

**Board of Directors Meeting Held in Public
To be held on Friday 23 October 2020 at 09:30
Via StarLeaf Videoconferencing**

AGENDA

		LEAD	ACTION	TIME / ENC	TIME/ MINS
A	MEETING BUSINESS				09:30
A1	Apologies for absence	SBE	Note	Verbal	15
A2	Declarations of Interest	SBE	Note	Verbal	
<p>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.</p>					
A3	Actions from previous meeting	SBE	Review	A3	
B	PRESENTATION				
	<i>No presentation</i>				
C	STRATEGY				09:45
C1	ICS Update	RP	Note	C1	5
C2	Learning Disability Strategy 2020 – 2023 Simon Brown, Associate Director of Nursing, Clinical Specialities Division	DP/SB	Note	C2	10
C3	Covid19 Wave 2 Plan	RJ	Note	Verbal	10
C4	Winter Plan	RJ	Note	Verbal	10
C5	NHS Core Standards for Emergency Preparedness, Resilience and Response (2020-21)	RJ	Approve	C5	10
C6	EU Exit Update	RJ	Note	C6	10
BREAK 10:40 – 10:50					
D	QUALITY, PERFORMANCE AND SAFETY				10:50
D1	Nursing, Midwifery and Allied Health Professionals Update	DP	Note	D1	10

D2	Medical Director Update	TN	Note	D2	10
D3	Performance Update – August 2020	RJ	Note	D3	10
D4	People and Organisational Development Update	KB	Note	D4	10
D5	Finance Update – September 2020	JS	Note	D5	10
D6	Patient Story	DP	Note	D6	10
E	CAPACITY AND CAPABILITY				
	<i>No items</i>				
F	FINANCE AND CONTRACT MATTERS				
	<i>No items</i>				
G	GOVERNANCE AND RISK				11:50
G1	Corporate Risk Register	FD	Note	G1	10
G2	Chairs Assurance Logs for Board Committees:		Note	G2	
	i) Finance and Performance Committee – 29 September 2020	NR			
	ii) Quality and Effectiveness Committee – 29 September 2020	PD			
H	INFORMATION ITEMS (To be taken as read)				12:00
H1	Chair and NEDs Report	SBE	Note	H1	5
H2	Chief Executives Report	RP	Note	H2	5
H3	Minutes of the Finance and Performance Committee – 28 July 2020	NR	Note	H3	
H4	Minutes of the Quality and Effectiveness Committee – 28 July 2020	PD	Note	H4	
H5	Minutes of the Management Board Meeting – 10 August 2020 and 14 September 2020	RP	Note	H5	
H6	Minutes of the Council of Governors Meeting – 23 July 2020	SBE	Note	H6	
I	OTHER ITEMS				12:10
I1	Minutes of the meeting held on 15 September 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	

13	Governor questions regarding the business of the meeting (10 minutes)*	SBE	Note	Verbal	10
14	Date and time of next meeting: Date: Tuesday 17 November 2020 Time: 09:30 Venue: StarLeaf Videoconferencing	SBE	Note	Verbal	
15	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 12:20

*Governor Questions

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

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

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

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



Suzy Brain England, OBE
Chair of the Board



Action notes prepared by:
Updated:

Katie Shepherd
15 September 2020

A3



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

Action Log

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	15 September 2020	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No.	Minute No.	Action	Lead	Target Date	Update
1.	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 September 2020 November 2020	<p>Update 19/05/2020 – It was agreed that Karen Barnard would liaise with Kirsty Edmondson-Jones to organise a Board Workshop on this topic.</p> <p>Update 11/06/2020 – New information would be received during August 2020 which would be required for the Board Workshop on the topic therefore the action would be postponed until September 2020.</p> <p>Update 09/09/2020 – The item would be deferred until November 2020.</p> <p>A workshop was due to take place on 23 October 2020.</p>
2.	P20/05/D10	Strategic Director Review Workshop – The Board of Directors would hold a workshop during July 2020 to identify any key principals that might influence the strategic direction based on the initial findings provided by Marie Purdue and Jon Sargeant.	JS/MP	July 2020	<p>Progress - An update would be provided as part of Agenda Item C2 – Stabilisation and Recovery. Once final guidance has been received a workshop can be held in July 2020.</p> <p>Close. A briefing was provided to the Board on the post implementation review.</p>

Action notes prepared by:
Updated:

Katie Shepherd
15 September 2020

3.	P20/09/B1	Governor Workshop – A workshop would be organised for Governors on the Race Equality Code once more details available.	FD/KB	October 2020	Close. This had been added to the Governor Briefing and Development Session forward plan.
4.	P20/09/D4	Medical Director Office – The Medical Director would include the proposed new structure of the Medical Director Office during the Medical Director Update Report for October 2020.	TN	October 2020	In agreement with the Chair, due to Medical Director being unable to attend the October Board meeting, the proposed new structure of the Medical Director Office would be provided at the November 2020 meeting.

CHIEF EXECUTIVE REPORT

October 2020

Author(s)	Andrew Cash, System Lead		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of September 2020.			
Recommendations			
The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

October 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of September 2020.

2. Summary update for activity during September 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

While the number of positive cases of Covid-19 are slowly increasing in all places across South Yorkshire and Bassetlaw (SYB), the cases continue to be predominantly in 15 to 34-year-olds. Admissions to hospitals are also rising slightly but they remain low overall and the death rates (as of late September) are normal for this time of year.

Some parts of our region have seen a rising trend above the SYB average and has meant that Sheffield has been added to the most recent Government Watch List under 'Areas of enhanced support and concern'. Rotherham also has higher case numbers.

Based on all the insight and data, public health experts continue to say that we are not yet in a second wave but as the infection rates move into adults from the younger generations we are expecting the numbers to climb. These are likely to peak in November and stretch through to March. If people pay heed to the changes asked of them by the Government we are hopeful that the peak will be lower than in the first wave.

A robust regional Wave 2 plan that takes account of various scenarios of increasing numbers of Covid-19 patients who would need hospital care and treatment was submitted at the end of September. Thanks to Chief Operating Officers and Directors of Commissioning across the partnership who supported the planning within a tight timescale.. The plans are based on a continuation of non-Covid-19 services and patients continuing to attend outpatient clinics and planned surgery.

The Government has published its new Personal Protective Equipment (PPE) Strategy which sets out clear targets related to reliable procurement of key items of PPE in the event of a second wave. In SYB stock levels are excellent and learning from wave one means we have well established supplies routes and ways of working that enable fair and speedy distribution across our health and care settings.

2.2 National Update on Wave 2 Planning

Following the submission of Wave 2 Plans, the regional ICS Leads in the North met with Simon Stevens and his Executive Team to discuss them.

The SYB Wave 2 Plan is built on the Phase 3 Recovery Plan and therefore starts from a robust position thanks to the extensive testing that has been done. The combination of SYB's September delivery figures being on track and in line with our plans and the track record of working together in a networked approach in SYB gave added confidence in the SYB approach. The feedback from Keith Willets, Director for Acute Care at NHSE, was that the SYB plan was impressive and the NHSE team was assured.

Simon asked ICSs to pay particular attention in the coming months to:

- The importance of using the independent sector and having a plan for using the Nightingale Hospitals
- Thinking about how to use pillar one testing to reduce staff absences
- Protecting care homes
- The importance of talking and good communications with patients about what services are available
- The importance of pregnant women being accompanied by their partners for ante-natal care and birth

2.3 Regional Update

NHS North East and Yorkshire (NEY) has published its Covid-19 Interim Review. It is an evaluation of the regional NHS incident response to Covid-19 has been published. Informed by insights from SYB's health and care leaders, the Interim Review takes a functional look at the initial health response in Phase 1 of Covid-19, before setting out lessons learned and areas for further consideration as part of the restoration period (Phases 2 and 3) and for any subsequent Covid-19 resurgence.

The Review highlighted a number of thematic areas that health and care leaders attributed as good practice:

- Business Continuity - robust business impact analysis documentation allowed organisations to stand down services in a staggered and structured way in order to respond to the needs of Covid-19.
- Command, Control and Coordination – health organisations in the NEY region report positive experiences of Command and Control, both within their own organisation and with partners. Colleagues felt there was a “clear sense of purpose and shared objective across all organisations, cells and workstreams” from the outset of the response.
- The role of the Integrated Care System (ICS) in incident response - most organisations involved in the Review fed back positively around the pivotal role played by the ICS in supporting system leadership, with the ICS seen as the forum where the priorities of its member organisations were considered, valued and addressed as part of the incident response.
- Partnership Working and Coordination – Integrated Care Systems and Integrated Care Partnerships (ICP) - relationships within the NEY region were enhanced by collaborative working between colleagues in performance, improvement, system transformation and across the localities and SHCGs.
- The Review acknowledges the importance of collaboration, staff working ‘above and beyond’ and a collective joined-up mentality to get things done by taking a pragmatic, diligent approach.

The review outlined that there is more work to be done in supporting staff wellbeing – allowing frontline colleagues the opportunity to recharge their batteries – and the resultant stress and pressures placed on staff. It also covers the provision of Personal Protective Equipment (PPE), communication between national to regional cascade (and vice versa), clinical guidelines and the use of established networks such as Single Point of Contacts (SPOCs) and data reporting for the Sitreps.

2.4 Equality, Diversity and Inclusion (EDI) framework

Work to support equality, diversity and inclusion across SYB is moving forward and key actions agreed include:

- Plans underway for the establishment of an SYB BAME Network
- The development of leadership programmes for BAME staff
- The wider roll-out in SYB of the 'Stepping-up' development programme for BAME nurses
- Establishing a BAME Steering Group

2.5 Winter communications

Winter communications plans across the partnership will be seeking to ensure that the public continues to have confidence in using NHS services, encouraging them to attend appointments, take up the flu vaccination and to seek advice and help where they have concerns.

Partners will be backing a series of national campaigns that focus on cancer awareness and encourage people to act on their concerns and to seek support. A further campaign to encourage pregnant women to continue to access services during their pregnancy is also planned.

In addition to using wide ranging channels of communications, approaches will target communities where mainstream advertising and social media channels don't reach. In particular, there will be a focus on areas where the data shows there is extra work to do – such as BAME communities, traveller communities, asylum seekers and groups of men from skilled working, working class and non-working groups.

2.6 Flu vaccination programme

There is an ICS focused approach to flu immunization this year and the South Yorkshire and Bassetlaw Flu Board is progressing well. Place based engagement and leadership is key to delivering almost double the vaccinations of last year's programme. Each SYB Place has developed a Flu Plan which have been submitted and discussed at local Accident and Emergency Boards.

Stress testing of the collective ICS plan was facilitated by the Ministry of Defence in September which built on the Covid-19 plan stress test experience. The process helped to identify any gaps and risks and put mitigation in place.

There are currently no known vaccine supply issues, although vaccine delivery is staggered across the season for some manufacturers

2.7 Covid-19 vaccination programme

A new report 'Priority groups for coronavirus (COVID-19) vaccination: advice from the Joint Committee on Vaccination and Immunisation (JCVI), 25 September 2020' has been published and sets out that staff and care homes in SYB are the most likely to receive the Covid-19 vaccine first once it is available.

The infrastructure for the national Covid-19 vaccination programme is being developed and likely to include one regional vaccine hub in SYB for storage and distribution and which will be integral to implementation. Plans will also include three levels of vaccination sites – fixed mass (big venues near major transport routes such as motorways), semi-fixed (reminiscent of mobile CT scanner sites) and mobile units. Early discussions suggest that SYB could have two fixed mass, 16 semi-fixed and 130 mobile sites across the patch.

2.8 Diabetes Pilot Scheme

In early September it was announced that South Yorkshire and Bassetlaw had received £50k towards funding implementation of a promising new diabetes scheme across the region. The NHS Low Calorie Diet Programme is an important new development involving ten localities across the UK. In SYB we are aiming to recruit 500 suitable patients to take part within a two year window, which will contribute towards the 5,000 national target.

The NHS, and its partners Public Health England and Diabetes UK, are working together to tackle a rise in Type 2 diabetes cases, which is estimated to cost the NHS £10 billion a year. One in every 20 prescriptions by GPs relates to diabetes treatment and this scheme aims to address this using a preventative, drug-free approach.

Patients enlisted onto the Programme will have a strict 900 calories a day diet for up to 12 weeks, replacing normal meals with soups, shakes and supplements. It is thought the majority of take-up will be amongst overweight patients, where the risk of complications and serious illness (including death) from Covid-19 is greater.

Research earlier this year revealed people with Type 2 diabetes are two times more at risk of dying from Covid-19.

2.9 Barnsley CCG Accountable Officer

Barnsley Clinical Commissioning Group announced the appointment Chris Edwards as their new Accountable Officer. Chris will continue in his existing role as Accountable Officer at Rotherham Clinical Commissioning Group and lead both CCGs.

2.10 Shadow Board Development - Health Executive Group

At the June 2019 Health Executive Group meeting it was agreed to support the first SYB ICS Shadow Board development programme. The Shadow Board forms part of an approach to talent management and supporting our next generation of leaders. During September 2020 they came together to celebrate their learning and share their experiences. It was great to hear from the participants how they felt that the programme had stretched and developed them and their offer of continuing to support system working. Congratulations to all participants on completing the programme.

3. Finance update

The system funding envelopes were published on 15 September. The ICS has submitted its draft plan on 5 October in line with the national timetable which shows an adjusted system shortfall of £58.7m against the funding envelope of £1.9b. Further discussion is taking place with regional and national teams and within the system on how this deficit in the draft financial plan is to be managed. The national timetable allows for a final plan to be submitted by 22 October.

Andrew Cash
System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 6 October 2020



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

Title	Learning Disability Strategy 2020-2023		
Report to	Board of Directors	Date	October 2020
Author	Simon Brown – Associate Director of Nursing		
Purpose		Tick one as appropriate	
	Decision	✓	
	Assurance		
	Information		

Executive summary containing key messages and issues
The Trust Learning Disability Strategy promotes a co-ordinated approach to carer and treatment for patients living with a learning disability, their families and their paid carers. The strategy recognises the diverse needs of patients living with a learning disability, the vulnerabilities they face and the difficulties in ensuring their holistic needs are all met. This strategy aims to provide all staff and services within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust an approach to planning effective care pathways from admission to discharge and is aligned to the standards in the national learning disability improvement standards. The strategy will enhance the reputation of DBTH, compliment other strategies in place and demonstrate our commitment to quality for people who use our services
Key questions posed by the report
Does the board support this learning disability strategy for implementation at DBTH?
How this report contributes to the delivery of the strategic objectives
To provide outstanding care and improve patient experience
Link to Risks on Corporate Risk Register / New Risks
F&P6
Recommendation(s) and next steps
The board is asked to approve the learning disability strategy.

Over a million people in England have a learning disability and we know they often experience poorer access to healthcare than the general population. As a Trust we recognise patients with a learning disability have far greater health needs than the general population. Patients with learning disabilities are more likely to die younger, have greater health inequalities and poor access to care provision which can lead to premature deaths.

The NHS Long Term Plan (January 2019) commits the NHS to ensuring all people with a learning disability, autism or both can live happier, healthier, longer lives.

In June 2018, NHS Improvement launched the National Learning Disability Improvement Standards for NHS Trusts. These were designed with people with a learning disability, carers, family members and healthcare professionals to drive rapid improvement of patient experience and equity of care. NHSI aim to apply the standards to all NHS-funded care by 2023/24.

There are four standards:

- respecting and protecting rights
- inclusion and engagement
- workforce
- learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both)

A Trust's compliance with these standards demonstrates it has the right structures, processes, workforce and skills to deliver the outcomes that people with learning disabilities, autism or both, their families and carers expect and deserve, as well as commitment to sustainable quality improvement in the services and pathways for this patient group.

To deliver these standards and achieve the vision of the Long-Term Plan, there is a need to optimise access to healthcare for people with learning disabilities, autism or both: this requires organisational development and collaboration with other providers. The Trust Learning Disability Strategy promotes a co-ordinated approach to carer and treatment for patients living with a learning disability, their families and their paid carers.

The strategy recognises the diverse needs of patients living with a learning disability, the vulnerabilities they face and the difficulties in ensuring their holistic needs are all met.

This strategy aims to provide all staff and services within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust an approach to planning effective care pathways from admission to discharge and is aligned to the standards in the National Learning Disability Improvement Standards.

This strategy will enhance the reputation of DBTH, compliment other strategies in place and demonstrate our commitment to quality for people who use our services.

The board is asked to approve this Learning Disability Strategy.

Learning Disability

Strategy 2020 to 2023

Learning disabilities, which can be defined as a reduced intellectual ability, difficulties in the learning of new information, and of engaging in everyday or social activities (Mencap, 2019) is a label given to a cluster of conditions that present themselves prior to the age of 18.

Whereby learning disabilities exist on a spectrum, those at the more severe end of the spectrum are likely to require significant support across all areas of their levels of care across the lifespan (Fletcher et al., 2018). Unfortunately, people with learning disabilities are subject to inadequate levels of care within healthcare (Brown et al., 2019). People with learning disabilities in the UK experience health inequalities from an early age as a result of the many barriers that they face in accessing timely and effective health care interventions.

The Learning Disability Strategy promotes a co-ordinated approach to carer and treatment for patients living with a learning disability, their families and their paid carers. As a trust we recognise patients with a learning disability have far greater health needs than the general population. Patients with learning disabilities are more likely to die younger, have greater health inequalities and poor access to care provision which can lead to premature deaths.

This strategy recognises the diverse needs of patients living with a learning disability, the vulnerabilities they face and the difficulties in ensuring their holistic needs are all met. This strategy aims to provide all staff and services within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust an approach to planning effective care pathways from admission to discharge.

This strategy supports the overall trust vision of being the safest trust in the country, outstanding all we do. It is aligned to breakthrough objective 1 for 2020/21: Achieve measurable improvements in our quality standards and patient experience and also supports delivery of the true north objective to provide outstanding care and improve patient experience.



- **Objective #1:** Clearly identify children, young people and adults with learning disabilities attending our hospitals by ensuring appropriate flagging systems are in place.
- **Objective #2:** Ensure timely referrals to our adult acute learning disability nursing teams for all patients when admissions / appointments are known.
- **Objective #3:** In conjunction with patients, partners and patient families/carers, ensure all patients accessing our services have an up to date hospital passport.
- **Objective #4:** Make reasonable adjustments to support access to services including easy read resources to ensure a person centred approach to care and treatment.
- **Objective #5:** Develop systems to communicate with patients or their carers prior to planned admissions and appointments.
- **Objective #6:** Develop specialist system to support staff recognising risk of malnutrition for patients with learning disabilities and empower patients to make appropriate food choices suitable for their individual needs
- **Objective #7:** Be compliant with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- **Objective #8:** Facilitate access to all healthcare services for children, young people and adults with learning disabilities.
- **Objective #9:** Embed a learning disability care pathway to support learning disability patients

through their entire hospital journey (inpatient and outpatient) and to audit this for its effectiveness.

- **Objective #10:** Continue to benchmark ourselves against the learning disability NHS improvement standards and ensure we can demonstrate improvements and learning from local and national research and development to continually improve services for patients with learning disabilities.
- **Objective #11:** Involve children, young people and adults with learning disabilities and their families/carers in planning and delivering services to ensure we improve the health, safety and wellbeing of all patients with learning disabilities entering our hospitals.
- **Objective #12:** Have procedures in place to support effective and seamless transition from children to adult services.
- **Objective #13:** Provide accessible patient information to include as a minimum, information relating to complaints, treatments and appointments.
- **Objective #14:** Learn from deaths in learning disability patients from national and local data sets.
- **Objective #15:** Train and develop a support network of learning disability champions across all areas within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- **Objective #16:** Develop and implement a training programme to provide staff with skills and training to identify early support needs and deliver holistic care for adults and children with learning disabilities and learning disabilities and autism.
- **Objective #17:** Ensure resources are available in all departments and inpatient areas to support staff caring for patients living with learning disabilities.
- **Objective #18:** Develop and understand internal and external partnership to ensure effective interventions and care.



For larger print, head to:
<https://tinyurl.com/DBTHLD>



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

Title	NHS Core Standards for Emergency Preparedness, Resilience and Response (2020-21)		
Report to	Board of Directors	Date	23 October 2020
Author	Rebeca Joyce, Chief Operating Officer and Accountable Emergency Officer		
Purpose			Tick one as appropriate
	Decision		√
	Assurance		√
	Information		√

Executive summary containing key messages and issues

The Trust is a Category One Responder under the Civil Contingencies Act 2004 (CCA), which means it has a key role in preparing for and responding to a range of emergency situations and significant service disruptions.

Each year Acute Trusts are required to self-assess against National Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

An amended process for 2020-21 requires the Trust's Accountable Emergency Officer to confirm activity which has taken place since the last return and that learning from the Covid-19 pandemic will be included in the EPRR work programme and in the Trust's winter planning.

Whilst there is no requirement for the Trust's Board of Directors to approve the response to NHSE/I, the Trust has used its meeting structure to provide governance over the Core Standards process.

Adhering to this the Trust:

- Has reported on the 2019/20 core standards action plan to the Business Resilience Steering Group throughout the year;
- Has provided the draft Core Standards response for 2020-21 to the Business Resilience Steering Group (1 October 2020);
- Has provided the Audit and Risk Committee (ARC) with the draft response and sufficient information* for it to make a recommendation to the Board of Directors (22 October 2020).

At its meeting on 22 October 2020, the Audit Committee was requested to consider the report and supporting information and to recommend:

- That the Board of Directors approve the response for submission to NHSE/I by 31 October 2020.

The Chair of the Trust's Audit and Risk Committee will provide a verbal update to the Board of Directors on the Committee's recommendation from its meeting on 22 October 2020.

**The supporting information provided to the Audit and Risk Committee was:*

- EPRR Core Standards Return 2019-20 / Update on Actions
- DBTH report: The Effectiveness of The Trust's Response Structure and Approach to the First Wave of the COVID-19 Pandemic – Action Plan
- NHSE/I report: North East and Yorkshire Regional Covid-19 Interim Review - Actions arising for the Trust

Key questions posed by the report

Based on the recommendation of the Audit and Risk Committee, is the Board satisfied that it may approve:

- The response for submission to NHSE/I?

How this report contributes to the delivery of the strategic objectives

Compliance with EPRR standards supports the Trust in its strategic objectives to:

- Provide the safest, most effective care possible;
- Develop responsibly, delivering the right services with the right staff.

How this report impacts on current risks or highlights new risks

Compliance with EPRR standards supports the Trust in addressing the risk:

- A lack of compliance with the Core Standards and either not having emergency plans in place, or having a plan that is adequate to enable the Trust to fulfil its duties as a Category One Responder under the Civil Contingencies Act 2004.

Recommendation(s) and next steps

The Board is requested to:

- Note the process undertaken for 2020-21;
- Approve the Core Standards response for 2020/21.

Steps Following Approval

- The Trust's Accountable Emergency Office will email the response to NHS England and NHS Improvement (North East and Yorkshire Region) by 31 October 2020.
- By 31 December 2020, Regional NHSE/I teams will submit their statement of assurance to the National EPRR team.
- By 28 February 2021, the National EPRR team will complete their conversations with Regional teams.
- By March 2021 the National EPRR assurance report will be submitted to the NHS Improvement Board and the Department of Health and Social Care.
- Information on the Trust's response will be included in its Annual Report and Accounts for 2020-21.



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

**NHS ENGLAND CORE STANDARDS FOR EMERGENCY
PREPAREDNESS RESILIENCE AND RESPONSE**

**RESPONSE TO NORTH EAST AND YORKSHIRE NHS ENGLAND
AND NHS IMPROVEMENT REGIONAL TEAM**

2020-21

**Rebecca Joyce,
Chief Operating Officer (COO) and Accountable Emergency Officer (AEO)
October 2019**

1 - Response

Subject to Board approval, the following response will be submitted to the Regional EPRR team from the Trust's Accountable Emergency Officer's email account by 31 October 2020:

Requirement	Response
<p><u>Confirm</u> That where relevant your EPRR assurance action plans have been reviewed in order to improve your level of compliance against the 2019/2020 EPRR Assurance Core Standards;</p> <p>and, where you have previously reported partial or non-compliance as your overall assurance rating that you provide an updated assurance level following review and delivery of your ongoing action plans.</p>	<p>The Core Standards improvement plan is a standing item on the Trust's Business Resilience Steering Group agenda – therefore monitored and reported throughout the year;</p> <p>This does not apply to DBTH as the 2019/20 submission was for 'substantial' compliance.</p>
<p><u>Confirm</u> That you have undertaken, or plan to undertake, a formal review process on your response to the COVID-19 pandemic to date, and have associated plans to ensure that the lessons and recommendations from that review are embedded as part of your ongoing EPRR work programme.</p>	<p>The Trust has undertaken a review of its response to the Covid-19 pandemic to date. It is also cognisant of the learning points arising from the North East and Yorkshire Regional Covid-19 Interim Review.</p> <p>Robust Trust action plans from both reviews have been approved by the Trust's Executive Team.</p> <p>The EPRR action points will be monitored and reported by the Trust's Business Resilience Steering Group.</p>
<p><u>Confirm</u> That you have reviewed your response to the COVID-19 pandemic and taken steps to embed key lessons and actions in your planning for winter and associated system response arrangements.</p>	<p>The Trust has incorporated the lessons learned from the Covid-19 pandemic into its winter plan – which was approved by the Board of Directors' at its meeting on 23 October 2020.</p>



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

Title	EU Exit Preparations		
Report to	Board of Directors	Date	23 October 2020
Author	Rebecca Joyce - Chief Operating Officer		
Purpose	To provide an update to Board on the Trust's preparations for the UK leaving the EU without a withdrawal agreement at the end of the transition period on 31 December 2020.		Tick one as appropriate
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues

The United Kingdom (UK) left the European Union (EU) on 31 January 2020. The transition period currently in place will end on 31 December 2020.

This report provides an update on the Trust's preparations for issues arising from the UK leaving the EU.

The last report to the Board of Directors was on 14 January 2020.

Key questions posed by the report

- Is the Board of Directors assured by the preparations being undertaken by the Trust?
- Is there other information that the Board of Directors would wish to receive to assure itself?

How this report contributes to the delivery of the strategic objectives

By identifying issues that could interfere with the delivery of patient safety and treatment, the Trust will have in place mitigation and contingencies to reduce the impact of any disruption caused by an EU Exit 'No Deal' on the 31 December 2020.

Business continuity planning supports the Trust in its strategic objectives to:

- Provide the safest, most effective care possible;
- Develop responsibly, delivering the right services with the right staff.

How this report impacts on current risks or highlights new risks

The reports sets out the risks as identified both by National and Regional planners and the proportionate contingencies being undertaken to ensure that the Trust can continue to operate effectively.

Recommendation(s) and next steps

Recommendation

- The Board of Directors is requested to note the update.

Next Steps

- The Senior Responsible Person and Emergency Planning Officer will continue to liaise with Local and Regional partners to ensure the Trust is fully informed on developing risks, impacts and necessary contingencies in order to provide the appropriate level of mitigation to protect patients, staff and the Trust.



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

Board of Directors

**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE
TRUST EU EXIT PREPAREDNESS**

23 October 2020

**Rebecca Joyce
Chief Operating Officer and Senior Responsible Officer (SRO) for EU Exit
October 2020**

1 Introduction

1.1 Leaving the European Union

The United Kingdom (UK) left the European Union (EU) on 31 January 2020.

1.2 Transition Period

The transition period currently in place will end on 31 December 2020.

2 Trust's Preparations for a 'No Deal' Exit

The following information provides an update since the last report to the Board of Directors on 14 January 2020.

2.1 National and Local Intelligence and Guidance

There has been no new National or Local intelligence provided on EU Exit for the Trust, or Healthcare System to consider.

The Department of Health and Social Care (DHSC) has provided no update to its initial guidance on preparations for EU Exit (issued in December 2019). The National Risk Assessment remains unchanged.

Trust leads confirm that EU Exit is back on the radar of professional networks but that there has been no intelligence on EU Exit provided received from peers to date.

2.2 COVID-19 / Winter

The end of the transition period – 31 December 2020 – provides the potential for multiple business continuity events for the Trust to manage. Impacts from EU Exit are likely to coincide with activity arising from wave 2 of COVID-19 and from winter pressures.

The impact of concurrent events may increase the risk rating of those currently captured in the Risk Assessment (see 2.4) and may present additional risks for the Trust to manage (briefly referenced in 2.6).

A refresh of the Risk Assessment document – including a focus on risks arising from concurrent events – will be undertaken at the meeting of the EU Exit Governance Group on 2 November 2020.

2.3 Trust Leads (Appendix 1)

Trust Leads have confirmed that they are ready to react to any challenges that may arise in their specific areas of leadership arising from EU Exit.

2.4 EU Exit Risk Assessment (Appendix 2)

The Trust's Risk Assessment has been refreshed to update the areas previously identified by DHSC.

Further work on the Risk Assessment - to capture new risks and consider the impact of increased risks arising from concurrent events - will be undertaken at the meeting of the EU Exit Governance Group on 2 November 2020.

The retention of the live Risk Assessment will enable the Trust to respond to centre, if, as and when this is requested.

2.5 Other Risk Considerations

Colleagues have confirmed that risks referenced in previous Board reports* are unchanged and that they are satisfied with the mitigations in place.

These risks will continue to be discussed by the Trust's Governance Group – see 2.5.

**For ease of reference relevant extracts from previous Board reports are provided at Appendix 3.*

Ports

In January 2020 the Board was appraised of 'Operation Wellington' which was the Government's response to the risk of delays at Ports which could result in a build-up of lorries at port and on the surrounding road network.

The latest reasonable worst case planning assumptions suggest that, in a No Deal:

- 30-50% of lorries at the key channel ports could be unprepared for new customs checks and traffic flow through the vital short channel straits could be reduced by 60-80%.
- Disruption could be lower in the initial days of January but sustained disruption would be expected to worsen over the first two weeks as freight demand builds.
- A winter spike in COVID-19 could suppress freight demand but could also lead to absenteeism among port or border staff.
- Social distancing measures could adversely impact fluidity.

The Government is taking steps Nationally to limit disruption, including the creation of lorry parks at Hull, East Riding, North Lincs, and North East Lincs.

As previously reported to Board the Trust has undertaken an assessment of staff whose commute to work may be affected by delays on road networks (see Appendix 3).

There is currently no further mitigation that the Trust can undertake but the position is being monitored and reported by the Doncaster Brexit Transition Senior Responsible Officer Forum (see 2.6).

COVID-19

Pressure may arise from an accumulation of COVID-19 specific issues and EU Exit if they occur simultaneously. A Management Response Framework for the Trust's response to wave 2 of COVID-19 has been developed with the Trust's response structure to be flexed according to activity and triggers – including any pressures arising from EU Exit.

Financial Risk

An overarching financial risk may arise from increased costs for imported goods and services should there be no trade deal.

These risks will be discussed by the Trust's Governance Group – see 2.5.

2.6 EU Exit Governance Group

The Trust's Governance Group will be resurrected from November 2020, with weekly Team's meetings in place to discuss the Trust's preparedness and any emerging issues.

The EU Exit Risk Assessment is considered as a standing item at each meeting. Action notes are created by the group for monitoring at, and reporting to, each meeting.

The membership of the Group can be seen at Appendix 1.

2.7 Working with Partners

The Trust's Emergency Planning Officer attends the Doncaster Brexit Transition Senior Responsible Officer Forum to look at system wide preparedness and ensure linkages between LRF partners.

The Trust's Emergency Planning Officer has weekly meetings with EPRR colleagues from NHSI/E and the regions' health organisations – to share information and approaches.

Discussions with partners has provided reassurance that the Trust has taken at least the same steps as partner organisations to ensure that it is prepared.

3 Recommendation

The Board of Directors is requested to note the update.

APPENDIX 1**EU Exit – Trust Contacts – October 2020**

LEADS FOR NATIONALLY IDENTIFIED RISK AREAS				
NAME	DESIGNATION	DIVISION	RISK AREA	CONTACT DETAILS
Esoop Bharoocha	Assistant Director of Pharmacy	Clinical Specialities	Supply of Medicines & Vaccines	01302 644326
Emma Adams	Clinical Research Development Manager	Education and Research	Research and innovation	01302 644069 Emma.adams11
Andrew Ferguson	Medical Technical Services Mgr	Estates and Facilities	Device Regulations	01302 644248
Rebecca Joyce	Chief Operating Officer	Performance Management	Demand	01302 642739
Anthony Jones	Deputy Director of HR	People and Organisational Development	Workforce	01302 642558
David Linacre	IT Operations - Security and Continuity Manager Digital Transformation	Digital Transformation	IT Operations	01302 644192
Julie Robinson	Overseas Visitors Team Manager	Finance	Reciprocal Healthcare	01302 642557 0778 0222871
Richard Somerset	Head of Procurement	Finance	Supply Chain / Procurement and Competition	01302 642379 0777 5012122
Roy Underwood	Trust Data Protection Officer	Digital Transformation	Data and Information Governance	01302 642335 07966 003645

MEMBER OF EU EXIT GOVERNANCE GROUP				
NAME	DESIGNATION	DIVISION	REPRESENTING	NOTES
Rebecca Joyce	Chief Operating Officer	Performance Management	Chair	
Jeannette Reay	Emergency Planning Officer	Performance Management	EPRR / Meeting Administration	
Esoop Bharoocha	Assistant Director of Pharmacy	Clinical Specialities		
Helen Burroughs	General Manager	Children and Families		
Laura Fawcett	General Manager	Surgery and Cancer Services		
Anthony Jones	Deputy Director of HR	People and Organisational Development		
Karen McAlpine	General Manager	Performance Management		
Jodie Roberts	Deputy Chief Operating Officer	Medicine and Emergency Care		
Emma Shaheen	Head of Communications and Engagement	People and Organisational Development		
Richard Somerset	Head of Procurement	Finance		
Howard Timms	Deputy Director of Estates and Facilities	Estates and Facilities		
Matthew Bancroft	Head of Financial Control	Finance		

APPENDIX 2

Trust Risk Assessment

APPENDIX 3

Extract from January 2020 Board Report

Colleagues have confirmed that they remain satisfied with the mitigation as previously reported to Board:

Medical Imaging – a review of the provision of tubes used in CT scanners and bulbs used in X-Ray machines, currently these are provided in a ‘just in time’ basis due to cost of each item. The Tubes and Bulbs are manufactured in the EU and could be subjected to delays and shortages; the Trust has a maintenance contract with Alpha Imaging who have given assurances regarding contingency plans that will ensure timely supply.

Radio Isotopes - are solely supplied from France and were transported to the UK via ferries; recently transportation has changed to airfreight to ensure security of the supply lines.

Medicine supplies - were identified early in the process as of significant risk with all NHS organisations being instructed not to stockpile medicines locally as National steps were being taken to ensure the availability of supplies post a ‘No Deal’ exit.

The Trust has maintained stocks for 5-days of 70% of in scope medicines, and 10 days stocks for clinical and non-clinical consumables. In the event of stock shortages the Trust’s primary contact is the regional lead who collectively looks after the Yorkshire and Humber region. For any severe shortages there is an agreement of mutual aid between hospitals.

Government gave assurances that central stockpiling would guarantee 6-weeks supplies covering 82% of in scope items are in available and will remain in place for the foreseeable future.

This was supplemented by contracts with haulage/ferry companies for increased capacity and the placing of contracts worth in total £25M with three providers UPS, DFDS and Biocair for fast delivery of vital supplies. Government has also put in place a specialist unit, the National Supply Disruption Response (NSDR). If Trusts experience disruption to supplies or there is potential for disruption to healthcare services and ‘as usual’ procedures could not resolve the matter, Trusts are able to report it to the NSDR.

Transport - Regional planners have highlighted possible transport disruption related to ferry crossings from the five Humber ports, this is due to the possibility of customs checks delaying ferry crossings and the introduction of ‘Operation Wellington’ where freight transport is ‘stacked’ on the M62 and M180 awaiting the opportunity to embark on outward ferry journeys.

Demand - Health providers in the locality have concerns regarding the potential increase in demand on the system and are expressing a view that they would need to request mutual aid assistance from providers outside the locality.

Staff Commute (affected by road Lorry build up on roads) - Divisions and Departments to identify colleagues who could be adversely affected, this has included matching Postcodes along affected routes with personnel records. This information has been disaggregated down to divisions and departments so managers can identify possible shortages and plan accordingly.

The Trust has accommodation at Doncaster Royal Infirmary, Bassetlaw and Mexborough Montagu hospitals, this accommodation could be made available if the transport network became so gridlocked that staff could not return home. Indicatively up to 20 staff could be accommodated overnight; this could be supplemented by use of local hotels in necessary.

Supplies Settled Status - The Trust employs 94 (84.51 FTE) EU citizens. The Trust has highlighted the Settled Status Programme to these colleagues through the Trust weekly newsletter Buzz, with further publicity up to the December 2020 deadline planned. Government has recently announced a £9M advertising campaign to encourage applications from EU citizens.

Adult and Social Care - Concerns have been raised regarding Adult/Children's Social Care preparedness, Doncaster EU Exit Group assessment is 'Impact Expected' but not significant. There are 77 providers of Adult Social Care services across Doncaster, 85% of providers have provided assurance of readiness; Doncaster Metropolitan Borough Council is undertaking a risk-based audit of the remaining providers.

On Call - In order to ensure robust command and control during a period of intense activity during a potential EU Exit 'No Deal' scenario arrangements have been made to ensure the Trust has a robust senior manager 'On Call' response. These arrangement will mean that over weekend periods a second senior manager will be able to respond in support of the designated 'on Call' senior manager.

Supplies - The Procurement team has undertaken an assurance exercise ensuring the Trust's suppliers are prepared, more detailed assurance has been received from major suppliers including Sodexo (catering), Steris (medical equipment sterilisation) and Synergy (linen).

