hospital	Diana, Princess of Wales Hospital	Scunthorpe General Hospital	Castle Hill Hospital	Hull Royal Infirmary	Friarage Hospital	James Cook	Doncaster Royal Infirmary	Barnsley Hospital	Bassetlaw Hospital	Northern General Hospital	Royal Hallamshire Hospital	Rotherham Hospital	Sheffield Children's Hospital
	Hospital designation			TU	TU	LEH	LEH	TU	MTC (A&P)	TU	TU	TU	TU	TU	TU	N/A	MTC (A)	LEH	MTC (A&P)	TU	TU	LEH	MTC	N/A	T U	MTC (P)
CAPABILITY (First 2 hours)	P1	Adults	Or Total	3	6	0	0	3	10	6	3	6	4	4	4	0	10	0	10 4	4	5	0	10	0	4	5
	P1	Children																								
	P2	Adults	Or Total	8	10	0	8	8	10	10	6	6	4	4	4	0	10	0	10 4	10	5	0	10	0	10	0
	P2	Children																								
	P3	Adults and children		30	30	30	25	30	50	30	20	20	30	15	15	0	50	20	20	0	25	40	50	0	30	20
	HELICOPTER H = helipad, T = transfer from landing site, N = No (Max Capacity)			T	N	N	N	N	H (1)	T	T	N	H (1)	N	N	T	T (2)	N	H (4)	T	T	N	H	T	T	T
AVAILABILITY OF CLINICAL SERVICES	ED			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y (P)
	Neurosurgery			N	N	N	N	N	Y	N	N	N	N	N	N	N	Y	N	Y	N	N	N	Y	Y	N	Y (P)
	General Surgery			Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y (P)
	Vascular Surgery			N	Y	N	N	Y	Y	N	N	Y	N	N	N	N	Y	N	Y	Y	N	N	Y	N	N	N
	Interventional Radiology			N	Y	N	N	Y	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	N	N	Y	Y	N	N
	Cardiothoracic Surgery			N	N	N	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	Y	N	N	N
	Hepatobiliary Surgery (Transplant)			N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	Y (P)
	Orthopaedics			Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y (P)
	Pelvic			N	Y	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y (P)
	Spinal			N	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	Y	Y	N	Y	Y	N	N	Y (P)
	General Paediatrics			Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	N	Y	Y (P)
	Burns			N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N	N	N	Y	N	N	Y (P)
	Plastic Surgery			N	Y	N	N	N	Y	Y	N	N	N	N	N	Y	Y	N	Y	N	N	N	Y	N	N	Y (P)
	Critical Care			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y (P)
	Maternity (Consultant)			Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y	Y	N
	Neonatal ICU			N	Y	Y	N	N	Y	N	N	Y	Y	Y	Y	N	Y	N	Y	Y	N	Y	N	N	N	N
	ENT			N	Y	Y	N	N	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y	Y	Y	N	N	Y	N	Y (P)
	Maxillofacial			N	Y	N	N	N	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	N	N	Y	Y	Y (P)

APPENDIX 11 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Exec Dir & Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
CORP/RISK 1 v.9 – Major Incident Plan	Chief Operating Officer	Neil Colton, Emergency Planning Officer (Temp)	Existing Policy	Jan 2020

1) Who is responsible for this policy? Name of Division/Department – Jeannette Reay, Emergency Planning Officer - Performance

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? The purpose of the plan is to ensure that the Trust meets its statutory and regulatory responsibilities as a category 1 responder under the Civil Contingencies Act 2004. NHS Improvement and CQC. This means as an organisation we have prepared for and are capable of responding to any emergency incident that results in a significantly higher number than normal of casualties, and for which we would have to put in place special measures in order to manage their care. It also outlines command and control for such measures and describes in action cards, the roles and responsibilities of key staff

3) Are there any associated objectives? Legislation, targets national expectation, standards - Civil Contingencies Act 2004; NHS England Emergency Preparedness Framework 2015; NHS England National Core Standards for Emergency Preparedness, Resilience and Response (EPRR); National Standard Contract

4) What factors contribute or detract from achieving intended outcomes? – None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No **If yes, please describe current or planned activities to address the impact** [eg Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? [any actions to be taken]

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	N	
b) Disability	N	
c) Gender	N	
d) Gender Reassignment	N	
e) Marriage/Civil Partnership	N	
f) Maternity/Pregnancy	N	
g) Race	N	
h) Religion/Belief	N	
i) Sexual Orientation	N	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form

Date for next review: Jan 2023

Checked by: Date:

APPENDIX 12 - DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

G2

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**COVID19 Business Continuity TOR - Trust Board and Sub Committees**		
Report to	**Board of Directors**	**Date**	**21 April 2020**
Author	**Fiona Dunn, Acting Deputy Director Quality & Governance**		
Purpose			Tick one as appropriate
	Decision		X
	Assurance		
	Information		

Executive summary containing key messages and issues

There is a clear organisational need to respond to the COVID-19 pandemic with all available efforts, whilst continuing to have an overview on the safety of all DBTH patients and the wellbeing of staff, during the coming months.

It is proposed that the meeting and processes, be adapted to meet organisational need during this time. This will result in changing the nature of meetings, including adding Video Conferencing, dial-in facilities and postponing some agenda items and potentially some meetings in total.

It was agreed at the Board on 21st March 2020 to consider suspension of certain elements of the Trust current standing orders (SO's) relating to Board and its sub-committee meetings normal terms of reference.
The proposal to invoke section 6.2 of the SO's Emergency powers has been discussed in the attached paper.
The requirements of suspending any SO's are referred to in section 5.40 of the SO's (quoted below):

"5.40 Suspension of Standing Orders Any one or more of the Standing Orders may be suspended at any duly constituted meeting, provided that:

(i) at least two-thirds of the Board of Directors are present, including one executive director and one non-executive director;

(ii) a majority of those present vote in favour of suspension; and

(iii) the variation proposed does not contravene any statutory provision or direction made by NHS Improvement.

5.41 A decision to suspend SOs shall be recorded in the minutes of the meeting.

5.42 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the directors.

5.43 No formal business may be transacted while SOs are suspended.
5.44 The Audit Committee shall review every decision to suspend SOs."

Consultation

The Trust has taken account of emerging regional and national guidance in the preparation of these terms of reference, and consulted with governance colleagues from across the health sector.

Key questions posed by the report

Do the Terms of Reference (TOR) meet the requirements of the Trusts SO's?
Yes. The TOR will be an addendum to the existing SO's.

How this report contributes to the delivery of the strategic objectives

Effective governance is integral to the Trust continuing to be able to meet its strategic goals around clinical safety in response to the unprecedented challenge presented by the Covid-19 epidemic.

How this report impacts on current risks or highlights new risks

The CRR now includes new risk for overall COVID19 management (RISK ID 2472). This has been reflected in an addendum to the current BAF .

Recommendation(s) and next steps

The Board is asked to approve the amendment of Board and Sub-Committees Terms of Reference to make specific provision for electronic resolutions and Chair's action, based on the provisions set out in the report.
All matters for information or assurance will be either:

- Put on hold until further notice
- Included on Agenda and taken 'as read', with matters requiring urgency being notified by the lead executive for the committee
- Published on the 'Knowledge' section of the Board Packs platform and/or
- Circulated via email

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

COVID19 Business Continuity Terms of Reference

Trust Board, Board Committee and Governor Meetings
March 2020

Standing Orders: Emergency Powers
The powers which the Board has reserved to itself within its Standing Orders may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Trust Board in public session for formal ratification as per section 6.2 of current Standing Orders.

1. The Terms of Reference and Membership, including quorum arrangements, for the Board and its Committees will be temporarily suspended as of 17th March 2020, until further notice. All other aspects of the Trust Standing orders remains unchanged.

2. During this period, if meetings are to be held, then this will be done through the use of telephone / digital technology.

3. The primary focus of communication with the Board and sub committees will be the organisation's response to COVID19 whilst continuing to have an overview on the safety of all DBTH patients and the wellbeing of staff. The governance assurance for this overview will be provided through the Trusts COVID19 Strategic Management plan.

4. Whilst some effort will be made to continue aspects of 'business as usual' activity, based upon the existing business cycles / forward agenda:

a) All matters for approval will be either:
- Deferred if not urgent or
- Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or
- Discussed via telephone / digital technology with the decision recorded by Corporate Governance or
- Discussed between the Chief Executive or nominated Executive Director with the Board / Committee chair for Chairs Action

b) In these circumstances the quorum will be two Executive Directors (CEO and DeputyCEO or DoF) and two Non-Executive Directors (Chair or Vice Chair and one other).

5. It is likely that those responsible for preparing assurance papers for Committees and the Board will not be in a position to do so. Therefore:

a) All matters for information or assurance will be either:
- Put on hold until further notice or
- Circulated via email

6. For ad hoc items agreed by the Executive Directors as requiring a decision by the Board:
- Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or
- Discussed via telephone / digital technology with the decision recorded by Corporate Governance
- Discussed between the Chief Executive or nominated Executive Director with the Board / Committee chair for Chairs Action

c) In these circumstances the quorum will be two Executive Directors (CEO and DeputyCEO or DoF) and two Non-Executive Directors (Chair or Vice Chair and one other).

7. The Business Cycles will be reviewed and updated within Corporate Governance, to maintain an accurate record of items considered / approved or deferred.

8. Council of Governors meeting (including Governor Forum and Governor Briefing) have been put on hold until further notice. The Chair and Company Secretary will keep the Governors informed as required. For example, the Governors will be forwarded a copy of this paper after it is approved at Board on 21 April 2020. The Chair will also contact the lead and deputy lead Governors as required to keep them in the picture.

9. Council of Governor elections – In view of the pressure on the Trust due to COVID19 the recruitment campaign has been suspended (approved at Board 21 March 2020). Social distancing 'rules' make meaningful engagement with prospective governors impossible at the moment, and for the next few weeks, possibly months. COVID19 permitting, the proposal is to pick up planning for the election in June before current governor terms end and set a schedule to run an election around October.
All governors will be able to continue until the end of their current term and those who are eligible will be able to apply to be re-elected once the timetable has been set in the autumn.
This proposal will be reviewed in June in the light of COVID19 issues at that time.

10. The Chairs Appraisal will take place to meet the NHS Providers deadline of 30 June 2020. The Non-Executive Directors appraisals will take place to meet the NHS Providers deadline of 30 September 2020.

11. These COIVID19 temporary terms of reference are an addendum to the Trusts current Standing Orders CORP/FIN1 (A) v9 and if it is silent on a matter then the Trusts Standing orders should be referred and complied with.

Date Approved:

Date for Review:

G3i

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – 21 APRIL 2020
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 31 MARCH 2020

Overview:

The meeting, exceptionally, took place by teleconference owing to the Covid 19 critical incident being managed across the Trust. All normal attendees took part and the CEO Richard Parker alsdo attended for the first 30 minutes to give a personal update on the managementof the current emergency situation.

The committee spent almost 45 minutes considering the Trust's response to the emergency, exploring measures being taken in some depth. We were impressed by the quality of the planning, mobilisation of the response and the leadership being shown across the organisation, particularly at senior levels.

Although receiving the normal finance and performance agenda, this meeting was focused in particular on looking at the probable year end outturn in addition to the crisis response. We were encouraged to learn that,following recent meetings with key partners, payments are now in train that will mean delivery of the control total, in challenging circumstances for the third year running.

We discussed performance thoroughly, looking in particular at the four-hour access data and unpacking in some detail the referral to treatment position. We noted little progress being made with four hour wait, despite reduced attendances and considered how this might be managed through and beyond the current circumstances. We also noted really significant progress had begun to be made with RTT immediately prior to the Covid 19 emergency and had an in-depth discussion about how the pace might be sustained during return to normality, in particular inthose areas which were proving more resistant to change and improvement.