EU Exit - Risks Identified by DHSC

Risk Assessment

Risk Area	Source	Risk Lead(s)	Risk Description (Consequence)	Initial Risk Rating			CRR Ref / NA	BAF Ref / NA	Controls in Place	Source(s) of Assurance	Gaps in Control or Assurance	Action(s) Required to Mitigate Risk	Target Risk			BCP Description	Date BCP Tested	Notes	Last Checked / Updated by Lead
				I	L	RR							I	L	RS				
Supply of Medicines and Vaccines	ETU*	Esoop Bharoocha - Assistant Chief Pharmacist	Reduced availability of pharmaceuticals and supplies imported from the EU. If we fail to adequately treat patients due to unavailability and lack of supply of medicines then this may lead to: 1. Impact on safety of patients. 2. Impact on patient experience. 3. Potential delays to treatment. 4. Impact on Trust reputation. 5. Increased workload in pharmacy procurement. 6. Financial impact for Trust.	4	4	16	Y	Q&E9	1. DHSC has national contingency plans (Medicine Supply Assessment, Six Week Stockpile, Alternative Transport Routes, Vaccines, Clinical Research including Trials, Unlicensed Medicines, Operational Guidance, Serious Shortage Protocol). 2. DOHSC have warning systems for national shortages. 3. South Yorkshire and Bassetlaw and Yorkshire and Humber medicines procurement arrangements in place warning systems for regional shortages and mutual aid. 4. Agreements with suppliers on lead times - including regional contracts with national wholesalers. 5. Trust's JAC system monitors medicines usage, highlights low stock or shortages and allows for timely reordering (business continuity plan available for loss of system). 6. Systems in place to communicate shortages to relevant Trust departments. 7. 'Getting Medication - Information for Patients' - communication issued by DHSC (17/01/19). 8. Procedure to manage supply issues confirmed to SMT (January 2019).	1. DHSC Guidance note 21/12/2018. 2. DHSC letter dated 17/01/19. (Ref 00055). 3. Internal Audit report on Medicines Management (Summer 2016) provided partial assurance - with actions agreed for improvement required now completed.	1. Central communications to patients (DHSC information or similar) not yet provided. 2. Trust communications to staff to assure patients of the plans in place not yet provided.	1. Circulate central communications to patients - monitor situation to determine if, when and how to provide. 2. Develop and publicise communications to staff - monitor situation to determine if, when and how to provide.	3	3	9	NB DHSC instruction that Trust must not stockpile or overprescribe. BCP for loss of JAC.		Trust's BAF has controls in place as: (i) Support from Regional Procurement Team, (ii) Arrangement of substitute drugs and medicines, (iii) Database of supply issues managed by RPT, (iv) Daily updates on shortages, (v) Holding to account of wholesalers for non-delivery of their contractual obligations and monitoring the performance of wholesalers in the region, (vi) Local holding to account through account business managers, (vii) Escalation measures to Deputy Chief Pharmacist for persistent and acute issues, (viii) Logistics team communicating shortages to the ward and pharmacy team if stock not available for supply. Sources of assurance are: (i) Temporary improvements to the supply chain, (ii) Updates from CMU (Commercial Medicines Unit of NHSE), (iii) Risk interrogation to OEC (April 2018), (iv) Government technical notes, (v) Letter and guidance on 'No Deal' Brexit, August 2018.	07-Oct-20
Workforce	ETU*	Anthony Jones - Deputy Director of HR	EU staff working in the NHS may choose to leave the UK or employment arrangements may change. The government immigration system may preclude applicants from EU countries who could formally apply for roles. Loss of corporate and/or patient facing staff may lead to: 1. Services becoming unsustainable due to loss of staffing. 2. Impact on safety of patients. 3. Impact on patient experience. 4. Potential delays to treatment. 5. Impact on Trust reputation.	4	4	16	Y	F&P8	1. Director of P&OD member of Regional HRD Forum where EU Exit implications have been raised and discussed. 2. Trust has information on the number of EU staff (ESR). 3. Quarterly review of workforce changes undertaken within P&OD since EU Exit vote to monitor any negative impact on the workforce. Information reported to NHS Employers. (Numbers of EU staff have increased). 4. Trust shared information on Pilot EU Settlement Scheme and will pay employee related costs. 5. Existing business continuity plans provide guidance for staff shortages to ensure that functions are delivered.	1. Notes of Workforce, Education and Research Committee - EU Exit discussed. 2. Action notes from Regional meetings. 3. Returns to NHS Employers. 4. Internal Audit report on Workforce Planning - Review of the People and Organisational Development Strategy (August 2018) provided partial assurance with actions agreed for improvement. 5. Further review of the P&OD Strategy in conjunction with the NHS People Plan published 30 July 2020.	1. Awareness amongst staff of full EU Settlement Scheme launched February 2020.	1. Determine if there are any clusters of EU staff (in divisions and/or departments) - possibly some medical staffing teams. 2. Discuss with divisional management teams the requirement for local BC plans if clusters of staff exist. 3. Publicise EU Settlement Scheme Pilot (February 2019). 4. Publicise full EU Settlement Scheme launched February 2020 (deadline for applications 30 June 2021).	4	2	8	BCPs for staff shortages in divisions and departments.		Trust's BAF has controls in place as (extract): (i) HR policies and procedures, (ii) Medical staff recruitment action plans, (iv) Care Group Business Plans - workforce plans, (v) E-Rostering processes, (vii) NHS Professionals processes & management information, (xiii) Increasing the attractiveness of the website, social media and open days.	07-Oct-20
Workforce	ETU*	Anthony Jones - Deputy Director of HR	If there is a reduction in non-UK EU applicants then corporate and patient facing staff vacancies may not be filled leading to: 1. Services becoming unsustainable due to loss of staffing. 2. Impact on safety of patients. 3. Impact on patient experience. 4. Potential delays to treatment. 5. Impact on Trust reputation.	4	2	8	N	NA	1. Currently working to establish workforce links and supply, through partnership approach with non-EU countries, Nepal and possibly Philippines. 2. Trust HR Recruitment Team monitoring of applications from non UK EU countries. 3. Existing business continuity plans provide guidance for staff shortages to ensure that functions are delivered.	1. Notes of Workforce, Education and Research Committee - EU Exit discussed. 2. Internal Audit report on Workforce Planning - Review of the People and Organisational Development Strategy (August 2018) provided partial assurance with actions agreed for improvement. 3. Further review of the P&OD Strategy in conjunction with the NHS People Plan published 30 July 2020	1. Monitoring of applications from non UK EU countries began in Jan 2019. No figures exist prior to this date.	None.	4	1	4	BCPs for staff shortages in divisions and departments.		Trust's BAF has controls in place as (extract): (i) HR policies and procedures, (ii) Medical staff recruitment action plans, (iv) Care Group Business Plans - workforce plans, (v) E-Rostering processes, (vii) NHS Professionals processes & management information, (xiii) Increasing the attractiveness of the website, social media and open days.	07-Oct-20
Workforce	ETU*	Anthony Jones - Deputy Director of HR	The validity of qualifications obtained in the EU may change leading to: 1. staff unqualified for roles.	3	2	6	N	NA	1. Deadline for applications for EU Settlement Scheme is 30 June 2021. 2. All new applicants will be subject to the new immigration system requirements from 01 January 2021. 3. Employees covered by contract of employment. 4. Existing business continuity plans provide guidance for staff shortages to ensure that functions are delivered.	1. DHSC Guidance note 21/12/2018. 2. Internal Audit report on Workforce Planning - Review of the People and Organisational Development Strategy (August 2018) provided partial assurance with actions agreed for improvement. 3. Further review of the P&OD Strategy in conjunction with the NHS People Plan published 30 July 2020.	1. Trust does not have information on Non UK EU Nationals' qualifications.	1. Determine staff affected. 2. Contact staff to advise on position and encourage staff to apply for EU settled status where applicable.	3	1	3	BCPs for staff shortages in divisions and departments (inc insufficient qualified staff).		Trust's BAF has controls in place as (extract): (i) HR policies and procedures, (iv) Care Group Business Plans - workforce plans, (viii) NHS Professionals processes & management information.	07-Oct-20

Supply Chain / Procurement and Competition	ETU*	Richard Somers - Head of Procurement	Reduced availability of supplies imported from the EU and/or affected by the EU Touch Point. Resultant failure to treat patients due to unavailability or lack of supply may lead to: 1. Impact on safety of patients. 2. Impact on patient experience. 3. Potential delays to treatment. 4. Impact on Trust reputation. 5. Increased workload in procurement department. 6. Financial impact for Trust.	3	2	6	N	NA	1. Trust lead is working with equivalents at partner organisations - discussed at Head of Procurement Meetings. 2. Sheffield Teaching Hospitals (STH) leading members of the Procurement Intervention System (ICS) in contacting suppliers which could be affected by EU Exit. 3. Via ICS Trust responded to NHSI survey (November 2018) - identifying suppliers with risk associated. 4. DBTH provided a report to Board of Directors on local position. 5. NHSI acting centrally with key national suppliers. 6. NHS Supply Chain acting centrally on goods it procures (inc stockpiling). 7. Genesis stock system provides highlight reports on stock levels (business continuity plan available for loss of system). 8. Oracle ordering system allows for timely ordering should stocks be low (business continuity plan available for loss of system). 9. sodexo (catering provider) has BC Plans - part of contract.	1. DHSC Guidance note 21/12/2018. 2. Self-assessment of dependence on non clinical consumables, goods and services found no impact expected on Trust of no deal EU Exit.	1. A small number of suppliers did not respond to the ICS.	1. STH expediting answers from non-respondents. 2. Possible future decision to stockpile local goods which have been identified as at risk. (Although NHSI and NHS Supply Chain have instructed organisations not to do this and Trust does not currently have necessary finances or space to purchase and/or store stockpiles). 3. Check sodexo BC Plans. 4. Adjust stock levels on Genesis based on central policy should lead times expand.	3	1	3	NB NHSI and NHS Supply Chain instructions that Trust must not stockpile. BCP for loss of Genesis and/or Oracle.		21/09/2020
Reciprocal Healthcare	ETU*	Julie Robinson - Overseas Visitors Team Manager	A failure by the Trust to identify a process for the changes to the reciprocal healthcare arrangements / a change to the concept of 'ordinary residence' (resulting from EU Exit) - this could be a requirement to charge EU patients for treatment - may lead to: 1. EU patients accessing NHS services free of charge. 2. Increased surge (already being experienced) in British passport holders coming to UK for healthcare treatment. 3. Increased workload for Overseas Visitors Team.	2	3	6	N	NA	1. The Trust has a dedicated team in situ responsible for the identification, investigation and charging of any patients found to be chargeable under any of the chargeable categories within the DoH Overseas Charging Regulations. 2. EU Exit is discussed at each meeting of the National Overseas Visitor Advisory Group (held twice per year - most recently on 16 November 2018). 3. The consensus is that there will be no change until at least 2020 to the reciprocal and the EHIC regulations. 4. EU Exit will be included on the agenda for the Northern Overseas Visitor Advisory Group (15 Feb 2019). 5. The Trust's lead will request that EU Exit is included on the agenda for the Local Working Group Working - Cohort Trusts Overseas Visitors Teams (date TBC). 6. Exemplar data set agreement in place with the CCG. 7. A potential benefit is raising awareness throughout the Trust of the requirement to recharge overseas visits.	1. Minutes / notes of national meetings. 2. Minutes / notes of local meetings.	1. The NHS Cost Recovery Team has not provided any information or guidance on EU Exit as yet.	1. TBC once national guidance has been obtained.	2	2	4	None.	14.09.2020 There is no further update with regard to healthcare and Brexit. NHS Cost Improvement Team have confirmed with us that no updates will be made available until at least December 2020.	14/09/2020
Research and Innovation	ETU*	Emma Adams - Clinical Research Development Manager	If EU funded projects end and other funding cannot be identified, this may lead to: 1. Loss of income - Continuity of research funding from commercial sector - companies may reduce UK placement for new clinical trials/medical devices. 2. Loss of partnership opportunities - Continuity of pan-European clinical and research collaborations. 3. Problems with supply chains - Potential problems with supply chain for IMP and with vendors outside UK ie central laboratory services. 4. Problems with data/tissue transfer - Possible problems transferring data between the UK and EU, eg patient data for clinical trials or treatment. 5. Reputation - Decrease in research activity may result in loss of reputation.	2	2	4	N	NA	1. EU Exit discussed at DBTH R&D Management Team meetings. 2. The Trust continues to link in with regional and national bodies/agencies such as the NIHR Clinical Research Network and Academic Health Science Network to understand the national approach taken to mitigate the shared risks highlighted above. 3. Locally the Trust will continue to diversify its R&D funding model and maintain open dialogue with our research partners about potential delivery against risks. 4. The Trust does not have any Horizon 2020 grant income.	1. DHSC Guidance note 21/12/2018 (Guidance on Research and Clinical Trials) advises that funding will be covered until end of 2020. Information on clinical networks and IMP contracts to follow, follow normal process for seeking regulatory approval for clinical trials. 2. The Trust has responded with a 'nil return' on the provided Horizon 2020 link.	1. Awaiting information on clinical networks. 2. Awaiting the conclusion and further guidance from the work on the contact for research and clinical trials of IMPs and medical devices (due to conclude in January 2019). 2. The Trust has responded with a 'nil return' on the provided Horizon 2020 link.	1.TBC dependent on outcome of EU Exit agreement. The Trust would seek to work with National Institute for Health Research - Clinical Research Network (Y&H) on a coordinated approach to contacting sponsors.	2	2	4	None.		

Device Reguations	ETU*	Andrew Ferguson – Medical Technical Services Manager	Reduced availability of medical devices and supplies imported from the EU. If we fail to adequately treat patients due to unavailability and lack of supply of medical devices then this may lead to: 1. Impact on safety of patients. 2. Impact on patient experience. 3. Potential delays to treatment. 4. Impact on Trust reputation. 5. Increased workload in procurement and Medical Technical Services 6. Financial impact for Trust.	3	2	6	N	NA	1.DHSC is working with NHS Supply Chain on national contingency plans and is centrally managing the majority of suppliers of medical devices and clinical consumables. 2. Exception lists are being assessed for impact. 3.The MHRA has comprehensive plans in place for Medical Device Regulation and Registration in the event of a no deal. 4. From 1 January 2021 the Medicines and Healthcare products Regulatory Agency (MHRA) will take on the responsibilities for the UK medical devices market that are currently undertaken through the EU system. 5. As of 1 January 2021, medical devices placed on the Great Britain market will need to have either a UKCA mark or a CE mark, depending on which legislation the device has been certified under. 6. EU CE marking will continue to be used and recognised within the UK until 30 June 2023. 7. From 1 July 2023, new devices placed on the Great Britain market will need to conform with UKCA marking requirements. 8. From 1 January 2021, all medical devices and in vitro diagnostic medical devices (IVDs) placed on the UK market will need to be registered with the MHRA. There will be a grace period for registering: 4 months for Class IIIs and Class IIb implantables, and all active implantable medical devices, 8 months for other Class IIb and all Class IIa devices and 12 months for Class I devices.	1. DHSC letter 23/10/2018. 2. DHSC letter 'EU Exit NHS Contract Review Self-Assessment Methodology'. 3. MHRA' Further guidance on the regulation of medical devices if there's no Brexit deal' - last updated 01/09/2020.	1. Suppliers not listed on the DHSC engagement list to be assessed for impact on services.	2. Work with Procurement and regional groups to ensure contingency.	3	1	3	None.			10/09/2020
Data and Information Governance	ETU*	Roy Underwood – Trust Data Protection Officer	If the Trust was unable to rely on transfers of personal data from the EU/EEA to the UK then this may lead to: 1. Impact on safety of patients. 2. Potential delays to treatment. 3. Impact on Trust reputation. 4. Financial impact for Trust.	3	1	3	N	NA	1. It is considered that there will be no effect on Data and IG in the short to medium term. 2. IG issues included on agendas for monthly Regional Strategic IG Group (SIGN) – at which the Trust's lead is Vice-Chair. 3. IG issues included on agendas for the Northern and Yorkshire Directors of Information Forum (NYDIF). 4. The Trust has no transfers of data to organisations within the EU 5. The Trust has one data transfer outside of the UK. 6. The Trust's cloud services are hosted by Amazon within their London area. 7. GDPR & DPA 2018 allow for the equivalent level of security provision for the transfer of personal data outside of the UK should this be required in exceptional circumstances. 8. GDPR & DPA 2018 includes requirements for processing agreements and contracts, through adequacy decisions and binding corporate rules (GDPR Arts 47 & 47).	1. Roy Underwood is Vice Chair of SIGN. 2. Minutes / notes from SIGN. 3. Minutes / notes from NYDIF. 4. Everlight Radiology On-line Reporting (Australia) is carried out under the Standard NHS Terms & Conditions for the supply of goods and the provision of services and additionally GDPR Art 46 (Adequacy Decision)	None.	None.	3	1	3	None.			14/09/2020
Demand	Local Risk	Rebecca Joyce - Chief Operating Officer	Potential increases in demand associated with wider impact of a no-deal exit (eg reduction in social service provision if EU staff leave). May lead to: 1. Impact on safety of patients. 2. Impact on patient experience. 3. Potential delays to treatment. 4. Impact on Trust reputation. 5. Financial impact for Trust.	3	2	6	N	NA	1. 3 x daily operations meetings. 2. Escalation plans in place - agreed with local partners. 3. Surge and escalation meetings with partners. 4. Base information from Director of Public Health is that there is a low risk for a reduction in social care provision due to a low number of EU employees.	1. OPEL Framework. 2. Exercise Prolatio (September 2018).	1. Detailed information from the Local Authority (EU staffing numbers in social care) not yet provided.	1. TBC once detailed information from the Local Authority has been received (EU staffing numbers in social care).	3	1	3	None.			07-Oct-20

BIR September 2020

In July 2019, NHS improvement changed the definition of Patient safety to be about **maximising the things that go right and minimising the things that go wrong**. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

At DBTH, Patient Safety incidents are subject to initial scoping, investigation and conclusion, therefore the data can sometimes change upon the conclusion of the investigation, once all facts and outcomes are known. The information and data provided in the BIR are accurate at the month end.

Patient Safety

Serious Incidents

There have been two Serious Incidents for care issues reported in September.

The total number of serious incidents, for care issues, year to date is ten. There has been one hospital acquired pressure ulcer (category 4) and three falls with severe harm. This takes the total number of serious incidents reported, year to date to 14.

All incidents are thoroughly investigated by appropriately trained investigators and progress monitored through the serious incident panel. A further two incidents are being investigated by HSIB but not meet the serious incident criteria.

Falls

There were 134 falls reported in September which is the highest number in month, year to date. One of these falls resulted in severe harm to the patient. Of these, 12 patients have suffered severe or moderate harm and 3 cases have been escalated as serious incidents.

All falls are investigated using the Trust Multi-disciplinary Inpatient Falls Investigation Tool (MiFIT). The MiFIT tool has been redesigned to include

- Timescales, investigation methods used (interviewing staff, witness statements) with dates, times and names of staff obtained from all included in the form of a staff key.
- An abstract at the start of the document, details what brought the patient into hospital and the events, leading up to the fall.
- An executive summary at the end of the document, summarising the investigation findings and key learning

Introduction of falls panel for moderate and severe harm from falls, led by MDT. Ward managers/ lead investigators present each case to extract deeper discussion and share wider learning across the Trust.

A review of the current falls risk bundle has been undertaken and is currently being rewritten to simplify the process. The falls documentation will be reviewed as part of the internal audit process in Q4.

Hospital Acquired Pressure Ulcers (HAPU)

There were 69 HAPU (category 2 and above) reported in September. Of these, five were category 3 ulcers. This takes the total numbers of HAPU (category two and above) reported, year to date to

364. Of these, 27 HAPU were category 3 and one category 4. The executive review panel has re-started, using virtual technology to extract learning from these cases.

The quality improvement accreditation for the Skin Integrity Team (SIT) worked well through 2019/20 with all surgical wards except two RAG green or blue. Medical wards have scope for improvement with six out of 18 wards RAG amber or red. SIT accreditation has now re-started after a pause on Q1 due to covid-19.

Infection Prevention and Control

Clostridium difficile

There were four cases of Clostridium difficile in September, all of which were hospital associated, hospital acquired (HOHA). This takes the number of cases, year to date to 31, split as 25 cases of HOHA and 6 cases of community onset, hospital acquired Clostridium difficile (COHA).

No lapses in care have been identified as yet, with patients appropriately being prescribed antibiotics.

The new pathways for Covid cases has been agreed and is in place.

Patient Experience

22 formal complaints were received in September, with a year to date (1 April to 30 September) figure of 151 formal complaints. Top themes were communication, treatment and diagnosis. There was one complaint relating to Covid-19. Currently 26 cases are overdue. In September, 58 Advice, Comments and Question were received. There are a total of 68 open and 36 of these are overdue.

There is no FFT data since March 2020, as this has been paused in line with COVID-19 National Guidance. The Friends and Family Test (FFT), was due to relaunched nationally from 1st April 2020 but this has been deferred until September 2020. Work has continued on developing the new FFT card to allow better feedback about care. PALS team will be collating FFT data once this resumes, and will be focussing on both the quantitative and qualitative aspects of the data. This is being shared with the Divisions in the next few weeks to finalise details in preparation of FFT restarting.

CQC Compliance

The CQC are carrying out structured conversations with all acute providers to review, Trust's ED, winter and COVID planning, and the boards oversight of this and any associated challenges. The CQC with National Leads for emergency care have developed a framework entitled Patient First.

Patient FIRST is based on five principles to support emergency care

- Patients must come first and safety cannot be compromised.
- Emergency departments must focus on their core function of rapid assessment and emergency stabilisation of critically ill and injured patients.
- Staff in emergency departments must have the authority to move people from the department after their initial assessment to a more appropriate pathway of care outside the emergency department.

- Patients must have access to other services outside hospital to help ensure emergency departments are not the default pathway.
- Delivering good quality urgent and emergency care must have the support of all
- services inside and outside hospital.

DBTH review will take place on the 21st of October.

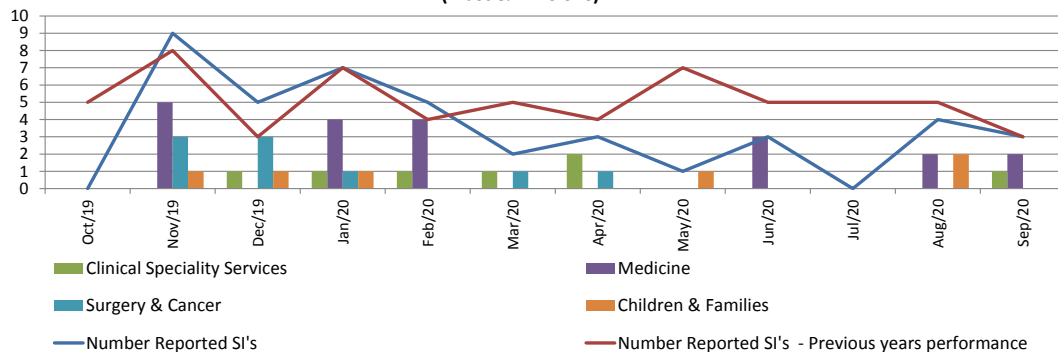
Serious Incidents - September 2020 (Month 6)

(Data accurate as at 09/10/2020)

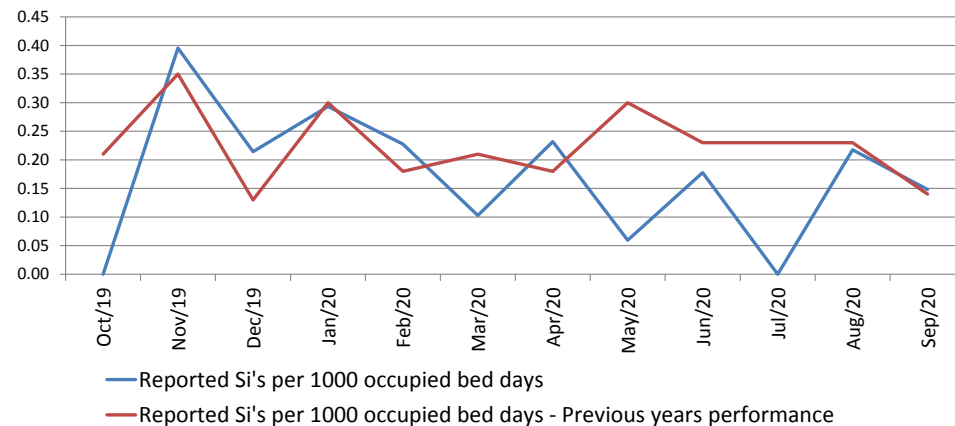
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

Number Serious Incidents Reported (Trust & Divisions)



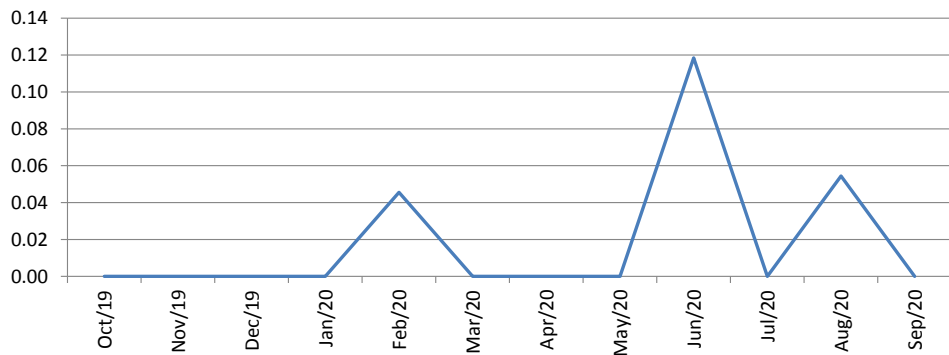
Serious Incidents per 1000 occupied bed days



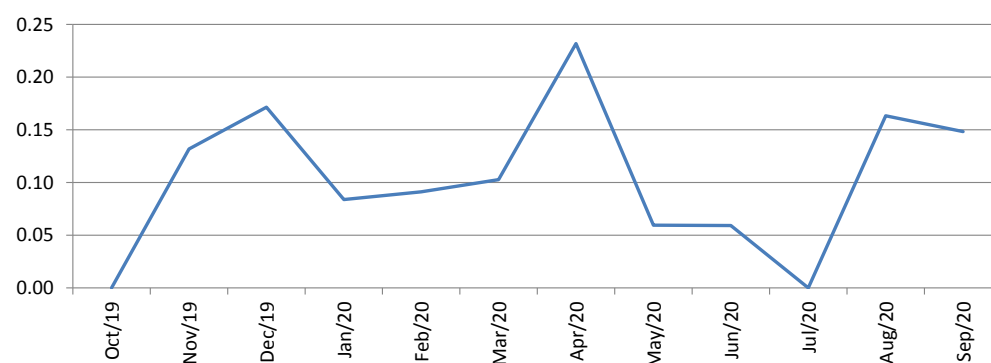
Current YTD reported SI's (April-Sep 20)	14	Number reported SI's (Apr-Sep 19)	29
Current YTD delogged SI's (April-Sep 20)	0	Number delogged SI's (Apr-Sep 19)	3

Themes

Serious Falls per 1000 occupied bed days



Care Issues per 1000 occupied bed days





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

Title	Medical Director's update		
Report to	Board of Directors	Date	23 October 2020
Author	Mr Ray Cuschieri, Deputy Medical Director on behalf of Dr Timothy Noble, Medical Director		
Purpose			Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues

Hospital Standardised Mortality Ratio (HSMR)

The overall rolling HSMR currently stands at 103.38 reflecting the monthly rise in May, June and July related to Covid19, and remains within the expected range. The figure is reflected principally in the "non-elective" data as would be expected given that there was no elective work while the Trust dealt with the Covid pandemic. It will be some time before this will show a significant fall due to the time lag inherent in the way the figures are calculated

The monthly HSMR for July is 94.75 a decrease from the previous month's figure of 108.12 reflecting the decrease in deaths at the tail end of the first Covid outbreak and the introduction of some elective work. The monthly HSMR is always three months behind in terms of its production by HED. The monthly HSMR will be influenced both by associated co-morbidities as well as the ratio of deaths to "discharges" and of course the latter (denominator) is reduced in the absence of elective work.

The crude mortality rate increased rapidly in March 2020 at the start of the Pandemic, but since the peak there has been a consistent downward trend. This reduction in crude mortality continues to be reflected on both sites. A close look at the figures for August and September reveals that the rate is back to where it was at the start of the pandemic. The crude mortality for this period relates to both non-elective and elective work.

On a cautionary note the effect of a second wave remains unpredictable both in terms of the

mortality rate as well as the Trust's ability to continue with the introduction of elective work and reducing the backlog of cases.

Medical Examiner

The Medical Examiner appointments have now been completed and this has enhanced the process of scrutinising deaths. The ME team now provides independent scrutiny of over 90% of deaths that occur within the Trust and fast approaching the target of 100%.

Miscellaneous update

Clinical prioritisation of the backlogged work

The Risk Stratification Assurance Body provides monthly updates to the Clinical Governance Committee and bi-monthly to the Quality & Effectiveness Committee

Further guidance has recently been received in terms of ensuring *“elective waiting lists and performance are managed at system as well as Trust level to ensure equal patient access and effective use of facilities”*. To this end, the Trust is being asked to upload the validated and risk stratified admitted patient waiting list via an “e-review” system so this can be reviewed at a regional level.

As the Trust has already committed to risk stratifying its admitted patients, it has requested an exemption from this process, providing the assurance that processes are in place for each of our admitted pathways.

As of the 28th September 2020m, 89% of all patients in this cohort have been clinically reviewed and given a risk stratification category.

New build

It was disappointing to hear that the Trust will not to be one of the 40 hospital Trusts to be granted funding for a new hospital in Doncaster. We acknowledge that the current site is not ideal however we need to identify how we continue to utilise the site in different ways to its best capacity.

Remote Prescribing System

We are in the process of testing the IT system in place. Clinicians are using the system in parallel with existing methods however the delivery of medication to our patients is currently being explored further to ensure safe and effective delivery is achieved to the expectations of our population.

Appraisal & Revalidation

Appraisals for Medical Staff was postponed during the pandemic as supported by NHS England (NHSE) and the General Medical Council (GMC). In addition, the GMC agreed to move on medical revalidations due during the period March 2020 to March 2021 by one year.

Whilst nationally, NHSE suggested that appraisals be re-introduced in October 2020, we took the decision to re-commence and support our clinicians in a position to proceed with their appraisals from August.

In addition, to support clinicians who were ready to revalidate prior to the NHSE missive, we have successfully recommended 30 of our medical staff for revalidation.

In view of the current circumstances with increased covid-related admissions, this process may slow down in the next few months.

Conflict of interest declarations

37.5% compliance from medical staff. Further awareness will be raised through the Medical Director's bulletin.

Development of Medical Advisory Committee (MAC)

The newly developed terms of reference will be discussed at the next Trust Medical Committee scheduled for Wednesday 21st October 2020, outcome of which will be shared verbally with the Board.

Key questions posed by the report

The Trust Board can be assured that the actions being taken in respect of Mortality Governance meet the quality objectives for the Trust and are asked to note the further updates.

How this report contributes to the delivery of the strategic objectives

This report contributes to True North Objective One and the breakthrough objective for 2020.

How this report impacts on current risks or highlights new risks

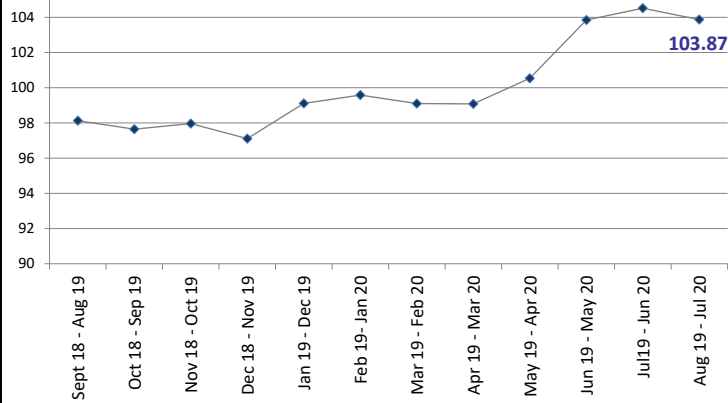
F&P6 Failure to achieve compliance with performance and delivery, CQC and other regulatory standards
Leading to
(i) Negative patient and public reaction towards the Trust
(ii) Impact on reputation

Recommendation(s) and next steps

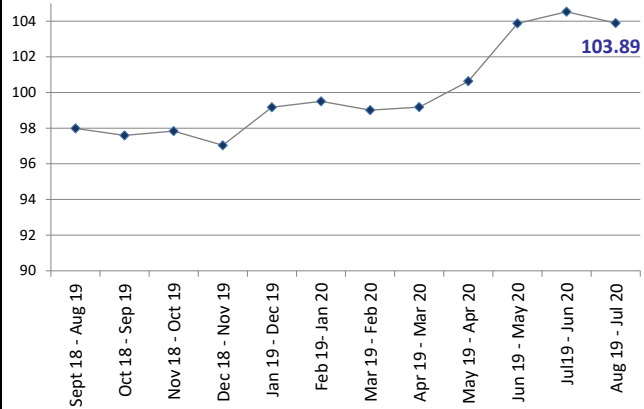
That the report be noted.

Hospital Standardised Mortality Ratio (HSMR) - July 2020 (Month 4)

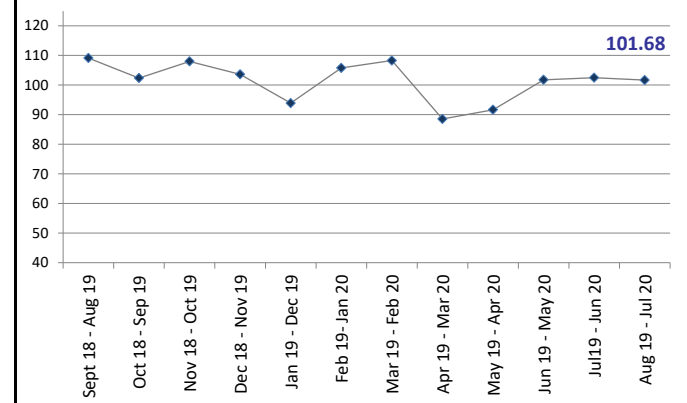
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

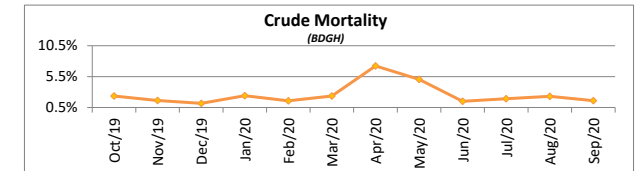
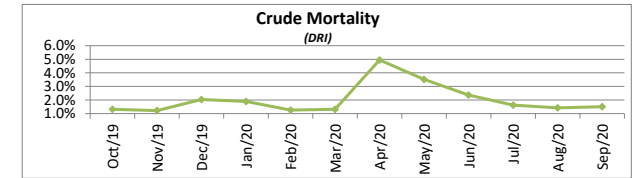
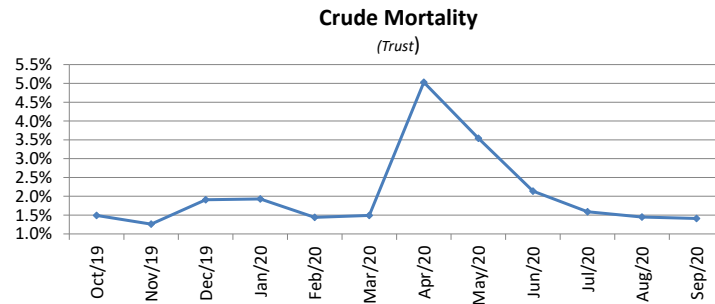


HSMR Trend (monthly)

	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	110.26
February	99.94	97.73	105.44	98.13	92.53
March	90.54	97.37	88.42	101.87	101.70
April	105.91	88.50	98.37	100.70	127.52
May	101.15	96.60	91.20	91.36	142.76
June	80.27	93.67	89.98	98.32	108.12
July	92.56	97.73	107.07	104.77	94.75
August	100.27	87.52	94.65	112.17	
September	90.26	95.34	90.09	83.64	
October	90.29	88.66	96.74	100.24	
November	88.98	82.30	99.04	88.64	
December	82.30	93.52	80.45	103.24	

Crude Mortality (monthly) - September 2020 (Month 6)

(number of deaths/number of patient discharged)



	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Trust	1.49%	1.26%	1.91%	1.93%	1.44%	1.69%	5.03%	3.54%	2.14%	1.59%	1.46%	1.41%
DRI	1.32%	1.22%	2.04%	1.89%	1.26%	1.76%	4.95%	3.52%	2.37%	1.62%	1.42%	1.51%
BDGH	2.36%	1.64%	1.71%	2.42%	1.57%	1.75%	7.23%	5.05%	1.51%	1.92%	2.30%	1.61%



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

Title	Integrated Quality & Performance Report		
Report to	Trust Board	Date	23 October 2020
Author	Rebecca Joyce, Chief Operating Officer		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	x	
	Information		

Executive summary containing key messages and issues

This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance. The report focuses on the main performance area for NHSI compliance for August 2020 including:

- Cancer 62 day classic, measured on average quarterly performance
- 4hr Access, measured on monthly performance
- 18 weeks measured on monthly performance against active waiters,
- Diagnostics performance against key tests
- Infection control measures, C Diff and MRSA Bacteraemia

***Impact on performance from Covid 19 is clearly stated in the report.**

The Quality report highlights the ongoing work with Divisions and external partners to improve patient outcomes and a focus on mortality rates.

The report contains a review of 7 day services against the National Standard.

Key questions posed by the report

Key Questions for the Board are:

- Is the Trust maintaining performance against agreed trajectories with our CCGs and in the context of national standards?
- Is the Trust providing a quality service for the patients?
- Are NEDs assured that the actions being undertaken to address underperformance and maintain current standards are robust and deliver the agreed improvements?

How this report contributes to the delivery of the strategic objectives

This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.

How this report impacts on current risks or highlights new risks

F&P6 Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards

F&P15 Commissioner plans do not come to fruition and do not achieve the required levels of acute service reduction

Recommendation(s) and next steps

The Board is asked to consider the report.

Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (Sep-18 - stated month) This is calculated based on rolling 24 month data with performance below expected control limits highlighted in red and above expected control limits in green
						Local Target	Actual	Variance	Local Target	Actual	Variance	Target	Actual	Variance	
Performance (NHSI Compliance Framework)	A&E: Max wait four hours from arrival/admission/transfer/discharge (Type 1 benchmarking only)	Aug-20	87.3%	84.4%	Aug-20	95%	88.6%	-6.37%	95%	91.7%	-3.33%				
	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Jul-20	42.7%	43.2%	Aug-20	92%	54.0%	-38.00%	92%	62.3%	-29.66%				
	RTT 52 Week Breaches to date	-	-	-	Aug-20	0	278	278	0	278	278				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -incomplete Pathways	-	-	-	Aug-20	29935	31583	-1648	29935	31583	-1648				
	% waiting less than 6 weeks from referral for a diagnostics test	Jul-20	56.6%	60.4%	Aug-20	99%	54.4%	-44.63%	99%	41.9%	-57.13%				
Performance (Cancer)	31 day wait for diagnosis to first treatment- all cancers	Jul-20	96.1%	95.1%	Jul-20	96%	99.2%	3.18%	96%	98.9%	2.89%				
	31 day wait for second or subsequent treatment: surgery	Jul-20	91.0%	87.9%	Jul-20	94%	100.0%	6.00%	94%	98.3%	4.31%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Jul-20	98.6%	99.3%	Jul-20	98%	100.0%	2.00%	98%	100.0%	2.00%				
	31 day wait for second or subsequent treatment: radiotherapy	Jul-20	96.2%	96.0%	Jul-20	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Jul-20	83.9%	85.2%	Jul-20	85%	88.7%	3.70%	85%	85.4%	0.36%				
	62 day wait for first treatment from consultant screening service referral	Jul-20	10.0%	25.4%	Jul-20	90%	0.0%	-90.00%	90%	58.5%	-31.46%				
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Jul-20	-	47	-	-	131	-				
Performance (Activity)	A&E Attendances	-	-	-	Aug-20	-	14837	-	-	61098	-				
	Non Elective Activity - Discharges	-	-	-	Aug-20	4245	4769	524	21225	21832	607				
	Daycase Activity (Contracted levels achieved)	-	-	-	Aug-20	1445	2198	753	7224	7985	761				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Aug-20	281	377	97	1403	1504	102				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Aug-20	6872	8504	1633	34358	36163	1806				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Aug-20	14705	15565	860	73526	75289	1762.75				
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Aug-20	78.9%	62.0%	-16.86%	78.9%	62.9%	-16.00%				
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Aug-20	22.2%	36.2%	-13.98%	22.2%	36.0%	-13.79%				
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Aug-20	0.0%	1.5%	-1.54%	0.0%	1.0%	-0.95%				
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Aug-20	0.0%	0.2%	-0.24%	0.0%	0.2%	-0.16%				
Performance (Stroke)	Overall SSNAP Rating	-	-	-	Mar-20	B	A	-	B	A	-				
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Jun-20	48.0%	43.1%	-4.86%	48.0%	48.8%	0.76%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Jun-20	75.0%	60.8%	-14.22%	75.0%	61.2%	-13.84%				
	Percentage of all patients given thrombolysis	-	-	-	Jun-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				
	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Jun-20	24.0%	82.6%	58.61%	24.0%	83.2%	59.18%				

Performance (Theatres & Out Patients)	Percentage discharged given a named person to contact after discharge	-	-	-	Jun-20	80.0%	90.2%	10.20%	80.0%	93.9%	13.86%				
	Out Patients: DNA Rate	-	-	-	Aug-20	8.7%	10.7%	-2.01%	8.7%	9.3%	-0.52%				
	Out Patients: Hospital Cancellation Rate	-	-	-	Aug-20	4.5%	20.8%	-16.27%	4.5%	29.0%	-24.49%				
	Typing Backlog (number / date)	-	-	-	Aug-20	3WD	-	-	3WD	18WD	-15WD				
	Out Patient Booking - 2 weeks prior	-	-	-	Aug-20	95.0%	57.7%	-37.35%	95.0%	60.1%	-34.93%				
	Clinic Utilisation	-	-	-	Aug-20	95.0%	84.5%	10.55%	95.0%	79.7%	15.28%				
	ASIs 7 Days +	-	-	-	Aug-20	0	36	-36	0	27	-27				
	Missing Outcomes 14 Days +	-	-	-	Aug-20	0	969	-969	0	969	-969				
	Theatre Booking - 3 weeks prior	-	-	-	Aug-20	-	56.6%	-	-	39.0%	-				
	Theatre Booking - 4 weeks prior	-	-	-	Aug-20	95.0%	48.1%	-46.95%	95.0%	30.6%	-64.36%				
	Theatre Booking - 5 weeks prior	-	-	-	Aug-20	-	38.3%	-	-	24.9%	-				
	Theatre Utilisation	-	-	-	Aug-20	87.0%	76.0%	-11.01%	87.0%	73.0%	-14.04%				
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Aug-20	1.0%	0.32%	0.68%	1.0%	0.29%	0.71%				
	Cancelled Operations-28 Day Standard	-	-	-	Aug-20	0	0	0	0	16	-16				
	ERS Advice & Guidance Response Time	-	-	-	Aug-20	2WD	26WD	-24WD	2WD	14WD	-12WD				
		Infection Control Hospital Onset C.Diff	-	-	-	Aug-20	TBC	6	-	TBC	20	-			
Infection Control Community Onset C.Diff		-	-	-	Aug-20	TBC	2	-	TBC	7	-				
Infection Control Combined Onset C.Diff		-	-	-	Aug-20	TBC	8	-	TBC	27	-				
Infection Control MRSA		-	-	-	Aug-20	0	0	0	0	0	0				
HSMR (rolling 12 Months)		-	-	-	Aug-20	100	104.20	-4.20	100	104.20	-4.20				
HSMR : Non-Elective (rolling 12 Months)		-	-	-	Aug-20	100	104.21	-4.21	100	104.21	-4.21				
HSMR : Elective (rolling 12 Months)		-	-	-	Aug-20	100	102.90	-2.90	100	102.90	-2.90				
Never Events		-	-	-	Aug-20	0	0	0	0	1	1				
Sis		-	-	-	Aug-20	-	4	-	-	11	-				
VTE		-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%				
Pressure Ulcers - Category 3		-	-	-	Aug-20	5	5	-0.01	25	26	-1				
Pressure Ulcers - Category 2 / UNS / DTI		-	-	-	Aug-20	0	57	-57	0	273	-273				
Falls with Severe Harm / Lapse in Care / SI		-	-	-	Aug-20	0	1	-1	0	3	-3				
Falls with Moderate or Severe Harm		-	-	-	Aug-20	3	2	1	3	10	-7				
Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)		-	-	-	Aug-20	90.0%	46.2%	-43.85%	90.0%	46.2%	-43.85%				

Patients	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Aug-20	-	0	-	-	0	-								
	Claims CNST (patients)	-	-	-	Aug-20	TBC	6	-	TBC	6	-								
	Claims LTPS - staff	-	-	-	Aug-20	-	1	-	-	1	-								
	Friends & Family Response Rates (ED)	-	-	-	Mar-20	-	-	-	-	2.56%	-								
	Friends & Family Response Rates	-	-	-	Mar-20	-	-	-	-	21.49%	-								
	Emergency Readmissions within 30 days (PbR Methodology)	-	-	-	Aug-20	7.0%	7.1%	-0.10%	7.0%	8.1%	-1.08%								
	DTOC	-	-	-		3.0%	-	-	3.0%	-	-								
	Super Stranded Patients	-	-	-	Aug-20	71	38	33	71	201	-130								
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Aug-20	-	3.37	-	-	3.48	-								
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-								
	Mixed Sex Accommodation	-	-	-	Aug-20	0	0	0	0	0	0								
	Sepsis Screening - % of appropriate patients screened	-	-	-		90%	-	-	90%	-	-								
	Sepsis Prescribing - Antibiotics within 1 Hour	-	-	-		90%	-	-	90%	-	-								
	Deaths Screened as part of Mortality Review Process	-	-	-		80%	-	-	80%	-	-								
	NICE Guidance Response Rate Compliance	-	-	-	Aug-20	90.0%	78.7%	-11.35%	90.0%	91.1%	1.11%								
	NICE Guidance % Non & Partial Compliance	-	-	-	Aug-20	TBC	26.3%	-	TBC	24.5%	-								
	% Patients Asked for Smoking Status	-	-	-		90%	y to capture	-	90%	-	-								
	Of Patients who Smoke, % offered BAG / NRT & Referral to Smoking Cessation	-	-	-		50%	y to capture	-	50%	-	-								
	Patients - CQUINNS	Appropriate Anitbiotic Prescribing for UTI in Adults (16+)	-	-	-		60%	-	-	60%	-	-							
		Cirrhosis & Fibrosis Tests for Alcohol Dependent Patients	-	-	-		35%	-	-	35%	-	-							
Staff Flu Vaccinations (1.9.20 - 28.2.21)		-	-	-		-	-	-	-	-	-								
Recording of NEWS2 Scores for Unplanned Critical Care Admissions (60%)		-	-	-		60%	-	-	60%	-	-								
Screening & Treatment of Iron Deficiency Anaemia - Major Blood Loss Surgery		-	-	-		60%	-	-	60%	-	-								
Treatment of CA Pneumonia - BTS Care Bundle		-	-	-		70%	-	-	70%	-	-								
Rapid Rule Out Protocol - ED Patients with Suspected Acute MI (60%)		-	-	-		60%	-	-	60%	-	-								
Adherence to Evidence Based Interventions Clinical Criteria		-	-	-		80%	-	-	80%	-	-								
	ASis Reviewed by a Clinician	-	-	-	Aug-20	100.0%	92.6%	-7.39%	100.0%	92.6%	-7.39%								
	ASis booked into an appointment	-	-	-		-	-	-	-	-	-								
	Patients on Cancellation List have a risk stratification category	-	-	-		-	-	-	-	-	-								
	Cancellations booked into an appointment	-	-	-		-	-	-	-	-	-								

	Time to Fill Vacancies (from TRAC authorisation - unconditional offer)	-	-	-		47WD	-	-	47WD	-	-				
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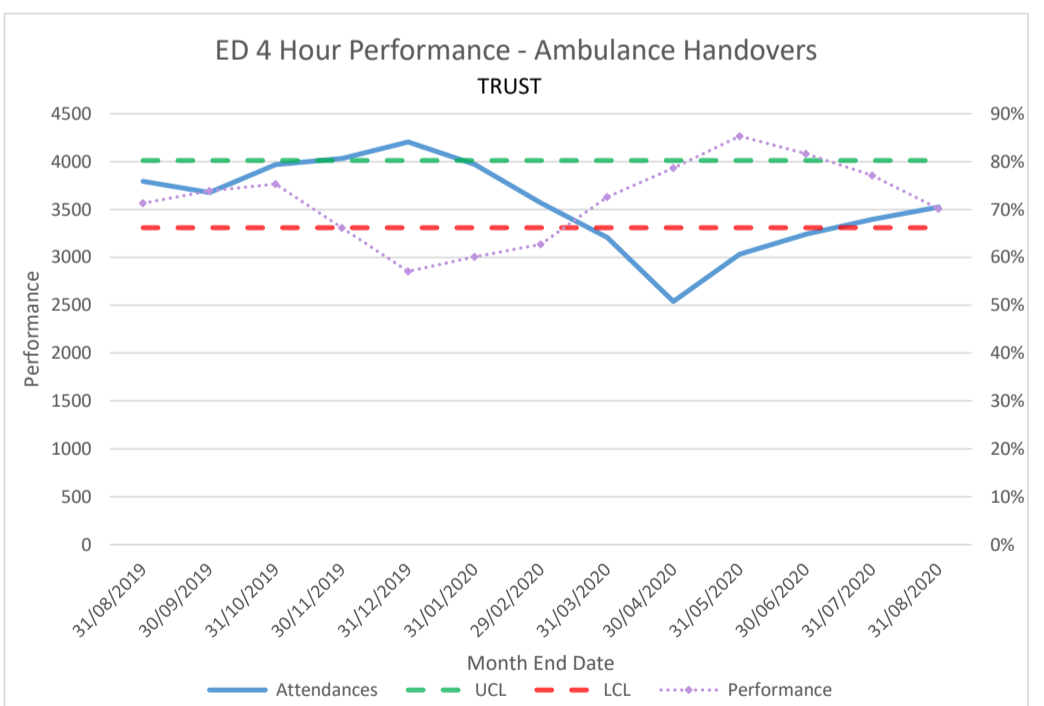
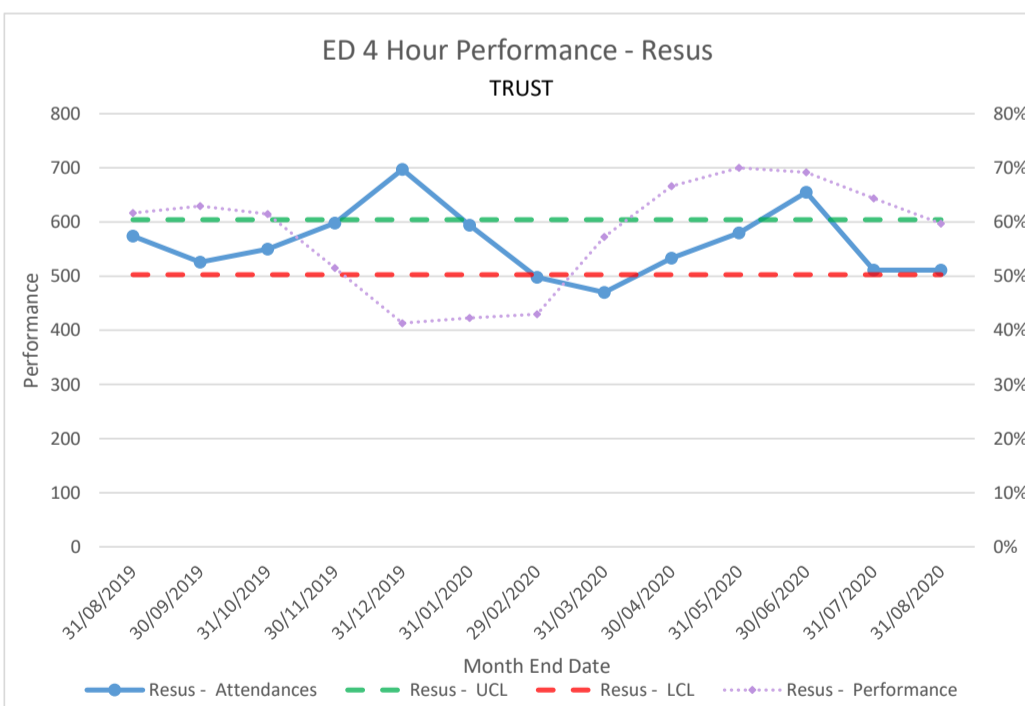
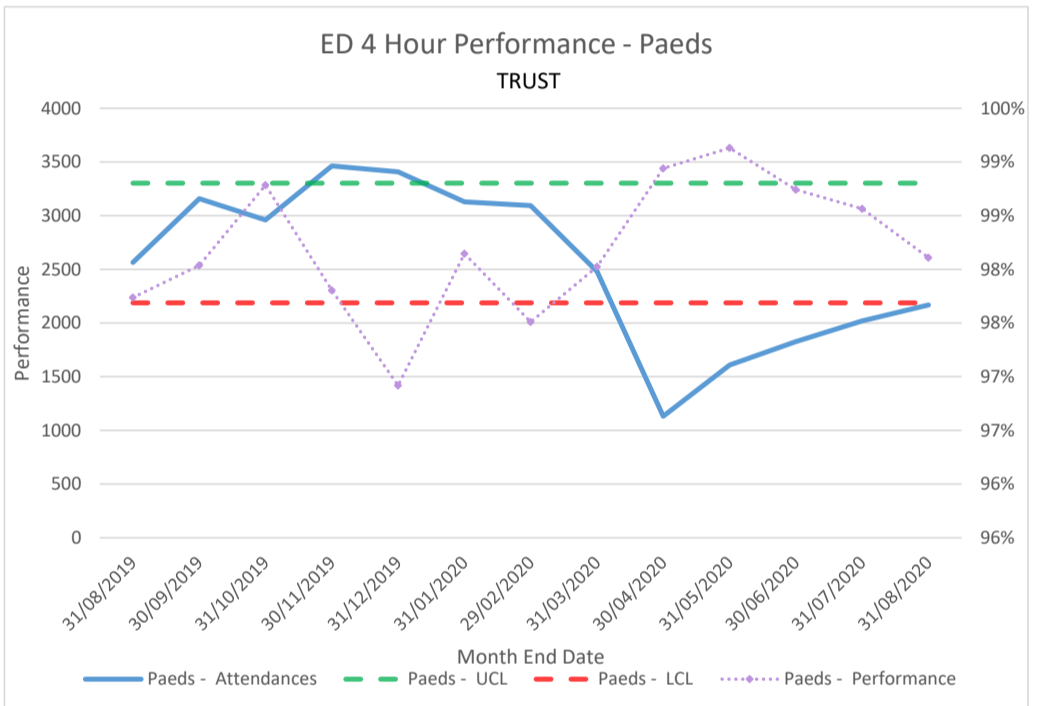
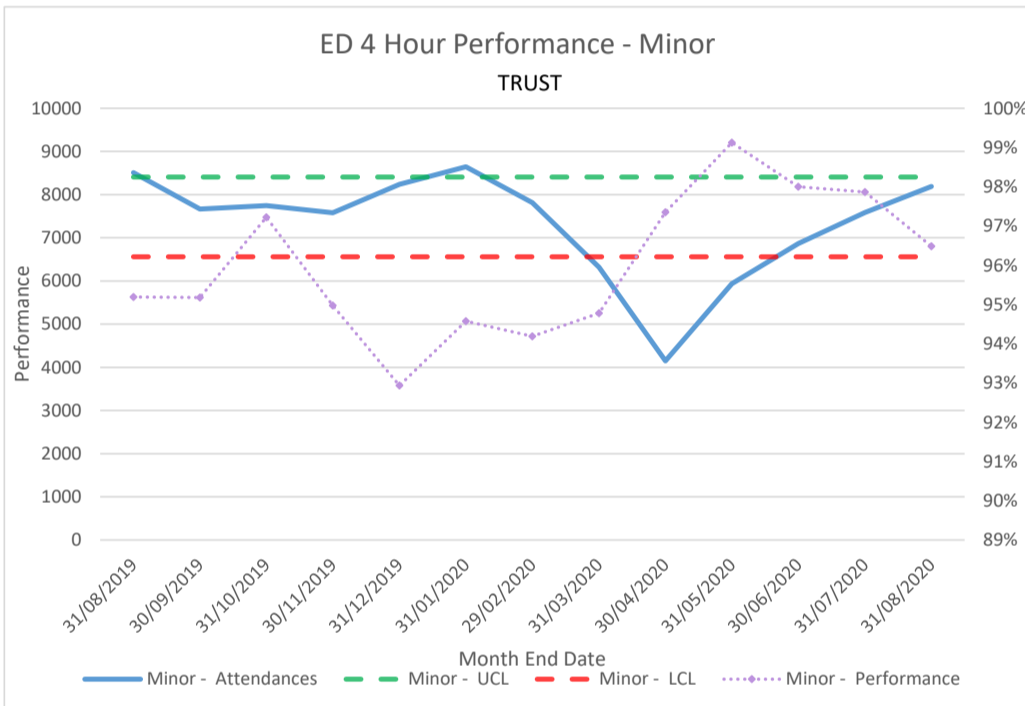
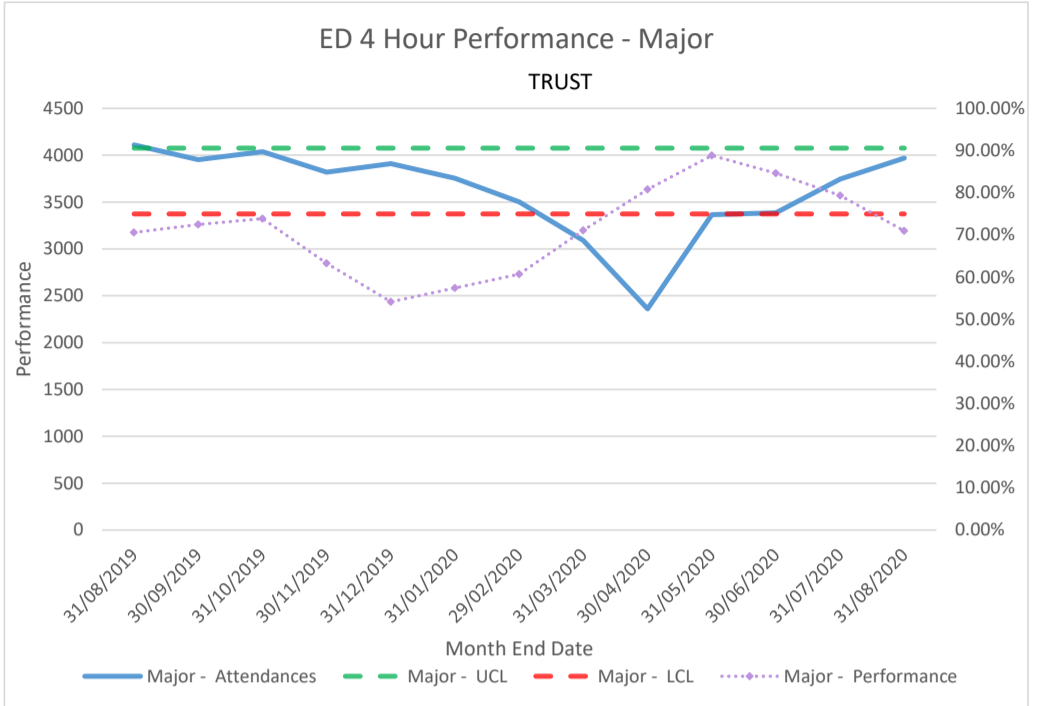
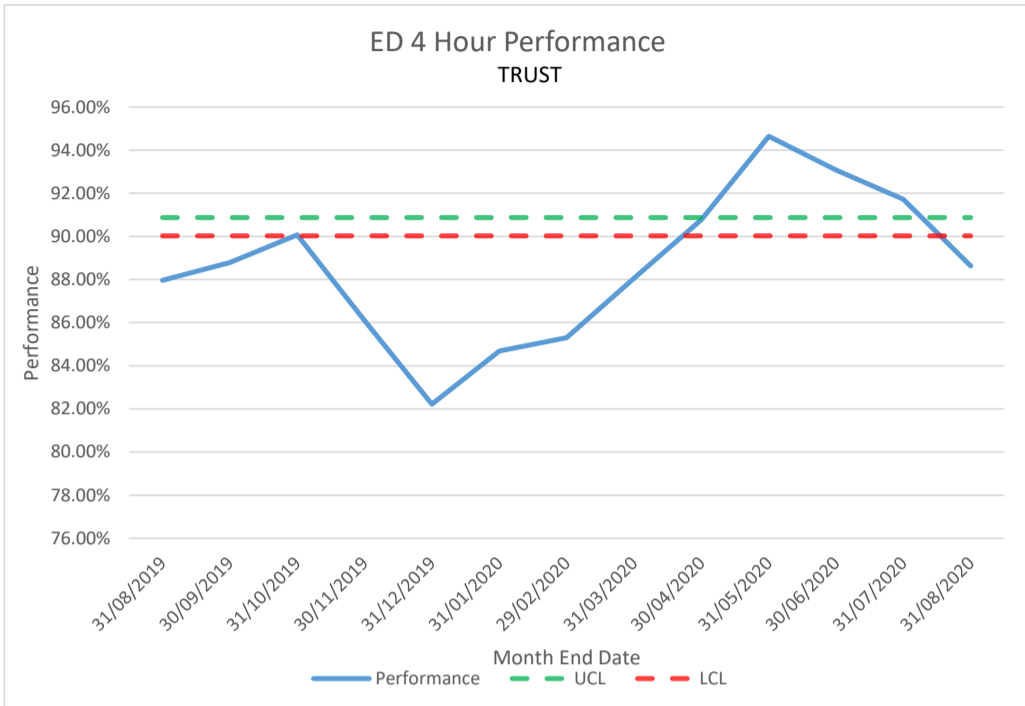
Performance Exception Report - COVID Activity Overview

ED Performance

SELECT THE SITE BELOW FOR ED PERFORMANCE OR TRUST FOR THE TOTAL

Department

TRUST	Bassetlaw	Doncaster	Montagu
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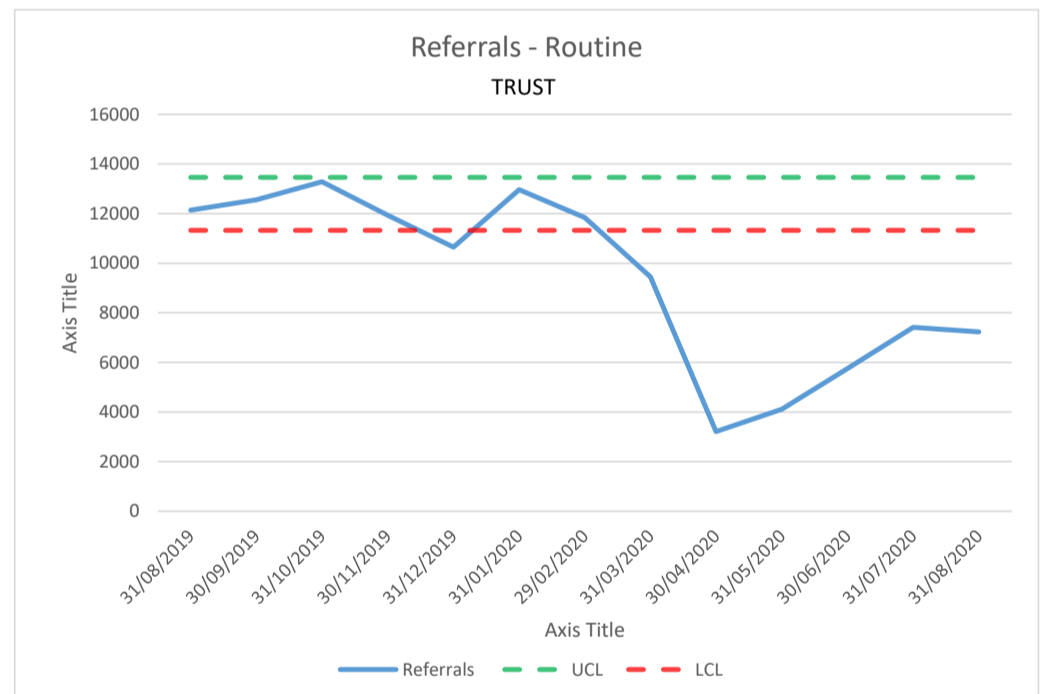
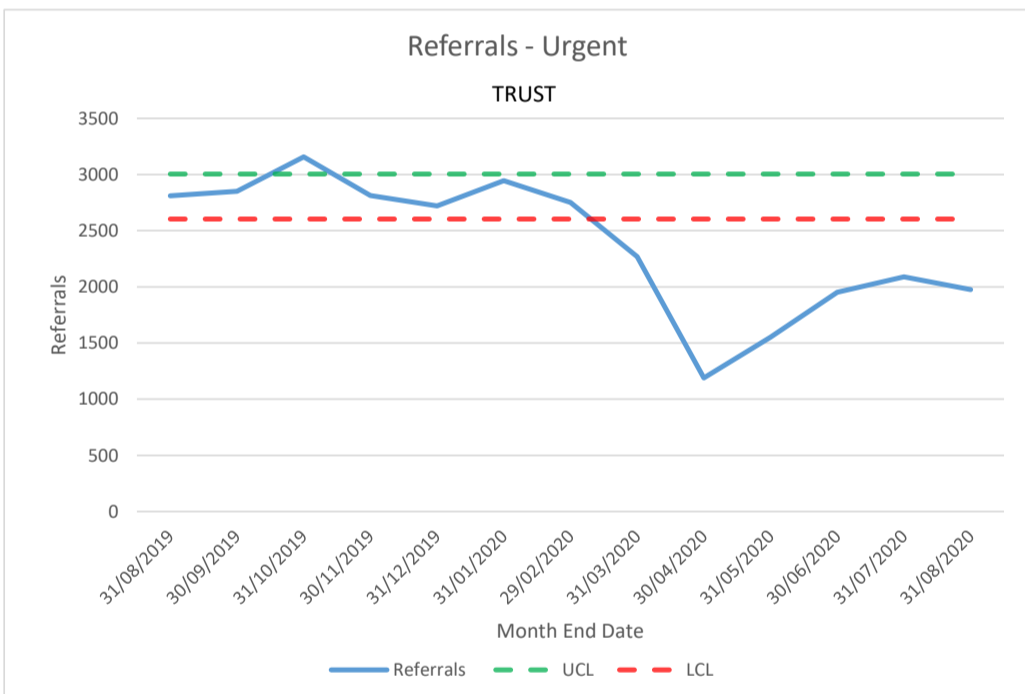
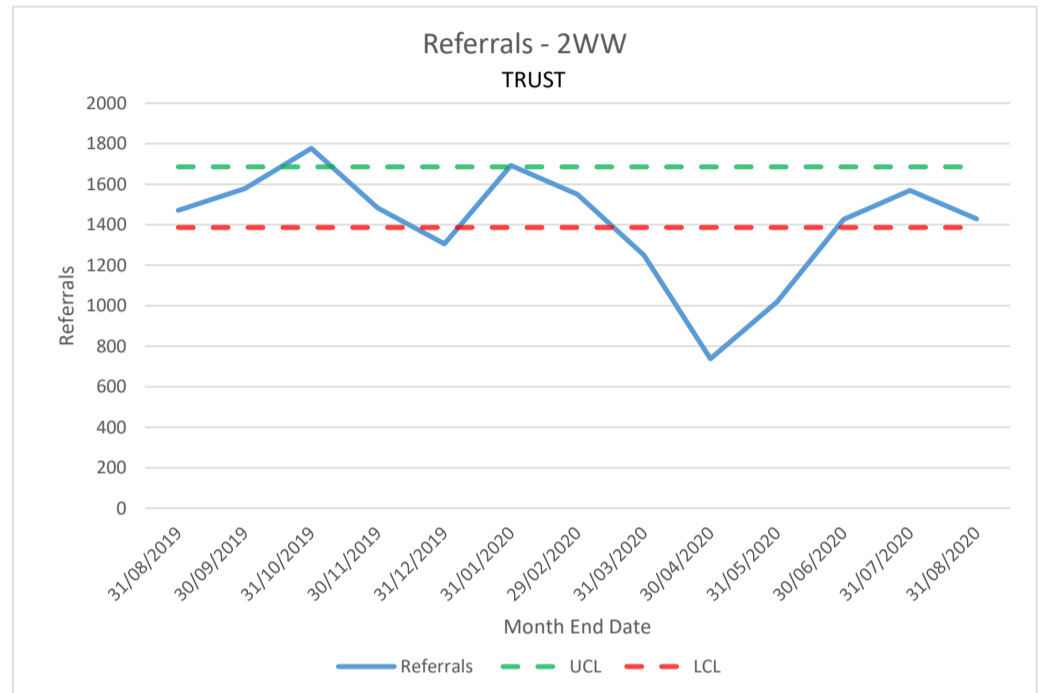
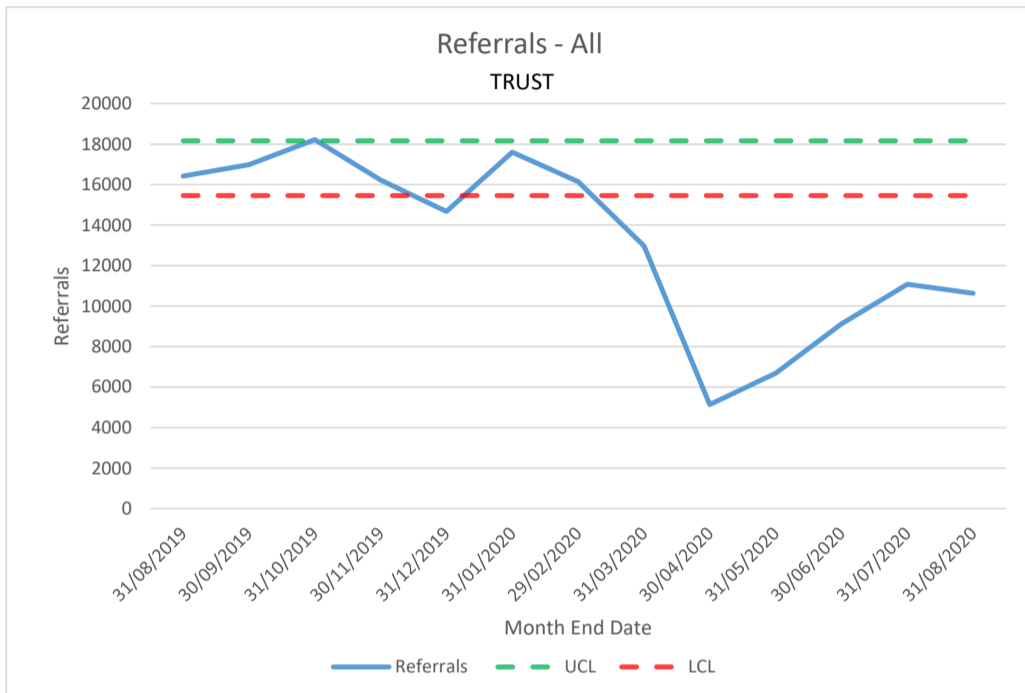


Referrals

SELECT THE SPECIALTY BELOW FOR A FURTHER BREAKDOWN OR TRUST FOR THE TOTAL

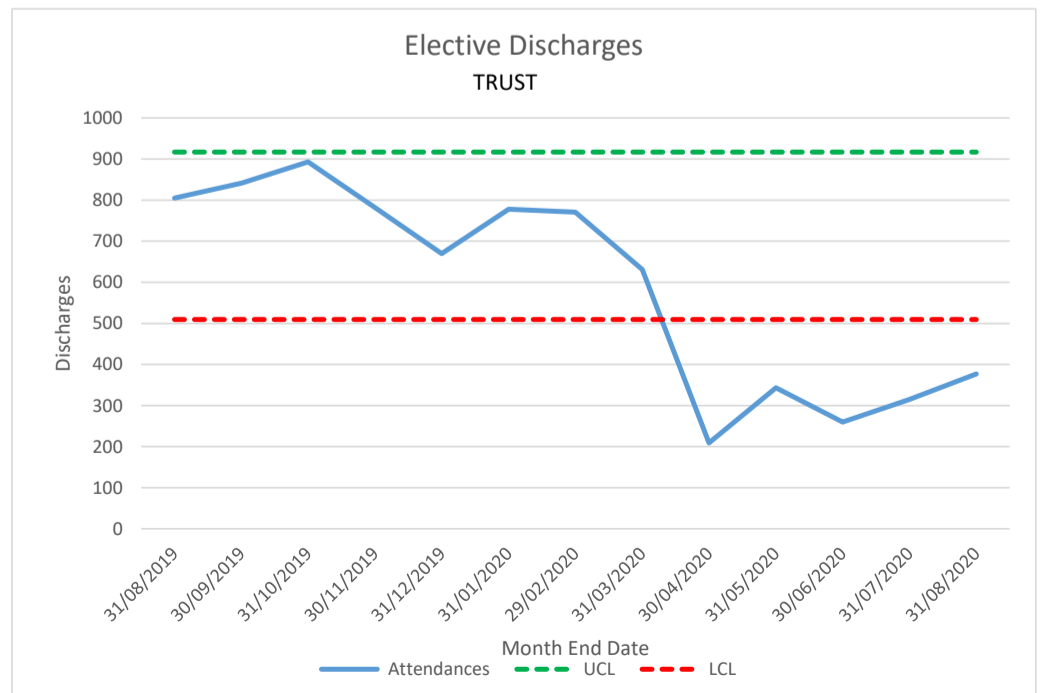
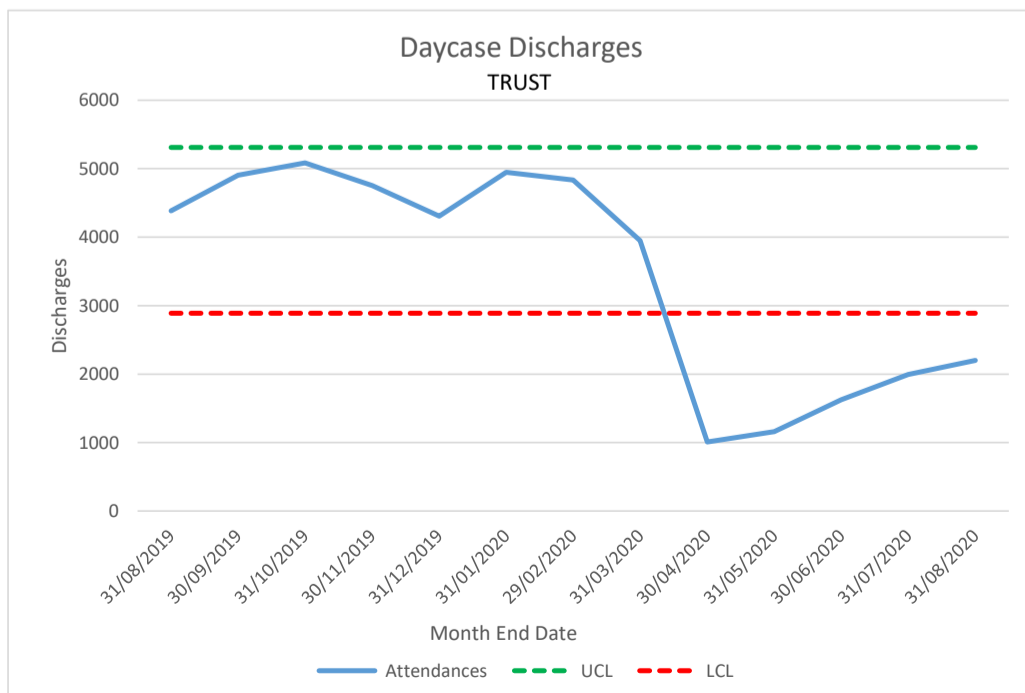
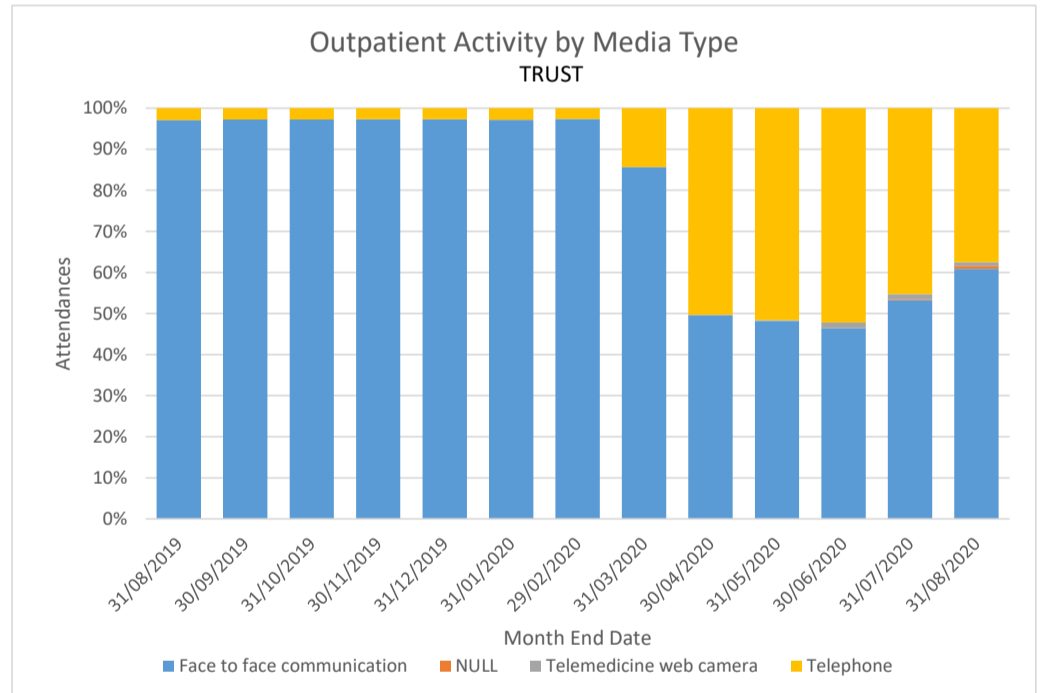
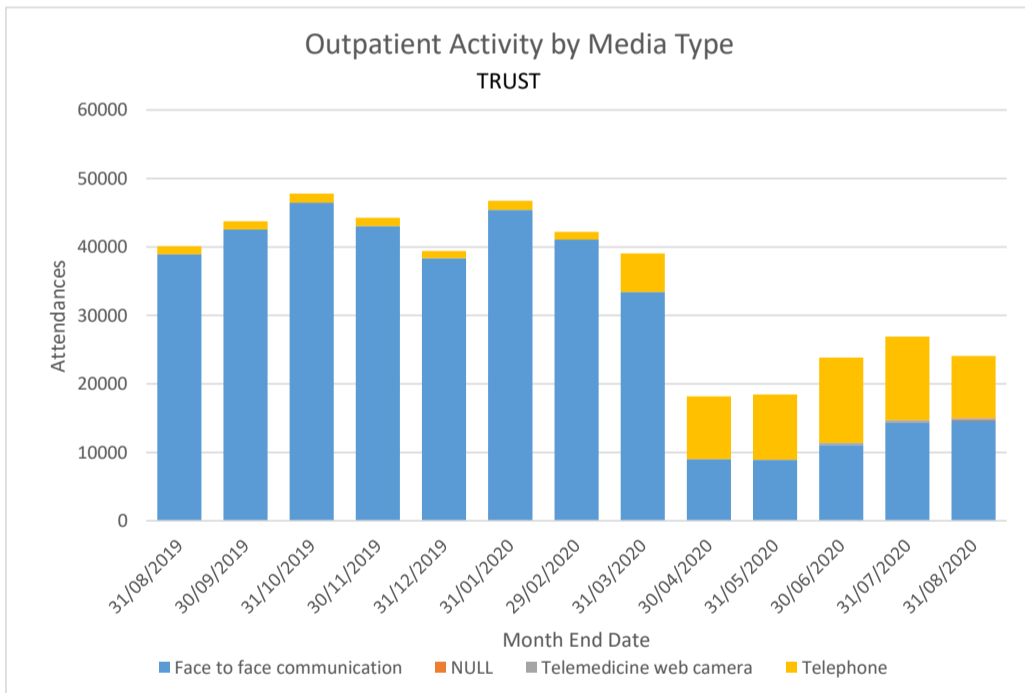
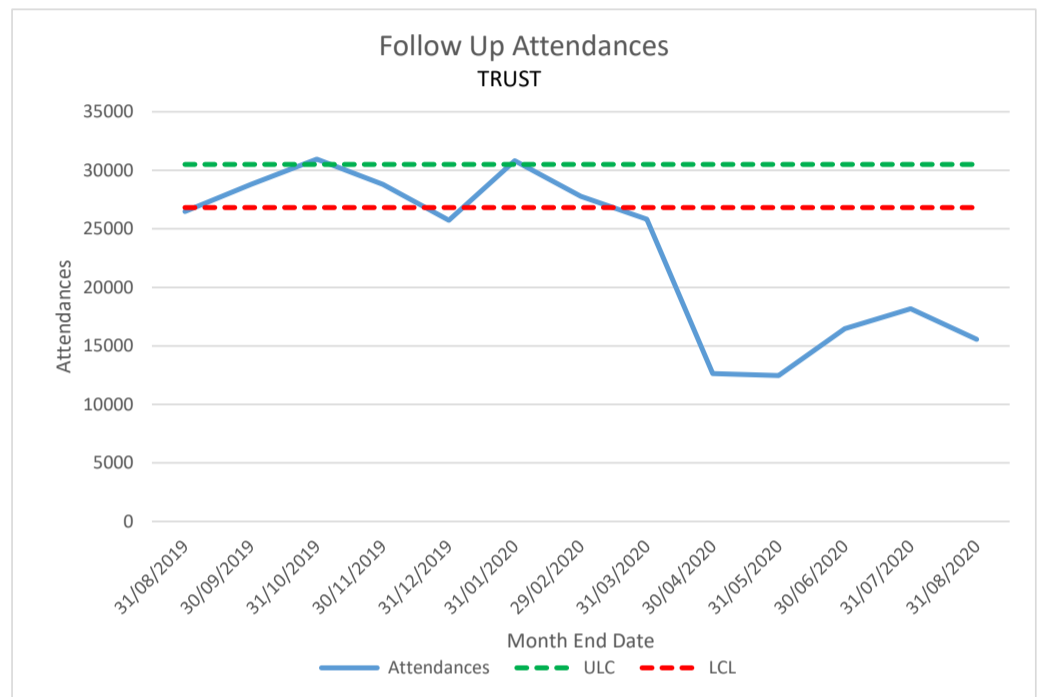
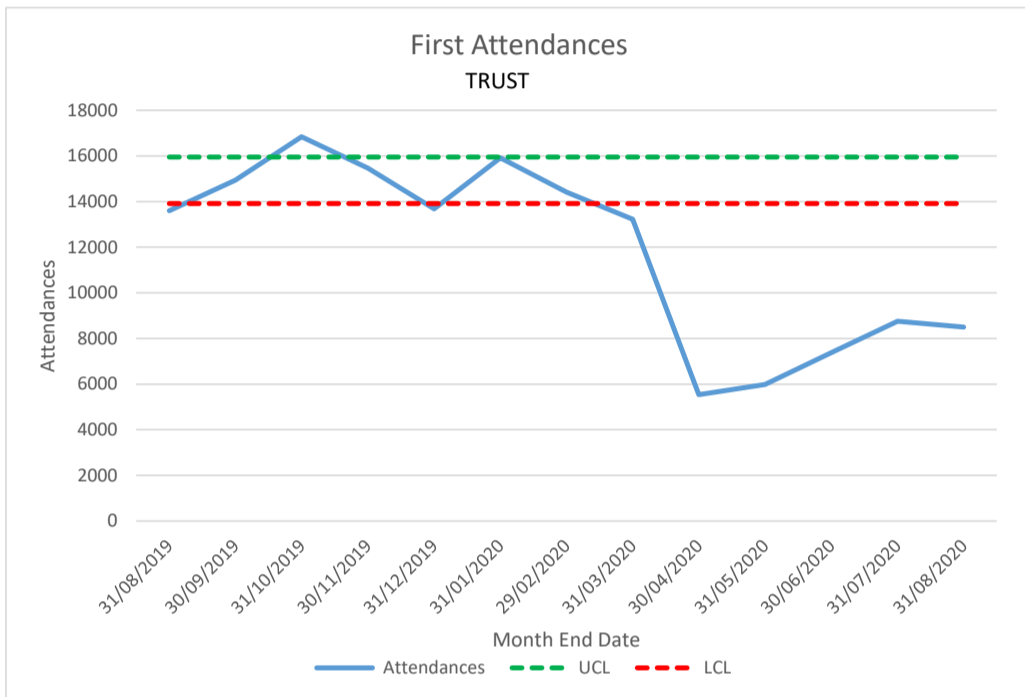
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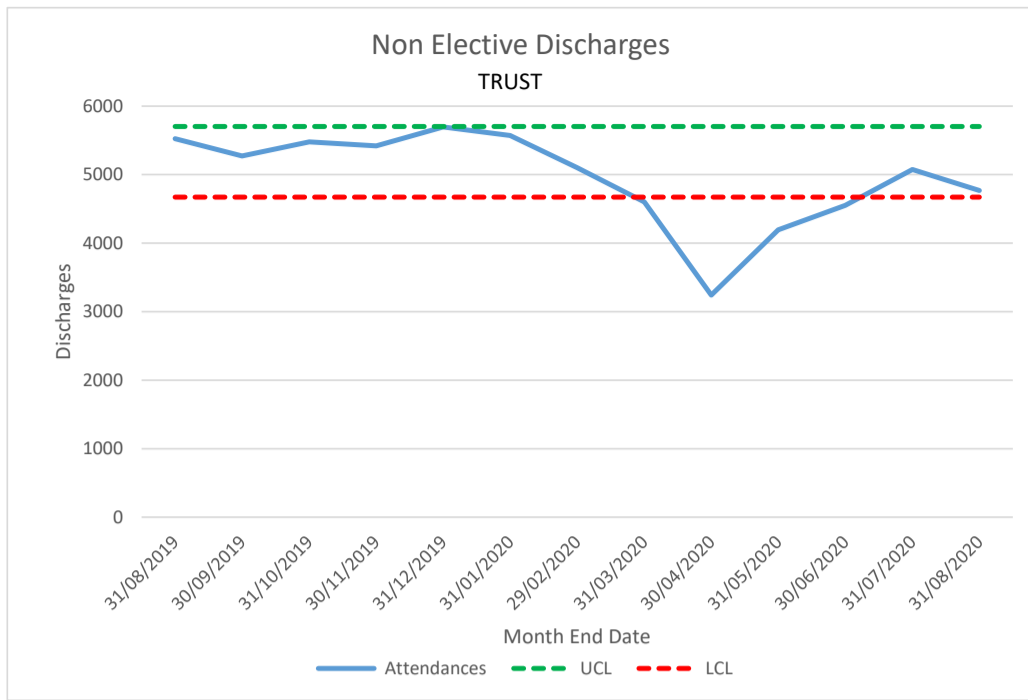
TRUST	ACCIDENT & EMERGENCY	CARDIOLOGY	CARDIOTHORACIC SURGERY	CLINICAL GENETICS	CLINICAL HAEMATOLOGY
CLINICAL ONCOLOGY (previo...	COMMUNITY MEDICINE	DERMATOLOGY	ENDOCRINOLOGY	ENT	GENERAL MEDICINE
GENERAL SURGERY	GERIATRIC MEDICINE	GYNAECOLOGY	MEDICAL OPHTHALMOLOGY	MIDWIFE EPISODE	NEPHROLOGY
No Such Code	OBSTETRICS	OPHTHALMOLOGY	ORAL SURGERY	ORTHODONTICS	PAEDIATRIC CARDIOLOGY
PAEDIATRIC DENTISTRY	PAEDIATRIC NEUROLOGY	PAEDIATRIC SURGERY	PAEDIATRICS	PALLIATIVE MEDICINE	REHABILITATION
RESPIRATORY MEDICINE (als...	RHEUMATOLOGY	TRAUMA & ORTHOPAEDICS	UROLOGY		



SELECT THE SPECIALTY BELOW FOR A FURTHER BREAKDOWN OR TRUST FOR THE TOTAL

TRUST	ACCIDENT & EMERGENCY	ANAESTHETICS	AUDIOLOGY	BREAST SURGERY	CARDIOLOGY
CLINICAL HAEMATOLOGY	CLINICAL ONCOLOGY (previo...	CLINICAL PSYCHOLOGY	COMMUNITY PAEDIATRICS	DERMATOLOGY	DIABETIC MEDICINE
ENDOCRINOLOGY	ENT	GASTROENTEROLOGY	GENERAL MEDICINE	GENERAL SURGERY	GERIATRIC MEDICINE
GYNAECOLOGY	MEDICAL OPHTHALMOLOGY	MIDWIFE EPISODE	NEONATOLOGY	NEPHROLOGY	NULL
OBSTETRICS	OPHTHALMOLOGY	ORAL SURGERY	ORTHODONTICS	PAEDIATRIC CARDIOLOGY	PAEDIATRIC DENTISTRY
PAEDIATRIC DIABETIC MEDIC...	PAEDIATRIC ENDOCRINOLOGY	PAEDIATRIC EPILEPSY	PAEDIATRIC RESPIRATORY M...	PAEDIATRICS	PAIN MANAGEMENT
PALLIATIVE MEDICINE	PODIATRIC SURGERY	PODIATRY	REHABILITATION	RESPIRATORY MEDICINE	RESPIRATORY PHYSIOLOGY
RHEUMATOLOGY	STROKE MEDICINE	TRANSIENT ISCHAEMIC ATTA...	TRAUMA & ORTHOPAEDICS	UPPER GASTROINTESTINAL S...	UROLOGY
VASCULAR SURGERY	WELL BABIES				