The workforce report included a comprehensive update from Karen Barnard as to activity to best profile staff skills and availability against need, and how those staff were being supported, gaining real assurance as to the efforts being made in this area.

F+P did not receive the current risk register owing to the Covid-19 critical incident ,but the relevant risks were considered actively with each paper received at the meeting.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that all were appropriately tracked	None	N/A	N/A

Covid-19 Operational Brieing	The Committee was assured by the personal report of the CEO and COO in relation to the management of the current emergency within the Trust and briefed as to progress across the region.	Becky Joyce would circulate to the Committee the Covid-19 work streams and Objectives – Complete.	RJ	Unknown
Integrated performance report	The Committee was assured by the report	Becky Joyce would ensure that the CCG were aware that reported performance will reduce during the response period to Covid-19.	RJ	April 2020
RTT progress	The Committee received the presentation, noted progress and was assured by the current position	None	N/A	N/A
Financial performance	The Committee was assured by the report and also noted and approved a paper proposing the Trust's accounts be prepared for the period on a 'going concern' basis.	None	N/A	N/A
2020/21 budget setting and control total	The Committee received a verbal report giving assurance that owing to the Covid-19 emergency, income from commissioners were likely to be distributed on a block basis for the foreseeable future.	None	N/A	N/A
Workforce Management	The Committee was assured by the report	None	N/A	N/A
Corporate Risk Register	The Committee was only partially assured at the last meeting and the current emergency had meant preparation of a meaningful risk register had not been possible.	Situation report needed at next F+P	Company Secretary	April 2020
Information Items	The meeting also received and noted the minutes of a number of sub-committees and approved the minutes of its last meeting.	None	N/A	N/A

No escalations were received by the Committee and there were no escalations to the Board

KEY
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ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

KEY
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ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

CHAIR 'S ASSURANCE REPORT FOR BOARD OF DIRECTORS APRIL 2020
QUALITY AND EFFECTIVENESS COMMITTEE – 31 March 2020 – PAT DRAKE

Due to the urgent need to prepare for COVID-19 patients the Chair took the decision to stand down the meeting to allow the clinical executives to be released. The papers that had been prepared were shared with the Non Executives who support the Chairs level of assurance ratings. No urgent issues were noted and all issues raised are being saved on file going forward. All omissions from the work plan are being collated with a full audit trail to ensure future compliance, and additional meetings may be planned in once it is possible to do so.

It is anticipated that a short virtual meeting will take place at the end of May to cover off the new governance arrangements for patient and staff safety during this emergency period.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Actions from previous meetings	The Chair noted progress on actions and was assured that all were being appropriately tracked.			
TOR	The Chair Noted the approval at Board of the TOR and they will now be included in the work plan for review in Feb 2021	+ add to work plan	RW	
Quality Assurance Report				
Part A - *Clinical Governance and Quality Report*	The Chair was partially assured by the report requesting further discussion on, 1- Point of care equipment testing 2- SSIS Hips and Knees 3- Key worker for Child Deaths 4- Bassetlaw ED Medical Staffing 5- ResPect progress on awareness training and engagement 6- CQUINNs overall compliance noted and the position on UTI in older people. 7- Risk Management – Overdue actions for SI and Overdue Incidents. Rise in severity of harm 8- 7 Day Diabetic Service funding 9- Duty of Candour Compliance.		TN	July 2020
Quality Assurance Report - *Part B Hard Truths*	The Chair was assured by the report.			
QPIA	The Chair was assured by the report.			
Complaints Update	The Chair felt that there was only limited assurance given in the report but noted the new process to be in place by 1 April 2020.	To be discussed at May meeting	DP/LB	July 2020
Safeguarding	The Chair was assured by the quarterly report and noted the improvement in Prevent training.			
Accessible Information Standard	The Chair noted the progress on planning.		LB	July 2020

KEY
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PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

Patient Engagement and Experience Quarterly Report	The Chair was partially assured by this report.		LB	July 2020
Workforce and Education Assurance Report	The Chair was partially assured by the report as further work to be completed on resuscitation of children and Neonatal. It was noted that all SET training and Appraisals have been suspended.		DP/AS	July 2020
CQC and Regulatory Compliance	The Chair was fully assured by the detailed plan received and this will be reviewed at every QEC Meeting	July – Add to work plan.		
Corporate Risk Register	All corporate risks have been transferred into DATIX and can now be monitored transparently by all staff as per KPMG recommendations. A review status is reported via the monthly risk management report. Work is still ongoing to enhance the awareness and training in the risk management process. The corporate register is visible as a DATIX dashboard for all staff.	Add to work plan bring to QEC in May	FD	July 2020
BAF – Board Assurance Framework	The Chair was partially assured by the Board Assurance Framework. Following a recent external workshop held by NHSI/E it is proposed that a review be undertaken of the style and content to align to the Trust's updated Strategic Objectives. A draft proposal of the style will be produced for agreement at the Board of Directors. Once agreed this will be presented to this committee. To be reviewed and discussed at May meeting.	Add to work plan bring to QEC in May	FD	July 2020
COVID-19 Governance Arrangements	The Chair was assured by the governance arrangements.			

No escalations were received by the Committee and there were no escalations to the Board

G3iii

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – 21 APRIL 2020
CHAIR'S ASSURANCE REPORT
CHARITABLE FUNDS COMMITTEE – 17 MARCH 2020

Overview:

The meeting as usual follow the Board meeting with all non- executives in attendance as well as the CEO, Finance Director and Head of Communications. The meeting was progressed swiftly due to the escalating Covid 19 emergency and a need to release colleagues as quickly as possible to progress with operational matters.

The committee spent almost 45 minutes considering the Trust's response to the emergency, exploring measures being taken in some depth. We were impressed by the quality of the planning, mobilisation of the response and the leadership being shown across the organisation, particularly at senior levels.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that all were appropriately tracked	None	N/A	N/A
Review of Fund Balances	A review of fund balances for the previous 10 monthsfom January 2020 was presented for information and discussion and were noted.	None	N/A	N/A
Fundraising Strategy update including a business case for a fundraiser	An update was given on the current Birth appeal and also a business case for a fundraiser. It was agreed to progress a dedicated fundraising resources	To progress the recruitment of the dedicated resoirces through the Doncaster and Bassetlaw Healthcare service.	ES	June 2020
Approval of Expenditure	The Committee noted the decision made to fund and support the additional purchaseof the nerve centre engancement to the bed management system. This had been agreed by exception outside of the meeting and the committee	None	N/A	N/A

	confirmed approval of the expenditure.			
Above and Beyond Committee	Tjis was due to be a verbal update and as DP was not rpesent due to the ongoing emergency this item was not discussed.	None	N/A	N/A
Review of Charitable funds Policy including Terms of reference and reserves investment policy	The charitable funds policy was amended following recent changes to process designed to safeguard donations. The policy also included a review of the terms of reference and the annual review of the reserves policy.	To add an annual review of the reserves policy to the workplan	MB	March 21
Review of Risk Position	The Committee noted the report and the recent weakening of equity markets and the potential market volatility due to covid 19.	None	N/A	N/A
Information Items	The meeting also received and noted the minutes of the above and beyond sub-committee, the workplan for the committee and approved the minutes of its last meeting.	None	N/A	N/A

No escalations were received by the Committee and there were no escalations to the Board

KEY
CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

G3iv

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – APRIL 2020
CHAIR'S ASSURANCE REPORT
AUDIT AND RISK COMMITTEE (ARC) – Mon 23 March 2020

Overview:

ARC was undertaken by teleconference and had a good attendance from the 4 NED members; Internal Audit (KPMG); External Audit (EY); the Trust Finance Team (Jon Sargeant and Matthew Bancroft), Deputy Director for Quality (Fiona Dunn); & the Local Counter Fraud Officer (Mark Bishop).

Colleagues from IT (Ken Anderson, David Linacre, Roy Underwood) joined us to update on progress with the Data Security and Protection Toolkit, and from Estates, Sean Tyler, joined us to present the Trusts Health & safety position.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME-SCALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that all were appropriately tracked	None	N/A	N/A
Counter Fraud -Progress and Year end report -Self assessment of performance against national standards (SRT) -Plan and risk assessment for 2020/21	The Committee was assured by the report and actions underway. The CF Plan delivery will be monitored via the DoF and ARC.	CF reports to each ARC	N/A	N/A
Internal Audit – Progress and delivery report; Draft Head of Internal Audit Opinion 2019/20	Internal Audit Progress Report was satisfactory. In the event of no more audit days being delivered due to Covid-19 (currently 168 days/190 days in the plan) the Committee sought assurance that KPMG can still issue significant assurance year end position.		N/A	N/A
Internal Audit - Progress against high/medium recommendation ss	Progress was still being made and the Committee were assured, with 83% of High/Medium Recommendations being closed.	Recommendations followed up at each ARC	N/A	N/A
Internal Audit Report –	**Outcome – Significant Assurance with minor improvement opportunities.**	Action plan finalised led by Trust Board Secretary.	Trust Board Sec	As per Action Plan

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME-SCALE
Corporate Governance	Overall the Trust was found to have well established corporate governance structure in each of its divisions. 3 Recommendations were made incl standardisation of SMT meetings;			
Internal Audit Report – Data Security and Protection Toolkit (DSP)	**Outcome – Significant Assurance with minor improvement opportunities.** The audit assessed the evidence in place to support DBH submission on its DSP submission. On the whole satisfactory evidence was available and there were 4 recommendations made.	Action plan finalised led by the Data Protection Officer (DPO)	DPO	As per Action Plan
Internal Audit Report – Delayed Transfer of Care (DTOC)	**Outcome – Significant Assurance with minor improvement opportunities** The audit assessed the process in place to record and monitor DTOC data across the Trust. 2 medium recommendations were made to improve policies and procedures; and reconciliation of data	Action plan not yet finalised. Internal Audit to finalise with relevant officers and bring final action plan to ARC.	DoF	As per Action Plan
Internal Audit Report – WHO Checklist	**Outcome – Partial Assurance with improvement required (7 Recommendations)** Draft report issued and not yet finalised by management	DoF to pursue with relevant staff if can get report finalised (given Covid-19 preparation)	DoF	ASAP
Internal Audit Report – Referral to Access	**Outcome – Partial Assurance with improvement required (6 Recommendations)** Draft report issued and not yet finalised by management	DoF to pursue with relevant staff if can get report finalised (given Covid-19 preparation)	DoF	ASAP
Internal Audit Plan for 2020/ 2021	The draft plan had already been for consultation with individual Executives (Feb 2020) and NEDs (11/3/2020). The Final Plan is included on the Appendix A to this report, Q1 work deferred whilst Covid-19 response is underway. The Committee was assured by the report		N/A	N/A
External Audit Progress and Plan	The Committee was assured by the report Nationally there is opportunity for delay to some timetables incl accounts preparation, accounts annual audit and IFRS 16 (Leases Disclosure) 12 months. Timetable to be clarified working with EY & the DoF.	None	N/A	N/A
ARC Self Assessment Progress	The Committee was satisfied with the plan for self-assessment. Timescale may slip due to Trust Covid-19 response	Implement plan when appropriate	N/A	N/A
DBH Review of Effectiveness – Internal Audit (KPMG)	The Committee was assured with positive feedback from the DoF		N/A	N/A

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME-SCALE
DBH Review of Effectiveness – External Audit (EY)	The Committee was assured with positive feedback from the DoF		N/A	N/A
Governance – Declarations of Interest, Gifts and Hospitality	The Committee was partially assured by the report as further work will be picked up post-Covid-19. Medical staff returns have been placed on hold. Other staff returns were being actively chased (22/83 return rate)	Medics returns to be followed up when appropriate	Trust Board Secretary	TBC
Health, Safety & Fire Update	The bi-annual H&S Report covered progress against managing risks related to:- Water Safety; Electrical works; Health & safety arrangements; Fire Safety; Lifts; COSHH; Lone Working Asbestos Management. The Committee were assured that although risks are continually being mitigated, the ageing estate presents inherent risks which are documented in the Trusts Risk Register. The Trusts H&S Committee has oversight of all these areas via the Premises Assurance Model (PAM)>	Further update due mid-year		Sept 2020
Financial Governance during Covid-19 preparations	The Committee was assured by the verbal update from the DoF confirming the new process in place to pay for and account for expenditure relating to Covid-19 response.	N/A	N/A	N/A

No escalations were received by the Committee, and there were no escalations to the Board. ARC will share the the 2 Amber Audit reports (Who Checklist and Referral to Access) with QEC and F&P Committee once they are finalised.