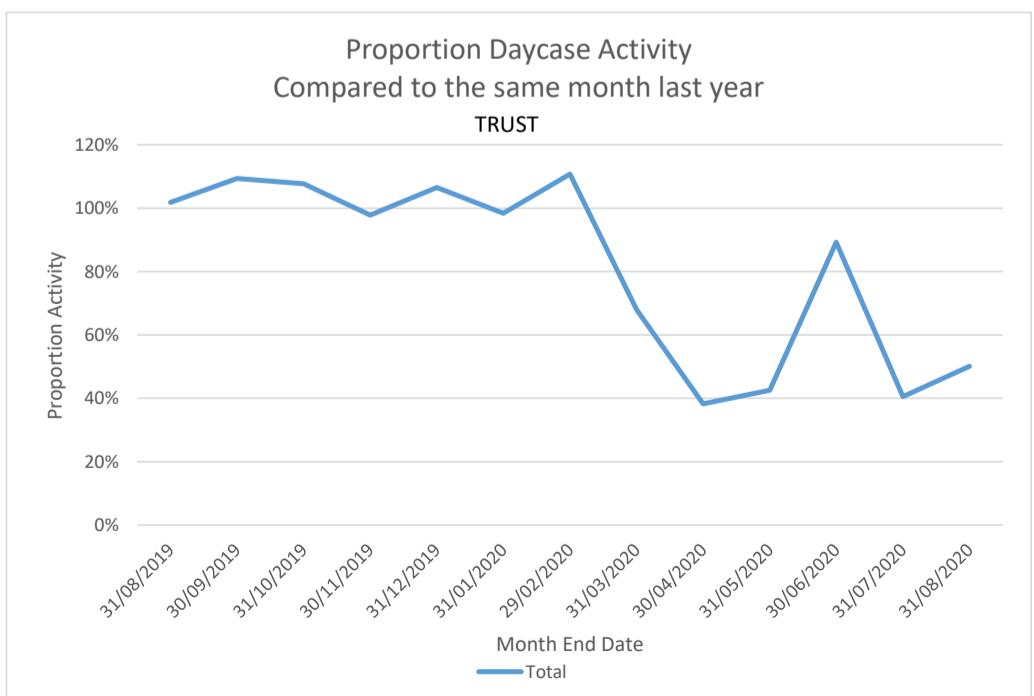
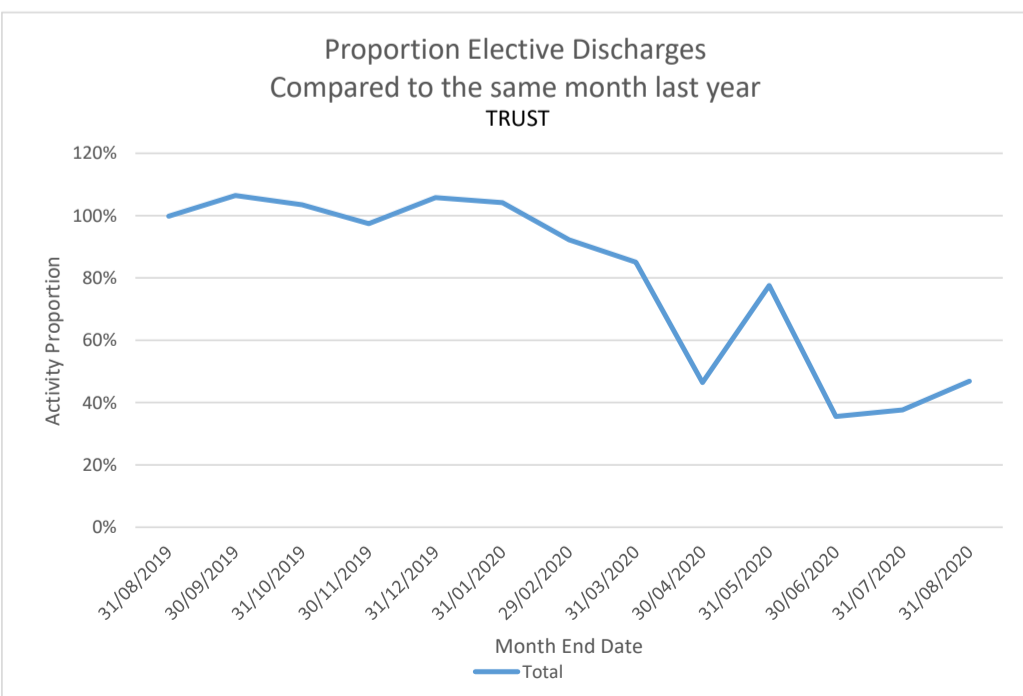
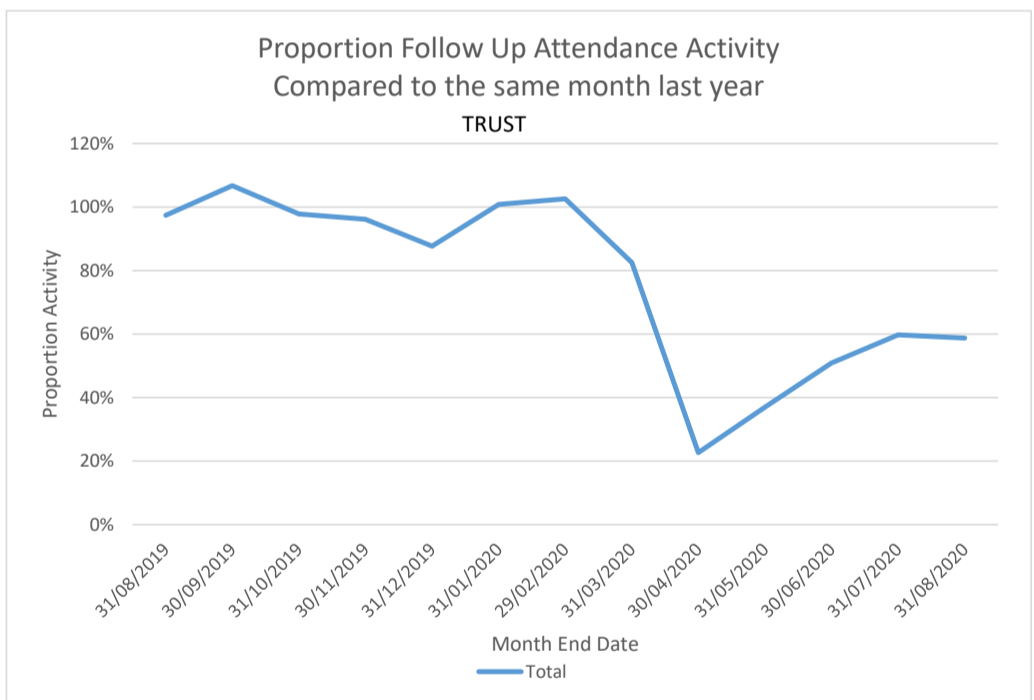
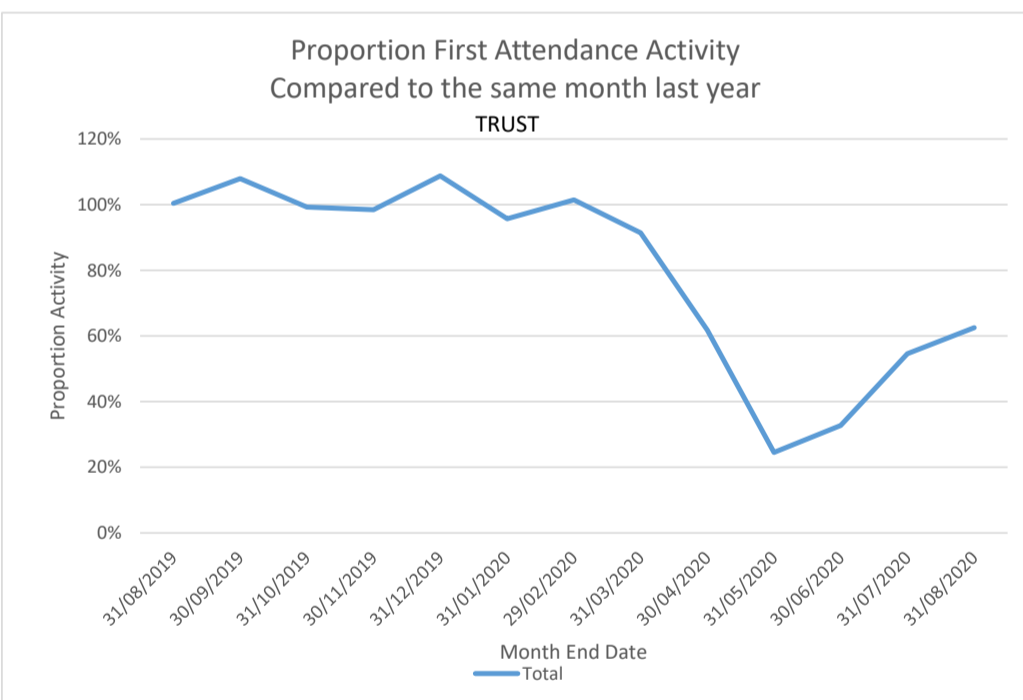


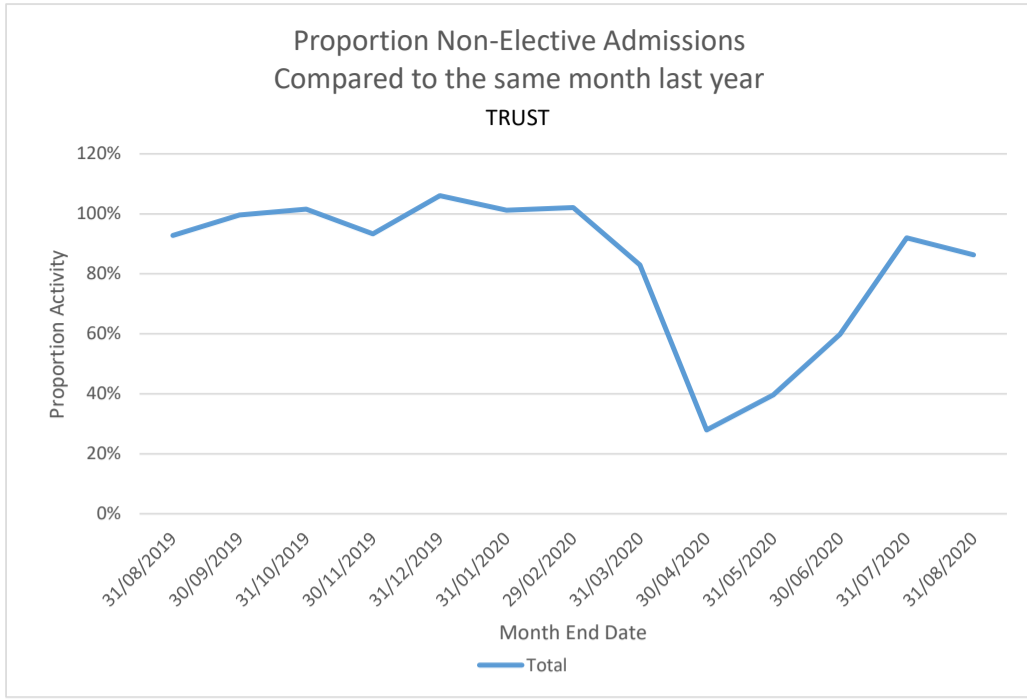


Activity Proportion

SELECT THE SPECIALTY BELOW FOR A FURTHER BREAKDOWN OR TRUST FOR THE TOTAL

Specialty					
TRUST	ACCIDENT & Non-Elective	ANAESTHETICS	AUDIOLOGY	BREAST SURGERY	CARDIOLOGY
CLINICAL HAEMATOLOGY	CLINICAL PSYCHOLOGY	COMMUNITY PAEDIATRICS	DERMATOLOGY	DIABETIC MEDICINE	ENT
GENERAL MEDICINE	GENERAL SURGERY	GERIATRIC MEDICINE	GYNAECOLOGY	MEDICAL OPHTHALMOLOGY	MIDWIFE EPISODE
NEONATOLOGY	NEPHROLOGY	NULL	OBSTETRICS	OPHTHALMOLOGY	ORAL SURGERY
ORTHODONTICS	PAEDIATRIC CARDIOLOGY	PAEDIATRIC DENTISTRY	PAEDIATRIC DIABETIC MEDIC...	PAEDIATRIC ENDOCRINOLOGY	PAEDIATRIC EPILEPSY
PAEDIATRICS	PAIN MANAGEMENT	PALLIATIVE MEDICINE	PODIATRY	REHABILITATION	RESPIRATORY MEDICINE
RESPIRATORY PHYSIOLOGY	RHEUMATOLOGY	STROKE MEDICINE	TRANSIENT ISCHAEMIC ATTA...	TRAUMA & ORTHOPAEDICS	UPPER GASTROINTESTINAL S...
UROLOGY	VASCULAR SURGERY	WELL BABIES			

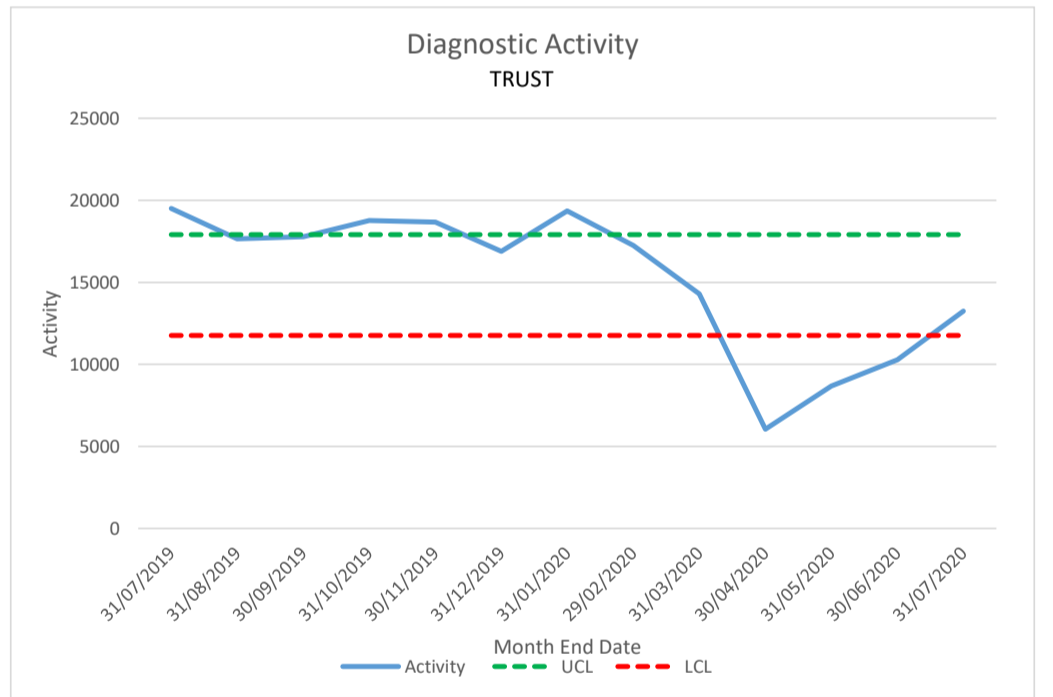
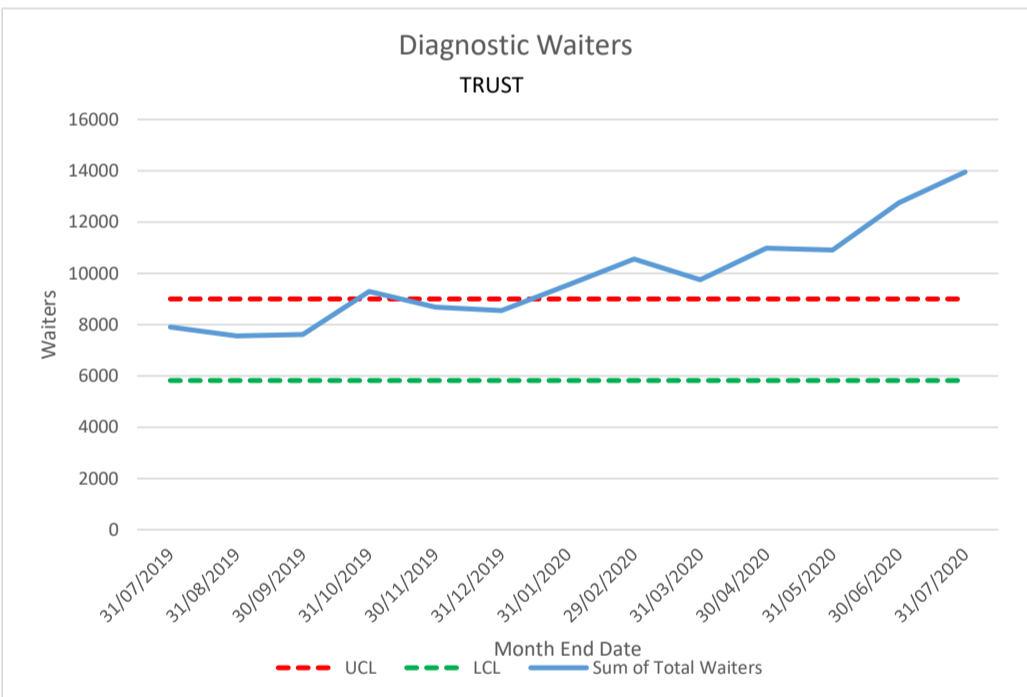




Diagnostics

SELECT THE TEST BELOW FOR A FURTHER BREAKDOWN OR TRUST FOR THE TOTAL

Diagnostic Tests			
TRUST	Audiology - Audiology Assessments	Barium Enema	Cardiology - Echocardiography
Cardiology - Electrophysiology	Colonoscopy	Computed Tomography	Cystoscopy
Dexa Scan	Flexi Sigmoidoscopy	Gastroscopy	Magnetic Resonance Imaging
Neurophysiology - Peripheral Neurophysiology	Non-Obstetric Ultrasound	Respiratory Physiology - Sleep Studies	Urodynamics - Pressures & Flows



Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – August 2020

(A) 4hr Access

National Target – 95%

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	84.75%	9159	1397	15.44%
Bassetlaw	93.13%	3959	272	7.33%
Mexborough	100%	1718	0	0.29%
Trust	88.6%	14837	1669	11.52%

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Improvement Timescales
<p>Covid 19 has continued to impact on both departments. Bassetlaw continues to be split into 2 areas to manage 2 simultaneous pathways (yellow & blue patients) due to restrictions with the footprint of the department. Doncaster has opened up the department to increase blue capacity; however yellow patients are still being segregated and cohorted in the Emergency Assessment Unit.</p> <p>Ongoing challenges across both sites with batching of ambulances as highlighted previously, this is having a significant impact on patient flow through the department resulting in delays and breaches.</p> <p>Both sites are seeing an increase in both inappropriate and escalated acuity attendances with patient feedback indicating inability to access face to face primary care consultation – ongoing discussions with the CCG continue to highlight concerns.</p> <p>Compared to August 2019, the Trust saw a decrease of 6.36% in attendances across all streams – particularly ‘minors patients’</p> <p>Compared to August 2019, performance has increased from 88.11% to 88.75%</p>	<p>Building works to extend the footprint at DRI is underway and on track to complete in early October. This will support patient flow through the department with an increased capacity in patient cubicles.</p> <p>Weekly escalation discussions with YAS to address ‘batching’ concerns in wider ‘system forum’</p> <p>Increased senior management presence / support at Bassetlaw, working with the clinical patient flow lead to improve pathways.</p> <p>Emergency Assessment Unit continues to be well utilised and supports performance & flow throughout the department.</p> <p>Ongoing work continues with the teams to build and embed relationships and foster more effective patient pathways both within the Division and in the wider Trust. This is a long term project.</p>	<p>Building works at DRI to be completed early October 2020.</p> <p>Ongoing improvement to pathways & patient management.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

<p>Challenges with performance remain with waits to see ED Doctor, however this is a significant improvement on August 2019. Major changes of junior doctor rotations across the region always negatively impact on performance annually in August.</p>		
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(B) Ambulance Handover Breaches

National Target – Within 30 Minutes – 100%

Local Target / Trajectory – Less than 15 minutes – 78.4% (tbc for 2020/21)

Between 15 – 30 minutes – 21.6% (tbc for 2020/21)

August data not yet available

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
August 2020	Doncaster					
	Bassetlaw					
	Trust		62%	36.2%	1.7%	

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Improvement Timescale
<ul style="list-style-type: none"> Batching of ambulances – feedback from YAS / EMAS indicates increased activity throughout the service results in inability to stagger breaks for paramedic teams, so patients are being conveyed to hospital within the same timeframe. Removal of virtual clinical hub (introduced during Covid 19) this has resulted in a noticeable increase in conveyance rates. Space in the Emergency Department 	<ul style="list-style-type: none"> Continued work with YAS and EMAS to reduce batching – monthly meetings recommenced following Covid 19. Escalation to the CCG and weekly discussions taking place. Building work continues to enhance the DRI ED environment to support the acceptance & flow of patients throughout the department. ESA and super track to improve overall flow and free up space in majors and cubicles 	<ul style="list-style-type: none"> Ongoing Completion due October 2020 Ongoing Ongoing

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

(C) Referral to Treatment (RTT)

National RTT Target – 92%

Year End Waiting List Target – as of January 2020 - 29935

The following table summarises the position by specialty compared to the national target of 92% and locally agreed waiting list target. Recovery plans are monitored via the Performance Assurance Framework through weekly service level performance meetings and Divisional Accountability meetings.

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
BREAST SURGERY	334	88.6%	41
CARDIOLOGY	1531	61.6%	51
CLINICAL HAEMATOLOGY	98	92.9%	23
DERMATOLOGY	1240	83.4 %	49
DIABETIC MEDICINE	400	63.0 %	47
ENT	3561	45.6 %	74
GENERAL MEDICINE	2147	66.1 %	57
GENERAL SURGERY	3031	55.7 %	81
GERIATRIC MEDICINE	120	81.7 %	50
GYNAECOLOGY	1608	71.1 %	59
MEDICAL OPHTHALMOLOGY	388	60.6 %	54
NEPHROLOGY	106	96.2 %	29
OPHTHALMOLOGY	2627	44.5 %	85
ORAL SURGERY	2105	21.7 %	92
ORTHODONTICS	117	15.4 %	46
PAEDIATRIC CARDIOLOGY	96	65.6 %	45
PAEDIATRICS	473	81.6 %	40
PAIN MANAGEMENT	338	73.1 %	60
PODIATRY	169	28.4 %	49
RESPIRATORY MEDICINE	674	72.1 %	64
RHEUMATOLOGY	366	68.6 %	47
TRAUMA & ORTHOPAEDICS	7196	48.1 %	93
UPPER GASTROINTESTINAL SURGERY	137	40.1 %	64
UROLOGY	2051	48.1 %	92
VASCULAR SURGERY	574	72.6 %	63
Grand Total	31583	54.0 %	

Incomplete Pathways	August 2020	July 2020	June 2020
Total (Trust)	31583	29155	26785
% under 18 Weeks (Trust)	17055	49.2%	58.8%
Total (Doncaster CCG)	19278	17654	16061
% under 18 Weeks (Doncaster CCG)	56.9%	52.5%	61.3%
Total (Bassetlaw CCG)	6443	5867	5293
% under 18 Weeks (Bassetlaw CCG)	60.3%	54.7%	62.8%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – August 2020

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<p>During August 2020, in line with the Trust’s Stabilisation & Recovery Plan, additional routine outpatient and inpatient activity has resumed. In line with national guidance, many specialties delivered 100% of timetabled outpatient activity using a variety of media types, however areas of challenge continue to be Trauma & Orthopaedics and Head & Neck Specialties as these patients require predominately face to face consultations. The relocation of elements of the minor injuries unit is also having an impact on Orthopaedic clinic capacity due to social distancing measures.</p> <p>During August 2020, phase 1 of the theatre re-mobilisation plan was rolled out at Bassetlaw Hospital reinstating a number of elective theatre lists.</p> <p>Ophthalmology continues to work with estates to create a suitable environment for Intravitreal treatments (IVT) as currently these are being undertaken in theatre rather than an outpatient setting which is having an impact on ophthalmic theatre activity.</p> <p>The Trust continues to see a reduction in referrals affecting the RTT position by reducing the overall denominator of the waiting list. In August 2020 the Trust saw an overall reduction of 49% in comparison to August 2019.</p>	<p>In line with the Trust’s Stabilisation & Recovery Plan, elective outpatient & inpatient activity is resuming within agreed parameters and with full Trust collaboration to ensure any face to face activity is undertaken safely.</p> <p>For those services not yet achieving 100% of timetabled activity and capacity in outpatients, detailed plans have been drawn up to improve their capacity and activity levels with expected improvements to be seen from September 2020.</p> <p>Theatre capacity plans have been approved and phase 2 of the theatre remobilisation plan will be implemented from 7th September 2020 seeing a return to pre-covid elective timetables.</p> <p>Divisions are now receiving daily theatre activity updates to ensure theatre throughput can be managed proactively.</p> <p>In line with the continued strengthening of the Performance Assurance Framework, a new set of reports will be introduced from 28th September 2020 to provide specialties with a full range of monitoring reports to ensure capacity is maximised and services are managed effectively.</p> <p>It has been agreed that for the remainder of 2020/21, Park Hill Hospital will provide us with 75% of their capacity to support the Trust in managing the backlog of patients – this equates to 10 sessions per week in theatres.</p>	<p>Following national guidance and local agreement via the Risk Stratification Assurance Body, patients are being prioritised in order of clinical need, then in strict chronological order to ensure longer waiting patients are seen as priority after urgent clinical need.</p> <p>Following the completion of the activity forecast plan, we will be able to produce a forecasted position for the national metrics for the remainder of 2020/21.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – August 2020

Performance Against National Guidance

Point of Delivery	Target (% of activity from same time period 2019/20)	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021
Outpatient New	100%	61%							
Outpatient Follow UP	100%	56%							
Elective	Sept – 80% Oct – 90%	44%							
Day Case	Sept – 80% Oct – 90%	53%							
CT	Sept – 90% Oct – 100%	103%							
MRI	Sept – 80% Oct – 90%	87%							
Non Obstetric Ultrasound	Sept – 90% Oct – 100%	60%							
Colonoscopy	Sept – 90% Oct – 100%	43%							
Flexi Sig	Sept – 90% Oct – 100%	17%							
Gastroscopy	Sept – 90% Oct – 100%	43%							
Non-Elective	N/A	89%							

Point of Delivery	Issues Affecting Capacity	Improvement Plan
Outpatient New	<ul style="list-style-type: none"> Social distancing Inability to deliver aerosol generating procedures 	<ul style="list-style-type: none"> Majority of services return to 100% timetable from September 2020
Outpatient Follow UP	<ul style="list-style-type: none"> Social distancing Inability to deliver aerosol generating procedures 	<ul style="list-style-type: none"> Majority of services return to 100% timetable from September 2020
Elective	<ul style="list-style-type: none"> Bed availability Service delivery within core capacity only 	<ul style="list-style-type: none"> Pre covid core capacity to be resumed on 7.9.2020
Day Case	<ul style="list-style-type: none"> National guidance limiting capacity (endoscopy) 	<ul style="list-style-type: none"> National guidance amended from September 2020 to increase capacity
CT	<ul style="list-style-type: none"> No issues are present 	<ul style="list-style-type: none"> N/A
MRI	<ul style="list-style-type: none"> Reduced capacity due to contracted van days 	<ul style="list-style-type: none"> Increase in additional van days from September 2020
Non Obstetric Ultrasound	<ul style="list-style-type: none"> Social distancing Service delivery within core capacity only 	<ul style="list-style-type: none"> Full action plan requested from service
Colonoscopy	<ul style="list-style-type: none"> National guidance limiting capacity (endoscopy) 	<ul style="list-style-type: none"> Full restoration plan implemented from

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – August 2020

		September <ul style="list-style-type: none"> • See day case • Use of independent sector
Flexi Sig	<ul style="list-style-type: none"> • Capacity diverted to upper and lower GI procedures in response to demand – not required as part of bowel screening programme. 	<ul style="list-style-type: none"> • Capacity will be stepped up in line with demand with recommencement of bowel screening
Gastroscopy	<ul style="list-style-type: none"> • National guidance limiting capacity (endoscopy) 	<ul style="list-style-type: none"> • Full restoration plan implemented from September • See day case • Use of independent sector

(D) 52 Week Breaches

National Target – 0

	Assuming no clock stops & all previously reported breaches are carried over								
	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020
New Patients Breaching 52 Weeks	1	9	17	52	89	132	215 (predicted)	472 (predicted)	807 (predicted)
Total Reported Breaches Including Carried Over (incomplete)	1	10	25	77	157	278	493 (predicted)	965 (predicted)	1772 (predicted)
Total Reported Breaches Including Carried Over (stopped in month)		0	0	5	10	23			

*some previously breaching patients will have been treated between March 2020 – August 2020 and will not appear in the numbers above

Specialty Breakdown	No of Breaches	CCG Breakdown
Bariatric	3	3 x NHS England
ENT	23	13 x Doncaster 3 x Bassetlaw 7 x Others
General Medicine	3	1 x Doncaster 1 x Bassetlaw 1 x Others
General Surgery	14	11 x Doncaster 2 x Bassetlaw 1 x Others
Gynaecology	1	1 x Doncaster
Medical Ophthalmology	1	1 x Bassetlaw
Ophthalmology	27	15 x Doncaster 3 x Bassetlaw

**Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – August 2020**

		9 x Others
Oral Surgery	37	37 x NHS England
Pain Management	1	1 x Doncaster
Respiratory Medicine	1	1 x NHS England
T&O	133	82 x Doncaster 25 x Bassetlaw 26 x Others
Urology	31	23 x Doncaster 7 x Bassetlaw 1 x Others
Vascular	3	2 x Doncaster 1 x Others

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<p>The profile of DBTH's PTLs and waiting lists has changed significantly since March 2020 due to elective outpatient and inpatient activity being significantly reduced. The elective capacity available has been directed at Category 1 and 2 inpatients/day cases and Urgent and 2ww Outpatients. 52 week breaches, unless otherwise specified have been categorised as priority 3 or 4 in line with guidance from Royal College of Surgeons</p>	<p>Joint clinical review across primary and secondary care for T&O, General Surgery and Urology to consider alternative pathways for long waiters – small sample review – will be rolled out more widely to other specialties if small sample shows results (meetings to be booked September / October)</p> <p>All divisions requested to develop clear plan, with options for further reduction by end of September.</p> <p>Weekly COO led escalation meetings to mirror approach to 104 day cancer waiters and to sure up operational grip within divisions and weekly performance meetings with DCOO / Head of Performance.</p>	<p>As per national guidance on risk stratification & delivery, patients will be treated in accordance with clinical need and not length of time waiting, so the Trust will expect the number of 52 week breaches to grow over the coming weeks.</p> <p>As the Stabilisation & Recovery Plans are implemented and routine workload resumes, the Stabilisation Governance group have agreed that all Priority 3 and 4 patients will be treated in strict chronological order to proactively manage the number of patients over 52 weeks.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

Specialty Breakdown of Predicted 52 Week Breaches

Specialty	September 2020	October 2020	November 2020
BREAST SURGERY	0	0	2
CARDIOLOGY	1	11	31
DERMATOLOGY	1	1	14
DIABETIC MEDICINE	0	1	3
ENT	37	76	125
GENERAL MEDICINE	6	11	32
GENERAL SURGERY	42	88	176
GERIATRIC MEDICINE	1	2	3
GYNAECOLOGY	1	2	17
MEDICAL OPHTHALMOLOGY	3	5	10
OPHTHALMOLOGY	43	87	131
ORAL SURGERY	53	113	197
ORTHODONTICS	0	2	3
PAEDIATRIC CARDIOLOGY	0	0	1
PAEDIATRICS	0	0	1
PAIN MANAGEMENT	1	1	3
PODIATRIC SURGERY	0	1	2
PODIATRY	1	8	15
RESPIRATORY MEDICINE	5	6	16
RHEUMATOLOGY	0	6	13
TRAUMA & ORTHOPAEDICS	233	430	780
UPPER GASTROINTESTINAL SURGERY	6	14	29
UROLOGY	54	92	152
VASCULAR SURGERY	5	8	16
Total	493	965	1772

(E) Diagnostics

National Target – 99%

Exam Type	<6W	>=6W	Total	Performance	Longest Breach (weeks)
MRI	935	145	1080	86.57%	37
CT	1186	416	1602	74.03%	33
Non-Obstetric Ultrasound	3467	3047	6514	53.22%	33
DEXA	239	297	536	44.59%	33
Audiology	140	440	580	24.14%	45
Echo	177	341	518	34.17%	24
Nerve Conduction	60	72	132	45.45%	30
Sleep Study	19	1	20	95.00%	11

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

Urodynamic	21	93	114	18.42%	-
Colonoscopy	379	440	819	46.28%	29
Flexible Sigmoidoscopy	75	122	197	38.07%	31
Cystoscopy	208	120	328	63.41%	28
Gastroscopy	416	611	1027	40.51%	35
Total	7322	6145	13467	54.4%	

Performance for the Trust, NHS Doncaster and NHS Bassetlaw is outlined below:

	Waiters <6W	Waiters ≥6W	Total	Performance
Trust	7322	6145	13467	54.37%
NHS Doncaster	4824	4031	8855	54.48%
NHS Bassetlaw	1883	1538	3421	55.04%

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<p>During August 2020 additional routine activity was reinstated across Doncaster & Bassetlaw</p> <p>Challenges remain with Non Obstetric Ultrasound. Due to vacancies, staffing levels are at 70% & have reduced ability for capacity due to social distancing</p> <p>Due to National Guidance on Social Distancing & increased Infection Prevention & Control processes, most diagnostic modalities are not able to provide pre-covid activity levels. However, efficiencies with turnaround times within most modalities have enabled increased throughput.</p> <p>Referrals remain static for most modalities and continue to follow 2019/20 trends.</p>	<p>In addition to previously approved recovery plans, a specific action plan has been developed for NOUS to address increasing DNA rates and increase in backlog of routine patients. This includes the implementation of patient calls prior to diagnostics to ensure the patient is planning to attend. By reducing DNA rates the throughput of activity will improve.</p> <p>Recruitment / development of staff vacancies is also underway.</p> <p>Recruitment drive for general radiographers to bolster the rota with substantive staff.</p> <p>Waiting patients continue to be reviewed & risk stratified, with patients being booked in order of clinical need.</p> <p>Endoscopy plan to access the Independent Sector to improve capacity further.</p> <p>Ongoing review of mobile imaging capacity is taking place to adjust capacity according to demand.</p>	<p>Communication continues with the Integrated Care System to ensure an equitable approach across the region and to take advantage of capacity offered from other parts of the region.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

(F) Cancer Performance

Cancer Performance – Trust – July 2020

Standard	Target	Performance
31 Day Classic	96%	99.2%
31 Day Sub – Surgery	94%	100%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	88.7%
62 Day 50/50 Split	85%	88.4%
62 Day – Local Performance (local measure only)	-	94%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	60%
62 Day Screening *	90%	0%
62 Day Consultant Upgrades (local measure only)	85% (local)	78.9%

*Relates to 3 patients on lower GI pathway – all breaches due to Covid 19 reasons

Cancer Performance - Specialty – July 2020

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	62 Day – Classic 50/50 split	62 Day – Day 38 IPT split	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	85%	90%	85% (locally agreed target – no national standard)
Breast	100%	100%		100%	100%		
Gynaecology	100%	100%		66.7%	100%		100%
Haematology	100%		100%	77.8%	77.8%		
Head & Neck				83.3%	66.7%		
Lower GI	92.3%	100%		0%*	0%*	0%	60%
Lung	100%			77.8%	83.3%		81.8%
Sarcoma	100%			100%	100%		
Skin	100%	100%		96.9%	93.9%		
Upper GI	100%			66.7%	66.7%		100%
Urological	100%		100%	88.9%	92%		
Performance	99.2%	100%	100%	88.4%	88.7%	0%	78.9%

*Relates to 1 patient on lower GI pathway - breached due to Covid 19 reasons

Cancer Performance by CCG – July 2020

	31 Day - Classic	31Day Sub - Surgery	31 Day Sub - Drugs	62 Day – Classic 50/50 split	62 Day Screening	62 Day Consultant Upgrades
Operational Standard	96%	94%	98%	85%	90%	85% (locally agreed target – no national standard)
Doncaster CCG	100%	100%	100%	92.3%	0%	83.3%
Bassetlaw CCG	96.2%	100%	100%	75%	0%	50%

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

Cancer Performance Exceptions – July 2020

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Lower GI	31 Day	1	1 x Covid 19 reasons
Head & Neck	62 Day	1	1 x Covid 19 reasons
Haematology	62 Day	1	1 x Complex diagnostic pathway
Lower GI	62 Day	5	5 x local pathway Covid 19 reasons
Lung	62 Day	2	2 x shared care complex diagnostic pathway
Upper GI	62 Day	2	2 x Shared care Covid 19 reasons

104 Day Breaches – July 2020

Specialty	No of Breaches (in month)	CCG	Referral to Treatment Pathway Length	Breach Reasons
Upper GI	1	Bassetlaw	159 days	COVID-19: Clinical pathway pause - Diagnostics led to IPT after breach date (RP5 day 128)

*confirmed cancer diagnosis with treatment in reported month – this is a subset of the 62 day Cancer Waiting Time Standard.

	Actual		Predicted 104 Day Open Suspected Cancer Pathway Breaches			
	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	65	47	30	20	9	TBC

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<ul style="list-style-type: none"> Drop in July performance specifically linked to re-instatement of Endoscopy Service with the focus on Upper GI Endoscopy delays due to COVID-19 Guidelines . Some breaches were linked to patients refusing appointments Backlog in diagnostics – particularly Endoscopy – extending pathways 	<ul style="list-style-type: none"> Reinstatement of endoscopy capacity Recruitment process underway for additional Histopathologist Trust approach to adoption of national guidance on shielding prior to elective and diagnostic procedures – reducing the amount of time a patient has to 	<ul style="list-style-type: none"> Increased endoscopy capacity stepping up over next 3 months – on track Recruitment process could take 6-12 months From September 2020 – on track shielding time frames based on patients overall

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – August 2020

<ul style="list-style-type: none"> Histopathology delays due to staffing Inability to fully utilise appointment slots at short notice due to national shielding guidance. 	<p>shield prior to a procedure. This will increase the number of short notice cancellations we can utilise.</p>	<p>general medical condition – range from 3 to 14 days</p>
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(G) Stroke

National Target – (Direct Admission within 4 hours) – 75%

June 2020

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	2	27	1	0	1	31
No	5	14	1	0	0	20
Total	7	41	2	0	1	51
Performance	28.6%	65.9%	50.0%	N/A	100.0%	60.8%

Three out of six IQPR standards were rated green for Stroke for June 2020. The Stroke Unit was awarded 'A' grade for Stroke Sentinel National Audit (SSNAP) in the last reported quarter. All SSNAP KPIs compare favourably to the national average and the DRI Stroke Unit is 'A' rated on SNNAP. The remaining area of focus is timeliness of direct admission to the Stroke Unit, with the action plan detailed below.

Overarching Issues Affecting Performance / Breach Reasons	No of Breaches	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales*
Stroke Unit Bed Availability	0	Review & update operational policy – include new patient pathways, protocols & SOPs	December 2020
Stroke Staff Availability	2		
Delay in Transfer from ED	4	Advanced Clinical Practitioner role introduced to increase specialist outreach in to ED for early identification of stroke patients	October 2019
Delay - transport BDGH to DRI	0	Qii project to include all stakeholders: <ul style="list-style-type: none"> ED / CT / Stroke Team / Site Management 	TBC *
Delay at CT Scan	4		
Patient Presentation: secondary / late diagnosis of stroke.	8	Development of intra-cranial haemorrhage pathway to improve early stroke diagnosis	June 2020
Covid 19	1	N/A	N/A
Exclude – Hospital Stroke	1	N/A	N/A
Patient Needs	1	N/A	N/A

*All timescales delayed due to Covid 19. Timescales to be set in line with return to BAU.