Kath Smart – Chair of Audit & Risk Committee: 31st March 2020

KEY
CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE
NOT ASSURED / ACTION REQUIRED

Appendix A – Internal Audit Plan 2020/2021

Section three

Strategic internal audit plan

2019/20 Annual audit plan				
Review	Risk Assessment	Audit days 2020-21	Audit days 2021-22 (proposed)	Indicative timing
Core reviews				
Core Financial Controls and Financial Management	Medium/High	15	15	Q2
Risk Management and Board Assurance Framework	Medium/High	10	10	Q4
Corporate Governance	Medium/High	10	10	Q3
Information Governance (DSP Toolkit)	Medium/High	12	12	Q4
Data Quality	Medium/High	25	25	Q3
Clinical Governance Review	Medium/High	15	15	Q2
Subtotal		**87**		
Strategic and risk based reviews				
Job Planning	Medium/High	15		Q2
ESR Self Service and TRAC	Medium	20		Q2
Business Continuity	Medium/High	15		Q4
Legacy IT	Medium	18		Q3
Complaints	Medium	12	10	Q4
Subtotal		**80**		
Internal audit management				
Audit Planning		5	5	
Contract Management and liaison		5	5	
Follow up		8	8	
Attendance at ARC		5	5	
Subtotal		**23**	**23**	
Total internal audit days		**190**		

We are currently proposing no reviews in Q1 due to the Covid-19 outbreak, however we will work with Executives if the position changes over the coming months to bring forward reviews where appropriate

KPMG

6

APPENDIX D – CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE (ToR)

Name	**Charitable Funds Committee (CFC)**
Purpose	To oversee and manage the Trust's Charitable Funds i.e. Doncaster & Bassetlaw Teaching Hospitals Charitable Funds. To fulfil the sole objective of the Charity which is to support the work of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. This is to be achieved through the provision of resources that help contribute to the improved welfare and amenities of patients and staff.
Responsible to	Trust Board (as the Corporate Trustee)
Delegated authority	The Committee has the following delegated authority: • Authorise expenditure from the Charitable Funds as laid down in the Trust's Scheme of Delegation. • Ensure compliance with Charity Commission standards. • Manage the affairs of the Charitable Fund within the terms of the Trust Deed. • Develop and implement a fund raising strategy. • Invest the available fund monies in line with Policy. • Oversee the management and monitoring of the Trust's Charitable Funds. • Ensure that policies and procedures are in place such that all decisions regarding fund expenditure are appropriate and consistent with the objectives of both the Charity and Trust. • Develop and maintain a rolling three year expenditure strategy for the Charitable Funds. • Approve the annual report and accounts of the Charitable Fund. • Appoint an appropriate auditor to report on the annual accounts. • Appoint an appropriate investment consultant to manage the Fund's investments • Manage the investment of funds as laid down by both statute and the charity's reserves investment policy. • To develop and monitor the Funds' approach to risk including risk appetite. • To continue to keep its own effectiveness under regular review.
Chair	• Designated Non-executive Director
Membership	• All Non-Executive Directors of the Trust

	• Trust Chief Executive • Trust Director of Finance • Trust Medical Director • Director of Nursing, Midwifery and Allied Health Professionals • A designated governor representative may observe the meeting • A designated representative of the Fred & Ann Green Legacy Advisory Group may observe the meeting
In attendance	As required by the business to be discussed
Secretary	Trust Board Secretary
Quorum	3 (Inc. at least 1 Executive Director AND at least 2 Non-Executive Directors)
Voting	Each member has one vote, with the chair of the meeting having the casting vote in the event of a tie.
Decision making	The Committee may make decisions and approve proposals outside of meetings where the issue is considered urgent. The procedures for such decisions are set out in the Charitable Funds Policy. Any such decisions will then be reported at the next meeting for inclusion in the minutes.
Attendance requirements	Committee members must attend at least 75% of meetings, and all members are expected to nominate alternates when they are unable to attend.
Frequency of meetings	Quarterly, generally subsequent to the Board of Directors.
Papers	Papers will be distributed at least 5 days in advance of the meeting.
Permanency	The committee is a permanent committee.
Reporting committees	• Fred & Ann Green Legacy Advisory Group • Charitable Funds Development Committee • Other sub-committees for specific significant appeals set up from time to time
Circulation of minutes	Members of the Committee
Date approved by the committee:	March 2020
Date approved by Board of Directors:	April 2020
Review date:	March 2021

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 25 February 2020 in the Boardroom, Doncaster Royal Infirmary

Present: Neil Rhodes, Non-Executive Director (Chair)
Pat Drake, Non-Executive Director
Rebecca Joyce, Chief Operating Officer
Jon Sargeant, Director of Finance
Kath Smart, Non-Executive Director

In attendance: Laura Fawcett, General Manager, Surgery and Cancer (Part FP20/02/B2)
Anthony Jones, Deputy Director of People & Organisational Development
Claire Jenkinson, Deputy Chief Operating Officer, Elective (Part FP20/02/B2)
Jodie Roberts, Deputy Chief Operating Officer – Non-Elective (Part FP20/02/B1 and FP20/02/B2)
Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)

To Observe: Bev Marshall, Governor

Apologies: Karen Barnard, Director of People & Organisational Development
Marie Purdue, Director of Strategy and Transformation
Jeannette Reay, Head of Corporate Assurance/Company Secretary

ACTION

FP20/02/A1 **Welcome and Apologies for Absence (Verbal)**

Neil Rhodes welcomed the Members and attendees and noted the apologies for absence.

FP20/02/A2 **Conflict of Interest**

No conflicts of interest were declared.

FP20/02/A3 **Action Notes from Previous Meeting (Enclosure A3)**

The following updates were provided;

Action 1 – On the basis that the strategies would be monitored through department annual plans and corporate objectives this action would be closed;

Action 2 – Pat Drake advised that the Director of Nursing, Midwifery and Allied Health Professionals would be providing an exemplary report to the Quality and Effectiveness Committee. It was discussed and agreed that Jon Sargeant would meet with David Purdue regarding an exemplary version of the Corporate Risk Register going to the Quality and Effectiveness Committee and the Board Assurance Framework. It was discussed and agreed that the Corporate Risk Register be provided at the next meeting with an appropriate cover sheet highlighting the risks. Jon Sargeant confirmed that following his recent meeting with Jeannette Reay to update the Corporate Risk Register,

it had been agreed that Jon's team would provide the updates for the Finance Risks within the front sheet of the paper under the section 'How this report impacts on current risks or highlights new risks'.
On the basis that this was added to the work plan, this action would be closed;

Action 3 – It was discussed that this action would provide the Committee with confidence in the quality of data in the Integrated Performance Report.

Action 4 – Becky Joyce provided an update that the Stroke Team had reduced the number of proposed metrics down from nine to four:

- Seen by specialised stroke clinician within 1 hour,
- Proportion scanned within 1 hour of clock start,
- % of appropriate patients given thrombolysis within 1 hour,
- Proportion directly admitted to hyper acute stroke unit within 4 hours of clock start.

Becky advised that these recommendations would go to the CCG for discussion and approval. On that basis, the action would be closed;

Action 5 – Becky Joyce advised that incremental improvements had been made to the IPR month-on-month, but the focus was to improve on performance and not the report solely. On this basis, the action would be closed;

Action 9 – On the basis that Kirsty Edmondson-Jones provided an update on the requirement of wheelchairs, the action would be closed. Jon advised that the case was approved at CIG the previous day. It was noted that the lead time for the wheelchairs to be ordered and in use would not be long.
It was agreed that an update be provided to the Committee in June 2020 on the position of the wheelchairs and the impact it'd had on the efficiency and effectiveness of the service;

Action 11 – On the basis that this would be discussed at the meeting, this action would be closed;

Action 13, 15, 19 and 22 – On the basis that these item were added to the work plan, these actions would be closed;

Action 14 – On the basis that this item was on the agenda, this action would be closed;

Action 16 – A verbal update would be provided at the meeting. The action would be closed;

Action 17 – On the basis that this was included in the Workforce Report, this action would be closed;

Action 18 – It was agreed that a presentation on Allocate be provided to the Committee during May 2020;

Action 20 – On the basis that the amendments were made to the Terms of Reference, this action would closed;

Action 21 – On the basis that this was added to the Board of Directors Work Plan, this action would be closed.

The Committee:

- ***Noted the updates and agreed, as above, which actions would be closed.***

Action: ***The Corporate Risk Register would be provided to the Committee's next meeting with the cover sheet highlighting the issues that are of a concern to the Company Secretary.*** **JR**

Action: ***Jon Sargeant would meet with David Purdue regarding an exemplary version of the Corporate Risk Register that would be presented at the next Quality and Effectiveness Committee; to understand the plan for that and the Board Assurance Framework.*** **JS**

Action: ***An update to be provided on the impact the increase in wheelchairs has had on the efficiency and effectiveness of the service.*** **KEJ**

Action: ***Katie Shepherd would update the Action Log.*** **KAS**

FP20/02/A4 **Request for Any Other Business (Verbal)**

Kath Smart noted that she and Pat Drake would both be on annual leave for the October 2020 meeting. Neil Rhodes advised that he and Katie Shepherd would negotiate a new date for the meeting.

Neil Rhodes noted the news that DBTH had been rated Good following the unannounced inspection by the CQC. It was recognised by the Committee that a huge amount of work had been undertaken to get to that point.

Bev Marshall highlighted that the CQC Rating Good result was a very important landmark in the progress of the Trust, and the aim to get to Outstanding. Bev acknowledged the work that the Director of Finance and the Finance Team had done in contribution to the rating, and was pleased that it was highlighted in the CQC Report.

Action: ***Neil Rhodes and Katie Shepherd to negotiate a change of date for the Finance and Performance Committee in October 2020.*** **NR/KAS**

FP20/02/B1 **Integrated Performance Report – January 2020 (Enclosure B1)**

Rebecca Joyce provided the highlights of the report including:

4 Hour Access

- The Trust delivered 84.8% against 4-hour access against a national target of 95%. This was an improvement from December 2019, however DRI performed at 78.19%. The key issues identified were bed waits and Doctor reviews, particularly overnight and at weekends;

- Although activity was increasing within ED, January 2019 saw more patients than in January 2020;

- Although the Trust didn't reach the national target in month, the Trust was performing above average nationally, however the performance was still a concern, and further improvements should be made;

- The key actions for ED as highlighted in the previous meeting were progressing, however further improvement was needed. Becky highlighted that there should be as much focus on ED as there was on RTT. This would be accelerated by Jodie Roberts, Deputy Chief Operating Officer and Tim Noble, the new Medical Director;

Pat Drake noted it was disappointing that although additional funding had been approved for ED, that no improvements had been made. Jodie Roberts advised that not all posts from the additional funding had been filled and there was regularly gaps in rotas which has affected how the department has been run. There had been some issues identified that have taken place historically with personal shift patterns being agreed but not finalised which provided inconsistency, and was linked to cultural change being required.

Kath Smart asked if the wider action plan in place in ED was progressing as planned. It was noted that performance was reviewed daily and the plan was progressing as planned however issues with rotas would take time to change as they had been in place a very long time. The standardisation of rules in relation to granting leave etc. would be implemented at a basic level before rota changes would take place.

A discussion took place regarding the Allocate System. Anthony Jones advised that once Allocate was implemented amongst medical staff, it would create transparency to allow the management and support of the service.

The Committee asked if there would be trajectories that the Committee could monitor and review against the ED action plan. Becky Joyce confirmed that trajectories would be set as part of next stage of recovery planning. The Division of Medicine would also undertake the 'Perfect Week' programme three times a year as part of a recovery plan to re-launch and refocus the teams at known busy periods.

The Committee noted an increase of 44.17% of paediatric attendances in the Montagu Urgent Treatment Centre (MUTC), and ANP's were being sent from DRI and Bassetlaw to provide cover. Jodie Roberts advised that a review of where the patients had come from had been undertaken and one GP Surgery had been identified as sending patients to the MUTC as they were at capacity. Contact had been made the GP Surgery to address this issue.

<u>Diagnostics</u>

- The Trust performed significantly under target for January 2020 in Diagnostics with an achievement of 95.4% against a target of 99%. This was related to an increase in MRI referrals. Becky Joyce was expecting a paper on the financial impact of this issue and how the Trust would recover to get back to the position two months ago;

Becky Joyce advised that a review had been started to find the source of the increased MRI referrals. Pat Drake asked if there had been a change in pathway which was resulting in the increase in referral. Becky Joyce would liaise with the CCG and Primary Care Network to see if there had been any changes to the patient pathway.

Cancer

- All nationally reported measures were achieved in Cancer performance for December 2019, with the exception of 62 day screening where the Trust achieved 87.5%.

Cancellations Ops

- The cancelled operations on the day (for non-clinical reasons target was not met in January 2020 with 1.67% achievement against a target of 1%, which equated to 88 operations being cancelled.

Kath Smart noted that it was good to see that Stroke Performance had improved. It was advised that before Becky was in post, The Committee received a quarterly report on non-medical waits from an 18-week perspective. It was agreed that this would be scheduled into the Quarterly IPR from April 2020.

Neil Rhodes noted that the 'Trend Rating Column' on the At a Glance Table within the Integrated Performance Report demonstrated no meaning. Jon Sargeant advised that trajectories would be set and therefore would trigger if they are not being met which would be highlighted in reporting. A decision was made to remove the 'Trend Rating Column' column.

Action: ***Becky Joyce would liaise with the CCG and Primary Care Network to find out if there had been a patient pathway change for diagnostics as there had been an increase in referrals.*** **RJ**

Action: ***A quarterly report on 18-week non-medical waits would be included in the Integrated Performance Report from April 2020.*** **RJ**

The Committee:

- ***Noted the Integrated Performance Report – January 2020.***

FP20/02/B2 **RTT Progress (Enclosure B2)**

The Committee welcomed Claire Jenkinson, Laura Fawcett and Jodie Roberts to the meeting, and offered apologies for Nick Mallaband.

Performance for January 2020 represented an improvement on December 2019 with an achievement of 88.8% against a trajectory of 90%. It was noted that although this was behind plan, an improvement of 2% had been made up in month and was in line with the associated calculated impact of the additional January recovery actions.

Becky advised the plan remained high risk but was still achievable by year end and all teams would remain focused on this.

A series of information reports had been produced to show validation efforts. There had been challenges with staff in terms of measuring clock stops, however the introduction of education had helped significantly in the delivery of RTT.

The Committee asked for clarification on the model currently being used to meet RTT, and if it would be the model used post April 2020, and how it would specifically manage

itself going forward. Laura Fawcett advised that within the Surgery and Cancer Division, they are working closely with the data quality teams in regards to training and ensuring that it was understood the important of validation in relation to patient care.

Issues had been identified in Trauma and Orthopaedics regarding the fairness and equity with particular cases and booking patients in fairly and equally. The Committee noted that this feeds into the clinical pathway and asked if the standard operating procedures were in place to ensure that procedure was followed. Becky Joyce advised that although improvements were taking place, the SOP's were not in place yet. Work would be undertaken to de-centralise to a Divisional Model to improve the admin process. It has been agreed by the Executive Team to be a priority during 2020/21.

Bev Marshall highlighted that part of the recovery plan would be to send Ophthalmology patients to other ICS hospitals and asked for assurance that this wouldn't be a long-term solution. Laura Fawcett advised that there had been sickness within the clinician team in Ophthalmology, therefore due to patient risk, they had been outsourced to other ICS hospitals. The clinician had since returned to work. Some patients would continue to be outsourced until the back log had been reduced. Becky Joyce added that although this wasn't a long-term fixture, there may be scope for a working together approach in the future with the ICS Partners.
Bev advised that outsourcing patients to other hospitals wasn't always in the best interest of the patient however noted the necessity in the short-term.

Kath Smart queried if the Central Trust Actions highlighted on page 3 of the Performance Exception Report were designed to meet the trajectory this year or if this would be the model going forward. Becky Joyce advised that it was part of the learning, however the current validation model would need to be changed and this had been highlighted in the testing of a new model. It was noted that an RTT focus would continue after April 2020.

The Chair asked what related issues were most worrying to Jodie Roberts and Laura Fawcett. Both stated that consultant recruitment and vacancy gaps in relation to capacity issues had been a worry, along with the recruitment of a Consultant Ophthalmologist. If the Trust didn't recruit to the post that was out to advert, a long term plan would be created to ensure that the safety of patients was managed effectively.
It was noted that clinical engagement had been positive, particularly in ENT, however there were areas that weren't engaging as much as hoped.

Claire Jenkinson advised that a deep dive on theatre cancellations had been undertaken and the factors were due to insufficient times in theatre lists and equipment issues. Work would be undertaken to resolve this.

Action: Becky Joyce would provide a progress update report on the RTT model including the review of data quality and validation. **RJ**

The Committee:

- ***Noted the RTT Progress.***

FP20/02/C1 **Financial Performance – January 2020 (Enclosure B1)**

Jon Sargeant provided an update on Month ten, including:

- The Trust's surplus was £1.38m favourable to plan of £123k in month;

- The cash balance was the end of January 2020 was £25.7m;

- An underachievement of £658k in month against the CIP, however the Trust was on forecast to deliver CIP by year-end,

- Capital expenditure was £6.9m behind plan YTD;

- Jon Sargeant assured The Committee that he was confident the recovery plan would be met;

- There had been further delays on the Fire Works, however the Trust have agreed with NHSi that the money would be protected for use in 2020/21.

A discussion took place about Divisional Targets and the assurance required to the Committee to ensure that in 2020/21 this process would be managed effectively. Neil Rhodes asked if it would be useful to have internal targets as well as the external targets, so that the numbers equally profile across the year. Jon Sargeant advised that in his experience having two sets of targets can create mixed messages and confusion in the achievement of the plans, which could result in a loss of confidence. Jon advised that his team are transparent and clear that there are only one set of numbers, agreed by all of the team. It was noted that meaningful plans have not been created when in the delivery phase. Becky Joyce noted that the planning cycle should start three to four months earlier than it does. The Committee agreed that the approach should be different.

Jon Sargeant noted that cultural changes were required in relation to the Trust's financial situation and was working with Executive colleagues to resolve this.

A discussion took place on QI and whether the schemes created any financial savings. It was agreed that Jon Sargeant would meet with Marie Purdue to understand or gain an overview of how the QI process was delivering value to the Trust in relation to cashable or non-cashable savings.

Action: ***Jon Sargeant to meet with Marie Purdue to understand or gain an overview of how the QI process was delivering value to the Trust in relation to cashable or non-cashable savings.*** **JS**

The Committee:

- ***Noted the Financial Performance Report for January 2020.***

FP20/02/C2 **2020/21 Budget Setting, Contracting, Control Total and Annual Plan (Verbal / Presentation)**

Jon Sargeant provided a presentation highlighting the Budget Plan for 2020/21:

- Against the Long Term Plan submission;

- Clinical income;

- Pay, including the end of the three year pay deal in which band 2's and band 5's consolidate with a number of bands being removed which results in as much as 10% uplift for some staff;

- Non-Pay;
- Reserves;
- CIP Programme;
- Capital.

It was noted that if the Control total was not accepted by the Trust, this would result in restricted access to capital, no MRET (Marginal Rate Emergency Tariff), no FRF (Finance Recovery Fund) and the loss of short term loans in the event of the Trust not meeting the plan. Negotiations of the control total would be undertaken by the ICS.

Bev Marshall asked if the proposal to change car parking charges in which people meeting certain criteria would be given free parking, had been written into the budget. Jon Sargeant advised that it had been considered in the budget.

The Committee agreed to support the decision to submit an £8m variance from the Long Term Plan submission to the Budget Setting.

The Committee:

- ***Agreed to support the decision to submit a £8m variance from the Long Term Plan submission to the Budget Setting for 2020/21,***
- ***Noted the information in the 2020/21 Budget Setting, Contracting, Control Total and Annual Plan paper.***

FP20/02/C3 **Finance Technical Papers (Enclosure C3)**

A paper was presented to highlight the relevant updates relating to accounting standards, areas of risk, as well as general updates which would affect the preparation of the accounts.

Kath Smart confirmed that the 'provisional' date for the end of year Audit and Risk Committee meeting wasn't provisional and was the confirmed date.

A discussion took place about 'Going Concern' and it was agreed that a paper would be brought to the next Committee meeting to evidence that the Trust has considered the cash balance.

Action: ***A paper would be provided to the next Finance and Performance Committee meeting on Going Concern to evidence that the Trust had considered the cash balance.*** **JS**

The Committee:

- ***Noted the Finance Technical Papers.***

FP20/02/D1 **Workforce Report (Enclosure D1)**

Based on previous conversations and concerns relating to Recruitment, Anthony Jones highlighted the key points relating to Recruitment from the Workforce Report for Month 10, including:

- Work was being undertaking to support that vacancy position and the Chief Executive has made it clear that the aim was to get to 0 vacancies;

- A Medical Grip and Control meeting supports the vacancy position,

- The Nursing Grip and Control meetings had highlighted issues of reluctance to advertise positions if there was a belief there would be no interest at that time,

- A project was underway on International Recruitment for Medical Staff in which 13 different agencies would undergo a procurement process to test their internal market by providing the Trust CV's for vacancies. The Trust would then make a decision on which agency to work with. There would be no financial commitment until a decision was made and Anthony was hopeful that the process would be live within six-to-eight weeks. The concern was the large costs involved however, the procurement of an agency would be carefully considered as each company has a different pricing structure;

- There had been two cohorts of International Nursing recruitment, the most recent arriving at the weekend from the Philippines;

- It was clarified that relating to Action 16, that's the international nurses are given a three-year visa, and required to pay a £200 tariff for any healthcare treatment. This lasts for the whole of the three-year visa;

Pat Drake asked that a consideration be taken on immigration rules for the future.

- The Recruitment Team would to review the benefits and cost implications against a third cohort of international nurse recruitment;

- The recruitment of Newly-Qualified Nurses, Midwives and Allied Health Professionals would take a focus, and good engagement with other organisations would take place to ensure that DBTH are running effectively;

- There had been cohort recruitment for Healthcare Assistants, with a recruitment day on 25-26th March 2020 to cohort recruit Healthcare Support Workers;

- It was highlighted that there were gaps in Estates and Facilities;

It was agreed that the cost benefits of recruitment and advertising would be included in the Workforce Report.

A discussion took place about agency spend. Anthony Jones advised that with the introduction of Allocate with Medical Staff would bring visibility against the need for agency staff as the management information would be available to manage the situation and then challenge vacancies.