Longest delay for direct admission: 3 days, 11 hours 24 minutes – “CT booked 08:48, scheduled by CT 09:15, arrived in CT 09:51. Admitted to AMU blue as likely MS flare up, MRI confirmed stroke”.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

(H) Cancelled Operations on the Day for Non Clinical Reasons (Theatre & Non Theatre)

National Target – 1%

CCG	Total Activity	No of Cancellations	% Achievement
Trust	2487	8	0.32%
Doncaster	1673	3	0.2%
Bassetlaw	556	5	0.9%
Other	258	0	0%

Overarching Issues Affecting Performance / Breach Reasons	No of Breaches	Summary of Improvement Plan
Insufficient Time (clinical reasons)	5	All cases planned through theatre planning group using individual consultants pre-agreed nominal timing for each procedure – all captured on Bluespier & all overruns discussed at theatre strategy group.
Equipment	2	Under investigation
No Notes	1	Under investigation

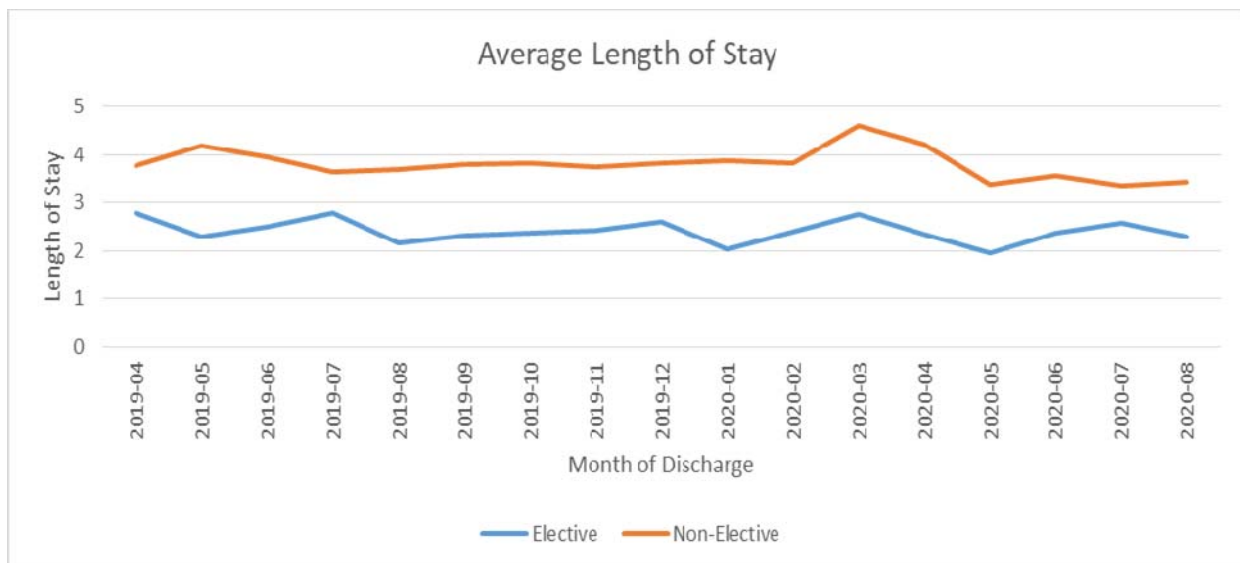
(I) Cancelled Operations – Not Rebooked within 28 Days

National Target – 0

In August 2020 there were no operations cancelled that were not rebooked within 28 days

Length of Stay

Average Length of Stay

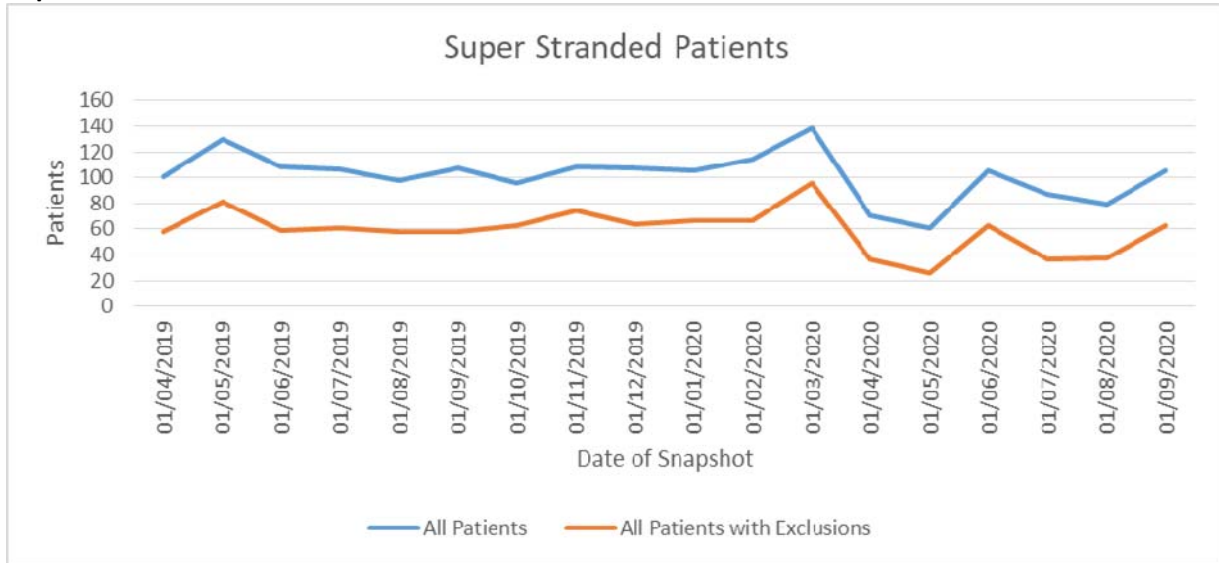


Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
PERFORMANCE EXCEPTION REPORT – August 2020

Summary of Main Issues	Summary of Improvement Plan
<p>Delays related to discharges to care homes and timely swabbing in line with estimated dates of discharge</p>	<p>Discharge Planning Care Homes We continue to work very closely with CCG, Local Authority (LA) and LA contracting to find solutions regarding patients being discharged to care homes and learning disability patients to community care homes. Challenges remain with homes being able to isolate patients on discharge, increasing care homes with outbreaks and timely swabs in line with EDDs.</p> <p>The Doncaster Discharge Event took place 25-28 August 2020 with all partners. Qi methodology was used to review key discharge pathways from hospital and a project plan agreed. The plan includes</p> <ul style="list-style-type: none"> - some services and pathways returning to direct referrals from hospital which will reduce delays introduced by using the RDASH Single Point of Access - the role of Trusted Assessor is being reviewed and introduced with partners - a daily MS Teams call with partners, led by IDT, which will identify any flow issues, specific patient and bed base issues in real time to resolve as a system or escalate as needed - Home First services and bed based criteria will also be reviewed. <p>Work is still needed to focus on admission avoidance in Doncaster.</p> <p>David Purdue will be the Exec Lead for the 'Hospital Discharge Service: Policy and Operating Model' published on 21 August 2020 which is currently being reviewed by all partners across Doncaster and Bassetlaw.</p> <p>The social care staff have still not returned to the wards at Bassetlaw which David Purdue is escalating with the Bassetlaw Exec Team.</p>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust PERFORMANCE EXCEPTION REPORT – August 2020

Super-Stranded Patients



* The exclusions are as follows, based the data available on each snap shot date;

- Any patient who was at Montagu Hospital
- Any patient under the care of Rehabilitation
- Any patient aged under the age of 18
- Any patient on ward PARK, BARL, EPAU, ECL, ED WARD and DIS

Summary of Main Issues	Summary of Improvement Plan
	<p>Super-stranded (21+ days) As anticipated, admission activity and acuity of patients has continued to increase which is reflected in the increasing number of super-stranded patients reported in August at 56.</p> <p>The majority of super-stranded patients reported were not medically fit for discharge, however the following themes were identified during this period</p> <ul style="list-style-type: none"> - swabbing and return to care homes - neuro rehab patients requiring rehabilitation i.e. waits associated with referrals to Magnolia Lodge – escalated with RDASH colleagues.

Title	Workforce update		
Report to	Board of Directors	Date	October 2020
Author	Karen Barnard, Director of People & OD		
Purpose		<i>Tick one as appropriate</i>	
	Decision		
	Assurance	✓	
	Information	✓	

Executive summary containing key messages and issues
<p>The report this month provides an update related to absence and swabbing data; Statutory and Essential training, appraisals and the Flu immunisation programme.</p> <p>An update is provided in terms of the absence figures up to August 2020. Absence rates (both covid and non covid) have reduced; however data is also provided in relation to the number of staff being swabbed for Covid 19 and the number of positive cases. Numbers have increased significantly over recent weeks. Staff who were shielding have been returning to work since August following the completion of risk assessments. With an increase in the number of Covid 19 positive patients the risk assessment guidance has been updated in relation to where it is safe for at risk staff to work.</p> <p>With regard SET it is pleasing to note a small increase to 84.66%. Other than manual handling and resuscitation training all other SET topics are now able to be accessed virtually. Wellbeing appraisals have been introduced as an alternative to the usual paperwork in order to ensure that all staff have the opportunity for conversations with their line managers. As there has been a period of no appraisals being undertaken the compliance levels are currently quite low.</p> <p>Flu immunisation programme – the Trust programme commenced on 21 September with 52.7% of front line staff having been vaccinated within the first 3 weeks of the programme.</p>
Key questions posed by the report
Do members of the Board feel assured that appropriate actions are taking place to support our staff during the pandemic period and into the recovery period?
How this report contributes to the delivery of the strategic objectives
People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care
How this report impacts on current risks or highlights new risks
<p>F&P 8 Inability to recruit right staff and have staff with right skills leading to:</p> <ul style="list-style-type: none"> i) Increase in temporary expenditure ii) Inability to meet FYFV and Trust strategy iii) Inability to provide viable services. <p>Q&E 6 Failure to improve staff morale leading to:</p> <ul style="list-style-type: none"> i) Recruitment and retention issues ii) Impact on reputation iii) Increased staff sickness levels
Recommendation(s) and next steps
Members are asked to receive this report.

Board of Directors, Workforce update

Staff Absence

As can be seen Covid related absence has continued to reduce since April – however during October we are seeing a rise of covid related absences, specifically staff who are self isolating either due to having symptoms themselves or members of their household having symptoms, particularly children. As a result we have moved back to a drive through swabbing facility to accommodate this increased demand for testing.

Figure 1 – Absence chart, August 2020

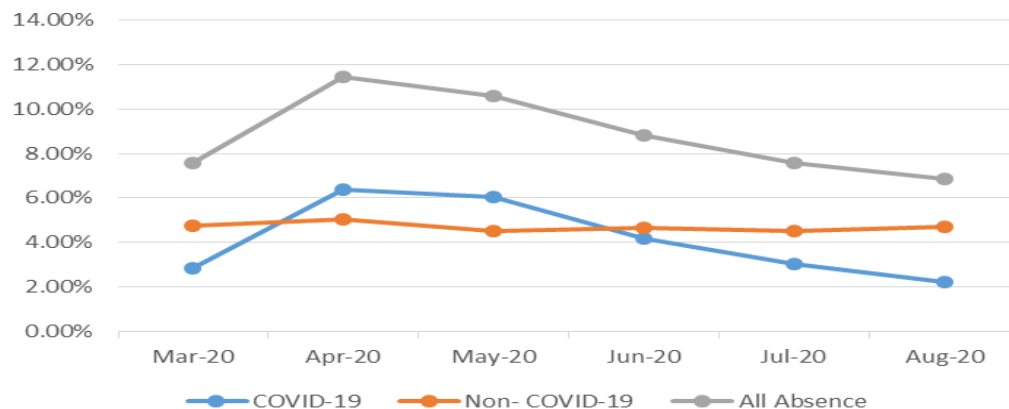


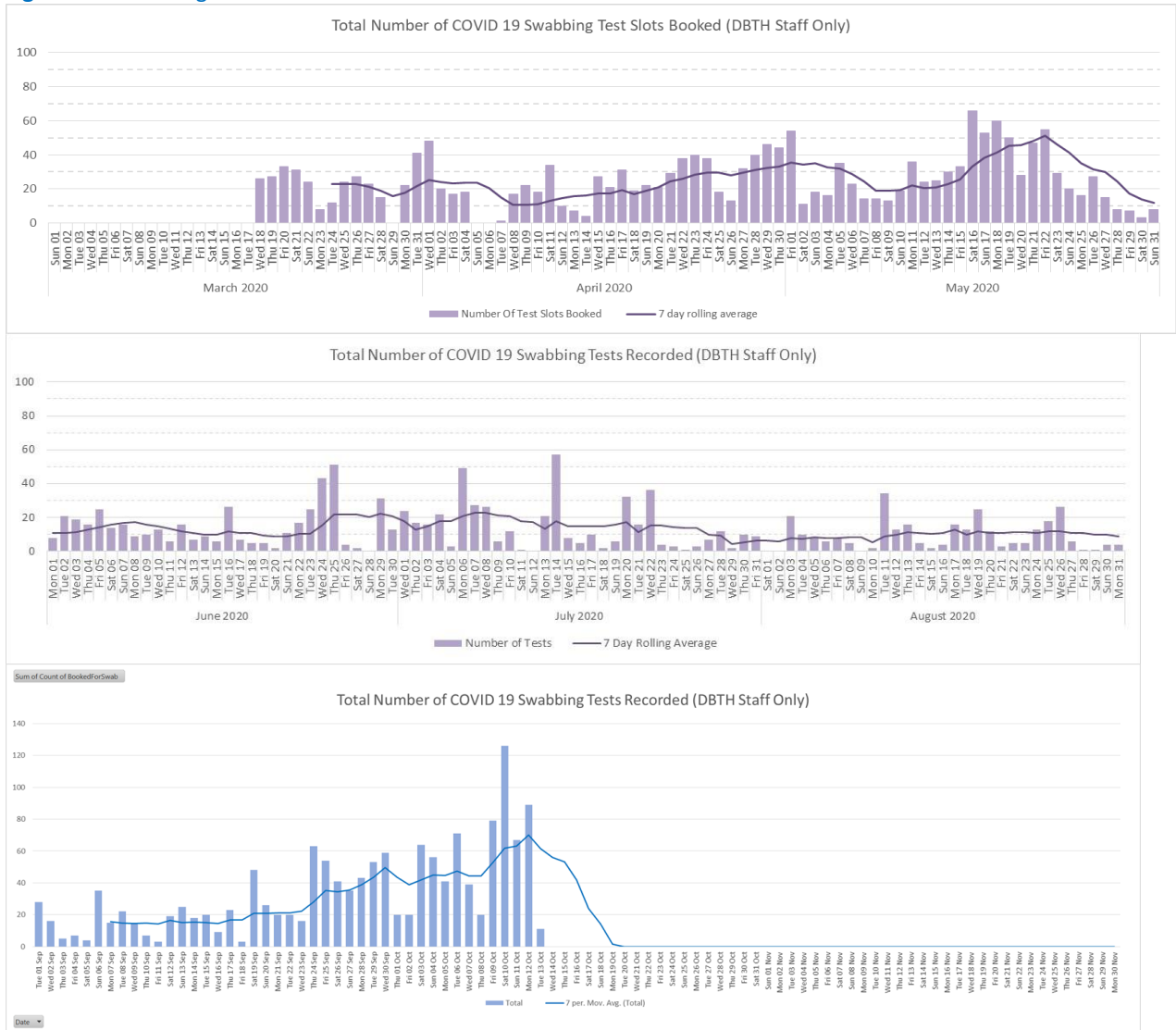
Table 1 – COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not Returned	Have Returned	% returned
Carers COVID	159	2	157	99%
COVID-19 Confirmed	301	14	287	95%
COVID-19 Symptoms	560	3	557	99%
Medical Exclusion – COVID Shielding	164	37	127	77%
Medical exclusion Track & Trace W/O COVID symptoms	40		40	100%
Medical exclusion with Covid 19 confirmed	182	1	181	99%
Medical exclusion with Covid 19 symptoms	1047	19	1028	98%
Medical exclusion without Covid 19 symptoms	871	39	832	96%
Grand Total	3324	115	3209	97%

Board of Directors, Workforce update

Staff Testing

Figure 2 – Swabbing data March to October 2020



As can be seen there has been a significant rise in the number of symptomatic staff requiring testing with an increase in staff testing positive for Covid 19

Table 3 – Total Number of Staff Testing Positive by Month & Area of Work

Count of PKAbsenceID	Column Labels										Grand Total
Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	No Date	Grand Total	
	7	17	7	1				3	2	37	
	7	17	7	1				3	2	37	
272 Children & Families Division	2	8	5	1				1		17	
272 Clinical Specialties Division	14	19	36	2			8	7		86	
272 COVID-19			1	2				3		6	
272 Education and Research Directorate	2	2								4	
272 Estates & Facilities	3	14	25	6			1	6		55	
272 Executive Team Board	5	2	1							8	
272 Finance & Healthcare Contracting Directorate	1	1			1					3	
272 IT Information & Telecoms Directorate		1								1	
272 Medicine Division	16	101	56	24	3	1	5	16		222	
272 Nursing Services Directorate			2							2	
272 Performance Directorate		1	8							9	
272 Surgery and Cancer Division	17	41	85	18	4		2	17		184	
Grand Total	67	207	226	54	8	1	16	53	2	634	

Table 4 – Positive Staff by Ethnicity

Count of PKAbsenceID	Column Labels									
Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	No Date	Grand Total
	7	18	9	2				5	2	43
A White - British	39	156	185	46	8	1	12	41		488
B White - Irish			1							1
C White - Any other White background	3	3	2	1				2		11
C3 White Unspecified		2								2
CP White Polish			1							1
CY White Other European							2			2
D Mixed - White & Black Caribbean	1		2	1						4
E Mixed - White & Black African		2	1							3
F Mixed - White & Asian	1		1							2
G Mixed - Any other mixed background			1							1
H Asian or Asian British - Indian	6	6	9					1		22
J Asian or Asian British - Pakistani	1	1		1			1			4
K Asian or Asian British - Bangladeshi			1							1
L Asian or Asian British - Any other Asian background		2	4				1	3		10
LA Asian Mixed		1	1							2
LF Asian Tamil	1									1
LK Asian Unspecified	2	2	3							7
M Black or Black British - Caribbean			1							1
N Black or Black British - African	1	1	2	1						5
P Black or Black British - Any other Black background		1								1
PC Black Nigerian	1	1								2
S Any Other Ethnic Group	1	1								2
SC Filipino		7	2	1						10
SE Other Specified	1									1
Unspecified	1									1
Z Not Stated	1	1	2	1				1		6
Grand Total	67	207	226	54	8	1	16	53	2	634

National Flu Immunisation Programme 2020/21

The flu immunisation programme commenced in on 21 September 2020 with 3105 staff being vaccinated within the first 3 weeks of the programme. This equates to 52.7% of front line staff being vaccinated. This is an excellent start to our programme and my thanks go to all those involved in the programme.

SET compliance

As ‘business as usual’ activity has commenced the Education team are providing SET compliance data to teams and we are now able to report this data to the Board and committees. Some teams have been able to maintain compliance during the covid pandemic. Following a review of training only manual handling and resuscitation training requires face to face interventions; all other training is delivered through e-learning. It is pleasing to therefore to note that the reduction in compliance rates has not been significant now being at 84.29% (with the last data reported to the Board for January being 87%).

The overall compliance for SET on 30/8/20 was 84.66% with compliance across the organisation outlined below. This is a 4% increase which is gratifying since the last report. As a reminder the RAG rating for all SET compliance data is; less than 75% Red, 75% to 89.9% Amber and 90% and over Green. A fuller SET report is provided to WERC for scrutiny as well as data provided to senior leaders and divisions specific to their areas.

Table 5 – SET Compliance by Division/Directorate

Org L2	Assignment Count	Required	Achieved	Compliance %	Expiring Soon	Predicted %	Future Enrolments	Predicted % (inc. Enrolments)
272 Doncaster and Bassetlaw NHS Foundation Trust	6177	72224	61146	84.66%	5464	77.34%	1,084	78.74%
272 COVID-19	70	630	455	72.22%	0	72.22%	0	72.22%
272 Chief Executive Directorate	17	199	184	92.46%	11	86.93%	0	86.93%
272 Children & Families Division	685	8591	7278	84.72%	720	76.50%	152	78.06%
272 Clinical Specialties Division	1573	18863	16443	87.17%	1600	78.93%	401	80.88%
272 Directorate Of Strategy & Improvement	8	92	89	96.74%	11	84.78%	0	84.78%
272 Education and Research Directorate	74	863	834	96.64%	58	90.27%	1	90.38%
272 Estates & Facilities	631	6798	5610	82.52%	207	79.66%	9	79.79%
272 Finance & Healthcare Contracting Directorate	139	1651	1532	92.79%	94	87.34%	0	87.34%
272 IT Information & Telecoms Directorate	83	971	859	88.47%	57	82.60%	0	82.60%
272 Medical Director Directorate	4	45	32	71.11%	1	68.89%	0	68.89%
272 Medicine Division	1536	18216	15097	82.88%	1449	75.17%	372	77.15%
272 Nursing Services Directorate	96	1135	993	87.49%	115	77.44%	19	79.03%
272 People & Organisational Directorate	58	672	613	91.22%	86	78.57%	1	78.72%
272 Performance Directorate	236	2165	1914	88.41%	202	80.55%	0	80.55%
272 Surgery and Cancer Division	967	11333	9213	81.29%	853	73.94%	129	74.99%

Appraisals

Members of the Board will have seen the recent communications around the introduction of wellbeing appraisals this year as an alternative option to the usual appraisal paperwork. This is to ensure that everyone has a wellbeing conversation with their manager to ensure that they are taking care of themselves. We are hearing anecdotally that a mixture of the two approaches are being used.

Members of the committee will recall that appraisals were put on hold during the height of the covid pandemic. As staff were returning to work we introduced the option of a wellbeing appraisal as an alternative to the full appraisal in order to ensure that all staff were able to have a wellbeing conversation with their line manager. Progress against the target will be monitored through accountability meetings. The low numbers reflect the period where appraisals were not taking place and the recent commencement.

AFC 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	16.44
272 Chief Executive Directorate	40.00
272 Children & Families Division	30.09
272 Clinical Specialties Division	18.19
272 Directorate Of Strategy & Improvement	57.14
272 Education and Research Directorate	1.45
272 Estates & Facilities	2.92
272 Finance & Healthcare Contracting Directorate	15.08
272 IT Information & Telecoms Directorate	10.00
272 Medical Director Directorate	0.00
272 Medicine Division	10.95
272 Nursing Services Directorate	11.90
272 People & Organisational Directorate	23.08
272 Performance Directorate	25.12
272 Surgery and Cancer Division	20.87

M&D 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	15.71
272 Chief Executive Directorate	0.00
272 Children & Families Division	19.51
272 Clinical Specialties Division	17.81
272 Medical Director Directorate	0.00
272 Medicine Division	15.63
272 Nursing Services Directorate	0.00
272 Surgery and Cancer Division	13.54

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

Title	Financial Performance – Month 6 September 2020		
Report to	Trust Board	Date	23 October 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

The Trust’s deficit for month 6 (September 2020) was £3.1m before the retrospective top up. As has been the case in previous months, the Trust (in line with national guidance) has accrued a central retrospective top up payment of £3.1m in order to report a break even financial position at Month 6. The year to date financial position is now a £5.2m deficit before the retrospective top up. The main movement in month related to the payment of the Medical Pay Award of c£900k (that also included five months of backdated pay award to the beginning of the financial year) and the increase in costs associated with the restarting of activity per Divisional plans.

The Trust will be resetting its budget and financial plan for the new national financial arrangements that come into place from Month 7.

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 2020/21 financial position.

Recommendation(s) and next steps

The Board is asked to note:

- The Trust's deficit for month 6 (September 2020) was £3.1m before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £3.1m in order to report a break even financial position at Month 6. The year to date financial position is a £5.2m deficit before the retrospective top up. This position is before any potential penalties (c. £440k) relating to the EIS scheme.
- The interim financial arrangements for M1-M6 come to an end and are replaced with the new national arrangements from Month 7.

FINANCIAL PERFORMANCE

Month 6 - September2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P6 September 2020

1. Income and Expenditure vs. Plan						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	
I&E Perf Exc Impairments & top up	3,078	1,649 A	5,311	(6,721) F	2,021	Employee Expenses					
Income	(34,859)	(1,136) F	(207,869)	(1,516) F	(35,046)	Drugs					
Donated Asset Income	(18)	(18) F	(110)	(110) F	0	Clinical Supplies					
Operating Expenditure	36,513	1,361 A	205,467	(7,088) F	34,598	Non Clinical Supplies					
Pay	24,726	623 A	141,992	(2,559) F	24,090	Non Pay Operating Expenses					
Non Pay & Reserves	11,788	738 A	63,474	(4,530) F	10,509	Income					
Financing costs	1,425	(18) F	7,825	(110) F	1,240	Mixed					
I&E Performance excluding top up	3,060	1,631 A	5,201	(6,831) F	2,021						
Retrospective top up	(3,060)	(3,060) F	(5,201)	(5,201) F							
I&E Performance including top-up	0	(1,429) F	(0)	(12,032) F	2,021	Total	0	0 A	0	0 A	0
F = Favourable A = Adverse											
Financial Sustainability Risk Rating			Plan	Actual		4. Other					
Risk Rating			3	3		Monthly Performance		YTD Performance		Annual	
						Performance Indicator	Plan	Actual	Plan	Actual	Annual
							£'000	£'000	£'000	£'000	£'000
3. Statement of Financial Position						Cash Balance		61,621		61,621	21,924
All figures £m			Opening	Closing	Movement in	Capital Expenditure	1,259	4,615	10,667	7,851	29,402
			Balance	balance	year	5. Workforce					
Non Current Assets			213,162	213,555	393		Funded	Actual	Bank	Agency	Total in
<i>Current Assets</i>			63,216	87,793	24,577		WTE	WTE	WTE	WTE	Post WTE
<i>Current Liabilities</i>			-130,077	-86,140	43,937	Current Month	5,954	5,412	254	106	5,772
<i>Non Current liabilities</i>			-16,657	-15,755	902	Previous Month	5,955	5,444	257	103	5,803
Total Assets Employed			129,644	199,453	69,809	Movement	1	31	2	-3	31
Total Tax Payers Equity			-129,644	-199,453	-69,809						

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Month 5 Financial Position Highlights

Summary Income and Expenditure – Month 6

	Month 6 £000	YTD £000
Income	-34,859	-207,869
Pay		
Substantive Pay	22,903	130,608
Bank	350	3,704
Agency	822	4,106
Recharges	651	3,574
Total pay	24,726	141,992
Non-Pay		
Drugs	685	3,661
Non-PbR Drugs	1,502	8,561
Clinical Supplies & Services	2,309	11,854
Other Costs	7,291	39,399
Total Non-pay	11,788	63,474
Financing costs & donated assets	1,406	7,603
Deficit Position as at month 6 before retrospective top up	3,060	5,201
Retrospective top up	-3,060	-5,201
Reported Position at month 6	0	0

The Trust's deficit for month 6 (September 2020) was £3.1m before the retrospective top up. As has been the case in previous months, the Trust (in line with national guidance) has accrued a central retrospective top up payment of £3.1m in order to report a break even financial position at Month 6. The year to date financial position is now a £5.2m deficit before the retrospective top up. The main movement in month related to the payment of the Medical Pay Award of c. £900k (that also included five months of backdated pay award to the beginning of the financial year) and the increase in costs associated with the restarting of activity per Divisional plans. As previously reported the Trust will be resetting its budget and financial plan for the revised national financial arrangements that come into place from Month 7.

The Trust's month 6 financial position includes revenue costs of c. £1.5m relating to COVID (£0.9m in August, £8.5m YTD), of which £656k relates to pay costs and £843k to non-pay costs. The movement in month is due to the Trust's share of regional PPE orders (c. £600k).

The clinical income position reported at Month 6 continues to be aligned to the national block arrangements in place as previously set out. Activity levels across most points of delivery (POD) continue to be lower than the normal Trust average but are increasing as set out in the table below. In month, all Points of Delivery activity increased as a result of a number of Divisional plans for restarting activity commencing in Month 6 (e.g. theatre plan).

Point of Delivery	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-59.12%	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-56.15%	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-20.22%	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-67.15%	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-70.90%	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-69.44%	-76.42%	-78.58%	-82.40%	-85.19%	-87.14%

N.B. The outpatient activity currently excludes any virtual attendances.

In line with national guidance from month 6 the Elective Incentive Scheme starts which provides an incentive / (penalty) for over / (under) performance in activity for Daycase, Elective and Outpatients compared to the 2019/20 equivalent activity levels. Based on information available the Trust has estimated that this is a financial risk to the Trust of approx. £440k in September. This is not included in the financial position reported above as per national guidance from NHSI/E but is expected to be incurred.

In Month 6 Non clinical income is overall £256k above the M1-5 average run rate. This includes an increase in Education and Training income (c. £0.5m), following further review of the updated LDA from HEE, and an increase in RTA income (£104k above run rate). This was offset by a reduction in Provider to Provider (P2P) income (c. £0.5m against run rate) following a review of P2P contracts and the activity delivered against them during the COVID period.

The pay expenditure position in month 6 is £1.2m higher than run rate (M1-5), driven by the medical pay award (circa £900k), increase in medical rota intensity during COVID (£134k) and additional service assistant agency spend incurred in month (£125k).

Non-pay has increased in the month by £0.5m compared to the M1-5 run rate. The movement against the M1-M5 run rate is caused by the restarting of some activity which has led to an increase in clinical supplies spend. This includes c. £200k expenditure (bloods, consumables, prosthesis etc.) relating to the restarting of activity in the Surgery Division, along with an increase in expenditure of c. £250k in the CSS Division for testing and the impact of restarting activity (e.g. ophthalmic implants).

It is expected that expenditure will continue to increase in the following months as the Trust moves into the next phase of COVID response and Divisional activity plans (Elective/Outpatients).

Capital expenditure spend in month 6 is £1.3m. This is £3.3m behind the £4.6m plan. YTD capital expenditure spend is £7.9m, including COVID-19 capital spend of £1.5m. This is £2.8m behind plan, mainly due to a delay in the delivery of equipment for the HSDU to CCU conversion and a delay in progressing the Critical Infrastructure works. This is under review with Estates, however it is currently expected this will all still be spent by year end.

The cash balance at the end of September was £61.6m (August: £60.1m). Cash remains high due to the Trust receiving two months' worth of the block income in April. Clarification on when the extra month's income received in advance will be clawed back has yet to be agreed nationally however the Trust has been informed that it will receive at least 2 months' notice ahead of the claw back. Also, the Debt/Equity swap has now taken place, meaning that £71m of outstanding loans due from the Trust has been replaced by PDC.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 6 (September 2020) was £3.1m before the retrospective top up. However, in line with national guidance the Trust has accrued a central retrospective top up payment of £3.1m in order to report a break even financial position at Month 6. The year to date financial position is a £5.2m deficit before the retrospective top up. This position is before any potential penalties (c. £440k) relating to the EIS scheme.
- The interim financial arrangements for M1-M6 come to an end and are replaced with the new national arrangements from Month 7.

Title	Annette's Story		
Report to	Board of Directors	Date	23rd October 2020
Author	David Purdue, Director of Nursing, Midwifery & AHPs Lesley Barnett, Deputy Director of Quality and Governance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	✓	
Executive summary containing key messages and issues			
<p>Niche Health & Social Care Consulting Ltd (Niche) were commissioned by RDASH to carry out an independent investigation into the care and treatment of Annette between 2009 and 2014, when Annette sadly died. This included the co-operation and agreement of DBHFT, Doncaster CCG and Doncaster Council because her care and treatment spanned health and social care.</p> <p>The main purpose of an independent investigation is to ensure that serious incidents can be investigated in such a way that lessons can be learned effectively to prevent recurrence. The investigation process may also identify areas where improvements to services might be required which could help prevent similar incidents occurring. The underlying aim is to identify common risks and opportunities to improve patient safety and to make recommendations for organisational and system learning.</p> <p>The investigation found failings across the organisations outlined in the attached Appendix A learning lessons case-study. This has been anonymised for shared learning with the family's consent and support for Annette's story to be shared in this way in order to help the NHS more broadly to learn and improve. Key areas for improvement include;</p> <ul style="list-style-type: none"> • Awareness of the risk of diagnostic overshadowing in people with a learning disability and assuring accurate descriptions of symptoms • Listening to and engaging meaningfully with families, and taking seriously their concerns and complaints • The application of the Mental Capacity Act and Mental Health Act • Ensuring the regular review of psychiatric medication including high doses <p>Whilst this is an historical case and many aspects of the care and treatment for people with a learning disability have improved including local improvements, national learning from the Learning Disabilities Mortality Review (LeDeR) Programme sadly reflect some of the learning from Annette's case.</p>			



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

A wider improvement plan for across the Trust will be developed in response to learning across our localities through the Learning Disability Quality Circle in due course to ensure the learning lessons are implemented across the whole Trust.

As well as internal governance oversight of the action plan, it's implementation will also be overseen by the Doncaster LeDeR Group chaired by Doncaster CCG.

Key questions posed by the report

The report makes 31 recommendations. There are 11 for all organisations and 4 key issues for Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust;

- The Trust must assure itself that the new fluid balance and recording policy is being used. A review of fluid balance management must be conducted to understand if there remain gaps in practice and to support staff in practice. This should be audited every 6 months. (High Priority)
- Recommendation 17: The Trust must assure itself that DNACPR forms are completed to best practice standards including ensuring that families are engaged in decision making at the earliest possible opportunity. (High priority).
- Recommendation 18: MUST scores should be assigned to all patients using accurate information (with heights corroborated by the patient or family members/carer if unable to measure) so that the appropriate interventions can be initiated. Regular audits should be introduced to ensure scoring is consistent with guidance and that actions dictated by the score are implemented
- Recommendation 19: the Trust must develop a policy for dietician support and nutritional care for people presenting with behavioural challenges. This should include formal consideration of alternative forms of nutrition and positive behavioural support approaches. Patients unable to maintain their nutritional status should not be discharged without an agreed alternative care plan (High priority).

How this report contributes to the delivery of the strategic objectives

Our vision is "to be the safest Trust in England, outstanding in all that we do". To achieve this DBTH values must be followed which include always putting the patient first and committed to quality and continuously improving patient experience.

Patients: Work with patients to continue to develop accessible, high quality and responsive service.

People: As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

Partners: We will increase partnership working to benefit people and communities.

How this report impacts on current risks or highlights new risks

N/A

Recommendation(s) and next steps



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

- The Trust acknowledge and accept the recommendations
- The Trust is working with the family to raise awareness of LD and MH issues
- The Trust is working with and other organisations to develop the action plan to address the recommendations
- The Trust has a task and finish group to address the recommendations
- The report has been discussed at PEEC and the Chair asked for it to be shared within Divisions
- The committee is asked to note the report, action plan and progress made to date

**ANNETTE'S STORY
 ACTION PLAN**

ALL ORGANISATIONS		
<p>Recommendation 1: All parties must ensure that senior nursing and medical staff undergo formal capacity training and understand the application of the Mental Capacity Act (MCA) (High priority)</p>		
<p>Report Context</p> <p>Annette's management under the MHA was appropriate based on the working diagnosis clinicians had at the time. However, they should have been admitted to Sapphire Lodge under the MHA – not the Mental Capacity Act (MCA).</p>	<p>Trust Improvements</p> <p>Training – Face to Face and eLearning at levels 1 & 2. Compliance rates improved Audit & Quarterly report. Monitoring-incidents/feedback DATIX MCA cards/posters distributed to all wards & departments.</p> <p>MHA awareness to go in newsletter</p>	<p>Where We Are Planning To Be</p> <p>Service provision and commissioned services ensure access to the correct support in a timely manner</p> <p>MHA awareness training (Safeguarding Leads to meet with Helen Moran RDaSH 02.10) Meeting has taken place looking at the interface between acute and MH services</p> <p>Ensure all wards have MCA cards/posters</p> <p>Updated 14/10/2020 Compliance 91.8% Email to all matrons regarding the pocket guides and to contact SAFEGUARDING if they require more. The safeguarding newsletter is due to be finalised and go out at the end of the month , this will include all the highlighted information.</p>

		<p>Safeguarding team have met with Helen Moran (RDASH) and a MHA piece will be included in the newsletter.</p> <p>Level 2 training covers LPA and COP and all face to face sessions for next year have just been booked and will be advertised in the newsletter and on the hive.</p> <p>The policy has updated the policy and this is just waiting for approval from the next policy group (04.11.20).</p>
ORAN		
<p>Report Context</p> <p>Staff did not make a Deprivation of Liberty Safeguards (DoLS) application (although they did consider it) as it was not a statutory requirement at this point in time.</p>	<p>Trust Improvements</p> <p>DoLs Training (face to face & eLearning) Compliance rates improved Monitoring incidents/feedback DATIX and Audit Quarterly Reporting Improved reporting</p> <p>Liaise/meeting with other acute trusts re: DoLS/LPS.</p> <p>Note progress within the Trust. (15 referrals received during 2014/15 – 336 received during 2019/20.</p>	<p>Where We Are Planning To Be</p> <p>Service provision and commissioned services ensure access to the correct support in a timely manner</p> <p>Continue to liaise/meet with other acute trusts re DoLS/LPS</p> <p>Ensure training continues at level 1&2 and monitor.</p> <p>Attend local & regional forums/groups in respect of LPS and its implementation.</p> <p>Updated 14/10/2020 Delayed until 2022 due to Covid-19 Pandemic Level 2 training covers LPA and COP and all face to face sessions for next year have just been booked and will be advertised in the newsletter and on the hive</p>
<p>Recommendation 3: A psychiatric liaison service for Learning Disability should be commissioned to ensure support for referrals in acute care</p>		
Report Context	Trust Improvements	Where We Are Planning To Be.

<p>The communication with the consultant psychiatrist in working with consultant physicians was not adequate in 2010 on Ward 25 or on Ward 27 in 2014. Whilst it was good practice for the specialist consultant in learning disability psychiatry to liaise with the ward, this was not a commissioned service.</p>	<p>Following the review of the MH strategy for Doncaster there is now a new MH initiative and workforce within DRI.</p> <p>There is a crisis team and a hospital liaison team for MH patients. This includes 24/7 staffing, nursing and medical posts.</p> <p>The crisis team/hospital liaison would refer to the LD service at Tickhill road for support.</p> <p>The Trust is working with Notts HC to review services at Bassetlaw. Support and advice is available from Notts HC .</p>	<p>Service provision and commissioned services ensure access to the correct support in a timely manner</p> <p>Updated 14/10/2020 Meeting planned with CCG leads to discuss future service provision Continue to work closely with RDaSH</p>
<p>Recommendation 4: The role of the Acute Hospital Learning Disability Liaison Nurse must be reviewed to ensure that family engagement and involvement is predominant as a function in ensuring views are sought and support provided. (High Priority)</p>		
<p>Report Context</p> <p>The role of the Acute LD Nurse as senior advisor and in having a liaison role with the family to provide best engagement between all parties was lacking.</p>	<p>Trust Improvements</p> <p>The Trust implemented a flagging system in Jan 2020, which enables all patients living with a learning disability to be easily identifiable to our Acute LD nurses.</p> <p>This is updated daily and sent to the LD nurses who visit the ward to support the patient and staff.</p> <p>There is an LD resource folder on wards to support reasonable adjustments and to support the teams deliver the best care possible.</p>	<p>Where We Are Planning To Be</p> <p>Currently the Trust reviewing the service provision of the SLAs with Notts HC and RDASH to ensure we have optimal service provision from an Acute perspective.</p> <p>The LD strategy currently going through trust processes and is out for consultation. The LD strategy work plan will be created based on the NHSI improvement standards for LD.</p> <p>Cohort of LD ambassadors to be recruited across clinical areas initially. LD steering group to also be formed to monitor and drive continuous improvement.</p>

		<p>This will report to Quality and Effectiveness Committee.(QEC) Updated 14/10/2020 Meeting planned with CCG leads to discuss future service provision</p>
<p>Recommendation 5: Families of people with Learning Disabilities should be regularly and independently surveyed for feedback with responses included in improvement plans.</p>		
<p>Report Context</p>	<p>Trust Improvements The Trust in currently reviewing its LD Strategy and Objectives</p> <p>The Trust is currently working to relaunch the National FFT after a pause due to the COVID-19 Pandemic. New posters, FFT cards and business cards to sign post to the new link on DBTH internet have been developed and will be launched in September 2020.</p> <p>The Trust have been working with Choice for All Doncaster (ChAD) and LD teams to develop our own FFT card for LD There is an easy read card available Nationally but this is thought not suitable by CHAD for LD,</p> <p>The Trust is working with Healthwatch and community groups to engage with the wider community and developing a Patient and Public Involvement and Engagement Strategy (PPIE).</p> <p>The LD team carry out an annual patient and</p>	<p>Where We Are Planning To Be</p> <p>The Trust will have in place-</p> <p>New Strategy –LD with clear Objectives reported through Quality and Effectiveness Committee –QEC.</p> <p>New LD FFT card and access to intranet available for LD.</p> <p>LD survey and action plans reported to Patient Experience and Engagement Committee (PEEC) and Quality and Effectiveness Committee -QEC</p> <p>New PPIE Strategy</p> <p>Updated 14/10/2020 LD Strategy supported at QEC and to go to Board for approval 30th Oct 2020 Then action plan to be developed New FFT card-other Trusts contacted to share good practice.</p>

	carer Survey. This survey has been developed with input from CHAD. This survey and action plan is presented to Patient Experience and Engagement Committee. (PEEC)	Survey Paused due to COVID 19 LD team to relaunch.
<p>Recommendation 6: Family engagement must be prominent in best interest decisions and care of people with a Learning Disability. Any perceived disagreement or difficulties should be escalated at an early stage and families provided with an independent avenue to pursue any concerns. The Trust should review how it engages with families in the best interests' process to ensure it is meaningful and constructive.</p>		
<p>Report Context</p> <p>Involvement of Annette's family in making best interests decisions was inadequate.</p>	<p>Trust Improvements</p> <p>The Trust acknowledges the Consultant responsible for the patient is responsible for patients in acute settings and decision maker related to healthcare and /or medical treatment. However there should always be involvement with the patient and/or family.</p> <p>In an acute setting sometimes decisions related to healthcare/medical treatment have to be taken in the patient's best interest when there is not opportunity to discuss with the family- e.g. emergency treatment. However the family should be kept up to date throughout-always with the patients consent.</p> <p>The Trusts current practice is to arrange an MDT meeting to discuss and where required resolve any concerns related to health or social care.</p> <p>If there is a failure to resolve a second opinion can be requested.</p> <p>Other options should be taken into account -</p>	<p>Where We Are Planning To Be</p> <p>The Trust through service user feedback is assured that engagement is taking place and where they are any perceived disagreements this has been escalated through the agreed process and resolved.</p> <p>Strengthen training re LPA/Court of protection at level 2 Already in the policy, but add a section about the role of those relatives that don't have LPA/Court of protection whilst acting in patients Best Interest.</p> <p>Add section re GDPR into Safeguarding policy</p> <p>Develop small presentation to put into the newsletter in respect of LPA/CoP/Relatives</p> <p>Updated 14/10/2020 Level 2 training covers LPA and COP and all face to face sessions for next year have just been booked and will be advertised in the newsletter and on the</p>

	LPA and for patients who don't have this, the Court of protection.	hive. The policy has updated the policy and this is just waiting for approval from the next policy group (04.11.20).
<p>Recommendation 7: The Directors responsible for Governance/Director of Nursing must develop a clear policy across all organisations which set out the arrangements for sharing medical information with next of kin where capacity is variable or absent for patients with a Learning Disability. This should be audited annually in all settings. Clarity is required where patients have carers in place alongside next of kin.</p>		
<p>Report Context</p> <p>Annette's family should have been recognised clearly as Annette's next of kin and as being key to decision making and care planning. A significant (perhaps the predominant) lesson from this review is that the family of a person with limited or variable capacity must be included in decision making at all levels unless there is a clear justification not to.</p>	<p>Trust Improvements</p> <p>Policies are already in place-</p> <ul style="list-style-type: none"> Safeguarding Consent Mental capacity/DoLS Information Governance Data Protection 	<p>Where We Are Planning To Be</p> <p>Strengthen training re LPA/Court of protection at level 2</p> <p>Already in the Safeguarding policy, but to add a section about the role of those relatives that don't have LPA/Court of protection whilst acting in patients Best Interest.</p> <p>Also add section re GDPR into policy Develop small presentation to put into the newsletter in respect of LPA/CoP/Relatives role.</p> <p>Amend existing policy Training/awareness</p> <p>Updated 14/10/2020</p> <p>Level 2 training covers LPA and COP and all face to face sessions for next year have just been booked and will be advertised in the newsletter and on the hive.</p>