Kath Smart noted that there had been an increase in sickness absence. A discussion took place on what had taken place to manage sickness absence. Pat Drake noted that a deeper dive into sickness absence would be reported to the Quality and Effectiveness Committee.

Action: ***Cost benefits of recruitment and advertising would be added to the Workforce Report.***

The Committee:

- ***Noted the Workforce Report for January 2020.***

FP20/02/E1 **Corporate Risk Register (Enclosure E1)**

This item was discussed as part of Action 2 under FP20/02/A3.

The Committee:

- ***Noted the Corporate Risk Register.***

FP20/02/F1 **Escalation (Verbal)**

No issues were identified for escalation to/from:

- F1.1 F&P Sub-Committees;
- F1.2 Board Sub-Committees;
- F1.3 Board of Directors.

FP20/02/G1 **Sub-Committee Meetings (Enclosure F1):**

The Committee noted the minutes of the:

- Cash Committee – 10 January 2020
- Efficiency and Effectiveness Committee – 20 January 2020

FP20/02/G2 **Minutes of the meeting held on 28 January 2020 (Enclosure G2)**

The Committee:

- ***Noted and approved the minutes from the meeting held on 28 January 2020.***

FP20/02/G3 **Sodexo Contract Monitoring Statistics (Enclosure G3)**

The Committee:

- ***Noted the Sodexo Contract Monitoring Statistics.***

FP20/02/G4 **Committee Work Plan (Enclosure G4)**

The Committee:

- ***Noted the Committee Work Plan.***

FP20/02/G5 **Any Other Business (Verbal)**

Board Assurance Framework Workshop

Kath Smart noted that the workshop for the Board Assurance Framework had been pushed back from November 2019 and wasn't aware of a valid reason why, when the new BAF should have been in place in April 2020. The BAF workshop was planned for April 2020, meaning that the new BAF would not be in place by then.

FP20/02/G5i **Date and time of next meeting (Verbal)**

Date:	Tuesday 31 March 2020
Time:	09:00 – 13:00
Venue:	The Board Room, Doncaster Royal Infirmary

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE

Minutes of the meeting of the Charitable Funds Committee
Held on Tuesday 17 December 2019 in the Fred and Ann Green Boardroom, Montagu

Present: Sheena McDonnell – Non Executive Director and Chair
David Purdue – Director of Nursing, Midwifery and Allied Health Professionals
Richard Parker – Chief Executive
Pat Drake – Non Executive Director
Emma Shaheen – Head of Communications and Engagement
Jon Sargeant – Director of Finance

In attendance: Roz Wilson, Corporate Governance Officer (Minutes) (RW)
Jeannette Reay, Head of Corporate Assurance/Company Secretary

To Observe: Phil Beavers – Public Governor

Apologies: Kath Smart - Non Executive Director
Neil Rhodes - Non Executive Director
Matthew Bancroft – Head of Financial Control

ACTION

CFC17/12/A1 **Welcome and Apologies for Absence (Verbal)**

Sheena McDonnell welcomed the Members and attendees. The apologies for absence were noted.

CFC17/12/A2 **Minutes of the meeting held on 24 September 2019 (Enclosure A2)**

The minutes of the meeting held on 24 September 2019 were approved.

The Committee:

- ***Noted the minutes of the meeting dated 24 September 2019.***

CFC17/12/A3 **Actions from previous meeting (Enclosure A3)**

19/5/21– It was discussed and agreed that the new review date is March 2020, Action Log to be updated.
24/9/B2 – Committed Agreed to close this action
24/9/C1 - Committed Agreed to close this action

CFC17/12/B1 **Review of Fundraising Strategy (Enclosure B1)**

Doncaster and Bassetlaw Teaching Hospitals NHS FT has a registered charity that raises, manages and distributes funds to enhance patient care and experience above and beyond what is provided by the NHS on the behalf of Doncaster and Bassetlaw Hospitals NHS FT.

The strategy focused on the five key objectives set out below.

1. To develop and implement corporate fundraising priorities that are aligned with the Trust's strategic objectives, identifying major capital appeals
2. To launch and embed the Doncaster and Bassetlaw Teaching Hospitals Charity brand, integrating fundraising and communication throughout the Trust to raise awareness
3. To raise funds through charitable means to help meet the increasing demand for new, innovative medical equipment and experiential support for patient care by understanding and maximising existing funding streams and identifying new ones
4. To actively engage with a range of stakeholders, contributing to the local community as well as seeking support.
5. To develop a sustainable resource (fundraising team) to meet the current and future funding environment, providing expert support to charitable partners, developing a proactive approach to fundraising and establishing fit and proper process' for collection and disbursement of fund.

Richard Parker asked if the Trust have a fundraising team, what can we deliver now within the existing comms team.
Emma Shaheen answered the Community Engagement team currently oversee the Fundraising but won't know what capacity is required unless this is tried and tested.

Pat Drake – do we have something we need to raise funds for.

Total refurb for Bassetlaw once capital project has been agreed.

Sheena McDonnell asked how the birth appeal is going. Due to the recent events with Purdah.

Looking for match funding needs dedicated time. Pat would like to see a mapped out job description.

Look at what big companies would support the fund raising.

Action Point – Emma Shaheen to put a business case together with JD and PS, include expenses etc, and what to priorities as projects. Back to next meeting.

Priorities Bassetlaw Maternity.

ES

The Committee:

- ***Noted the review of the Fundraising Strategy.***

CFC17/12/C1 **Review of Fund Balance (Enclosure C1)**

Jon Sargeant went through this paper with the committee and advised that his team will be carrying out assessments for areas that remain stagnant.

Action - Standard Life information to be on the agenda for next meeting. **KS/SM**

CFC17/12/C2 **Identification of Projects (Verbal)**

Will be put in the business case from Emma in B1.

CFC17/12/C3 **Feedback on funding for the Mortuary Family Viewing Room (Verbal)**

The mortuary viewing room underwent a refurbishment after conversations with a family and some other concerns that had been raised over the environment due to wall paper falling off and sounds travelling in from the mortuary during a viewing.

Due to this the doors between the viewing room and the mortuary were replaced for a sound proof version which gave a much better patient family experience and gave the staff a much better working environment. Also replaced were the blinds, curtains, table curtain and sofas in the viewing rooms and waiting areas. A water machine was supplied to support patients and the walls decorated the flooring replaced.

The space is now a much better environment to help relatives going through a difficult time.

CFC17/12/C4 **Standard Operating Procedure for Income (Enclosure C4)**

Following the September 2019 Charitable Funds Committee, it was agreed to take forward the idea of formally using Charitable Funds receipts/envelopes on departments to capture donors wishes and contact details.

The design of the envelopes can be seen in Appendix A, but given this, it was felt to be important to document the procedures that the relevant members of staff should follow. Given that funds can be received in a variety of ways, a number of procedures are documented below.

The donation envelopes will have sequential numbers on, so they can be traced through the system in case of query or problems.

Action: Comms to promote the new standard operating procedure. **ES**

Action: Letter to be sent from the divisions, or from an exec if this is a larger amount. **All**

Pat asked about the funds raised on the day are the put in the fund or items purchased straight away.

Envelope has gone to the printers, last page to be changed.

Action: Emma to bring an update back to next meeting on is this process working? **ES**

CFC17/12/C5 **Review of Risk Position (Verbal)**

Action: Jon Sargeant to bring the standard life renewal to the committee in March 2020. **JS**

CFC17/12/D1 **Charitable Funds Development Committee Minutes (Enclosure D1)**

It was noted that there has been an increase of educational bids. It was discussed that these bids should go to a specific education meeting, to ensure the format of the bids meets the needs of the service.

Pat Drake asked if there is any development that is part funded by staff. There is a policy that underpins this all.

David Purdue is looking at the agenda for this meeting and what should be brought to the meeting as there is lots of duplicate requests once this is agreed the meeting will be promoted so staff know how to access charitable funds.

There was a discussion around the current status of the Pianos. Richard Parker asked for the Director of Estates to review as this initiative due to be funded by Sodexo.

Sheena McDonnell asked that this is reviewed and decisions are noted.

CFC17/12/D2 **Charitable Funds Development Committee Report (Verbal)**

Nothing to discuss.

CFC17/12/D3 **Any Other Business (Verbal)**

There was no other business raised of noted.

CFC17/12/D4 **Date and time of next meeting (Verbal)**

Date: 17 March 2020
Time: 14:00
Venue: Fred and Ann Green, The Board Room, Montagu Hospital

FINAL

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

AUDIT AND RISK COMMITTEE (ARC)

Minutes of the meeting of the Audit and Risk Committee
Held on Tuesday 6 February 2020 at 9:30am, in the Board Room, Doncaster Royal Infirmary

Present:	Kath Smart, Non-Executive Director (Chair)	KS
	Sheena McDonnell, Non-Executive Director	SM
In attendance:	Matthew Bancroft, Head of Financial Services	MBa
	Kirsty Edmondson Jones, Director of Estates and Facilities (ARC06/02/G1)	KEJ
	Clare Partridge, Internal Audit Manager, KPMG	CP
	Jon Sargeant, Director of Finance	JS
	Sean Tyler, Building Maintenance - Head Of Compliance, Estates (ARC06/02/F1,F2)	ST
	Dan Spiller – Earnest Young External Audit Manger	DS
	Rosalyn Wilson, Corporate Governance Officer (Minutes)	RW
To Observe:	Bev Marshall – Public Governor	BM
Apologies:	Jeannette Reay, Head of Corporate Assurance/Company Secretary	JR
	Rob Fenton, Internal Audit Manager, KPMG	RF
	Mark Bishop, Counter Fraud and Security Services Manager – Not Required	MB
	Neil Rhodes, Non-Executive Director	NR

ACTION

ARC06/02/A1 **Welcome and Apologies for Absence (Verbal)**

Kath Smart welcomed the Members and attendees and the apologies for absence were noted.

ARC06/02/A2 **Conflicts of Interest (Verbal)**

There were no conflicts of interests to note.

ARC06/02/A3 **Action Notes from Previous Meeting (Enclosure A3)**

Action 1 – Gifts, Hospitality & Declarations of Interest - on agenda for an update, item D3;
Action 2 – Internal Audit now have the 2020 Executive Team meeting dates, Rob Fenton will dial in on 29 January 2020;
Action 3 – C. Partridge agreed to include a KPI on Audit recommendations closure rate in the next report;

Action 4 - Strategic and Operational Leads will be included on both the KPMG reports and tracker;
Action 5 – Not due yet
Action 6&7 – TORs amendments have been made, agreed to close this action.

The Committee:

- **Noted the above updates to the action log;**
- **Agreed that actions marked 'close' be considered complete.**

ARC06/02/B1 **Internal Audit Report (Enclosure B1)**

B1.1 Internal Audit Progress Report for Q3

Clare Partridge gave an update current position for the Trust, Claire advised that there are tight deadlines and lots of work that needs to be completed before year end. It was agreed that KPMG will be working closely with Jon Sargeant and any slippage on meeting the deadlines will be communicated with Jon Sargeant swiftly and directly,

Sheena McDonnell acknowledged the high volume of work to be completed by KPMG and expressed communication is key to ensure deadlines are met. Sheena also queried any delays with the internal audit reports being released and the timeliness of management responses.

Kath Smart queried the Workforce review scope, Clare Partridge advised that this was raised with the Executive Team and Jon Sargeant advised that Nurse Staffing is currently one of the Board Priorities within the whole Trust workforce staffing focus.

Kath Smart requested as many outstanding audit report should come to the March ARC meeting. Clare Partridge confirmed that KPMG will be able to fulfil that action.