		The policy has updated the policy and this is just waiting for approval from the next policy group (04.11.20).
<p>Recommendation 8: All staff who note bruising on patients in their care (of whatever cause) must ensure this is recorded in the clinical records and causal factors identified if documentation does not identify this previously. Bruising and other skin damage must also be communicated on admission, transfer and discharge paperwork.</p>		
<p>Report Context</p> <p>AB was subject to physical interventions for personal hygiene throughout her admissions. It is of concern that she left Ward 25 with bruises in association with screaming when being washed and that these were not reported or assessed as part of the management of her personal hygiene.</p>	<p>Trust Improvements</p> <p>In line with Trust Policy all staff should report any incident on the DATIX system and/or in the care records.</p> <p>The Trust has reviewed its Core Risk Assessment bundle and is moving to an Electronic Patient record (EPR). This will ensure Risk Assessments have to be updated on admission, transfer and when a patient's condition changes.</p> <p>In line with the Trusts Pressure Ulcer Prevention Policy a 26 point skin inspection is undertaken three times a day by a registered nurse. This provides opportunity to observe and note any other skin areas of concern.</p> <p>Training –a full portfolio is widely available to all disciplines of staff.</p> <p>Increased awareness through training with an increase in reporting and monitoring is in place.</p>	<p>Where We Are Planning To Be</p> <p>Risk assessment EPR as part of the Trusts Digital Transformation Strategy</p> <p>This will be auditable and reported through the electronic system.</p> <p>Ward accreditation and Nursing Assessment and Accreditation System monitors' performance. This is reported through the Clinical Governance Committee.</p> <p>Updated 14/10/2020 Hard Truths data with Tissue viability information is reported and discussed at CGC monthly Ward accreditation restarted for Q2 post Covid-19</p>

	Policies are currently under review, working with the Wound Care Alliance.	
<p>Recommendation 9: A protocol should be developed to set out the process for administering prescriptions written up in the community when a patient is admitted as an inpatient to acute care. This should cover the administration and arrangements for mental health prescriptions in particular to ensure continuity and any conditions under which it is acceptable/is not acceptable to administer medication not prescribed by the treating inpatient team.</p>		
<p>Report Context</p> <p>The use of the Gardens Lane MAR sheet to administer a dose of Lorazepam in DBTHFT was also inappropriate and risked medical staff not being aware of the administration of this medication.</p>	<p>Trust Improvements</p> <p>Trust procedures already cover these points; this was due to human error and task factors i.e. procedure not followed. The Safe and Secure Handling of Medicines Policy Part A (PAT/MM 1 A v.9), sections 5 and 6 details the standards for prescribing, prescriptions and the authorisations to administer or supply medicines in the Trust.</p> <p>It states: 5.2.1 In Patient Prescriptions A new paper prescription record or new electronic record will be commenced on each admission Unless the prescribing is clinically urgent prescribing on admission should take place after the prescriber has assessed the patient and taken a full and accurate medication history. See Appendix II Medication Reconciliation</p> <p>Details of authorisation to administer and principles of administration of medicines are also stated as;</p>	<p>Where We Are Planning To Be</p> <p>Ensure all individuals authorised to administer medicines are fully aware of the relevant Trust policies.</p> <p>Monitor medicine reconciliation</p> <p>Monitor through Incident reporting via DATIX and through PSRG.</p> <p>Updated 14/10/2020 No record of incident but not in line with policy Not repeated practice</p>

	<p>5.1 Authorisation for the Administration or Supply of Medicines to Patients Unless a healthcare professional, e.g. midwives or chiropodist, is exempt from the requirements for a prescription under the Medicines Act 1968 / Human Medicines Regulations 2012, the authorisation of a Prescriber will be obtained before any prescription only medicine is administered or supplied to a patient of the Trust. Where the healthcare professional is exempt from the requirements of a prescription the medicines which may be administered under this exemption shall be listed in a local policy approved by the Drug and Therapeutics Committee.</p> <p>In all other cases the authorisation of a prescriber will be given in one of five ways.</p> <ol style="list-style-type: none">1) An indelible instruction, signed and dated by a Prescriber written:<ol style="list-style-type: none">a) On a prescription form and/or label approved by Drug and Therapeutics Committee; where the instruction is in the form of a pre-printed label, the label shall be non-peelable.b) In the medical record.2) A computerised prescription held on a Trust approved computerised prescribing system, entered by a Prescriber and validated by password controlled electronic signature.3) A Patient Group Direction approved by the Trust Drug and Therapeutics Committee and Trust Clinical Governance Lead.	
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	<p>4) For a non-Prescription Only Medicines, for staff who otherwise cannot use a Patient Group Direction, a group direction approved by the Trust Drug and Therapeutics Committee and Trust Clinical Governance Lead.</p> <p>5) In exceptional circumstance by a verbal order</p> <p>6.1 Principles of Administration The individual authorised to administer medicines will check that the authorisation for administration is correct, clear, legible, unambiguous, complete and understood. At completion of administration the individual authorised to administer medicines will sign for the medicines used either on an approved prescription form, or record use by means of electronic password on a computerised administration record.</p> <p>6.2.3 Recording Administration A record of all medicines administered to any patient will be made on an approved prescription form, electronic administration record, anaesthetic record, or patients notes unless an alternative location has been approved.</p> <p>The Medication Administration Chart (MAR) from Gardens Lane is neither a valid prescription nor a Trust approved document and should not be used to administer medication.</p>	
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<p>Recommendation 10: The role of the financial deputy and the function of the Office of the Public Guardian should be included in all NHS and local authority training about managing client finances (if appropriate to services at present). There should be a trained person with designated responsibility for working with deputies where any areas of dispute or tension arise between families/deputies, care home staff and other professionals. This recommendation should be extended to South Yorkshire Housing Association/Walsingham Support.</p>		
<p>Report Context</p> <p>Annette's financial situation was managed initially by DMBC until her family became deputies in 2012. Annette's family were required by the Court of Protection to ensure her finances were managed and they were subject to Level 3 supervision from the Office of the Public Guardian (OPG). There was a complete lack of recognition of this role.</p>	<p>Trust Improvements</p> <p>Level 2 training covers the use of Court of Protection, but not the monitoring/audit (This would not be appropriate for Trust staff - finances would be managed by Social Care).</p>	<p>Where We Are Planning To Be</p> <p>Awareness OPG-to be added to Safeguarding policy</p> <p>Ensure that the policy covers Court of Protection and the role of the Office of Public Guardian at a basic level.</p> <p>Updated 14/10/2020 completed in policy and training On the HIVE</p>
<p>Recommendation 11: There must be a checklist which is developed and led by the local authority and agreed across the health and social care system for S117 processes within six months. This should be audited annually to confirm that initial packages are fully documented, clear decisions recorded on what is to be funded and what is excluded. This should include an assessment of mental capacity as required and the engagement of family members/those responsible for personal finances. A specific form for non-CPA S117 reviews should be developed to reduce confusion where S117 reviews take place for non-CPA individuals.</p>		
<p>Report Context</p> <p>Annette's needs on discharge from S117 were not clearly defined and there was no formal S117 plan or record.</p>	<p>Where We Are Now</p> <p>This was not in place at the time</p> <p>In an acute trust setting the LD team would ensure this is in place as part of the MDT working and liaison.</p> <p>The LD alert in place notifies the team of an LD patient's admission.</p>	<p>Where We Are Planning To Be</p> <p>All patients have access to this and the S117 case manager is aware of patients admitted with LD</p> <p>Updated 14/10/2020 Alert in place to LD team IDT would support discharge arrangements</p>
<p>ROTHERHAM, DONCASTER and SOUTH HUMBER NHS FOUNDATION TRUST (RDaSH)</p>		
<p>Recommendation 12:</p>		

<p>RDaSH must ensure that no staff member enters information to clinical records retrospectively or posthumously without recording that the entry is retrospective. There should be a reminder to all staff of the importance of GMC/NMC and Trust record keeping guidelines. (High Priority)</p>		
<p>Report Context</p> <p>Annette's records were on the whole contemporaneous. However, retrospective and post-humous entries were made.</p>	<p>Trust Improvements;</p>	<p>Where We Are Planning To Be</p>
<p>Recommendation 13: The Trust should ensure that all health and social care staff are able to recognise a safeguarding concern and understand their responsibility to refer safeguarding concerns to the Local Authority and/or the police.</p>		
<p>Report Context</p> <p>The application of Safeguarding processes was variable across the organisations involved in Annette's care.</p>	<p>Trust Improvements</p>	<p>Where We Are Planning To Be</p>
<p>Recommendation 14: The use of restraint, including for personal hygiene purposes, should be regularly reviewed and monitored to ensure that individual care plans are the least intrusive and that all other options have been fully considered. Potential patterns of restraint should also be identified for patients who have multiple restraints to allow consideration of preventative strategies or other approaches to care.</p>		
<p>Report Context</p>	<p>Trust Improvements</p>	<p>Where We Are Planning To Be</p>

Capacity and best interest decisions were poorly applied and implemented.		
Recommendation 15: A programme of audits should be introduced on the use of PRN IM Lorazepam across the Trust to ensure its administration is appropriate in all cases. Regular doses of any drugs which are above recommended BNF limits should also be reviewed at defined intervals to ensure treatment is still effective.		
Report Context The use of Lorazepam was inappropriate to her condition and presentation when increased in 2011. There was no formal review by primary care or psychiatry of the high doses prescribed to AB. Its use was not justified as part of the management of her diagnosis.	Trust Improvements	Where We Are Planning To Be
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust		
Recommendation 16: The Trust must assure itself that the new fluid balance and recording policy is being used. A review of fluid balance management must be conducted to understand if there remain gaps in practice and to support staff in practice. This should be audited every 6 months. (High Priority)		
Report Context	Trust Improvements The Trust has clear guidance, training and policy related to Physiological observations and Nutrition and Hydration. As part of the Nursing Assessment and Accreditation System (NAAS), staff undertake a NEWS2 audit every month and a monthly fluid balance audit .This forms part	Implementation by 2021of the Electronic Fluid balance chart Trust wide and monthly Audit of use, reported through the NAAS and Hard Truth Quality Metrics which are reported to Clinical Governance Committee as part of the ward Quality Assurance Accreditation. Updated 14/10/2020

	<p>of the Hard Truths Quality Metrics and ward Quality Assurance Accreditation.</p> <p>The Trust as part of its Digital Transformation Strategy, Nerve Centre, and Electronic Patient records has implemented an electronic Fluid balance chart at Bassetlaw Hospital. The results of compliance have seen a dramatic improvement. This will be rolled out to all medical wards by Jan 2021 and trust wide by end of 2021.</p>	<p>Electronic form In place at Bassetlaw Phased Roll out at DRI commenced in Medicine October 2020</p> <p>Overdue alert to the user if there are gaps to indicate action required. Rich data will be available related to use and compliance once fully implemented. This can be used to educate and further support targeted areas.</p> <p>Ward accreditation and reporting Q2 restarted post COVID-19</p> <p>Reported through CGC</p>
<p>Recommendation 17: The Trust must assure itself that DNACPR forms are completed to best practice standards including ensuring that families are engaged in decision making at the earliest possible opportunity. (High priority).</p>		
<p>Report Context</p> <p>The DNACPR process was poorly managed and communication with Annette's family inadequate.</p>	<p>Trust Improvements</p> <p>The Trust implemented the ReSPECT document in April 2019. This was a coordinated and collaborative adoption across primary, secondary and community care in Doncaster and Bassetlaw. As part of this a new policy was developed; Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Policy (PAT/EC 8).</p> <p>An education and training programme was developed to prepare for the launch and adoption and is now part of the resuscitation mandatory training.</p> <p>There is a twice yearly audit around DNACPR and as part of this we audit the ReSPECT form concentrating on the quality of information that it contains. The results of</p>	<p>Where We Are Planning To Be</p> <p>This is now fully implemented in the Trust and next steps are for it to be available as an electronic document which will make it a more easily shared document across all settings</p> <p>Updated 14/10/2020 Monthly audit Presented at PSRG quarterly-last presented in March 2020 Action plans in place.</p> <p>Resuscitation and EoL team contacted to ensure training includes discussion with patient/ family</p>

	which are presented to PSRG.	
<p>Recommendation 18: MUST scores should be assigned to all patients using accurate information (with heights corroborated by the patient or family members/carer if unable to measure) so that the appropriate interventions can be initiated. Regular audits should be introduced to ensure scoring is consistent with guidance and that actions dictated by the score are implemented</p>		
<p>Report Context Annette's nutritional management was poor. Early identification of risk and early intervention did not take place. MUST score and BMI incorrectly calculated.</p>	<p>Trust Improvements The Trust has reviewed the core risk bundle and assessments which includes MUST; this will be in electronic format at Bassetlaw by Dec 2020 and rolled out to the DRI 2021. Electronic record must be completed or an alert is triggered.</p> <p>All MUST assessments dictate the appropriate action plan in accordance with the Trust Nutrition and Hydration policy</p> <p>Wards have access to stadiometers and scales.</p> <p>Nutrition link nurses have been nominated by wards linking in with the Trust Nutrition clinical nurse specialist and dietetic team.</p> <p>Nutrition Link Nurses are trained and adopt a train the trainer approach for ward staff. Training is carried out annually. MUST is included on the Trust preceptorship programme and person centred care day. Additional training is available from the Nutrition and Dietetic service. Nursing staff are trained in nutritional care via a Nutrition module</p> <p>Monitoring is carried out via a Nutrition</p>	<p>Where We Are Planning To Be Nutrition will be part of the new LD strategy and objective</p> <p>Monitoring and Audit Results are Reported 6-monthly to PSRG and then to CGC.</p> <p>Updated 14/10/2020 Review LD Strategy once agreed at Board in October 2020 and detail action plan especially related to Nutrition</p> <p>Ward accreditation restarted post covid-19 Q2 results reviewed at CGC October 2020</p>

	<p>Dashboard with a programme of audits and action plans throughout the year informing the Inpatient ward Quality Assurance Accreditation.</p> <p>Attendance and compliance with training monitored through the Inpatient ward Quality Assurance Accreditation.</p> <p>Student dietitians regularly audit MUST screening at ward level for accuracy.</p> <p>Wards follow an audit and action planning programme throughout the year looking at key areas of nutrition including MUST.</p> <p>Nutrition and Hydration policy in place.</p>	
<p>Recommendation 19: the Trust must develop a policy for dietician support and nutritional care for people presenting with behavioural challenges. This should include formal consideration of alternative forms of nutrition and positive behavioural support approaches. Patients unable to maintain their nutritional status should not be discharged without an agreed alternative care plan (High priority).</p>		
<p>Report Context Annette pulled out the NG tube on several occasions and other form of nutritional support were not thoroughly explored.</p> <p>Annette was discharged from the dietetics service and from hospital without a clear management plan</p>	<p>Trust Improvements Nutrition training is included in Person Centred Care training, Nutrition link nurse training and preceptorship programme and through a nutrition module</p> <p>Nutrition link nurses have been nominated by wards linking in with the Trust Nutrition clinical nurse specialist and dietetic team at training and education sessions support.</p> <p>Nutrition is included as part of the inpatient ward quality assurance programme</p> <p>Access to further information about nutrition is available at a centralised point of the Trust intranet site.</p>	<p>Where We Are Planning To Be</p> <p>Nutrition will be part of the new LD strategy and objective</p> <p>Monitoring and Audit Results are Reported 6-monthly to PSRG and then to CGC.</p> <p>Updated 14/10/2020 Review LD Strategy once agreed at Board in October 2020 and detail action plan especially related to Nutrition</p> <p>Through PEEC 30th Oct 2020 staff to be reminded to ask patient if they have capacity if they wish family to attend if having invasive unpleasant procedures.</p>

	<p>A pathway of referral from the acute dietetic team has been established to ensure ongoing care, where appropriate, for those referred to dietetics during their inpatient stay who have received oral nutrition support. A MUST score of 4 and above triggers an automatic referral to the dietetic team.</p> <p>A discharge pathway of care for those with a MUST of 3 or less has been agreed and is managed at ward level.</p> <p>A Making Mealtimes Matter initiative has been introduced to prompt social dining and increase staff focus on meal time preparation and service</p> <p>The Trust provide training in many formats</p> <p>Person centred Care day</p> <p>Acute Kidney Injury</p> <p>NG/NJ aftercare (registered staff only)</p> <p>Nutrition Module</p> <p>MUST</p> <p>Food Hygiene Certificate</p> <p>Foundations of Care (HCA only)</p> <p>Practice is monitored</p> <p>Nutrition dashboard Audits (food chart compliance/fluid chart compliance/making mealtimes matter for patients/making mealtimes matter for staff)</p> <p>Ward Quality assurance accreditation</p> <p>Evidence of training</p> <p>Audit:</p>	<p>If no capacity discuss with family if they wish to /can attend</p>
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	<p>PLACE Mini PLACE (internal/Sodexo audit) Nutrition and Hydration Assurance visits</p> <p>Policies are in place Nasal retention device policy Nasogastric tube policy PEG policy Nutrition and Hydration policy Restrictive Interventions Policy</p> <p>Care Plan Initial MUST assessment includes care plan and indicators for referral to a dietitian.</p>	
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Learning lessons - The care and treatment of Annette

Case-study and key learning points for providers caring for patients with learning disabilities who become acutely unwell.

Anonymised for shared learning

Talking with and listening to the family of a person with a learning disability.

1. About this document

There are many case studies published in relation to the care of people with a learning disability and many of these detail the systematic failure to recognise physical ill-health early enough. Particularly, research suggests that people with a learning disability are more likely to die, on average, around 16 years earlier than the general population.

This document aims to summarise the care and treatment of 'Annette', a patient with learning disabilities. The case of Annette has been extensively investigated by Niche Health and Social Care Consulting and the key points of that investigation have been summarised in this document.

Specifically, this document will provide a case study approach which summarises the events and circumstances that contributed to Annette's death but also, importantly, the role and profile of her family within her care and some of the disenfranchisement they experienced over time. This learning document will describe how Annette's family were not included in her care in a meaningful, informative and constructive way; this no doubt led to a worse outcome for Annette who relied heavily upon those who advocated for her and loved her the most, her family.

2. Acknowledgements

This learning document has been commissioned by Rotherham, Doncaster and South Humber NHS Foundation Trust on behalf of all the statutory health and social care partners across Doncaster who are keen to ensure that learning is shared broadly and respectfully in relation to Annette and the experience of her family. It must be stated that, despite some of the tragic events contained within this document, at times Annette had good care and there were many professionals who showed compassion and a high standard of care and support.

Most importantly, we offer our most sincere thanks to Annette's family who have given their permission for her story to be shared in this way in order to help the NHS more broadly, to learn and improve.

3. About Annette

Annette had a moderate yet undiagnosed learning disability and spent most of her adult life living with her parents. However, by 2005 both of her parents had died and Annette, at the age of 47, was moved into a supported tenancy. She was still heavily supported by her brother and sister-in-law who visited her regularly and maintained close familial ties. Annette had daily help from a support worker to assist with preparing food, doing her laundry and encouraging her to attend to her personal hygiene. Annette enjoyed life and enjoyed measured independence.

Annette, described by her family as having a bubbly personality and sometimes a stubborn streak, tragically died at the age of 56 after becoming acutely unwell. She died from an undiagnosed gynaecological cancer which had metastasised. Annette's family had a strong history of female deaths from cancer during their mid-fifties. This history was a predominant concern of her brother throughout her care and drove his continuous questioning whenever Annette expressed pain or became sick.

4. What happened?

In early December 2009, Annette inexplicably began to become 'vague, withdrawn, thirsty and, at times, incontinent'. Over the following three months she continued to deteriorate with marked weight loss. Blood tests and ultrasound scans were completed with no abnormalities identified. She continued to complain of abdominal pain and she was admitted to acute medical care on 31st March 2010.

Over the next four years, in various care settings, Annette went from being a relatively autonomous and content individual to an individual where docility was reinforced. Annette often found herself in unfamiliar environments with a broken routine and unfamiliar people making decisions about her capacity and needs. Many of the professional staff developing her care plans and assessing her had no prior knowledge of how well Annette normally was and how independent she had been. Her family, of course, did know her well and attempted on numerous occasions to advocate for her knowing what her previous life had looked like – a place they were desperately keen for her to return to.

Instead of working with her family services often saw their interventions as an 'annoyance' and at times adopted either avoidant or aggressive stances towards them. This became adversarial where Annette's brother and sister-in-law resorted to making complaints, up until her death in 2014 in order to try and get any answers. Indeed, the family continued to make complaints after her death to try and get retrospective explanations; after around four years these enquiries ultimately led to the commissioning of the Niche independent investigation.

5. The investigation findings:

In summary, Annette was admitted to healthcare settings where:

1. Diagnostic delays resulted in her losing her independence and suffering poor end-of-life care;
2. Diagnostic overshadowing prevented health teams looking outside of her assumed diagnosis of Catatonic Schizophrenia which drove inappropriate medication and care-planning;
3. Annette was admitted to unsuitable and medicalised environments for months at a time causing her stress, care provided reduced her independence and autonomy and gradually made her lose confidence;
4. The Mental Capacity Act (MCA) was not appropriately applied across all settings when making decisions about her care and she was restrained without justification, in contravention of the MCA;
5. She was subjected to restraint by staff, often daily at times, as the result of insisting Annette be washed against her will. Annette was also assaulted by other patients who were known to be violent;
6. Her family took responsibility for her finances and were not adequately supported in discharging their duties as Court Deputies despite staff being required to provide information to them;
7. Her family were not adequately consulted at numerous points in her care and, when they raised concerns, in pursuit of good quality care, were eventually side-lined;
8. Her family were not informed of the deterioration in her physical health. Staff put her vomiting down to behavioural and mental health issues which delayed access to the right medical care;
9. Annette was viewed as having a mental health problem as a result of her resistance to care, she was prescribed high dose Lorazepam to which she became tolerant but which had the effect of sedating her yet had no discernible therapeutic effect;
10. Annette was one of a number of patients seen by a person acting as a qualified doctor/psychiatrist but now known to be working under a false registration; and
11. Annette's learning disability was not adequately taken into account in her diagnosis and management and she was instead diagnosed with a severe mental illness – Catatonic Schizophrenia.

6. Key learning points

Many of the frameworks to protect people with a learning disability are already in place, however, they need to be applied consistently and with care, consideration and with engagement with those closest to the person involved. The Mental Health Act (1983), the Mental Capacity Act (2005), known risks of 'diagnostic overshadowing', the STOMP campaign, liaison nurses in hospitals, safeguarding and DoLs guidance, Learning from Death guidance and the Court of Protection are all in place to support families and professionals. **Applying the spirit of these frameworks is as important as applying the letter of them and remembering there is a person and a family behind each admission and care episode.**

Learning point	Situation
1. Application of the MCA 2005 (capacity assessment and family involvement)	<ul style="list-style-type: none"> Annette needed the protection that the MCA 2005 afforded her but it was not applied accurately in all settings that Annette was in. Decisions were taken without regard to a proper assessment of capacity and at times before assessments were completed. There was a poor understanding of the Act in relation to best interest decision making including in obtaining consent for an operation. Annette's family were all but excluded from consultation throughout.
2. Application of the Mental Capacity Act 2005 (capacity assessment and restraint)	<ul style="list-style-type: none"> Annette was restrained on a daily basis for intimate washing and to be given medication – this was in contravention of the Mental Capacity Act. This directly contributed to her response towards staff and affected her rehabilitation and onward treatment.
3. Strengthen the management of nutrition in acute and care settings (MUST and CQC Fundamental Standard 14; Essential Standard 5)	<ul style="list-style-type: none"> Annette lost significant weight whilst in acute care over a five month period. She was never weighed on admission and her height was incorrectly recorded in primary care so her Malnutrition Universal Screening Tool (MUST) assessments were not accurate. Insufficient attention was paid to her nutritional needs in acute care. Her reaction to her environment was not taken into account in planning her nutritional care plan and supporting her to eat and drink. Equally an unhealthy diet in onward care settings meant she put on significant weight becoming obese.
4. Listen to the family at all stages and find a way to resolve concerns openly and honestly (Duty of Candour)	<ul style="list-style-type: none"> Annette's family repeatedly expressed concern about her diagnosis, her care and her rehabilitation. They often had to resort to the complaints process which created an adversarial approach to attempts to answer questions. The complaints process is not the appropriate mechanism to support families with ongoing care concerns.
5. Ensure the role of the hospital liaison nurse for learning disabilities has the person and their family involved at the centre of care planning.	<ul style="list-style-type: none"> Many hospitals have access to a liaison nurse specifically for people with a learning disability (and their families). This role became confused as regards engaging with and seeking the views of Annette's family. There was insufficient focus on this aspect of support for applying the MCA and supporting acute care professionals in their duties and escalation when it wasn't working. The lack of direct engagement with the family was a key missing ingredient to the effectiveness of this role.

6. Document the application of the Mental Health Act (MHA) (S117 and funding arrangements)	<ul style="list-style-type: none"> Annette's family were not engaged in Section 117 review and Care Programme Approach (CPA) meetings until too late. The lack of clarity amongst professionals as to how Annette's care was funded and paid for in line with the MHA caused significant mistrust. The failure here was in not escalating disagreements and ensuring that full disclosure was openly and honestly communicated. Families should be able to understand how care is funded and S117 arrangements should be properly documented.
7. Question the risk of diagnostic overshadowing and accurate descriptions of the presentation of symptoms	<ul style="list-style-type: none"> Annette began to show specific symptoms of being very sick four months before she died. She began to vomit which increased to daily episodes and she refused to eat and drink. This was put down to a decline in her mental health and staff thought she was making herself sick. GPs did not know the full history of the vomiting as a result. On admission to hospital delays due to capacity assessments, and assumptions about her, delayed diagnosis of her cancer until two days before she died. This was a key missed opportunity and staff should consistently question whether diagnostic overshadowing is a risk when physical symptoms cannot be explained.
8. Question high dose prescribing in a person with a learning disability (STOMP)	<ul style="list-style-type: none"> Annette was prescribed very high dose Lorazepam which caused her to be drowsy in the mistaken belief this would treat her presumed catatonia. Whilst it was reduced to 8mg/day this was still twice the BNF limit and was never challenged by pharmacies, consultants or primary care. The STOMP campaign aims to stop the overmedication of people with a learning disability. Regular medication reviews did not happen which would have provided a potential safety net.
9. Supporting the role of the financial deputy (Court of Protection responsibilities)	<ul style="list-style-type: none"> Annette was not able to take full control of her finances and the Court of Protection considered it appropriate for her family to support her. This is a judicial approach with scrutiny of court deputies where staff are required to provide information needed by families but in this case staff did not co-operate. Providing documentation in line with the Office of the Public Guardian guidelines is crucial for health and social care professionals to co-operate with.
10. Take complaints seriously and understand what went wrong via mortality review processes (Learning from Death 2017)	<ul style="list-style-type: none"> After death Annette's family attempted to get answers but a defensive approach to answering their questions meant that it took four years of unsatisfactory explanations before an independent investigation was commissioned. The commissioning of this investigation came about from listening first hand to the family experience at a very senior level and that direct engagement led to the learning set out in this case. Senior officers should listen to the family and patient experiences at an early stage to direct further investigation.

Open and honest recognition of failings is a key requisite to improvement. We strongly encourage healthcare organisations to reflect on some of the points and prompts listed above to see if there is a likelihood of the same occurring in your care settings. We do hope this case study goes some way to supporting improvement of services for people with a learning disability and for their families who strive to support them.

7. About Niche

Niche Health and Social Care Consulting is an independent management consultancy that specialises in supporting health care providers with all issues of safety, governance and quality, including undertaking independent investigations following very serious incidents. We undertake some of the most high-profile investigations in the country.

We have been supporting the NHS and social care for over 27 years with modelling, analytics, evaluation, investigations and governance. We regularly provide articles, information and events to help both NHS and public sector healthcare clients to learn from untoward events.

8. Responsibilities of this document

Our independent investigation and this briefing document is limited in scope and has been drafted in line with the provisions set out in the terms of reference alone and is not to be relied upon for any other purpose. Our responsibility is to the commissioning party alone and no other party may place reliance upon our report or summary other than for the purposes of shared learning.

9. Contact us

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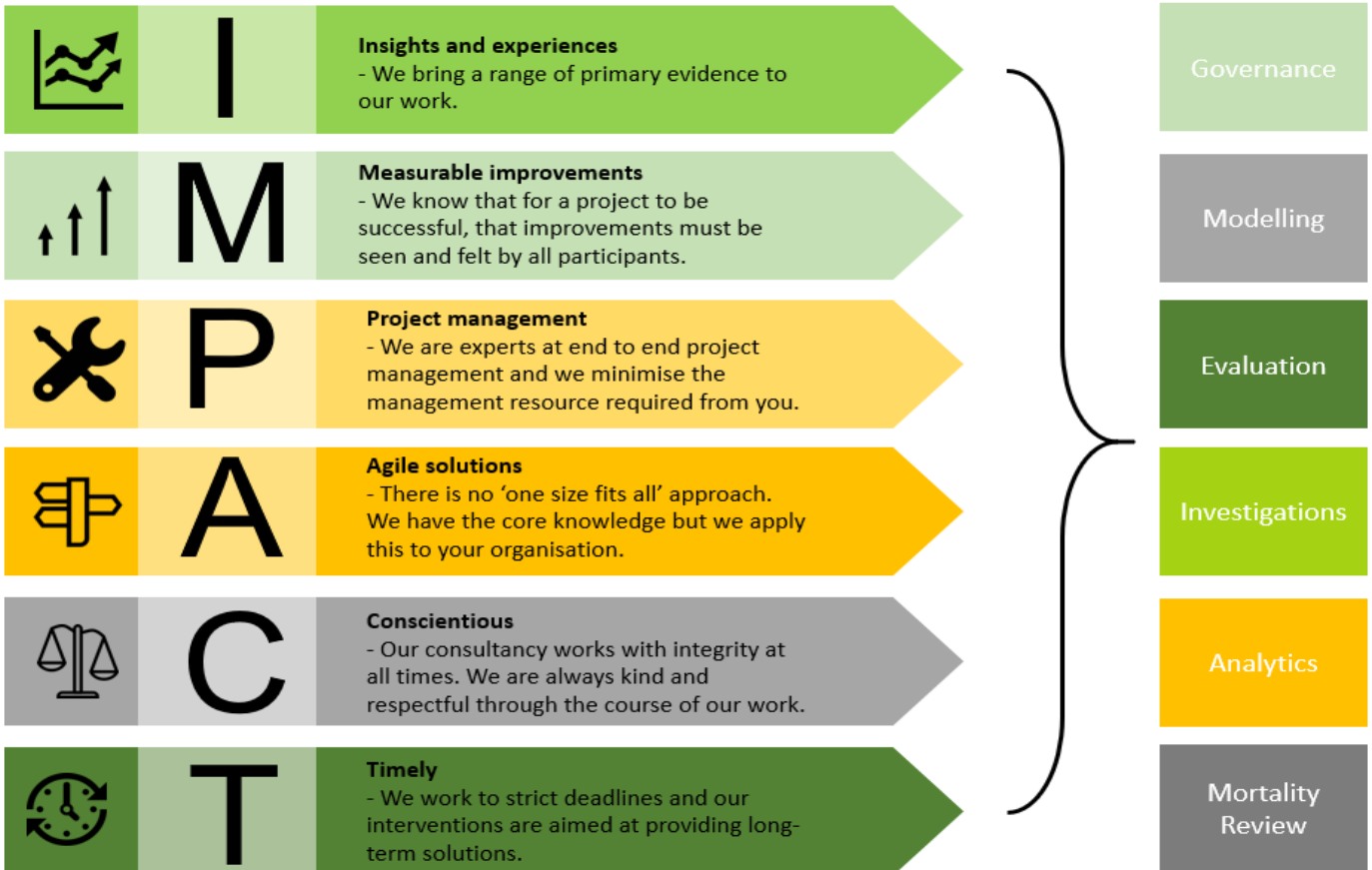
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insight integrity impact



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

Title	Corporate Risk Register		
Report to	Board of Directors	Date	23 October 2020
Author	Fiona Dunn, Company Secretary		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

TRUST RISK PROCESSES

The Board is reminded of its three obligations in terms of risk management:

- To understand risks;
- To deal with the risks;
- To define and implement risk management practices.

A large piece of work to review the risk management processes within the Trust has been undertaken. This has included the cleansing of risks and the recording and management of risks at source (on DATIX), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board.

The review addressed the actions arising from the 2019 Internal Audit on risk management. Outcomes from this included:

- Review and rationalisation of current risks identified on DATIX
- Review training of DATIX risk management
- Ensure risks are discussed at Directorate speciality meetings – standard template & reports agreed
- Transparency of CRR for all staff via DATIX dashboard
- Adaption of the DATIX risk module to allow escalation and outcome capture for all users –

end to end escalation being fully auditable.

- Fields changed in Risk module to monitor outcomes and actions
- Review of risk management policy to be aligned with changes – Jan 2021
- Alignment of corporate risks (strategic & operational) to the BAF

CORPORATE RISK REGISTER- (CRR)

The purpose of the Corporate Risk Register is to capture and aid the management of extreme Risks to Operational Delivery within the Trust (risks scoring 15 or above). It is designed to provide a method for the effective and focused management of risks showing the current position and target position.

- A DATIX dashboard is currently live and available to staff for all risks identified on the CRR.
- New templates have been designed for appropriate level detail reports for the Board and Sub-Committees and have been agreed at Board in July 2020.

REVIEW AND REPORTING - CRR

Review

The content of the Corporate Risk Register is reviewed by the Trust's Executive and Corporate Directors.

The process for update is continuous by the Directorates, resulting in the summary register attached, dated October 2020.

The copy of the CRR attached is the new summary collated from the live DATIX dashboard that is now available for all staff. Detailed analysis of each risk can be found by using the Risk ID located in DATIX.

Board of Directors

The Board of Directors are asked to note the updated risk entry for the COVID19 Pandemic. **RISK ID 2472 (Ref COVID1 on DATIX). This risk identifies the Trust strategic and operational plans to respond to the demands of this pandemic and now includes the stabilisation and recovery plans.**

TOP 3 RISKS

COVID Pandemic

Workforce

Finance

Assurance

Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the October Trust board and other sub-committees.

The Board is asked to note that there has been no change in the risk levels during quarter two 2020/2021.

Key questions posed by the report

None.

How this report contributes to the delivery of the strategic objectives

The attached Risk Register shows corporate risks agreed to be entered on the CRR. DATIX dashboard Live also is available identifying all Trust risks scoring 15 or above.

How this report impacts on current risks or highlights new risks

The report highlights all high level operational risks to the Trust.

Recommendations

The Board is asked to note the attached Summary Corporate Risk Register.

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1517	Q&E9	30/09/2020	Clinical Specialist Services	Pharmacy (Outpatient), Pharmacy (inpatient)	Availability and Supplies of Medicines	<p>There are extraordinary stresses on the medicine supply chain which are leading to unavailability of medicines in the hospital. This could have an impact on patient care, potentially delaying the delivery of treatment, non-optimisation of treatment and decrease in patient satisfaction. It could also increase the chance of error and harm occurring</p> <p>The issues is causing significant disruption and increased workload of the pharmacy procurement and logistics team which compounds the problem. Disruption of work by other professionals involved in supply and administration of medicines is possible as well.</p> <p>There a number of issues causing it:</p> <ul style="list-style-type: none"> - Manufacturing Issues - Central rationing of supplies by CMU - Wholesaler and supply chain issues - Unpaid invoices - Knock on disruption of procurement and logistics teams sometimes delaying response <p>Updated: 25/10/18</p> <p>Further national shortages around products like epipens and the LMWH (daletparin and enoxaparin) are causing further acute shortages of vital and established treatments. Pharmacy are mitigating the risk of the impact of these shortages by purchasing alternative products but because of the nature of these medicines and how frequently they are used, the risk to patients from shortages is more significant now. There is potential for delays in treatment, treatment failure and confusion in spite of mitigation which may lead to error and harm.</p>	Barker, Andrew	Extreme Risk	16	High Risk	Jun-20	↔
2472	COVID1	30/11/2020	Directorate of Nursing, Midwifery and Allied Health Professionals	Not Applicable (Non-clinical Directorate)	COVID-19	World-wide pandemic of Coronavirus, which will infect the population of Doncaster and Bassetlaw (including staff) resulting in reduced staffing, increased workload due to COVID-19 and shortage of beds, ventilators. Now includes stabilisation and recovery plans etc	Purdue, David	Extreme Risk	25	High Risk	Sep-20	↔
11	F&P1	01/08/2020	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with financial performance and achieve financial plan	Failure to achieve compliance with financial performance and achieve financial plan leading to : (i) Adverse impact on Trust's financial position (ii) Adverse impact on operational performance (iii) Impact on reputation (iv) Regulatory action	Sargeant, Jonathan	Extreme Risk	16	High Risk	Jun-20	↔
7	F&P6	30/11/2020	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	Failure to achieve compliance with performance and delivery aspects of the SOF, CQC and other regulatory stanadrd	Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards leading to: (i) Regulatory action (ii) Impact on reputation	Joyce, Rebecca	Extreme Risk	16	High Risk	Sep-20	↔
1244	F&P3	30/11/2020	Directorate of Finance, Information and Procurement	Not Applicable (Non-clinical Directorate)	Failure to deliver Cost Improvement Plans in this financial year	Failure to deliver Cost Improvement Plans in this financial year leading to : (i) Negative impact on Turnaround (ii) Negative impact on Trust's financial positon (iii) Loss of STF funding	Sargeant, Jonathan	Extreme Risk	16	Moderate Risk	Sep-20	↔
19	Q&E1	30/11/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	Barnard, Karen	Extreme Risk	16	High Risk	Sep-20	↔
12	F&P4	22/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation	<p>Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance.</p> <p>Note: A number of different distinct risks are contained within this overarching entry. For further details please consult the E&F risk register. leading to</p> <ul style="list-style-type: none"> (i) Breaches of regulatory compliance and enforcement (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation (v) Reduced levels of business resilience (vi) Inefficient energy use (increased cost) (vii) Increased breakdowns leading to operational disruption (viii) Restriction to site development 	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Jun-20	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
1410	F&P11	03/09/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Failure to protect against cyber attack	Failure to protect against cyber attack - leading to: (i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation The top 3 DSP risk areas have been recognised as: (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management	Anderson, Ken	Extreme Risk	15	Moderate Risk	Jul-20	↔
2349	?	01/06/2020	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	Failure to specifically achieve RTT 92% standard	(i) Regulatory action (ii) Impact on reputation (iii) Delayed access for Patients (iv) Potential clinical risk for patients identified via NECs audit (assessed as low)	Joyce, Rebecca	Extreme Risk	15	Moderate Risk	May-20	↔
16	F&P8	01/06/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	Inability to recruit right staff and ensure staff have the right skills to meet operational needs	Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services	Barnard, Karen	Extreme Risk	16	High Risk	May-20	↔
1854	Q&E13	31/12/2020	Medical Services	Emergency Department / A & E / Acute	Initial ED BDGH triage assessment processes	C- Sub-optimal quality of the initial triage and clinical assessment processes and clinical oversight of the waiting area. E- Unwell children and adults may not be provided with the full assessments required to provide high quality care. E- Potential of harm to patients.	Carville, Kate	Extreme Risk	16	Moderate Risk	Jul-20	↔
2426		29/12/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Multiple software systems end-of-support	Installed software versions have gone past the date of supplier support and there has been insufficient internal resources to upgrade and dependencies with multiple software systems being incompatible with the supported software, have prevented these upgrades. This leads to vulnerabilities within our infrastructure. For example, unpatched systems are significantly more vulnerable to cyber attacks. A single compromised device threatens all devices. There is a further vulnerability the Trust faces where we cannot draw on the expertise of the supplier to fix faulty software in a timely manner or at all.	Linacre, David	Extreme Risk	20	High Risk	Jul-20	↔
2147	F&P21	25/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 29 - Edge Protection DRI	Due to the lack of edge protection on flat roofs across the site at DRI there is an increased risk of falls from height, which could result in death or serious injury	Loukes, Simon (Inactive User)	Extreme Risk	15	Moderate Risk	Jun-20	↔
1807	F&P20 / Q&E12	25/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of critical lift failure	Risk of critical lift failure leading to: (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Jun-20	↔
1412	F&P12	25/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	Risk of fire	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are contained within this overarching entry. For further details please consult the EF risk register. leading to : (i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation No change to risk - work ongoing.	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Jun-20	↔
1855	Q&E14	31/12/2020	Medical Services	Emergency Department / A & E / Acute	Staffing for registered children's nurses in ED BDGH	C- Lack of paediatric nurses in ED E- Breach in safe staffing levels E- Patients at risk of harm. Potential staff injury/sickness	Carville, Kate	Extreme Risk	16	High Risk	Sep-20	↔
2144	F&P22	25/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	EFA/2018/005 - Assessment of Ligature Points	Following the death of a patient using a ligature attached to low level taps in a bathroom (not at DBTH), a subsequent coroners regulation 28 highlighted that there was confusion nationally regarding how ligature points should be assessed and removed. EFA/2018/005 - advises that Trust's should review and update ligature risk assessments, anti ligature policies and associated forms/toolkits. Until this is work complete there is a potential risk of unidentified ligature points existing within Trust properties, which have the potential to lead to an adverse incident occurring.	Timms, Howard	High Risk	12	Low Risk	Jun-20	↔

ID	Ref	Review date	Division / Corporate(s)	Speciality(ies)	Title	Description	Risk Owner	Risk level (current)	Rating (current)	Risk level (Target)	Last Reviewed	Movement since last review
2148	F&P23	25/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 31 - Unable to Test Fire Dampers - DRI East Ward Block	<p>Fire dampers on the East Ward Block ventilation ducts are connected directly from the damper to the ductwork via a fusible link. It is not possible to test these dampers as they can not be reset once operated. As a result, it is not possible to confirm that the dampers will operate under fire conditions. If the dampers were to fail to operate this would compromise the fire compartmentation of the building, leading to an increased spread of fire & smoke under fire conditions, creating a risk to life and property. Any work to test or replace the dampers is further complicated by the potential presence of asbestos containing materials on joints between ductwork and the dampers.</p> <p>No change to risk - work ongoing.</p>	Timms, Howard	High Risk	12	Moderate Risk	Jun-20	↔

BOARD OF DIRECTORS – 23 October 2020
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 29 September 2020

Overview

The meeting took place by teleconference owing to the Covid 19 critical incident being managed across the Trust. All normal attendees took part and we were joined for the finance section by Trust Chair Suzy Brain England, CEO Richard Parker and other full board members. The first session of the meeting was dedicated to a performance update followed by lengthy consideration of the financial position and mid-year budget reset, on behalf of the full board. After the financial session the additional attendees left the meeting.

We then continued with an update on progress with our Quality Improvement regime, a look at improved IT contract management and an overview of workforce issues, before noting progress made in developing the format of the risk register.

Performance/operational delivery

The first hour of the meeting was focused upon in depth plans to deliver restoration of activity post the initial Covid surge, and with the potential for further waves borne in mind. Plans shared were well thought through and based upon detailed modelling, which gave assurance. We noted challenges in relation to regaining outpatient throughput according to the projections and will monitor key elements of the data very closely at future meetings.

We noted with approval the governance mechanisms that were in place, which offered a strong prospect of grip and control in the challenging times ahead. A precis of current performance will be provided with Board papers and I will not rehash the data here.

The waiting list is quantified and stratified by clinical need and chronological wait. The main challenges now are to focus on increased OP throughout, focus on reducing 52 week waiters and make significant inroads to waiting patients as the current COVID challenges permit. Partnership work is in place with primary care and CCG colleagues to support this. At the same time, as ED demand begins to reach pre-Covid levels again, we must develop new ways to provide swift and safe service within the new operating context in that area.

A short update on Winter Planning was received and we look forward to a more developed plan at the next meeting.

Finance

Joined by Board Chair, Suzy Brain-England and other Board colleagues, F+P then undertook a lengthy consideration of the financial position and agreed a mid-year budget reset. In essence, the national arrangements to deal with the impact of the pandemic months 1 – 6 Trusts expenditure has been adjusted at the end of each month to supplement block allocations and achieve a balanced position, funding was to be provided moving forward on a different basis.

Monies to supplement block are now allocated through an ICS mechanism and comprise a top up grant to replace the balancing payment, which recognised inadequacies in the formula allocated block. In addition there was a significant payment in relation to calculated Covid related costs. These payments, together with other, smaller elements, were passed to the ICS and distributed on a 'fair shares' basis following agreement between Trust finance teams. However, the allocation is insufficient for us to deliver a balanced budget against our control total without a reduction in planned expenditure. After debate we asked the chief executive to plan on the basis of seeking to use the resources available to the Trust as effectively as possible aiming for efficiencies in the region of 2%, but we agreed to keep this under review in the fast moving current environment. The detail of the agreed budget will be set out in the main board paper.

In seeking to set a responsible budget plan that is deliverable, the chief executive proposed a series of guiding principles which the meeting endorsed. In broad terms they were –

- Providing a safe environment for our patients and staff
- Prioritising treatment on the basis of emergency care, urgent/trauma care and cancer care followed by length of wait
- Always trying to spend public money wisely
- Using best endeavours to achieve efficiency rather than simply setting numeric targets
- Learning the lessons and adopting best practice from new ways of working, explored over recent months

We noted the headlines of the monthly financial report, which is captured in a separate document to this Board meeting, but were pleased to see that capital expenditure continues to be slightly ahead of plan, and progressing well. The cash position continues to be strong, with significant prepayment of block funds held in Trust accounts.

People

The workforce report again 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 assurance as to the efforts being made in this area. Of particular note were the significant savings being made by the in-house recruitment management of senior posts, rather than using agencies. We will continue to follow this with interest.

The creation of a People Committee, it was acknowledged, will give more airtime to this essential area of our business.

Risk

The relevant risks were considered actively with each paper received at the meeting. Work continues to develop a more refined approach to capturing the risk management processes in a readily digestible form. The Trust Board Secretary will consider the value of having a workshop of committee chairs, to quality assure the emerging recaptured risk register, in due course.

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
Integrated performance report and workshop session	The Committee was assured by the report and noted the considerable effort that had gone into the restoration of activity planning report it received.	Progress update at next F+P	COO	October meeting
Financial performance and budget reset	The Committee, on behalf of the Board, agreed the submission of a reset annual budget, in line with the DoF's recommendation.	Progress update at next F+P	DoF	October meeting
Quality Improvement	The Committee noted the valuable contribution made by the QI approach to the effective and efficient operation of the Trust.	Identification would be made on which Committee was best suited to be in receipt of Qi feedback/reports, as both F&P and QEC received reports.	TBS/DoST	October meeting
IT Contract monitoring	The Committee noted a much improved tracking and pro-active management system that had been implemented for the tracking and efficient management of the many IT contracts the Trust places.	Once the IT Contracts Review was complete, a report would be provided on the benefits realisation of the IT contract review.	DoF	Apr-2021
Workforce Management	The Committee was assured by the report and notes the need for the planned substantive People Committee to take the agenda forward.	None	N/A	N/A
Corporate Risk Register	The Committee noted continuing progress with the preparation of an updated risk register.	A more comprehensive schedule will be presented to the October meeting.	TBS	October meeting
Information Items	The meeting also received and noted the minutes of a number of sub-	None	N/A	N/A

	committees and approved the minutes of its last meeting.			
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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

Chair's Assurance Report for Board of Directors October 2020**Quality and Effectiveness Committee – 29 September 2020– Pat Drake**

The meeting had a very full agenda attempting to get back on track with the work plan which continues to be a live document.

- There was a presentation by the Clinical Specialities Division – the first in the Divisional presentations since the onset of the COVID19 pandemic. The presentation summarised how the division had been flexible, innovative and supportive during preparation and during COVID 19 and now how it is supporting the Trust with its divisional for recovery plans.
- The complaints deep dive highlighted the new process had commenced but noted a further update in Jan 2021 would ensure new process had been effective.
- The draft Learning disabilities strategy was presented with further discussion on presenting the audits from the LD pathway in the future

The patient story for this meeting was a multi-agency report which highlighted learning for many healthcare settings with this review in the care of a patient with learning disabilities. It was agreed that this.

This has been taken forward.

#	AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
1	Actions from previous meetings	The Chair noted progress on actions and was assured that all were being appropriately tracked.			
2	Clinical Specialities – Service Update	The Chair was assured by the Clinical Specialities, Service Update and noted that work is continuing to restore services.			
3	Complaints Deep Dive	The Chair was partially assured by the Complaints deep dive but noted the new process has commenced but further update required in Jan 2021.	To attend QEC in Jan 2021 for a further update.	LB	
4	Maternity Improvements	The Chair was assured by the significant progress has been made and all actions planned to be completed once maternity services are restored at Bassetlaw.		DP/LM	November 2020
5	Stabilisation & Recovery and QPIA	The Chair was partially assured by the Stabilisation and Recovery update, although noted that the QPIA plans are in place and will be reported at each meeting.			
6	Quality Assurance Report including Mortality	The Chair was assured by the Quality Assurance Report including Mortality report and the excellent work by the MEO was noted.			
7	Patient Safety Learning Update	The Chair was assured by the patient safety learning Report, this was the first report received and will continue quarterly.		CS/LB	January 2021

#	AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
8	Safer Staffing Update	The Chair was assured by the Safer Staffing update although requested further reports on skill mix to be provided at future meetings.		CS	
9	Learning Disabilities Strategy	The Chair was assured by the Draft Learning Disability Strategy.			
10	Workforce Assurance Report including <ul style="list-style-type: none"> - People Plan - Wellbeing 	The Chair was assured by the workforce assurance report. The People Plan Action plan current progress was noted. Praise to the P&OD for the supportive work for all staff wellbeing was noted.			
11	Education and Research Assurance Report	The Chair was assured by the Education and Research Assurance Report although noted the SET Training was improving with some areas still to address.		AS	November Meeting
12	Health Education England Self-Assessment Report (SAR) Paper	The Chair asked the Committee to receive and approve the Health Education England Self-Assessment Report (SAR) Paper. Approved.	Lisette Caygill to Submit this to Health Education England, also to add to QEC work plan for September 2021.	LC/RW	
13	Corporate Risk Register & Board Assurance Framework	The Chair was partially assured by the Corporate Risk Register. The Refresh plan submitted to Board in July is now being implemented and a status update was provided for assurance. No new risks have been identified since the last report and the current risk heat map in remains unchanged. QEC were asked to note that there had been no change in the risk level during quarter two 2020/2021.			
14	CQC	The Chair was assured by the CQC Update. All Divisions are currently completing the plans and submitting the evidence for assurance and has been shared with CQC for oversight. In July 2020, the CQC assessed the Trusts compliance with the Board Assurance Framework for IPC which was launched by NHSE/I in May 2020. The final report was received 14/8/2020. This report CQC showed good compliance in the Trusts IPC response to Covid 19 across 11 different areas and also highlighted areas of good practice within the report.			
15	KPMG Internal Audit Reports <ul style="list-style-type: none"> - WHO Checklist - Delayed Transfer of Care 	The Chair was assured by the update on all recommendations from the WHO Checklist and Delayed Transfer of Care Internal Audit and noted as complete.			



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

Title	Chair and NEDs' Report		
Report to	Board of Directors	Date	23 October 2020
Author	Suzy Brain England, Chair of the Board		
Purpose	Tick one as appropriate		
	Decision		
	Assurance		
	Information		x

Executive summary containing key messages and issues
The report covers the Chair and NEDs' work since the last report presented at Board of Directors in September 2020.
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
The report relates to all of the strategic objectives.
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
That the report be noted.

Chair's and NEDs' Report – October 2020

Governor Elections & Inductions

Despite delays due to the impact of Covid-19, I am pleased to report that our governor elections campaign is now complete and I welcome all our newly elected governors and those existing governors returning for a further term, Peter Abell, Mark Bright, Lynne Logan and Duncan Carratt.

Dr Jackie Hammerton returns from her recently vacated partner governor role to that of public governor for the rest of England, and Jo (Joanne) Posnett, Interim Deputy Head for the Department of Allied Health, joins as a partner governor from Sheffield Hallam University.

Following the elections a virtual governor induction took place on 21 September, newly elected governors, along with existing governors, were briefed on the following:

- DBTH – sites, workforce, Board & governance arrangements of a Foundation Trust
- The Trust's Vision and True North objectives
- The role and expectations of a governor, including the governors' code of conduct
- Equality & Diversity

Governor Briefing & Development Session

Also, this month governors were briefed by David Purdue, Director of Nursing, Midwifery and AHPs on the Trust's complaints process, he was able to explain recent procedural changes, along with data analysis of the top three reasons for complaints in the categories of treatment, communication and staff behaviour/attitudes. A view of performance over time was shared, both pre and post Covid, compliance with response rates and future aims. Mark Bailey chaired the session which was well received and assisted both new and existing governors in developing their understanding and awareness.

Ahead of the broadcast of the Annual Members Meeting I chaired an extraordinary meeting of the Council of Governors where a paper proposing changes to the Trust's constitution was received and approved and the Annual Report and Accounts 2019/20 were received.

Annual Members Meeting



The Trust's first virtual Annual Members Meeting (AMM) took place on 24 September. To ensure a safe, professional and seamless delivery it was agreed to pre-record the event. Accessible via the Trust's website and social media platforms, colleagues, members and the general public were able to watch the AMM on YouTube from the comfort of their own home. The posting on Facebook reached 12,000 with 145 direct views on YouTube, which surpassed our expectations.

Following an initial opening summary from myself, Mark Bailey, Non-executive Director and Dr Tim Noble, Medical Director offered introductions as new board members. The meeting then followed its usual format, Hazel Brand, Lead Governor, presented the Council of Governors report 2019/20, this was followed by a review of the year, including highlights, challenges, performance results and a forward view of 2020/21, presented by Richard Parker. Director of Finance, Jon Sargeant, provided a comprehensive update on the financial position, again reflecting on our achievements in 2019/20, providing an overview of our key capital schemes, reflecting on the financial impact of Covid-19 and considering the financial year ahead.

Due to the impact of Covid 19, it was noted that the annual report and accounts did not include the quality accounts; it is our intention to publish these later in the year.

Finally, in order to allow our members the opportunity to interact we provided both pre and post meeting options for questions and answers. Responses to a selection of questions were provided by the executives as part of the meeting with remaining answers being provided post meeting.

The whole team did an excellent job in sharing their messages and the Communications team excelled with the filming, editing and scheduling. It was most definitely a great success and I would like to share my personal thanks with everyone who made this possible.

Regional Roadshow

On 9 October I joined Chairs and Chief Executives from the North West, North East and Yorkshire in a virtual regional roadshow. The event was very well attended, many members of the NHS Executive Group delivered their key messages including Sir Simon Stevens (CEO), Amanda Pritchard (COO), Ruth May (Chief Nursing Officer), Pauline Philip (National Director for Emergency and Elective Care), Julian Kelly (Chief Finance Officer) and our Regional Director, Richard Barker. We also heard from Matthew Gould, CEO of NHSX, the joint unit working with the Department of Health & Social Care and NHSE/I to drive the digital transformation of care. A series of questions collected ahead of the sessions were responded to as part of the event.

NHS Providers Event

This year's NHS Providers conference took place on 6-8 October, extended from the usual two days, to a three day virtual event. The benefit of virtual delivery allowed delegates to balance attendance against other diary commitments and tailor attendance to their specific requirements. Whilst a virtual event cannot create the atmosphere and buzz of a conference venue, under the circumstances this was the only safe and appropriate way to proceed. There were plenty of opportunities to hear from key note speakers, including Sir Simon Stevens, the Secretary of State and Prerana Issar, Chief People Officer, NHSE/I. A range of breakout sessions were available to choose from, which covered topics related to the impact of Covid, lessons learned and ways of new working, equality and diversity and a number of digital focused sessions.



Presentation to Park Hill

Shortly after last month's Board it was my pleasure to join Kirsty Clarke, Associate Director of Nursing and her colleagues to share our appreciation with Joanne Bedford, Service Manager of Park Hill and her colleagues. Since April of this year the Trust and Park Hill have worked together to enable vital surgery and urgent outpatient clinics to continue to take place. An enormous amount of planning and preparation was undertaken, colleagues worked flexibly and at pace and as a result in the region of 580 patients were able to undergo surgery and approximately 39 outpatient clinics ran each week. It was a wonderful example of team work at its best!

It is great to hear good news stories, where staff members have gone above and beyond and to recognise their efforts and achievements I like to send my personal thanks using the Trust's appreciations cards. A thank you and well done is always appreciated.

Introductory Meetings

In my capacity as Chair of the Board I have met with the new interim Chair of Doncaster Deaf Trust (DDT), Marek Gutowski. Marek took up the post after the retirement of long serving Bobbi Roberts. As local business partners we work together for the benefit of Doncaster residents, our people and organisations. As you will be aware Alexis Johnson, DDT's Executive Principal, is a partner governor at the Trust.



I also met with Andrew Potts, Deputy Director of Strategy & Improvement, who started at the Trust mid-September.

Aberdeen Standard Workshop

Last month I joined members of the Charitable Funds Committee for a follow up workshop with our investment advisors, Aberdeen Standard. Each year we meet to review the current level of risk appetite, the plans for the year ahead and consider the investment policy which sets out the framework which the investment managers of the Charity work within.

Board Sub-committees

You will be aware from last month's Board of Directors of plans to introduce a new sub-committee of Board, the People Committee. The inaugural meeting of which will take place next month and be chaired by Sheena McDonnell. Mark Bailey will take over from Sheena as Chair of the Fred and Ann Green Legacy Advisory Group and the Charitable Funds Committee.

Other Meetings

My regular meetings with Richard, and the Lead and Deputy Lead governors continue. Since my last report I have also had 1:1 discussions with Rebecca Joyce, Chief Operating Officer, Antonia Durham Hall, Divisional Director of Surgery & Cancer, all Non-executive Directors, Alan Lockwood, Chair of RDaSH and Philip Lewer, Chair of Calderdale and Huddersfield NHS FT. Further meetings with my fellow ICS and regional Chairs are scheduled in for the remainder of the year.

I chaired a joint meeting of the Chairs and Chief Executive of the SY&B ICS Committees in Common and met with the SY&B Chairs, Sir Andrew Cash and Regional Director, Richard Barker.

I also attended a second workshop of the Yorkshire & Humber Chairs, organised by Linda Pollard, Chair of Leeds Teaching Hospitals.

Finally, I am delighted to report my re-election as a Trustee of NHS Providers Board, representing Acute Trust Chairs, as elections were delayed my second and final term will run until June 2023.

NED Report

Kath Smart

Since the last Board meeting, along with other Board members, Kath has attended the Charitable Funds Risk workshop, the Council of Governors and Annual Members Meeting, regular Chair/NED briefings, the Maternity Services Transitional Care Qi Report out session, plus the Finance & Performance Committee.

She has also continued with her buddying relationship with the COO, Rebecca Joyce, with an opportunity to see the additional Ward 18/CCU beds created in the former HSDU area and meet Critical Care staff who have performed a key frontline role in the Trust's Covid response. Also, as the Procurement NED, Kath has met with the Head of Procurement.

As Chair of Audit, Kath held a planning meeting for October's Audit & Risk Committee (ARC). Kath periodically attends the sub committees which report into ARC, and in October she attended the Trusts Information Governance Group meeting.

Pat Drake

Since the last Board Meeting Pat has attended all of her allocated sub committees, the Finance and Performance Committee and the Quality and Effectiveness Committee, which she chairs. She has also chaired the Quality and Effectiveness Planning Group for the next meeting in November.

She has attended meetings with the Chair and her Non-Executive Director colleagues. She has observed a number of key committees this month, including the Clinical Governance Committee, the Patient Experience and Engagement Committee and the Equality and Diversity Group.

Pat is delighted to welcome the newly elected governors and has made contact with her governor buddies and is confident they will make excellent contributions at future Council of Governors meetings. Pat has also attended the AMM and the governor briefing and development session on complaints.

There have been two Quality Improvement events in Maternity this month and Pat attended the report out sessions. They were on Transitional Care and Active Births, both were excellent and a tribute to our hardworking staff who are constantly working to improve the quality of care they provide for women.

Finally, Pat attended a Datix demonstration organised for NEDs by Fiona Dunn and had her regular 1:1 with the Chair.

Sheena McDonnell

This month Sheena has been involved in the final workshop to develop our investment strategy for our Charitable Fund.

Sheena attended the Council of Governors meeting and attends regular catch ups with Suzy and other NEDs to keep up to date with any changes and or developments across the Trust.

In preparation for the new People Committee Sheena has met with Karen Barnard and Fiona Dunn to plan and prepare for the upcoming meetings and workplan for the year ahead.

The Quality and Effectiveness and Audit and Risk Committee have both taken place since Sheena's last report. Sheena has also attended QI events that have taken place following quality improvement activity in some areas of the Trust.

With the new governor buddying arrangements and the recently elected governors Sheena has taken the opportunity to connect again with all governors with whom she is buddied and catch up with those that have requested it. There has been a further induction session for governors which Sheena has attended as well as joining NHS Provider events to keep abreast of the current issues within the NHS.

As the Freedom to Speak Up (FTSU) NED Sheena has kept in touch with the FTSU Guardian and attended a forum with other colleagues across the trust to better understand the activity happening in the trust around FTSU.

Mark Bailey

Since the last Board report, Mark has continued to work virtually and support the work plans of the Quality and Effectiveness, Audit & Risk and Charitable Funds Committees.

Alongside regular update calls with the Chair and NED colleagues, Mark has begun a series of meetings with Divisional, Clinical and Nursing leaders to gain a deeper appreciation of the Trust's activities and priority objectives in their respective areas. Mark also appreciated having the opportunity to listen to an update on the excellent work of the Maternity team as they progressed through the QI steps to improve the Transitional Care arrangement.

During the month, Mark has supported the Clinical Specialities and Children & Families Divisions in the appointment of new consultants in Obstetrics & Gynaecology, Anaesthetics and Histopathology.

Buddy sessions with the Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals and the Acting Chief Information Officer continue with discussion on the advancement of patient care and experience and the further exploitation of digital technologies to assist our teams in this care.

Introductory sessions with our new governors are planned and as part of the Governor Briefing and Development programme, Mark chaired the latest session which focused on the work to improve the effectiveness of the Trust's complaints process.

At the end of September, Mark attended the NHS Provider Induction programme for newly appointed NEDs. Held virtually over two days, NEDs from NHS organisations around the country came together to look at the opportunities afforded by System working, challenging financials and effective mechanisms to support on-going assurance of patient safety and quality.

Neil Rhodes

Along with other members of the Charitable Funds Committee Neil has attended the second workshop with Aberdeen Standard, the Charity's investment advisors.

Neil attended the extraordinary Council of Governors meeting where a paper proposing changes to the Trust's constitution and the Annual Report and Accounts 2019/20 were received.

He chaired September's Finance & Performance Committee and has held the agenda setting meeting in preparation for this month's Committee.

Neil continues to meet on a fortnightly basis with the Chair and his fellow NEDs, since his last report he has also had 1:1s with Becky Joyce and Jon Sargeant.

An update on the Trust's response to Covid-19

Earlier this month, the Government announced a new, three-level, alert system with South Yorkshire and Nottinghamshire within the second tier (also known as 'high').

Similar to the lockdown earlier this year, there will be a number of measures in place to try and reduce the rise in transmission of CoVid 19 in our communities, and I urge everybody to read the newly published guidance to understand what it means for you and your household. While I understand these new challenges might be frustrating for some, there is no doubt that they will help us to once again flatten the curve locally so that less people need hospital treatment, or even intensive care, as a result of Covid-19.

There is some speculation as to what is driving this apparent second-wave, and I am aware that there is a suggestion that the increases in testing is resulting in the rise in reported rates of Covid-19. However, every patient with Covid-19 in our hospitals is, and has to be cared for in a very specific way, however the illness may be affecting them. This impacts in all manner of areas from what protective equipment colleagues must wear, what treatments are used, which areas these individuals are transported through to what infection prevention and control procedures are in place.

As we have seen our numbers of Covid-19 positive patients increase sharply from single digits in early September to now more than 100, representing a faster increase in admissions than we saw earlier this year the demands from CoVid-19 are beginning to exceed those in wave 1. While colleagues are handling this surge in activity with the same determination as in March and April, it is clear that we do need our communities to follow the guidance as they did during the first-wave of this disease if we are to ensure that our services do not become overwhelmed as we head into the colder, and traditionally busier, months.

Currently, the vast majority of those in our care who have tested positive for the illness are over 70, which means that we are seeing a rise in transmission to people more at risk of serious illness. We are also seeing a significant number of people within the community who are asymptomatic, or have mild symptoms of the disease and who are testing positive, this creates further challenge within our hospitals, and different pressures to what we faced during the first-wave.

With the additional pressures of 'traditional' seasonal illnesses, this is going to be a very challenging winter period and we need everyone to do as much as they can to prevent the spread not just of Covid-19, but also Influenza. Even if you have never had, or even never considered having the flu jab before, please make it a priority to get the vaccination this year.

Adding to the above, since July we have been seeing more patients within our Emergency Departments, and we have been scaling up our elective (planned) operations and diagnostic tests, working through the backlog of appointments and procedures generated earlier this year. We are committed to trying to keep these services at a higher-level than in the first-wave, and if we can keep admission levels and community transmission of Covid-19 as low as possible we will be able to deliver on this ambition through the next few months.

In terms of readiness, we have kept in place a lot of the safeguards that were implemented earlier this year to manage the flow of affected patients across our hospitals, and our supplies of Personal Protective Equipment (PPE) are much better and much more robust than in April and May. We have also taken the opportunity to increase our intensive and high dependency care beds, our piped oxygen supply and have taken delivery of new equipment such as ventilators to further increase our resilience. We are also working on further developing our CoVid-19 testing capacity, with point of care testing (POCT) on the horizon in the not too distant future. POCT will allow us to identify whether patients who are to be admitted have Covid-19, influenza or neither, cutting down on the time it takes for results to be known to 90 minutes.

We have prepared as much as possible, and we are once again relying on our health care teams to take us through the next few weeks. We have asked our NHS workers to make many sacrifices throughout this year, and with just a few weeks of relative calm in summer, we are asking them to go again, tackling an illness that is still very much unknown to us, and for that I will be forever grateful to my colleagues.

On behalf of Team DBTH, I ask that you again give them as much support as possible by adhering to these new items of guidance and restrictions. As a nation, we have pushed Covid-19 back once, reclaiming some small parts of our summer in the process – so please, put in the hard work now, dig a little deeper and keep up your commitment to beating this disease. If we manage this, we will be able to look forward to a spring that will not just inhabit a ‘new normal’, but will be just instead moving back to normal.

Please remember hands, face and space if you’re out and about, stick to the guidance and look after the vulnerable. As a hospital and a community we have some difficult times ahead – however, as our communities demonstrated earlier this year we all want to keep each other as safe as possible – if everyone sticks together and looks out for one another in the same way now, we will ensure this second-wave does not have the same impact as the first.

Suspending visiting at our hospitals

Due to the sharp rise in cases of Covid-19 both in the community and in our hospitals, particularly the impact of asymptomatic transmission we have taken the decision to pause all non-essential visiting.

We have taken this extremely difficult decision to protect our patients, staff and wider communities. We understand that friends and family will want to see their loved ones during their hospital stay, and we will continue to support virtual visiting and other alternative arrangements in specific circumstances:

- For patients who are receiving end-of-life care or are terminally ill and in the late stages of their illness.
- For birthing partners in [maternity units](#).
- For birthing partners can accompany mothers to 18-21 week anomaly scans.
- For parents or legal guardians within our [Paediatric and Neonatal services](#).
- For long-stay patients and those with dementia or where best interest decisions or exceptional clinical/social matters are being discussed, at the discretion of the nurse or midwife in charge.

While we have stopped all but essential visiting at its hospitals, clinical appointments are running as normal. If you have received communication from the Trust asking you to attend an appointment on

our hospital sites, please do so. If you cannot, for whatever reason, please call ahead with plenty of time so your appointment can be rearranged and the previous time given to another patient.

In the meantime, we will regularly review our visiting guidance so please check this website for the latest information. If you are attending for an appointment, please [click here](#) for guidance.

Funding for a new hospital

As one of the largest single applications for NHS capital funding, unfortunately our Doncaster Royal Infirmary replacement scheme wasn't announced as part of the Government's most recent funding list. However, we remain hopeful and, working closely with our partners in the region, we will continue to push for the people of Doncaster and Bassetlaw as part of proposals for 'eight new elite hospitals.'

Our colleagues at Doncaster Royal Infirmary do an outstanding job 365 days a year, however, this is within a hospital setting which is beginning to show its age. Given that the majority of the site was built in the 1930s and 60s, with the demands of these decades in mind, our maintenance costs are significant and this dated infrastructure constrains future developments.

We remain optimistic that we will be able to realise our ambition of building an outstanding new facility in the future and will continue to develop our case so we are in the best position possible to move forward if we are able to get the greenlight.

Maternity services to return to Bassetlaw Hospital

Earlier this year, and as the challenges of Covid-19 became apparent, we made the difficult decision to transfer the majority of maternity services to Doncaster Royal Infirmary (DRI).

This action was taken to ensure that our maternity services had the appropriate staffing and resources available to ensure that both mum and baby had the safest and best possible birthing experience. The move also freed up essential staff, such as anaesthetists, to support critically ill patients treated at Bassetlaw Hospital.

We now anticipate inpatient services to be restored at Bassetlaw Hospital from 2 November 2020, if there are no further significant and sustained spikes of Covid-19 infections, beyond the expectations of the current trend. While the number of patients receiving care for Covid-19 has increased in the past few weeks, colleagues at the Trust believe they are now in a better position to manage services across two site. This position has also been helped by a recent recruitment campaign for newly qualified midwives.

We look forward to welcoming mums, dads and little ones back to Bassetlaw.

DBTH flu vaccination programme

Our programme of flu vaccination will began on 21 September. For the next few weeks, very single member of Team DBTH will have the opportunity to have the jab, and we will be encouraging everyone who is medically able to have it, to do so at their earliest convenience.

I am happy to report that, in little under a month, we have vaccinated over 3,400 colleagues, with more than half of our entire front-line workforce taking up the offer of the jab.

This is the most important flu vaccination season we have ever undertaken and we will working hard throughout the next few weeks to ensure all of our staff are protected against the illness.

Our first virtual Annual Members Meeting

As a Trust, we hosted our first ever virtual Annual Members' Meeting in September due to the restrictions imposed by Covid-19.

This digital event was an opportunity to hear about the work and achievements of the organisation in 2019/20. The meeting followed a similar agenda to previous years with questions sent in prior, which were answered by my Executive colleagues and I.

You can watch the Annual Members Meeting by heading to:

<https://www.dbth.nhs.uk/news/youre-invited-dbth-annual-members-meeting-2020/>

Baby Loss Awareness Week

Baby Loss Awareness Week ran from 9 to 15 October this year and, as a Trust, we held a number of events to mark the occasion.

On Sunday 11 October, we held our Annual Baby Memorial Service. The service is for parents and families who have experienced the loss of a baby. The service is an annual Trust tradition which is usually held on-site allowing parents and families to come together and remember their babies. Due to Covid-19 restrictions, this year the service was held online and streamed via the Trust's Facebook page – the full service can be viewed here: <https://www.dbth.nhs.uk/news/watch-baby-loss-memorial-service/>

As well as the service, both Doncaster Royal Infirmary and Bassetlaw Hospital were lit pink and blue for one evening during this week, to help spread awareness about baby loss and help to reduce the stigma around talking about the loss of a baby through miscarriage, stillbirth or death following birth.

To coincide with this, the Trust is also taking part in the Global Wave of Light, a world-wide lighting of a candle, on October 15 at 7pm. The Trust invites families to join them in lighting a candle in their window or sharing a photo of one on social media to remember babies who have died too soon.

Whilst all of these events were organised to mark Baby Loss Awareness Week, colleagues work all year round to help parents through difficult times after the loss of a baby. The Trust has an Early Pregnancy Charity fund which provides memory boxes as keepsakes for couples that experience early pregnancy loss. Each box contains a 'Never Forget Elephant' which are lovingly made by a dedicated team of volunteers to bring comfort at a sad time.



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 28 July 2020 via StarLeaf Videoconferencing**

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

In attendance: Fiona Dunn, Company Secretary
Marie Purdue, Director of Strategy and Transformation
Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
Julie Thornton – Head of Performance (Item FP20/07/A5)

To Observe: Bev Marshall, Governor

Apologies: None

ACTION

FP20/07/A1 Welcome and Apologies for Absence (Verbal)

Neil Rhodes welcomed the Members and attendees. No apologies for absence were noted.

FP20/07/A2 Conflict of Interest

No conflicts of interest were declared.

FP20/07/A3 Action Notes from Previous Meeting (Enclosure A3)

The following updates were provided;

Action 1 – Board Assurance Framework – Close. New team being sighted on where we are with BAF and CRR. Did hear the conversation at ARC – where at Oct wrap up of risk management and recommendations.

Action 2 – QI Financial Savings – On the basis that this item was on the agenda, this action would be closed;

Action 3 – Doncaster Community Outbreak Response – MP had the paper and would circulate. Close.

Action 4 – 9 would be closed.

The Committee:

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

Action: Katie Shepherd would update the Action Log.

KAS

FP20/07/A4 Request for Any Other Business (Verbal)

There were no requests for any other business.

FP20/07/A5 Business Plan for the Year Ahead (Presentation) (Enclosure A5)

A comprehensive update was provided to the Committee on the business plan for the year ahead as part of the stabilisation and restoration programme. The presentation outlined in detail how the Trust had undertaken a post implementation review which had formed the basis of the stabilisation and restoration process. It included how the Trust would forward plan and monitor outcomes against performance, operations and finance.

Stabilisation and Restoration Programme

Assurance was provided on the ward to Board process and the structure in place to move from strategic restoration to delivery. Divisional plans would be coordinated by one Divisional Lead and this would be managed by the Chief Operating officer.

The Chair of the Quality and Effectiveness Committee asked what assurance would be provided at that meeting and what regular items should be on the agenda. It was noted that the Medical Director had set up an Ethical Advisory Group that would review waiting lists in line with patient safety. This would therefore provide a suite of indicators that would be reported to the Quality and Effectiveness Committee, along with Quality Impact Assessments that had been undertaken for each of the changes taken place. Information from the Delivery Board and accountability meetings would be reported at this Committee. It was agreed that there should be no duplication between Committees.

The gold command structure was no longer in place and the Executive Team meeting had been reintroduced as the Delivery Board had now been introduced. The silver command cell was still meeting three times a week however a meeting would take place the following week to identify if this level of intensity was still required. As the Trust moves to a business as usual approach, operational decision making would take place within Divisions.

Performance Assurance Framework

The Head of Performance presented the overview of the service and how Covid19 reporting would be incorporated into the Integrated Quality and Performance Report reported to this Committee and the Board. Accountability reports would be presented at a Divisional level and weekly speciality reports would be monitored.

There had been patient involvement in decisions made to change services and Healthwatch had been commissioned to undertake a patient survey on virtual

consultations. A Qi approach would be taken to ensure that both staff and patients are engaged and involved in decision making as key stakeholders.

Formal confirmation had not been received for the Cancer Services Team to continue the use of the Park Hill facility after September, however it was expected that the use of the facility until the end of the financial year would be confirmed imminently and this was the message being conveyed for forward planning.

Next steps included the expansion of the Clinical Specialities reporting to the Committee to reflect the breadth of services provided, similarly with the Children and Families Division whose data received no oversight at the Committee or Board level.

It was expected that there would be the introduction of four Performance Business Partners on the recommendation of KPMG who would work with each Division to support them with data creation and analysis.

A discussion took place about the planned introduction of a new information reporting platform which would provide real time reporting to support improvement and a proactive approach to service delivery. This would be implemented within six-months to a year dependant on the Covid19 pandemic.

The Chair noted that the addition of trend lines and graphs and the addition of waiting list monitoring would be helpful when reporting on performance. The Chair asked if an updated position on the intended trajectory over a two-year period could be received at the Committee on a quarterly basis. It was noted that forecast plans would be informed by the Divisions and therefore this would be provided within the reports.

The Committee noted that the presentation demonstrated clear planning had taken place to underpin data quality and would look forward to the updated reports which address the data quality issues identified by KPMG.

The management of deteriorating patients would be managed at the assurance body meetings to ensure that governance arrangements were in place and that patients were safe. This would include a rolling clinical review programme for the majority of patients that would be risk stratified against the level of priority. It was noted that GPs and Primary Care should be involved in that to ensure that there was continuity of care.

Pat Drake noted that there had been no information provided on e-Obs at DRI, but noted that it had been very successful at Bassetlaw. Jon Sargeant advised that the roll out of e-Obs at DRI had not yet taken place. However at a meeting with Mike Whiteside last week, the decision had been taken that the roll out would take place prior to winter pressures. There would be a requirement of four clinical trainers to support this, however there were only two in post and the full complement was required to move forward with the project. The governance arrangements would be relooked at, and a meeting would take place with Tracey Crookes and Ken Anderson to outline the plan. Following on from that meeting it would be decided whether it would be reported at Finance and Performance Meeting or the Quality and Effectiveness Committee.

Operational Planning/Delivery

Switch on plans were presented for outpatients, surgery, diagnostics, cancer and non-elective which provided the phases to returning to a new business as usual.

The current rate of virtual appointments was 54% in June. There were some services and cases where virtual appointments were not suitable such as that required face-to-face such as breaking bad news appointments or where physical examination was always required. . It was expected that virtual appointments would account for around 50% of all appointments however this would differ between specialities as some areas were more dependent on face-to-face work. It was noted that patient experience should be factored into this. An equality impact assessment had been undertaken for this but work would be required to ensure that virtual appointments are achieving good clinical outcomes.

It was noted that as the Trust moved into the restoration phase, it was the ideal opportunity to address the recommendations in the audit report against RTT.

Financial Arrangement and Budget Update

The planning guidance and updated financial arrangements were yet to be received, however it was expected that a block contract be in place for the remainder of the year, managed centrally by the ICS. It had been reported to Board that governance arrangement would be required at the ICS for the management of the money, however it had been advised that consultancy may be brought into the ICS to manage this. It was noted at Board and agreed that the Board must ensure that there was governance in decision making at the ICS including transparency.

It was expected that there would be no retrospective top-up following the receipt of the guidance. Dependant on the size of the financial gap, it was expected that the Trust make some level of efficiency in order to close the gap. There was a cost pressure of £4.2m in trust commitments however these business cases had been through scrutiny and were required for service delivery.

Current financial performance was measured by NSHI/E against Month 8 to Month 10 19/20 run rate adjusted for pay award etc. This had led to an average deficit (and thereby retrospective top-up) of £340k per month in months 1 to 3.

The draft budget for month 5 to month 12 was presented with an expected deficit financial position of £14.1m.

There was a revised capital plan that included critical infrastructure including roof repairs in readiness for winter pressure. Some Covid19 capital bids had been accepted but there had been no response to date on the HSDU bid.

It was expected that the Trust would be announced as one of the new hospital builds in the coming weeks and talks had taken place with the Department of Health and NSHI/E regarding this more frequently. A project team would be created to manage this work. If the Trust was announced for the new build then there would be a spend of £43m before March 2021 to prepare the site for the new build.

Governor Observations

Bev Marshall noted the big discussions that had taken place during the meeting and asked that Governors be provided with an update particularly on stabilisation and recovery and the new build. A Governor Briefing and Development Session was planned in for 12 August 2020 on stabilisation and recovery to be delivered by the Chief Executive and Director of Strategy and Transformation.

Bassetlaw Front Door Project

The Bassetlaw Emergency Village was announced late 2019 and recruitment for a project manager was underway whilst the governance structure was in development. Initial plans advised that the capital cost would be £15m however this had increased to £17.6m as an out-of-hours GP area had been added to the project. Work would be undertaken to ensure that the right design would be implemented whilst considering measures in place due to the Covid19 pandemic.

The Committee:

- ***Noted the presentation on the Stabilisation and Recovery Programme for 2020/21.***

FP20/07/B1 Integrated Performance Report June 2020 (Enclosure B1)

There were no additional comments following Item A5.

The Committee:

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

FP20/07/C1 Financial Performance – June 2020 (Enclosure C1)

There were no additional comments following Item A5.

The Committee:

- ***Noted the Financial Performance – June 2020.***

FP20/07/C2 Qi Financial Savings (Enclosure C2)

The Chair advised that the paper did not provide a comprehensive report of the benefit realisation from Qi based savings. The Director of Strategy and Transformation queried whether all benefits were being considered as many of those included in the paper were not easily quantified financially, for example impact of changes identified by CQC. MP to discuss requirements with the chair and it was therefore agreed that this item be deferred until September 2020.

Action: Qi Financial Savings would be added to the Committee agenda for September 2020 and would include further detail on the benefits realisation from Qi based savings. MP/JS

The Committee:

- ***Agreed to defer the Qi Financial Savings item until September 2020.***

FP20/07/D1 Workforce Report – June 2020 (Enclosure D1)

There were no additional comments following Item A5, however Karen Barnard noted that the paper did not include the cost benefits of recruitment and therefore this would be added to the agenda for the September 2020 meeting within the Recruitment and Selection Quarter 2 Report.

Action: Cost benefits of recruitment would be added to the Recruitment and Selection Quarter 2 Report. **KB**

The Committee:

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

FP20/07/E1 Corporate Risk Register and Board Assurance Framework (Enclosure E1)

It was noted that the final working version of the Corporate Risk Register and Board Assurance Framework would be presented at the Committee meeting to be held on 15 September as per the Public Board of Directors Action P20/06/G1 & P20/07/G1.

The Committee:

- ***Noted the update and information in the Corporate Risk Register and Board Assurance Framework.***

FP20/07/E2 Draft Committee Annual Report (Enclosure E2)

The Committee:

- ***Noted the changes and approved the Committee Annual Report.***

FP20/07/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.

FP20/07/G1 Sub-Committee Meetings (Enclosure F1):

The Committee:

- ***Noted the minutes of the Capital Monitoring Group 19 March 2020;***
- ***Noted the minutes of the Cash Committee 12 June 2020;***
- ***Noted the minutes Workforce Education and Research Committee 9 March 2020.***

FP20/07/G2 **Reference Cost Report (Enclosure G2)**

The Committee:

- ***Noted the reference cost report.***

FP20/07/G3 **Minutes of the meeting held on 30 June 2020 (Enclosure G3)**

The Committee:

- ***Noted and approved the minutes from the meeting held on 30 June 2020.***

FP20/07/G4 **Committee Work Plan (Enclosure G4)**

The Committee:

- ***Noted the Committee Work Plan.***

FP20/07/G5 **Discussion regarding a catch-up meeting in August (Verbal)**

As there would be no Committee meeting during August, the Chair suggested holding a one-hour videoconference catch up meeting prior to the September Committee meeting for each Executive Director member to provide a brief update on the current position. A pre-meet would take place on 8th September 2020 and therefore it was suggested that this be utilised for the catch up meeting. The Director of People and Organisational Development would be on annual leave however would send a Deputy. It was suggested that the meeting take place at the beginning of August when the expected national planning guidance was received. It was agreed in principle that a catch up meeting take place prior to the September Committee meeting however this would be arranged once the national planning guidance had been received. The Company Secretary would liaise with the Director of Finance following the receipt of the national planning guidance to arrange this, however it was agreed that the pre-meet would be extended for one-hour.

Action: The Company Secretary would liaise with the Director of Finance following the receipt of the national planning guidance to decide if a catch-up meeting was required prior to the pre-meet on 8th September 2020. **FD/JS**

The Committee:

- ***Noted and approved the minutes from the meeting held on 30 June 2020.***

FP20/07/G6i **Any Other Business (Verbal)**

G6i **Award Recommendation Report**

The Committee welcomed Richard Somerset, Head of Procurement to inform that a procurement process led by Richard Somerset had been undertaken in partnership with five other Trusts, to identify which body would be awarded the contract for providing multidisciplinary healthcare personnel for Yorkshire and Lincolnshire.

The driver to work in partnership had been to reduce the cost of the service. Following stage 1 there were two potential bidders that scored within 10% of the highest score

and were invited to respond to the final questions via a presentation. Following stage 2 it was identified that Holt Doctors Ltd achieved a weighted score of 89.66, which was 11.01 points higher than Medacs Healthcare PLC.

Richard Somerset advised that the procurement process had been undertaken in line with Trust policies and the Crown Commercial Service.

Kath Smart queried the contract value identified for each Trust and noted that larger Trusts had a significantly lower contract value than DBTH. Richard Somerset confirmed that some Trusts attracted more substantive doctors than other Trusts and therefore had fewer gaps in rotas and fewer requirements for agency staff.

A discussion took place on the contract penalties in place if there was failure to provide agency staff for roles, but it was confirmed that the SFI requirement was a 95% fill rate but on average Holt Doctors achieved a fill rate of 98%.

It was noted that the recommendation report was brought to this Committee for consideration and to recommend to the Board of Directors for sign off. The Committee agreed to recommend the report for sign off by the Chief Executive and Chair of the Board and Council of Governors, as the next Board of Directors meeting would not take place until 15th September 2020 and the contract required sign off by 7th August 2020.