Action: Clare Partridge to advise Committee what reports will be presented at the meeting. **CP**

Clare Partridge advised the committee that the planning process for 20-21 is currently underway and KPMG are meeting with the executive team on 1:1 basis to understand the areas that need to be considered for audit. Kath Smart advised the Committee she had requested the NEDs need to be involved in the planning for the 2020/21 audit programme to ensure it was well understood and owned. Clare confirmed that a conference call will be arranged by Rob Fenton to discuss the outcomes from the meetings with the Executive Team. Jon Sargeant will oversee the planning and be available on the conference call to assist NEDs if required.

Action: Rob Fenton to arrange the call early March with the NEDS. **RF**

Mr Sewa Singh Arrived 09:50

B1.2 Internal Audit Final Report on Risk Management – Significant Improvement with minor improvement opportunities

Sewa Singh discussed the report with the committee, and expressed that lots of work has been done on the risk register by both the Executive Team and Divisional Directors, who are currently working on the risk escalation process. SS confirmed he felt the audit report gave a fair reflection on the Trust position on risk.

In order to manage risks more effectively, a Datix user group has been set up and this is looking at the system and how the risks are managed to include improvements with managerial involvement. Training will be provided for staff managing risks on Datix. An independent group/committee will be developed to support and quantify the risk this will give impartiality.

Sewa Singh will discuss with Dr Tim Noble the work that needs to be done with the divisional clinical governance committees and ensure he has seen the Audit Report.

Sewa Singh advised the committee that the Trust Clinical Governance team are aware that escalation needs to be better documented along with the alignment of the risk register not where would like at the moment but is improving.

Committee members discussed the compliance with our own risk policies, expressing concern we are falling short of compliance, however acknowledged the on going work being led by Fiona Dunn.

Recommendations –the overall management of delivery of the recommendations will be led by the new Medical Director, Dr Tim Noble, who will work with Jon Sargeant and the other named leads on resolution of the actions.

Mr Sewa Singh – Left the meeting 10:10.

B1.3 Internal Audit Final Report on Corporate Governance – Removed from the agenda by Rob Fenton and will be reported to March Audit Committee

B1.4 Internal Audit Final Report on Reporting Stocktake Audit (2018/19) – Partial Assurance with Improvements needed.

Jon Sargeant gave an overview of the report, the recommendations and then gave the Committee an update on progress to date. Some of the positives were noted including KPMG reporting there is a skilled set of individuals within the Information Department.

Jon's update included development on a new proposal to support a more effective information reporting team, aimed at supporting the Divisions. The proposal will go to CIG for new Information Partners, Julie Thornton, Head of Performance will lead and manage these new posts. The performance teams will work with the divisions and new Information Partners to ensure that the data warehouse can effectively report on all contractual KPIs and in house targets such as the Referral to Treatment. These will be agreed with the wider operational management teams.

Sheena McDonnell advised that the data needs to be on systems that work to support the Trust.

Jon Sargeant discussed the culture in the Trust of divisions/ departments setting up their own IT systems/ spreadsheets to bolt onto existing reporting. Unfortunately this leads to duplication and data quality issues, and needs to be managed centrally for consistency and clear oversight with one source of data being the Data warehouse.

Sheena McDonnell asked if the information input into the systems was input incorrectly and would this have impact on the outcome of the Data Quality Audit. Claire Jenkinson Deputy Chief Operating Officer is leading on the piece of work with front line staff working on data that is input correctly at source.

Ken Anderson Acting Chief Information Officer is currently in the process on an audit of a multitude of systems, as Windows 7 support is being removed and the Trust is upgrading to Windows 10.

B1.5 Recommendation Tracker Internal Audit

There was a query as to why the action is dated July 2020 for the Risk element of the tracker see page 85.

6 Feb 2020 - Post meeting note *Sewa Singh advised that July 2020 is to allow for responses from divisions*

The Committee:

Noted the above updates to the Internal Audit Reports.

Governor Observations

Bev Marshall reported that the Information reporting stocktake useful piece of work, and Governors support a timely process on receiving data.

ARC06/02/C1 **External Audit Reports (Enclosure C1)**

ARC06/02/C1.1 Dan Spiller updated the committee on the External Audit plan is for 20/21. The main audit plan will be produced and will be on the agenda for the March 2020 ARC. Dan advised the committee that meetings have been taking place with the Executive Team.

Dan Spiller discussed the main issue reported in previous years regarding the Trusts underlying deficit and Jon Sargeant advised that the new Technical Guidance has recently been issued which will influence this opinion, as it will convert Trust loans in Public Dividend Capital (PDC). This will be further discussed with the external auditors as part of their work.

Action: Jon Sargeant to share the guidance with EY **JS**

Kath Smart asked who the new Audit Manager was. Dan Spiller is the new audit manager for EY who will be working with the Trust and he has a new team.

The Committee:

Noted the above updates to the External Audit Reports.

ARC06/02/D1 **Management and Control, Governance (Enclosure D1)**

ARC06/02/D1.1 Board Assurance Framework - BAF (Verbal)

Jon Sargeant updated the ARC that the recent BAF which went to the Board was under review and Board members were reviewing the new format. This would be presented back to ARC in due course.

The Committee:
Noted the update on Board Assurance Framework.

ARC06/02/D1.2 Corporate Risk Register (Verbal)

The corporate risk register was due to be discussed at the finance and performance committee, although was incomplete.

ARC reviewed the CRR and covering sheet, noting that changes need to be clearly defined within the covering sheet, including new/removed risks and clarity on where that decision had been taken.

Kath Smart asked for clarity on the governance process to sign off a new risks including recent risks added (eg: Rebecca Joyce's - Non-Urgent patient transport & new risk added by Ken Anderson)

Action: Page numbers to be added to each page of the register; **JR**
Action: Cover sheet to include the process which new/ removed risks have been through and ratified, **JR**

The Committee:

- **Received and noted the update a full update to be presented at the March Meeting.**

ARC06/02/D3 **Register of Interest**

Members raised concerns that it appeared little progress has been made to ensure the Trust complies with its Policy on DOI and G&H. However, the plan was presented and is aimed at ensuring compliance in 2019, although it was felt to be challenging to get back the declarations by the end of March. It was suggested that the Trust

Board Secretary engage with those identified groups asap to assist with increasing the response rate (eg: Consultant meetings). Sheena McDonnell asked if the declaration can be made via the ESR Self-Serve.

It was noted Mark Bishop will be reviewing the policy as it will be due in July 2020.

Clare Partridge commented about the Trust's duty of care for consultants/staff who attend events overseas and that from an audit perspective needs to be more formally documented and considered in advance of any overseas travel.

The Committee:
Noted the update on Register of Interest.

ARC06/02/D4 **Hospitality Register**

A discussion took place regarding the Gifts/Sponsorship and Hospitality Register and it was agreed that communication will go out in Buzz to ensure staff are aware of the policy and that the correct forms are being used.

The Committee:
Noted the update on Hospitality Register and the work being done to provide assurance.

ARC06/02/D5 **Fit and Proper Person Test**

The committee agreed there was nothing to discuss on this agenda item. All Board Directors were submitted and upto date in October 2019.

ARC06/02/E1 **LSMS Reports Kirsty Edmondson Jones and Sean Tyler arrived at 11:30**

Sean Tyler updated the committee with the progress in the Local Security Management Services quarterly report, the key areas to note were:

- Installation of CCTV cameras – Main theatres as a result of 3 incidents of fires started deliberately and in Medical Records.
- The British Car Park Association have been out to assess and Old Ambulance Station and Underground and the outcome was positive.
- North Notts Police attending BDGH for drop in sessions.
- Trust Security Strategy is currently being reviewed by SABA to including Carpark policy – an update will be provided in the next report.

Lone working devices are currently in the mobilisation period and are being trialled at the moment, ARC requested the next update covers utilisation of the new Lone Worker devices.

Action: Lone working devices to be added to the work plan for July with Audit Data. **RW**

Kirsty Edmondson Jones updated the committee regarding the embedded officer with SYP to be on site in A&E. The arrangement was originally for 2 officers, (DBTH to pay one and SYP the other) and was due to start in Aug 2019, however,, Kirsty Edmondson Jones is still awaiting the Memorandum of Understanding from South Yorkshire Policy as there is a query of legality of the post.

SABA had an industry compliance audit which came out as excellent, this will be published in Buzz when the current parking issues are resolved. Hut 5 are experiencing issues and the Trust is working to resolve. The Glide app is being used and has issues may need to remove from the Hut 5 users due to complexity of the parking.

The issue around parking permits was discussed and the possibility of permits to be issued on a points based assessment.

Sheena McDonnell ask about the violence and aggression that is reported, as she was aware some wards within the Trust where patients may have challenging behaviours, however, there seems to have a switch to Respiratory and Rehab. The Respiratory ward is currently under review relating to the reports as this is an unusual trend for this ward.

The Trust are liaising with SYP over the organised crime especially with catalytic convertors theft. It was noted that the DRI Park and Ride recently had planning permission for lighting and CCTV which will be installed to protect staff and their cards.

Action: Sean Tyler to bring an update to a future meeting regarding the response from South Yorkshire Police on the organised crime in the area. **ST**

Jon Sargent reported that the Counter Fraud Consortium is expanding and will be signing a new contract with the enlarged Consortium that commits the Trust to a fixed period of three years before becoming a rolling annual contract. North Lincs NHS Trust who will be joining the consortium which is seen a positive and it was also noted that Fiona Dunn is the new Counter Fraud Champion for the Trust and will work with Mark Bishop.

ARC06/02/F1 **Losses and Compensation Payments and Write Offs (Enclosure F1)**

The Committee was advised that the detailed information on claims outcomes and learning was provided to the Quality Effectiveness Committee. There is no pattern to these claims and nothing of interest in this report.

Action: Kath Smart asked for Matthew Bancroft to look at the claims that fall under the excess and report back to the committee. **MBa**

The Committee:

- **Received and noted the Losses and Compensation Payments and Write Offs.**

ARC06/02/F2 **Waiving of Standing Orders STW (Enclosure F2)**

A brief discussion took place on the items which were 'time urgent' and/or were for continued support. Jon Sargeant confirmed that additional vigilance and planning to avoid these instances were taking place in procurement.

Action: Jon Sargeant to speak with Karen Barnard relating to the reasoning for the single tender waiver on recruitment.

The Committee:

- **Received and noted the waiving of standing orders and that this committee should be scrutinising the STW.**

ARC06/02/F3 **NHS Shared Business Services (SBS) Finance Report (Enclosure F3)**

Kath Smart noted the report and there were no exceptions.

The Committee:

- **Received and noted the NHS Shared Business Services report.**

Governor Observations

Bev Marshall raised the Register of interests and encouraged all senior managers taking this seriously.

ARC06/02/G **Items for Escalation to the Board of Directors (Verbal)**

There were no items for escalation.

Items for Escalation to F&P or QEC

It was noted the Risk Management Report would go through QEC and progress on Information Reporting would be reported to F&P.

ARC06/02/K3 **Sub-Committees (Verbal)**

Information Governance Group – 21 October 2019 minutes were noted
H&S Minutes to be circulated post meeting

ARC06/02/K4 **Date and Time of Next Meetings (Verbal)**

The Committee noted the arrangements for the next two meetings:

23 March 2020
13:30 Board Room, DRI

22 May 2020
09:30 Board Room DRI

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST
ANNUAL BOARD CYCLE OF BUSINESS
PUBLIC SESSION

AGENDA ITEM	LEAD	FREQUENCY	NEXT DUE	MEETING DATES							
				21-Apr-20	19-May-20	16-Jun-20	21-Jul-20	15-Sep-20	23-Oct-20	17-Nov-20	15-Dec-20
COMMITTEE BUSINESS											
Chair's Welcome and Apologies for Absence	Suzy Brain England	Each Meeting	Next Meeting								
Declaration of Interests	Company Secretary	Each Meeting	Next Meeting								
Conflict of Interests Register	Company Secretary	Annually	May-20								
Action Log - Update on Actions from Previous Meetings	Company Secretary	Each Meeting	Next Meeting								
PRESENTATIONS											
Various - As Agreed by Chair	Various	Each Meeting	Next Meeting								
STRATEGY											
Executive Team Objectives - Setting	Richard Parker	Annually	Jun-20								
Executive Team Objectives - Quartely Updates	Richard Parker	Quarterly	Consider Nxt Mtg						Q1 / Q2		
NHS Long Term Plan	Richard Parker	As Required	Consider Nxt Mtg								
CQC	David Purdue	As Required	Consider Nxt Mtg								
Budget Setting/Business Planning/Annual Plan	Jon Sargeant/Marie Purdue	Annually	Jul-20								
NHSI Plan	Jon Sargeant/Marie Purdue	Annually	Consider Nxt Mtg								
Committees in Common	Company Secretary	As Required	Consider Nxt Mtg				TOR				
SY&B Pathology Programme	Richard Parker	As Required	Consider Nxt Mtg								
QUALITY PERFORMANCE AND SAFETY											
Quality and Performance Report	Becky Joyce	Each Meeting	Next Meeting	Feb	Mar	Apr	May	Jul	Aug	Sept	Oct
Report from Guardian for Safe Working	Jayuant Dugar	Quarterly	Feb-21								
Maternity CNST	David Purdue (Lois Mellor)	Annually	Jul-20								
The NHS Patient Strategy	Sewa Singh (Cindy Storer)	Annually	Jul-20								
Winter Plan	Becky Joyce	Annually	Oct-20								
CAPACITY AND CAPABILITY											
Workforce and Recruitment Plan	Karen Barnard	Annually	Jul-20								
Thematic P&OD Report	Karen Barnard	Each Meeting	Next Meeting								
Workforce Race Equality Standards	Karen Barnard	Annually	Jul-20								
Workforce Disability Equality Standards	Karen Barnard	Annually	Jul-20								
Estates and Facilities Report	Kirsty Edmondson-Jones	Annually	Apr-20		Ann Rpt		Q1				
ERIC Return	Kirsty Edmondson-Jones	Annually	Jun-20								
Staff Survey Results	Karen Barnard	Annually	Feb/Mar-20								
Staff Survey Action Plan	Karen Barnard	Annually	Apr-20								
Mixed Sex Accommodation	Kirsty Edmondson-Jones	Annually	TBC								
EU Exit	Becky Joyce	As Required	Feb-20								
FINANCE AND CONTRACT MATTERS											
Finance Report	Jon Sargeant	Each Meeting	Next Meeting	Mar	Apr	May	Jun	Aug	Sept	Oct	Nov
Control Total	Jon Sargeant	Annually	Jan-21								
Use of Trust Seal	Richard Parker/Company Secretary	As Required	Consider Nxt Mtg								
CCG Contracts	Jon Sargeant	Annually	Private?								
Reference Costs	Jon Sargeant	Annually	Private?								
Going Concern	Jon Sargeant	Annually	Next Meeting								
GOVERNANCE AND RISK											
NHS Providers Licence Self-Assessment / Certification	Company Secretary	Annually	May-20								

SO's SFIs, Standards of Business Conduct, Board Powers	Jon Sargeant/Company Secretary	Annually	May-20									
Board Assurance Framework	Company Secretary	Each Meeting	May-20									
Corporate Risk Register	Company Secretary	Quarterly	Jan-20				Q1		Q2			
Chair's Assurance Log for Finance and Performance Cttee	Neil Rhodes	Each Meeting	Next Meeting	Mar	Apr	May	Jun	Jul	Sept	Oct	Nov	
Chair's Assurance Log for Quality Effectiveness Cttee	Pat Drake	Bi-Monthly	Next Meeting	Mar		May		Jul	Sept		Nov	
Chair's Assurance Log for Audit and Risk Cttee	Kath Smart	Quarterly	Next Meeting	Feb		May	Jul			Nov		
Chair's Assurance Log for Charitable Funds Cttee	Sheena McDonnell	Quarterly	Next Meeting	Mar			Jun		Sept			
Terms of Reference for Finance and Performance Cttee	Neil Rhodes	Annually	Oct-20									
Terms of Reference for Quality and Effectiveness Cttee	Pat Drake	Annually	Oct-20									
Terms of Reference for Audit and Risk Cttee	Kath Smart	Annually	Oct-20									
Terms of Reference for Charitable Funds Cttee	Sheena McDonnell	Annually	Next Meeting									
Board Effectivess Review	Company Secretary	Annually	TBC									
Annual Report of the Finance and Performance Cttee (inc Effectiveness Review)	Neil Rhodes	Annually	May-20									
Annual Report of the Quality Effectiveness Cttee (inc Effectiveness Review)	Pat Drake	Annually	May-20									
Annual Report of the Audit and Risk Cttee (inc Effectiveness Review)	Kath Smart	Annually	May-20									
Annual Report of the Chaitable Funds Cttee (inc Effectiveness Review)	Sheena McDonnell	Annually	May-20									
Board Cycle of Business (inc Meeting Dates)	Company Secretary	Each Meeting	Next Meeting									
ITEMS FOR INFORMATION												
Chair and NEDs' Report	Angela O'Mara	Each Meeting	Next Meeting									
Chief Executive's Report	Company Secretary	Each Meeting	Next Meeting									
Minutes of the Finance and Performance Committee	Company Secretary	Each Meeting	Next Meeting	Feb	Mar	Apr	May	Jun, Jul	Aug	Sept	Oct	
Minutes of the Quality and Effectiveness Committee	Company Secretary	Bi-Monthly	Next Meeting	Jan		March		May			Nov	
Minutes of the Audit and Risk Committee	Company Secretary	Quarterly	Jul-20			Feb/March				Jul		
Minutes of the Charitable Funds Committee	Company Secretary	Quarterly	Next Meeting	Dec			Mar		Jun		Sept	
Minutes of the Management Board	Company Secretary	Each Meeting	Next Meeting	Feb	Mar	Apr	May	Jun	July, Aug	Sept	Oct	
Minutes of the Council of Governors	Company Secretary	Each Meeting	Next Meeting	Oct				Jan		Jul		
ICS Update	Richard Parker	Each Meeting	Next Meeting									
Bassetlaw Integrated Care Partnership Bulletin	Company Secretary	As Required	Consider Nxt Mtg	Bulletin	Bulletin	Bulletin	Bulletin	Bulletin	Bulletin	Bulletin	Bulletin	
OTHER ITEMS												
Minutes of the Previous Meeting	Company Secretary	Each Meeting	Next Meeting	Mar	Apr	May	Jun	July	Sept	Oct	Nov	
Any Other Business	Suzy Brain England	Each Meeting	Next Meeting									
Governor Questions	Suzy Brain England	Each Meeting	Next Meeting									
Date and Time of Next Meeting	Company Secretary	Each Meeting	Next Meeting	May	Jun	July	Sept	Oct	Nov	Dec	Jan	
Withdrawal of Press and Public	Suzy Brain England	Each Meeting	Next Meeting									

Planned for Future Meeting(s)
Items Added to Individual Meetings as Required

Presented as Planned
Not Considered as Planned

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 17 March 2020 at 09.15 in the Board Room, Montagu Hospital

Present:	Suzy Brain England OBE - Chair of the Board (In the Chair) Mark Bailey – Non-Executive Director Karen Barnard - Director of People and Organisational Development Pat Drake - Non-Executive Director Rebecca Joyce – Chief Operating Officer Sheena McDonnell – Non-Executive Director Richard Parker OBE – Chief Executive David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals Neil Rhodes – Non-Executive Director and Deputy Chair Jon Sargeant – Director of Finance Kath Smart – Non-Executive Director Tim Noble - Medical Director
In attendance:	Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer (Minutes) Rosalyn Wilson – Corporate Governance Officer
Public in attendance:	Yvonne Butcher, Staff Side Gina Holmes, Staff Side Chair
Apologies:	None

ACTION

P20/03/A2 **Declaration of Interests (Verbal)**

No declarations of interest were declared.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P20/03/A3 **Actions from Previous Meetings (Enclosure A3)**

The following updates were provided:

Action 1 – Virtual Meetings – It was noted that Ken Anderson was in the evaluation stage of the procurement exercise and expect to confirm the successful bidder by the end of March 2020;

Action 2 – Freedom to Speak Up – On the basis that this was included on the agenda, this action would be closed;

Action 3 – Workforce Plan – This item was not due until July 2020;

Action 4 – Council Motion of Climate and Biodiversity – This item was not due until May 2020;

Action 5 – Quality and Performance Report – On the basis that this action was added to the Finance and Performance Committee Work Plan for reporting in March 2020, this action would be closed;

Action 6 – Quality and Performance Report – On the basis that colleagues were advised on how to use the electronic version of the SET booklet, this action would be closed;

Action 7 – National Staff Survey Benchmarking Results – On the basis that the results were emailed to Governors on 24 February 2020 and included at the Governor Briefing Session 3 March 2020, this action would be closed;

Action 8 – Information Items / Board Work Plan – On the basis that the work plan was updated with year-end reporting requirements, this action would be closed;

Action 9 – Governor Questions – On the basis that future presenters would be advised to avoid the use of acronyms in their presentations, this action would be closed;

Action 10 – Governor Questions – On the basis that this was added to the forward topic plans for Governor Briefing Sessions, this action would be closed.

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P20/03/C1 ICS Update (Enclosure C1)

The Board noted the performance report from the ICS. Richard Parker advised that performance was unchanged.

The Board:

- ***Noted the update from the ICS.***

P20/03/D1 Quality and Performance Report (Enclosure D1)

The January 2020 data had been considered by the Finance and Performance Committee at the meeting on 25 February 2020.

The following points were highlighted to the Board:

Performance

- Four hour access performance was at 84.8%, which was slightly higher than the national average, although didn't meet the national target of 95%;

RTT

- The RTT position for January 2020 was 88.8% against a trajectory of 90%, however the Trust was on track to meet the target by 31 March 2020;

Diagnostics

- The performance for January 2020, was report as 95.4% against a target of 99%, however the Board noted that this position had recovered throughout February 2020;
- The reason for the drop in performance was connected to the 20% increase in MRI referrals;
- The Chief Operating Officer reminded Board members there were actions plans for these 3 areas (A&E, RTT and Diagnostics) all of which are reviewed by F&P Committee

Cancer Performance

- All nationally reported measures were achieved in Cancer performance for December 2019, with the exception of 62 day screening where we achieved 87.5%.

The Board noted that other Trust's in the region had not achieved their RTT trajectories as agreed at the start of the financial year, and therefore commended and congratulated the Trust on delivering the target as planned.

The concern against the increase in GP referrals at Minor Injuries at Montagu Hospital was noted by the Board in light of expected increase in patient flow due to Covid-19. Richard Parker advised the Board that all current emergency care plans will be superseded to manage Covid-19 at DRI, Bassetlaw and Montagu.

Quality and Safety

Serious Incidents

- A never event had been reported for February 2020 which was due to insulin being withdrawn from a pen device resulting in the patient receiving an accidental overdose of insulin. The patient was okay and the process for use of insulin pens had been improved, to ensure that this does not happen again.

Hospital Acquired Pressure Ulcers

- The business case for the purchasing of dynamic mattresses had now been approved, which had reduced the amount of patients waiting for the equipment. On 20 February 2020, it was reported that there were no patients on the waiting list for a dynamic mattress.

Sheena McDonnell advised that a deeper dive would be taken at the Quality and Effectiveness Committee on serious incidents and falls, with involvement from the Freedom to Speak Up Guardian and how those involved can be better supported throughout these instances.

Falls

- Learning from Falls would take a focus in the March Sharing How We Care Newsletter and David Purdue advised that action plans in relation to falls will be standardised across the Trust, integrating RAG rated key performance indicators, so that it is clear what action is to be taken. This will also include a learning aspect.

Workforce

- Sickness absence had reduced slightly in month ten to 4.97% from 5.06% the previous month;
- Key attention would be given to those on long-term sick to review their absence to see if they are able to return to work whilst the Trust undergoes expected pressures related to Covid-19;
- All training (including Statutory and Essential Training) would be paused with the exception of Covid-19 related training;
- Appraisal season would be postponed.

The Board noted the update from Richard Parker that the Trust had continually reported 87% compliance on Statutory and Essential Training for some time and therefore have confidence that Trust employees would continue to undertake their roles safely as per knowledge received through their training. The current priority was Covid-19 related training, and once the disrupted period was over, Statutory and Essential Training will start as normal again.

David Purdue advised the Board that the Preceptorship Programme would continue, and expected third year students would fulfil their placements at the Trust. The Trust would contact the 56 Third Year students and 11 Allied Health Professional students to assure them of the support they would receive in their final year of placement.

Sheena McDonnell raised concerns that although the overall Trust picture for Statutory and Essential Training compliance was good, there were some areas that were underperforming such as the Children and Families Division. Karen Barnard advised that where there were key gaps in training in resuscitation and safeguarding training that further work would be undertaken to achieve compliance.

The Board noted the update that the Trust was awaiting clarification on whether the Maternity CNST Scheme would continue through the Covid-19 period.

Pat Drake queried that given the national directive on how the Medical Examiner Role and underlying structure should be implemented by April 2021, were the Trust going to

ensure an independent separate reporting structure was in place and clear roles established. David Purdue advised that this was planned and would be reported into the Quality and Effectiveness Committee.

<u>Action:</u> Information on how the Trust would implement an independent separate reporting structure to be provided to the Quality and Effectiveness Committee. **DP**

The Board:

- ***Received and noted the Quality Performance Report January 2020;***
- ***Noted the verbal update on February's 2020's performance;***
- ***Recorded thanks to staff for their hard work in achieving the 90% RTT target.***

P20/03/D2 <u>COVID-19 Update (Enclosure D2)</u>

The Board received a Covid-19 Update report that was written on the 11th March 2020. Since the report was written, there had been an increase in reported positive Covid-19 patients, and an increase in the number of deaths to 55.

It was noted that Doncaster and Bassetlaw were behind the national curve, and had reported two positive cases in Doncaster and 1 positive case in Bassetlaw. None of these three cases were being treated at hospital.

<u>Management Approach</u>
The Executive Team were planning for the expected cases of Covid-19, in line with the pandemic flu plan. A national and local management approach was underway and gold strategic command was being led by NHSI/E, with daily calls taking place with partners of DBTH.

Internally command and control arrangements had been put into place. The Chief Executive was chairing a week strategic (gold) meeting, however it was expected that this would become more frequent.
A daily tactical (silver) command meeting was in place and a central dedicated resource had been set up in the Major Incident Room, consisting of a planning team and operational team to support to response to Covid-19. Additional Resource would be put in place for normal working hours, with an on call arrangement in place for response out of normal working hours.

The Trust had undertaken significant work to create a plan and had identified key themes in the planning and response to the management of Covid-19:

- Medical Pathway and Surge Plans
- Critical Care and Theatres Plan
- Approach to Elective Work
- Approach to Testing
- Approach to Infection Prevention and Control - Training and FIT Testing
- Education and Training

- Supplies and Equipment
- People Plan
- Individual Departmental/Divisional Plans
- Communication Plan

Meetings had taken place with Corporate Directorates to outline the key themes, which areas were critical services and how support staff would assist in the event of a potential outbreak.

Increased Capacity Plan

An Increased Capacity Plan had been created, which outlined:

- A 100% increase in critical care provision. This would include an increase in staffing in these areas at a ratio of 1:2, critical care nurse to general nurse;
- An increase in the ability to provide CPAP and HIPAP to those that wouldn't require ventilators,
- How the High Dependency Unit would be supported;
- A reduction in elective work to free up ventilators;
- A coordinated response to safely provide 100% expansion in medicine beds that require oxygen support;
- A well-managed and controlled expansion if there was a high-demand;

PPE

It was noted by the Board, that Covid-19 was a large droplet virus, and was not airbourne therefore a face mask and apron would suffice. More PPE would only be required if ventilation was required, or where there was a risk of droplets being dispersed. The Trust has all the equipment available to manage this and training was underway to ensure staff are effectively trained.

Testing

A prioritisation process would be set up for the testing of self-isolating employees.

Richard Parker highlighted that current test results were taking up to 48-hours to be received as the test centre was at Sheffield, however the Trust was in the final stages of setting up a test centre at DRI to allow for flexibility and speed when testing. The Trust would take part in the point-of-care-testing once available, which would produce results within an hour of testing. This would allow for better management of beds.

Neil Rhodes observed that with the preparations in place, DBTH was in the best position it could be in response to a potential outbreak. The Executive Team were commended on their approach to planning and responded.

It was noted that the Trust would meet with Park Hill Hospital to discuss support they could provide, and discussions would take place with third-party private sector organisations as part of the resilience plan, including identification of whether catering services could be provided closer to the teams.

The Board:

- ***Noted the update on COVID-19.***

P20/03/E1 **Freedom to Speak Up (Enclosure E1)**

It was noted that the introduction of an Independent Freedom to Speak Up Guardian was proving a positive step for the Trust.

Kath Smart agreed with this, however noted that it was negative that staff had been required to use this route to highlight the lack of feminine hygiene disposal facilities in the toilets, particularly in the main reception at Bassetlaw Hospital. Karen Barnard advised that management development training would take place to ensure that managers are confident in dealing with queries from staff members. Suzy Brain England advised that it wasn't clear from the paper if staff had raised this initially before raising through this route. It was agreed that further investigation would be undertaken into the reasons for escalation of hygiene issues to the FTSU guardian.

A discussion took place regarding the Freedom to Speak Up index results from the 2019 Annual Staff Survey, which presented a 2.4% increase. Sheena McDonnell and Mark Bailey had asked for further staff survey detail, to present to the Quality and Effectiveness Committee to highlight which areas should be focused on for improvement.

Richard Parker advised the Board that he didn't expect that a Staff Survey would be circulated for 2020 as normal in October due to the expected outbreak of Covid-19, however as a Trust, it must be understood that the key issues were, so that once the Trust was through this disrupted period, it could focus on these areas for improvement.

A discussion took place regarding the clinical areas that had been raised as too cold in winter and too hot in summer. Richard Parker advised the Board that the hospital didn't have a sophisticated enough heating system, and therefore it would need to be decided how support could be provided to staff in these areas. It was noted that a better explanation should be offered to staff on the heating system.

Action: ***Further investigation would be undertaken into the reasons for escalation of hygiene issues to the FTSU guardian.*** ***KB/KEJ***

The Board:

- ***Noted the update on Freedom to Speak Up.***

P20/03/E2 **Annual Report from the Guardian for Safe Working (Enclosure E2)**

The Chair highlighted the need for an update of the rest facilities, on call rooms and Doctors Mess as stated in the paper. Karen Barnard advised that the tender exercise had been completed to turn the old Silks Restaurant into a new Doctors Mess facility. All of the

tenders received are over the allocated budget, and therefore work was being undertaken to bring them in line with the budget.

Karen Barnard highlighted that this was the annual report, and not the usual quarterly report that was received by the Board.

Sheena McDonell commended the Trust on the low numbers of exception reports in comparison to other organisations.

It was noted by the Board that sickness absence for Doctors in Training was rising. Divisions are improving sickness absence reporting.

The number of vacancies in the training grade rotation was discussed. Karen Barnard advised that the areas which highlighted vacancies were in line with national gaps in these areas. The Quality and Effectiveness Committee would receive a report on the GMC Training Action Plan.
Richard Parker clarified that these weren't Trust vacancies, but HEE appointment vacancies and therefore was out of our control.

The Board:

- ***Noted the Annual Report from the Guardian of Safe Working***

P20/03/F1 **Finance Report – February 2020 (Enclosure F1)**

The Board noted that,

At the end of month eleven:

- The Trust reported an in month financial position of £274k favourable to forecast;
- The Trust's deficit was £219k favourable against a plan of £400k;
- Activity patterns had changed over the previous weeks and a higher number of DNA's had been reported;
- CIP savings of £1.2m were reported, against a plan of £1.9m, an underachievement of £727k in month;
- Capital expenditure was £7.3m behind budget YTD;
- The PSF money hadn't been received, however it was expected that week;
- A meeting would take place with Doncaster CCG to discuss the first three-months for 2020/21.

The Chair noted the increase in DNA's was linked to the potential outbreak of Covid-19.

The Board:

- ***Received and noted the Finance Report for February 2020;***

P20/03/G1 **Chairs' Assurance Logs for Board Committees (Enclosure G1)**

P19/03/G1(i) Finance and Performance Committee – 25 February 2020

Neil Rhodes advised that the Chair's Assurance Log for the Finance and Performance Committee that tool place was slightly outdated, however it captured effectively the discussions and key actions from the meeting that took place on 25 February 2020.

No questions were raised.

No other matters were highlighted for the Board's attention.

The Board:

- ***Noted the update from the Finance and Performance Committee meeting held on 25 February 2020.***

P20/03/G2 **Terms of Reference for Board Committees (Enclosure G2)**

The Terms of Reference for Board Committees had been reviewed by the Committees respectively.
The Chair of the following Committees were asked to recommend the Terms of Reference for each Committee:

- Audit and Risk Committee;
- Finance and Performance Committee;
- Quality and Effectiveness Committee.

The Board noted the recommendations and approved the Board Committee Terms of Reference.

The Board:

- ***Received and noted the Terms of Reference for Board Committees.***

P20/03/H1 -H4 **Information Items (Enclosures H1 – H6)**

The Board:

- ***Noted the Chair and NEDs Report;***

- ***Noted the Chief Executive's Report;***
  The Chief Executive highlighted that the Chequer Road Clinic services would move at the end of the month, and would be communicated well;
- ***Noted the minutes of the Finance and Performance Committee meeting held on 28 January 2020;***

- ***Noted the Board work plan;***
  The Chief Executive advised the Board that this would be revised in light of the current Covid-19 situation. Key meetings would be had via teleconference for the foreseeable further to manage the risk of infection across key senior staff.

Action: ***Suzy Brain England would liaise with the Trust Board Office to ensure that a clear message was circulated regarding the temporary changes to Board and Board Committee meetings.*** ***SBE***

P20/03/I1 **Minutes of the Meeting held on 18 February 2020 (Enclosure I1)**

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 18 February 2020.***

P20/03/I2 **Any Other Business (Verbal)**

No other items of business were raised.

P20/03/I3 **Governor Questions Regarding the Business of the Meeting (Verbal)**

P20/03/I3(i) Hazel Brand

All Governor activity had been stood down due to Covid-19, however Hazel Brand proposed to send a regular message to Governors to keep them informed of the situation. Hazel Brand asked the Board for confirmation of how long Governor activity would be stepped down for. The Chief Executive advised an assumption should be taken that it is for 16-weeks, however it could be further extended. Arrangements will be reviewed regularly, and all will be communicated when it is sensible and reasonable to return to normal working.

It was noted that if Governors has any queries they should directly email Suzy Brain England or Hazel Brand.

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/03/I4 **Date and Time of Next meeting (Verbal)**

The Board:

- ***Noted the date and time of the next meeting was to be confirmed.***

- ***Noted that the next three proposed dates: 21 April 2020, 19 May 2020 and 16 June 2020 would not take place in the normal format however all are to assume that it would take place via telephone.***

P20/03/I5 **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.***

P20/03/J **Close of meeting (Verbal)**

The meeting closed at 11:40