The Committee:

- ***Agreed to recommend to the Chief Executive and Chair of the Board and Council of Governors the use of Holt Doctors to the Board as outlined in the CCS Approved Award Recommendation Report.***

FP20/07/G6i **Date and time of next meeting (Verbal)**

i

Date: **Tuesday 29 September 2020**
Time: **TBC**
Venue: **Video-Conference**

Q28/07/A1 – Q28/07/M

**Minutes of the meeting of the Quality and Effectiveness Committee
Held on Tuesday 28 July 2020 via StarLeaf Videoconferencing**

Present: Pat Drake, Non-Executive Director (Chair)
Karen Barnard, Director of People & Organisational Development
Sheena McDonnell, Non-Executive Director
David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and AHP
Dr Tim Noble, Medical Director
Marie Purdue, Director of Strategy and Transformation
Mark Bailey, Non-Executive Director

In attendance: Lesley Barnett, Deputy Director of Quality and Governance
Cindy Storer, Acting Deputy Director of Nursing & Midwifery and AHP
Karen Humphries, Clinical Governance & Professional Standards Co-ordinator
Fiona Dunn, Acting Deputy Director Quality Governance / Company Secretary
Rosalyn Wilson, Corporate Governance Officer (Minutes)
Suzy Brain England OBE (Chair of the Board)

To Observe: Clive Tattley, Partner Governor

Apologies: Sheena McDonnell, Non-Executive Director

ACTION

Q28/07/A1 Welcome and Apologies for Absence (Verbal)

Pat Drake welcomed the members and attendees. Apologies for absence were noted.

Q28/07/A2 Conflict of Interest

No conflicts of interest were declared.

Q28/07/A3 Action Notes from Previous Meeting (Enclosure A3)

Action 1 to 5 – Agreed to be closed
Action 6 – On September’s agenda as deep dive.
Action 7 – Agreed to be closed.
Action 8 to 12 – Agreed to be closed
Action 13 - Agreed to move ReSPECT audit to November 2020
Action 14, 15 & 16 – Agreed to be closed
Action 17 – added to Septembers agenda.
Action 18 – Agreed to close

The Committee:

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

Q28/07/A4 Request for Any Other Business (Verbal)

Update from Audit and Risk Committee – KPMG Internal Audit Reports.

Fiona Dunn asked for the KPMG action plans for Delayed Transfer of Care and WHO Checklist to be circulated to the Clinical Governance Committee prior to the reports being discussed at QEC.

Assurance is required for the actions and need to be completed before the September 2020 QEC meeting.

Action: KPMG Audit reports to be added to the September 20 agenda.

RW

Mark Bailey asked for more assurance on learning from non-serious incidents as there is no evidence to suggest what action is being taken on these.

Dr Noble is managing this through Clinical Governance Committee.

Q28/07/B1 Breast Screening Action Plan (Enclosure B1)

Sara Elliott – Head of Radiology attended today’s meeting to update the committee on the status of the Breast Screening Quality Assurance Action Log.

The Quality Assurance report from November 2019 is monitored by the CGC and had a 6 month deadline to complete the actions taking this up to May 2020.

Sara Elliott provided an update on the progress made. She advised that the previous Breast Screening Programme Manager has now retired and that the position is now vacant and is out for recruitment now.

The Breast Screening Team have now moved into new premises at Devonshire House and appointments are now taking place there. This has been a positive move and the building is a much nicer environment for patients and staff.

Pat Drake was assured that the quality assurance around the outstanding actions has been met and has now delegated authority to oversee the Quality Assurance back to the Clinical Governance Committee.

Pat Drake thanked Sara Elliott and her team for the hard work that has been put in to achieve the current position.

Action: Breast Screening to become part of the Clinical Governance meeting for management of the Quality Assurance Report.

KH

The Committee:

Noted the update on the QA for Breast Screening.

Q28/07/C1 Breakthrough Objectives (Enclosure C1)

Pat Drake discussed the at a glance performance report.

Pat Drake asked the committee what the “at a glance chart” should include against the True North Objectives and what relevant indicators needed to come to QEC for assurance.

David Purdue said that if the Trust is changing and restructuring the Board of Directors against True North Objectives then the Board sub committees such as F&P, ARC and QEC need to be realigned to include learning and the measures in place to achieve these goals.

Dr Noble agreed with David Purdue and indicated the need for clarity on what is reported to prevent duplication.

Pat Drake was aware that Fiona Dunn and Marie Purdue are currently working on the board processes and will be reporting back to the Board when a clear pathway is in place.

The Breakthrough Objectives will remain as a standing agenda item for every meeting.

Pat Drake requested for a committee member to lead on this piece of work. It was agreed that Marie Purdue, David Purdue, Dr Noble and Fiona Dunn would work on this with support from Mark Bailey as the Non-Executive Director.

The Committee:

- ***Noted the update on Breakthrough Objectives.***

Q28/07/C2 Stabilisation and Recovery – Safety & Governance (Verbal)

Pat Drake gave the committee a verbal update on the work that is currently being carried out by the team. It was noted that lots of accountability work was being performed however the Ethical Committee work needs to be included on the reporting schedule.

Action: Dr Noble to provide a report to each meeting and to include the QPIA being done. TN

Pat Drake advised the committee that the Non-Executive Directors require assurance for areas that are measurable.

David Purdue discussed that the processes and KPI’s are signed off every other week at the meeting and that any areas requiring assurance that a report would be provided and escalated to the Quality and Effectiveness Committee (QEC). Assurance would also be obtainable from the KPI’s that are produced.

The Committee:

- ***Noted the Stabilisation and Recovery – Safety & Governance.***

Q28/07/C3 Quality Assurance Report (Enclosure C3)

Dr Noble discussed the Quality Assurance Report with the committee and advised that the Clinical Governance Meetings were now back up and running along with the Clinical Governance sub committees. The meetings have been taking place since 15 May 2020. Dr Noble did express that although a number of these meetings have taken place via video conferencing that there is, where there is a need, the opportunity to meet face to face providing social distancing is adhered to with staff also wearing suitable face coverings.

Pat Drake clarified areas of the report. It was noted that there had been avoidable pressure ulcers reported, of which some have been related to PPE and from the use of face masks. There has also been a huge achievement for the Trust in the waiting times for mattresses for patients, as this has gone from 19 days to 9 hours.

Pat Drake asked the question regarding the Datix system. She attended the Patient Safety Group meeting and staff had raised that they have requested changes to Datix as completing incidents is currently time consuming. The changes to support the workflow have been suggested although these have been delayed due to COVID-19. There have been a number of changes made to Datix already but these are relating to complaints module and not the incidents module.

Dr Noble noted that the number of incidents that require closing down remains high.

Action: Dr Noble to review and complete as many incidents as possible, as there are 90 at present. TN

HSMR

It is clear that the interpretation of the HSMR figures needs to be done with some caution given the uncertainty introduced as a result of Covid-19. This is in terms of variability of coding which may in part be due to uncertainties in establishing a direct link between Covid-19 and mortality.

Nevertheless the Trust is attempting to narrow this variability to as low level as possible by introducing a Covid-19 pro-forma to be completed at the time of the MCCD completion.

There is further data analysis taking place within the Information Services Department for Covid-19 which will be made available in the future.

The Medical Directors Office continues to work with HED on using HSMR and will become more valid for the Trust.

Dr Noble feels more assured now that the Medical Examiners are supporting and reviewing deaths within the Trust.

There has been a national change with the process of Death Certification and this has been disseminated down to the teams.

Colposcopy QA

Colposcopy Services was raised as a concern back in February 2020 in that there were a lower number than usual of women requiring Cervical Screening Administration Service (CSAS) in Bassetlaw, it transpired that there was a failing within the Colposcopy Services.

The Colposcopy Quality Assurance programme highlighted a number of recommendations. An audit was carried out for all referrals received by the Trust in 2019 which has been a large piece of work and still remains ongoing due to a temporary halt due to COVID. The work has now recommenced and the Trust has improved processes and a change of staffing has helped. The colposcopy reporting is an issue with MDT and histopathology cover and this has been escalated to the ICS.

The Committee:

- ***Noted the Quality Assurance Report including HSMR in COVID-19 and Colposcopy Services.***

Q28/07/C3ii IPC Assurance – (NHSi) Follow up (Verbal)

Cindy Storer updated the committee on the IPC framework meeting with CQC.

The CQC asked a number of questions relating to the IPC Framework and will review the responses to the questions and make an assessment based on these and evidence already submitted. A CQC panel will review and the Trust will then receive a report indicating whether it is compliant or not with the IPC framework.

Cindy Storer advised that this is not a report that is published and is for the Trust internal use based on an assessment from the CQC.

Action: Cindy Storer to update the committee at the next meeting if the outcome has been published. CS

Q28/07/C3iii Nosocomial Infection Update (Enclosure C3iii)

David Purdue gave an update on the paper. The Trust had been contacted by NHS England regarding patients who died in the Trust with COVID 19 with an initial negative swab and then had a positive swab >8 days following admission. The national proportion of these deaths is 22%, Doncaster and Bassetlaw Teaching Hospital (DBTH) is 36%. The paper provides a summary of key themes identified and learning in order to understand interventions needed in the Trust to reduce future hospital onset Covid-19 mortality.

Due to the rapid onset of the pandemic, emergency planning and training took place to try and manage potential IPC risks.

Systems were put in place and cases cross examined and matched. These cases were

reviewed by Medical Examiner team and cross referenced with IPC.

The Mortality governance committee was asked to consider the findings of the case reviews, the themes identified and actions taken in order to minimize future risk.

The guidance now states that Trusts who have more than five patients that are COVID-19 positive in one area must report this to NHS England. There have been no reported outbreaks from June 2020.

Pat Drake asked that if there is an outbreak that this must be reported to QEC.

Mark Bailey asked what was being done regarding the learning from the outbreaks in care homes?

David Purdue advised that Public Health notify the Trust of any outbreaks. The two Nursing Homes with high numbers of cases have had additional support to manage further cases along with working with IPC, CCG, RDaSH and Public Health to advise and support areas.

Mark Bailey asked if there were any areas that remain at risk?

David Purdue advised that Orthopaedic wards remain a risk due to the age and lay out of the wards. It was noted that the Nursing Stations proved to be areas for staff to congregate so these areas have been removed from the ward.

A number of ward environments will be reviewed once funding is available. Mobile Nursing stations and areas will be changed, deep cleaned.

Karen Barnard commented from the workforce report that there had only been five staff cases in July and only a further two more reported showing that wearing the correct PPE is having an impact.

The Committee:

- ***Noted the Nosocomial Infection Update.***

Q28/07/C4 Learning from Incidents – Monthly Report – June 20 (Enclosure C4)

Lesley Barnett provided an update for the Learning from Incidents report and advised that every completed SI report goes to the PSRG where it is discussed and then circulated to the Clinical Governance Leads to confirm what actions are required to provide learning.

The moderate harm incidents are managed and owned by the Division with oversight from the Patient Safety team. PSRG have only recently started to review the moderate SI's.

Pat Drake requested that an appropriate assurance report is provided on a quarterly basis to QEC.

Cindy Storer informed the Committee that DBTH have been shortlisted for a HSJ award for the patient "sharing how we care".

Alasdair Strachan added that the Training and Education team identifies educational themes and embed these into the training packages.

Action: Lesley Barnett to provide a new assurance report to Septembers QEC.

LB

The Committee:

- ***Noted the Learning from Incidents paper.***

Q28/07/C5 Quarterly Learning from Deaths - Q4 (Enclosure C5)

Dr Noble discussed the quarterly Learning from Deaths report.

The Trust has recently appointed further medical examiners. Rotas are now being planned to ensure cover at both DRI and BDGH so that by April 2021 100% of hospital deaths will be scrutinised by a Medical Examiner.

The Structured Judgement Review process concentrates on the quality of care provided throughout the whole of the current hospital stay, or a previous admission/discharge if this was within a short timescale of the admission. It has now been confirmed that the SJR's are to be returned within four weeks of the request.

The Mortality Governance Committee is looking at ways that SJR training can be delivered to further cohorts of individuals.

The Bereavement team are looking at how they contribute to strategic objectives by establishing a full Medical examiner team the Trust will be providing the safest and most effective care for bereaved relatives and future patients.

The Trust has been approached to pilot the National Database for all ME activity.

The changes to the COVID act for cremation forms has been taken into account.

Pat Drake gave praise to Dr Noble and his team for the report and this is a learning report and benefitting from the Medical Examiner posts.

Deep dive into ReSPECT on November. This will help staff with difficult discussions.

David Purdue explained that Bassetlaw is wanting to implement the LeDeR review process this is different to the previous process.

Action: Ensure ReSPECT is on Novembers agenda.

RW

The Committee:

- ***Noted the Quarterly Learning from Deaths Report.***

Q28/07/C6 Patient Safety Process During COVID-19 (Enclosure C6)

David Purdue discussed the patient safety process during COVID-19. He explained that there had been a review of the current bed base pathway that had been implemented

as part of the COVID-19 response and the development of an ideal future pathway to ensure that the essential pathway principles are incorporated.

The Essential Pathway Principles are

- Clear patient focus
- Efficient
- Co-ordinated and timely approach
- Simple, effective communication: with patient and family and between colleagues
- Right first time
- Safe every time
- Build on trusted assessor approach
- Enhance what we already have
- Use expertise throughout the pathway, aligned to the individual's needs
- Responsive and flexible
- Patient and family feel involved
- Getting the best out of a multi-disciplinary approach
- Strong and clear joint governance

The bed based review relates to Tickhill Road Hospital and STEPs (DMBC) these are intermediate care beds.

Weekly meetings are taking place regarding discharges.

All patients tested on arrival, 5 days and 14 days this is causing delays in discharge due to testing. Agreed with Public Health.

The Committee:

- ***Noted the update on Patient Safety Process During COVID-19***

Q28/07/C7 Safer Staffing (Enclosure C7)

Cindy Storer discussed the Safer Staffing paper and advised the committee that this report provides assurance and outlines the actions taken by the Trust to mitigate the risk.

It also updates on the implementation of Care Hours per Patient Day (CHPPD), which has been a required national return since 01 May 2016 and the data submitted to UNIFY.

The reporting arrangements, changed in September 2019, includes registered nurses, registered midwives, trainee nursing associates, registered nursing associates, and health care support workers compared to the planned hours. Therapists can now be included in the planned versus actual hours but are not integrated into any of the inpatient ward establishments at this current time, therefore not included in the CHPPD.

In April at DBTH, three surgical wards merged into two wards (previously SAW, 20 and 21 – now wards 27 SAW and 26 Surgery) which has reduced the overall number of inpatient wards to 39. In addition, six more wards remain closed, meaning the total number of open wards is currently 33.

The Trusts overall planned versus actual hours worked was 108% in June 2020

The Trust has a cap of agency expenditure for registered general and specialist nursing staff, midwives and health visitors has been in place since November 2015, the Trust's cap has been set at the lowest level of 3% which is low level when compared nationally.

The Registered Nurse agency rate for May 2020 was 0.57% and June 2020 0.58% with a year to date total of 0.57%

To ensure that the Associate Directors of Nursing, Head of Nursing, Head of Midwifery and Matrons (ADoN/HoN/M's) have a visible presence in the clinical areas Associate DoN/HoN/M's have identified that they are aiming to work at least one clinical shift a month in one of their clinical areas, with the Matrons working two clinical shifts a month. Senior sisters/charge nurses are expected to have 2 days per week as managerial/supernumerary time and this information is also being recorded monthly.

The inpatient Quality Accreditation Tool (iQAT) Quality Metrics was refreshed again for April 2020 to capture safe staffing, quality performance and quality accreditations for inpatient areas. The accreditation work was paused for Q1 and restarted on 1 June 2020. The first RAG for accreditations will be due in September 2020.

DBTH has increased placement activity:

3rd Year Nursing Students on paid placement = **66**

3rd Year Nursing Students recruited = **62**

2nd Year Nursing Students on paid placement = **66**

3rd Year AHP Students on paid placement = **10**

3rd Year AHP Students recruited = **12**

The Trust now has two cohorts of international nurses working and have now passed the DBTH Objective, Structured, Clinical Examination (OSCE) equivalent.

Cohort 1 (10 nurses) all passed the Nursing and Midwifery Council (NMC) OSCE and are working as Registered Nurses

Cohort 2 (10 nurses) passed the DBTH OSCE but are now required to attend the actual centre for the NMC OSCE. This is booked for 8 September 2020. Cohort 2 nurses are working as band 5 nurses and supported in the same way as newly qualified nurses, until on the NMC register.

Work continues to ensure DBTH is proactively working to retain Registered Nurses and Midwives and this has been built into the inpatient Quality Accreditation Tool (iQAT) for 2020/21. Retention of staff is a key issue for the NHS, a key priority in the anticipated people plan and a crucial factor in securing a skilled and sustainable workforce for the future.

For international Midwives day on 5 May 2020 the Trust designed and launched a new

Trust Badge with the aim to celebrate the contributions of all our midwives, nurses, health care assistants, nursing associates, assistant practitioners and clinical support workers. On International Nurses day (12 May), the senior nursing team visited all their clinical areas to thank nurses for their hard work, not only during the Covid period, but as a valued member of team DBTH.

David Purdue advised the committee of the wards that need to be reopened and that work remains to be continued. Staff will be supported to move back to their initial working area.

The Committee:

- ***Noted the update on safer staffing.***

Q28/07/C8 Risk Management Annual Report (Enclosure C8)

Lesley Barnett presented the headlines and summary of the Risk Management Annual Report this was previously known as the SI Annual Report. .

The Serious Incident policy has been reviewed and updated and was approved in June 2019. The current serious incident process has been analysed and streamlined, with clear responsibilities for those involved this will be updated in line with the new framework.

The new national patient safety strategy was released in July 2019, and highlighted that the serious incident framework will be replaced with the patient safety incident response framework (PSIRF). This was being piloted in a few Trusts around the country.

In 2019/20, the Trust reported 14,874 incidents an increase of 2285 incidents in comparison with last year of which equates to an 18.2% increase in reporting.

The Trust compliance with Duty of Candour requirements has undergone a review, which will allow the divisions to clearly see their non-compliances. The Trust for the financial year is above the 90% target in two of the domains overall, with letter 1 compliance being slightly below the target at 87%.

The top 5 themes for the risks

Top 5 themes		
Theme	Amount	% of 19/20
Skin Integrity	4,135	27.8%
Accident/Incident that may result in personal injury	1,810	12.1%
Access, Appointment, Admission, Transfer, Discharge	1,282	8.6%
Medication	1,072	7.2%
Infrastructure or resources (staffing, facilities, environment)	1,072	7.2%

The top 5 incident themes account for 63% of the total incidents reported.

From the serious incident investigations the Trust has now launched falls accreditation for the wards, and skin integrity accreditation has commenced.

Pat Drake discussed with the committee that the team have closed over 600 risks within the Trust. Although a key point for the response to complaints is the documentation relating to claims against the Trust remains disappointing.

Work on electronic documentation continues linking in the legalities around what the patient record is for.

The recent KPMG Audit on the WHO Checklist is an important action plan for the Nursing Division to learn from and to ensure practice is in place to support the reduction of risks. The WHO checklist should be done in theatre but is for any area that undertakes patient procedures.

The WHO Checklist will be discussed at QEC in September.

Action: WHO Checklist on Septembers Agenda.

RW

Mark Bailey commented that there had been lots of progress made on risk assurance processes and recognised the positive culture that staff feel able to report incidents.

The Committee:

- ***Noted the Annual Risk Management Report.***

Q28/07/E1 Accessible Information Standard (Enclosure E1)

The Accessible Information Standard (AIS) was introduced by the government in 2016 to ensure that people with a disability or sensory loss are able to access information in a way they can understand. It is the law for the NHS and adult social care services to comply with AIS.

It was noted that the Trust still remains non-compliant with this standard.

Pat Drake requested a full assurance report and not an operational report for the next meeting regarding the Trust status in compliance with this standard. This report must include a timeline for completion and date for Trust policy sign off.

The Trust AIS policy needs to link with the Equality and Diversity and Inclusion policy.

Pat Drake has expressed that she cannot assure the Board on AIS compliance and would require reporting back to QEC.

Post meeting note, due to come to November QEC to allow sufficient time for the standard to be Signed off and implemented.

Suzy Brain England added that this must also emphasise the work the Trust does with Deaf Trust and wants to be exemplary.

Action: Add AIS to the November Agenda.

RW

Q28/07/E2 Patient Engagement and Experience Annual Report (Enclosure E2)

Lesley Barnett gave an update on the Patient Engagement and Experience Annual Report,

This report provided a summary of the formal complaints and concerns received during the financial year of 2019/20 and associated patterns and themes. It gave details of patient experience updates and examples throughout the year.

In March of 2020, COVID-19 National Guidance was received in regard to reducing the burden on the NHS, and subsequently some Trust processes changed in anticipation of the effect of this global pandemic.

At DBTH this had an impact on patient experience; notably with staff wearing PPE, internal changes to the hospital layout with yellow and blue areas created, changes to timescales with complaints responses and restrictions on visiting for patients. Nationally, the NHS was given the option to pause their complaints. DBTH took the opportunity to try and investigate and respond to the majority and 22 complaints were paused.

From April 1 to May 31, we responded to 90 complaints. 18 complaints that were received before April were paused due to COVID 19.

In total in 2019/20 the Trust has seen an overall increase in the amount of contacts received by the PALS team; this is a 10.3% increase from 2018/19.

Medicine and Surgery have the majority of complaints received in the Trust and are the largest bed holding divisions in the Trust.

The top five specialities in order for complaints received in 2019/20 are; General Medicine, Emergency/Acute Medicine, Surgery, Trauma and Orthopaedics and Obstetrics and Gynaecology.

Complaints are triaged on receipt using a risk matrix as a guide (See attached). It encompasses the process of risk analysis and evaluation with colour rated scoring, green being minor through to red being major. This is done by the PALS team upon receipt.

Nationally, the Trust has to acknowledge a complaint within three working days. The Trust aims to do this upon receipt in the Trust, not when received in the PALS office. The Trust has set a 95% target to be met. Up to April 2019, compliance was poor. However, an internal review has helped improve from this June 2019. Since then the target has been met six months out of ten.

Mark Bailey discussed the Friends and Family test results and praised the Trust for the good results.

Pat Drake asked Lesley Barnett to take back to the team and discuss what would be required to achieve CQC outstanding as this would need to be reflected within the reports to QEC.

The Committee:

- ***Noted the Patient Engagement and Experience Annual Report***

Lesley Barnett gave a brief verbal update on Complaints, the Trust is currently at 94.4% but should be reporting at 95%.

The current complaints caseload is being overseen by the Patient Engagement and Experience Committee, with one key area for focus being staff attitude.

There will be a full complaints deep dive at the next QEC meeting in September.

The Committee:

- ***Noted the update on complaints.***

Q28/07/E4 Patient Story (Enclosure E4)

The Committee:

- ***Noted the patient story update.***

Q28/07/F1 Workforce Assurance Report (Enclosure F1)

Karen Barnard gave an update on the Workforce report which has been broken down into individual areas to report on.

HR Casework Update

All casework at the commencement of the Covid-19 Pandemic a decision was taken internally to, wherever possible, pause ongoing casework and review and triage new cases that arose with a view to determining specific cases that required progressing.

The Casework team undertook a full review of all current ongoing cases to look at what could be paused and which had a rationale to continue the process. All new cases were appropriately triaged to see if they could also be paused throughout the pandemic.

The People Team currently have 57 cases open that are being managed by the casework team.

Absence data still seeing a rise, shielding returning will be reviewed.

COVID-19 Staff Testing

The People Team had taken on the responsibility for the staff testing programme. This has required the P&OD Team to move to a 7 day working rota to ensure that symptomatic staff were identified and tested within 72 hours of first developing symptoms, this also included partner organization staff.

Between March and July 2020 there have been 529 staff who have tested positive with no positive cases reported since 4 July 2020.

The trust will be moving towards a courier based service for swabbing now the numbers have reduced significantly.

Flu Campaign

NHS England and Public Health have given all Trusts a 100% target for staff vaccinations this year. Karen Barnard confirmed that the vaccines have been ordered and plans are being put in place now for peer vaccinations, the Trust is looking at a drive through model.

The first vaccine delivery is due in September 2020 but going with the past two years learning we anticipate a delay.

Personal Circumstance / Risk Assessment Process (High Risk Category of Staff) –

The health, safety and wellbeing of all Trust staff has been of paramount importance to the trust during the pandemic. All staff are being offered a risk assessment, there is a national data capture exercise by NHS Improvement/England with particular interest on BAME and high risk colleagues.

Test and Trace

The Trust has noticed a drop in cases since wearing masks preventing large numbers having to leave their duties to go home and self-isolate for 14 days, this has protected the workforce on a larger scale.

Shielding Staff

As shielding comes to an end toward the beginning of August, The Trust has requested that managers support returning colleagues to complete a Risk Assessments to see if safe to return to work due to their health condition.

Karen Barnard advised the committee that a number of Talk listen care talks taking place and the Themes from the focus groups will be circulated. The TLC sessions will be running a regular pulse check to take a stock check on how staff are feeling.

Equality Diversity and Inclusion

Recent events during COVID-19 have brought the important contribution of all staff regardless of their:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Based on this evidence it has been important to ensure that staff with higher risk levels undertake a risk assessment discussion with their line manager to ensure they

feel protected in their ongoing work within the Trust. On occasions these risk assessments have resulted in decisions that colleagues should be shielding or undertaking different roles.

Whilst the Trust's EDI forum has been developing and there has been particular interest to develop an LGBTQ+ staff network it has proved more difficult to instigate a BAME staff network, the Trust will initiate the QI methodology to demonstrate the Trusts commitment on taking action to improve the working lives of our BAME Colleagues.

Karen Barnard is also reviewing the Gender pay gap action plan on a regular basis to ensure the Trust is reviewing the data provided.

Karen Barnard discussed an Associate Non-Executive Director post which would be looking to target individuals from protected characteristics to fill the post. The Freedom To Speak Up data went to Board in July and will now be included in the workforce report that is presented to QEC.

Action: David Purdue and Dr Noble to support Karen Barnard to get the Flu Vaccine message across to all front line staff. DP/TN/KB

The Committee:

- ***Noted the Workforce Assurance Report.***

Q28/07/F2 Education and Research Assurance Report (Enclosure F2)

Alasdair Strachan updated the committee on the Education and Research Assurance Report. The Trust SET compliance is currently at 80.97% (June 2020) which shows a small drop from pre – COVID although the coming months could see a further drop as renewals are required.

The report outlines a number of mitigating factors to improve access to training and address some longer term challenges including ensuring staff training requirements are correctly identified through the position number system.

Research within DBTH focused on the national COVID research projects with other research projects being safely stepped down.

Alasdair Strachan assured the committee that the report provided outlines what is in place to safely return to the wider research portfolio that is required of a dynamic Teaching Hospital.

The actions of the senior leaders within our organisation can hugely influence how staff respond to requests for work to be completed. Senior leaders need to set the example by individually taking responsibility to achieve SET compliance at 90%.

It was agreed that the individual compliance data for leaders who sit at and Agenda for Change level 8b and above and the equivalent senior medical leads would be collated on a monthly basis and to disseminated to those who are showing non-compliant in any of their SET topics with an expectation that the training is completed

that month or, if this is not achievable, a response is sent explaining the situation so support can be given where possible. These responses and any actions taken would be logged by education in the same way as for all other staff groups.

The Trust is looking at ways that training can be delivered on virtual platforms and the Education Team continue to work with key partners to link ways this can be accommodated.

Partners across the region have adopted different approaches to recruitment, where some have ceased recruitment DBTH have continued to recruit apprentices during the pandemic however numbers have reduced due to the temporary realignment of services and delay in recruitment which has been impacted by the delay in current apprentices completing programme.

RESEARCH

COVID studies – currently open

RECOVERY Trial

49 patients have been recruited so far, including 7 who have been consented onto the convalescent plasma arm (five of whom were randomised to receive the plasma)
The trial is still open, although recruitment has slowed significantly due to reduced numbers of cases.

ISARIC WHO (data entry study)

So far there have been 316 patients entered onto the database, broken down as follows:

35 patients from Bassetlaw

281 patients from DRI

All patients with a positive COVID result will be entered onto this database.

COVID studies – We are looking to set up the following studies within the Trust:

SIREN study

This is a staff study, with staff members having a blood test and nasal swab carried out every fortnight for a year. The study team are looking for approximately 250 recruits, which would mean an average of 25 participants being seen every day. We are looking to see how this can be supported within the Trust, including how to get staff registered on ICE, utilising the Doctor Doctor system for giving results, and how to generate appointment reminders.

CANINE study

This is looking to see if COVID can be scented by dogs, and will require participants to wear nylon stockings and facemasks for a certain length of time, which will then be bagged and sent to the study team. A call for this tomorrow morning (21 July) will be taken to see if this can go ahead.

COG HOI-UK

COG-UK HOI is a phase III prospective, interventional, cohort, and superiority study to evaluate the benefit of rapid COVID-19 genomic sequencing on infection control in preventing the spread of the virus in United Kingdom NHS hospitals. We are exploring DBTH being part of this study.

The Trust is anticipating an increase in young people not in education, employment or training (NEET) across Doncaster and Bassetlaw. The Trust has reduced the recruitment age for Health Care Assistants from 18 years of age to 16 years of age in an attempt to widen opportunities into careers in health for young people.

The Trust will continue to work with local partners including Hall Cross, Foundation School in Health, and explore providing virtual opportunities for those seeking out careers in health as virtual careers discussions is being very positively received. After appropriate risk assessments work experience placements within the Trust are being reintroduced slowly to evaluate their impact.

Pat Drake asked Alasdair Strachan what the Universities are doing to support BAME individuals entering onto these programmes.
Alasdair Strachan advised medical school have an increase in medical numbers trying to include the BAME on training to be medics.

There was a question raised on what training is available for staff who are supporting patients from different cultures and backgrounds. Karen Barnard to pick this up.

The Committee:

- ***Noted the update on Education and Research Assurance Report. .***

Q28/07/H1 Corporate Risk Register & Board Assurance Framework (Enclosure H1)

It was noted that the final working version of the Corporate Risk Register and Board Assurance Framework would be presented at the Committee meeting once agreed at Board.

The Committee:

- ***Noted the update and information in the Corporate Risk Register and Board Assurance Framework.***

Q28/07/H2 Quality and Effectiveness Annual Report (Enclosure H2)

The Committee:

- ***Approved the QEC Annual report to be sent to Septembers Board.***

Q28/07/H3 CQC and Regulatory Visits (Enclosure H3)

Fiona Dunn gave an update the status of the Trust CQC action plan.

To address the findings and recommendations from the CQC inspections, all “MUST” and “SHOULD” actions have been collated into a central action plan. This plan is being controlled and monitored centrally and overseen by the Deputy Chief Executive/Director of Nursing Midwifery and Allied Health Professionals and his deputies. Divisions are responsible for updating all appropriate actions and forwarding these updates and supporting evidence to the central team.

The central action plan is shared with the executive team and CQC on a regular basis. QEC is asked to note that during the 3 month acute COVID phase, focus on the action plans was reduced. However this postponement has now stopped and compliance against completion of the actions is now reinstated.

Mark Bailey asked how this is managed?

Fiona Dunn advised that this is managed centrally with Executive level oversight, via Clinical Governance Committee and Senior Management Team meetings.

David Purdue expressed that the message that needs to be embedded with all staff on all sites is that we need to be prepared at all times for CQC turning up.

Emergency CQC Arrangements for regulation

CQC are now focusing on the compliance against the IPC Board Assurance Framework, which was launched by NHSE/I in May 2020.

The focus is on establishing whether our trust has full assurance on infection prevention and control when providing care for patients and when re-establishing non-COVID services.

The CQC have reviewed the document and supporting risk assessments and are meeting with the Trust on 29th July to review compliance. A report will then be collated by CQC and the Trust updated its compliance with this framework.

Q28/07/H4 Quality Accounts (Verbal)

Pat Drake advised the committee that the Quality accounts for this year would come to QEC for approval due to the timings of the ARC meeting. The deadline is December for quality accounts to be submitted but the Chair has requested that they be presented at Septembers Annual Member Meeting.

Q28/07/I1 Quality Improvement (Enc 11)

Marie Purdue gave an update to the committee regarding the QI processes, the team are to revisit the initial plan that was developed pre COVID and what are the QI goals and what needs to be factored in for the QI activity in 2020/21.

The QI team will be supporting Divisions with quality metrics on what they are wanting to improve and what projects can be put in place to achieve this.

The Committee:

- ***Noted the Quality Improvement Update.***

Q28/07/J1

Governor Clarification

Clive Tattley- The Trust is setting a course for Outstanding

- 1- David Purdue – if found that removing a nurses station reduces infection transition would this be implemented on all wards?
David Purdue – *only older wards where issues – Ortho and S12 mobile nurse stations*
- 2- Learning from SI high priority pleased – learning embedded? Datix – audits and going back and reviewing shouldn't occur again if lessons learnt – could changing sharing how we care to learning how we care?
- 3- Interesting mask wearing beneficial – has this been well communicated with staff? David Purdue - *Work with staff liaised with CQC and happy with PPE and Hive.*

The Committee:

- ***Noted and Responded to Governor Questions.***

Q28/07/K1

Sub Committee Minutes and Reports (Enclosure K1)

- Clinical Governance Committee – 15 May 20 & June 20
- WERC – 9 March 2020
- IPC – Annual Report (CGC 17 July 2020)
- Strategic Safeguarding (CGC – June 2020)
- *Risk Management Monthly Report (CGC July 2020)*
- *Skin Integrity - (CGC June 2020)*

Pat Drake flagged that in the following report their needs to be a focus from the management team:

IPC – Annual Report (CGC 17 July 2020)

- Ken Agwuh has reported staff not turning up to IPC committee meetings and has further raised to Management teams.
- David Purdue stated there was an error with the minutes it should read that 76% staff vaccinated.

Strategic Safeguarding Report (CGC – June 2020)

- Bassetlaw referral forms for DoLS - Pat Drake asked for clarification and follow up from David Purdue on the report indicating low number of Nottinghamshire DoLS. The low number of referrals apparently due to staff completing the LA application form and not sending copies to safeguarding. Can assurance be given that this is the case and how this can be rectified?

The Committee:

- ***Noted the subcommittee minutes and reports.***

Q28/07/L1 Minutes of the meeting held on 26 May 2020 (Enclosure L1)

The Committee:

- *Approved the minutes from 26 May 2020 as a final version.*

Q28/07/L2 Clinical Governance Committee Terms of Reference (Enclosure L2)

The Committee:

- *Noted and Approved the Clinical Governance Committee Terms of Reference.*

Q28/07/L3 Committee Work Plan for approval (Live working document)

The Committee:

- *Noted the current work plan.*

Q28/07/L4 Items to escalate to Board of Directors

There were no items to raise to Board of Directors.

Q28/07/L5 Date and time of next meeting (Verbal)

Date: 29 September 2020

Time: 14:00

Venue: StarLeaf Videoconferencing

Q28/07/M Meeting Close 17:20

MB10/08/A – MB10/08/H

Management Board

**Minutes of the meeting of the Management Board held in on
Monday 10 August 2020, 2.00pm via Star leaf Conferencing**

- Present Via Star leaf:** Richard Parker, OBE – Chief Executive
Jon Sargeant – Director of Finance
Karen Barnard – Director People, Organisational Development
David Purdue, Deputy CE and D of N&AHP
Marie Purdue, Director of Transformation and Strategy
Dr Tim Noble, Medical Director
Eki Emovon, Divisional Director
Antonia Durham – Hall, Divisional Director, Surgery & Cancer Division
Jochen Seidel, Divisional Director, Clinical Specialties Division
Ken Anderson – Acting Chief Information Officer
Emma Shaheen – Head of Communications and Engagement
Alasdair Strachan – Director of Education and Research
Kirsty Edmondson Jones, Director of Estates and Facilities
- In Attendance:** Rosalyn Wilson, Corporate Governance Officer (Minutes)
Jodie Roberts, Deputy Chief Operating Officer – Non-Elective
- Apologies:** Nick Mallaband, Divisional Director, Medicine
Rebecca Joyce, Chief Operating Officer
Fiona Dunn, Acting Deputy Director of Quality and Governance

ACTION**MB10/08/A1 Apologies for absence*****The Management Board:***

- ***Noted the apologies for absence.***

MB10/08/A2 Matters Arising / Action Log

Action 1 – Focus on the recruitment into the post this is a priority for the Clinical Specialities Team.

Action 2 – Agreed to extend target date to September 2020

Action 3 – Not due until August 2020

Action 4 – Agreed to be closed.

Action 5 – Not due until October 2020.

Action 6 – Agreed to be closed.

Management Board

Noted the actions and confirmed the closed actions.

MB10/08/A3 Conflicts of Interest

None declared.

Management Board

Noted that there were no conflicts of interests to declare at today's meeting.

MB10/08/A4 Request for any Other Business from F1.

1. Single site for COVID – Dr Noble asked about the COVID “lite” site and the ICS confirmation that the Royal Hallamshire at Sheffield has been designated as the Covid 19 site for patients with confirmed illness. The implementation of this decision for individual patient is a Clinical decision and should be based upon whether it is in the patients, or sites best interest to transfer to the Royal Hallamshire. It is not a compulsory pathway and not every patient will transfer as the criteria requires a confirmed PCR result.

2. NICE Guidance for Elective Swabbing and Isolation – David Purdue and Kirsty Clarke.

It was noted that Mr Pillay chaired the NICE Guidance Committee and the guidance states that children should be swabbed at 72 hours. It was agreed by Management Board that the Trust will follow NICE Guidance.

NICE Guidance states that post op adults should receive advice on discharge about self-isolation whilst recovering from the procedure and may choose to self-isolate if high risk.

Ken Agwuh suggested that the Trust implements the NICE guidance for pre op screening and post op care. David Purdue has asked what practices other hospitals in the ICS will be following.

MB10/08/B1 Stabilisation and Recovery Update – COVID-19

Marie Purdue and Jon Sargeant presented an update on the Trusts Stabilisation and Recovery plan with an overview of the National guidance and what implications this has for DBTH. The update also includes the longer term strategic planning.

From the 1 August 2020 the NHS will move from a level 4 national to a level 3 regional incident in line with a shift in overall response to COVID-19 being managed with a regional focus.

The South Yorkshire and Bassetlaw Integrated Care System (ICS) have developed a South Yorkshire and Bassetlaw (SYB) plan with a shared focus on:

- Accelerating a return to near normal non-COVID services, maximising the window of opportunity from now until winter

- Preparation for winter
- Embedding the lessons learned from phase 1 and 2 with a focus on (i) supporting staff, (ii) addressing inequalities and (iii) prevention.

There will be supplementary guidance on:

- Operational People Plan – The Trust published this last week.
- Inequalities priorities – This is due to be published in a couple of weeks.
- Phase 3 priorities and support to Social Care – This will be published by the Department of Health and Social Care.

The ICS guidance for Non-COVID Services, - Cancer

Requires the Trust to produce a delivery plan for September 2020 to March 2021 detailing how the Trust will get the Cancer services back to a normal level.

Diagnosis and treatment within the Cancer Service will need to:

- Increase diagnostic capacity using Park Hill Hospital, community hubs and the rapid diagnostic centre
- Increase Endoscopy capacity to normal levels
- Expand surgical hubs
- Restart screening to include Lung health Checks (Doncaster Only).

The Trust is required to reduce the number of patients waiting over the 31 and 62 days with some patient across the ICS experiencing 104 days waits.

Non-COVID Services – Elective Surgery

The ICS guidance is clear with timings on what the Trust needs to achieve and by when. Elective surgery will need to return to pre-COVID levels with:

- Elective day case and outpatient procedures to be at 80% in September and 90% from October onwards.
- MRI and CT to have an immediate increase to 90% and the 100% from October 2020.
- Outpatient Appointments at 100% from September onwards with 25% of those being virtual.

The Trust's block payments will be flexed to reflect the delivery of these ambitions.

Waiting lists will be managed at a Trust level with clinically urgent patients being prioritised, followed by patients waiting more than 52 weeks. The Trust will maximise the use of Park Hill Hospital to achieve these targets.

Jon Sargeant discussed the Base Case Refresh slide with the baseline figures against the 20/21 estimate.

Part B of the ICS plan relates to preparing for Winter. The Trusts' Winter planning will include;

- The PPE and Infection Prevention Guidance
- How this will be managed and reviewed within the Trust
- What responsibilities the Divisions will have and how this will be embedded.

The Trust's key focus areas will be:

- Rolling out Trust capacity for testing.
- Managing the supply of PPE across sites.
- Utilising Nightingale and Park Hill Capacity.
- Staff Flu vaccine uptake and how staff can be vaccinated by learning from what worked well last year.
- Promoting the use of the 111 service and local pharmacy.
- Embed the "Hear & Treat" and "See & Treat" initiative for alternate pathways for urgent and emergency care.

Part C of the ICS plan is learning from Phase 1&2 this will focus on Workforce and Health inequalities and prevention.

The Workforce element of the plan will focus on the People Plan (operational) and will include information on the Trust Workforce such as how the Trust will

- Keep staff safe, healthy and well – both physically and psychologically.
- Staff flexible working.
- Urgent action to address systemic inequality
- New ways of working and delivering care utilising digital transformation.
- How the Trust will grow its workforce and 'grow your own' programme.
- Transformation of all workforces.

The learning will also include how the Trust will manage inequalities and prevention and how the most vulnerable will be protected from COVID.

The Trust will also look at accelerating preventative programmes which proactively engage those at risk and strengthen leadership and accountability, with a named executive Board member.

The People team will also ensure datasets are complete and timely, to underpin understanding and response.

The ICS is working with all Trusts and local CCG's with the intention to move towards revised financial framework towards the end of 2020/21 financial year. More information will be shared with Trusts once the Government have finalised these frameworks. Current financial arrangements will be extended to cover August and September and normal contract arrangements between DBTH and the Local Commissioning Groups suspended for the remainder of the financial year.

The ICS have confirmed that they will be responsible for managing the COVID-19 revenue and capital allocations going forward.

The next steps for the trust will be to complete the first draft of the plan for the end of August with a final submission dates of 21 September 2020. The plan will be a system level plan for Phase 3. The planning group is already established and will look at and manage system-wide risks such as availability of PPE, critical care capacity, flu vaccination etc.

There are a number of implications for DBTH that need to be managed effectively but the Delivery Board:

- System and Place Management of case loads
- Use of independent sector such as Park Hill
- Ensuring prioritisation aligns
- Equality of access
- Impact on discharge work (and restart of CHC)
- Prevention agenda – impact of re-starting
- 111 first and impact on new UEC model
- People plan
- Change to improvement processes – Adopt & Adapt
- Performance/safety monitoring

All of the above implications will be included in the plan for the Trust for review by the ICS.

Jon Sargeant went through the Finance Implications and what the shortfall on funding would be for the ICS and for DBTH. The shortfalls will be taken to HEG on Tuesday 11 August to be discussed.

Each ICS organisation will be required to provide details on how the Trust will manage their deficit. Although the ICS will review all of the Trusts plans, all organisations are expected to break even.

Jon Sargeant went through the Strategic Projects provisional costings for the new Doncaster Hospital Site. DBTH are working on a scheme jointly with DMBC around rejuvenating the town. The initial calculations for the new build is around £990 Million which includes a number of internal and external costings.

The Trust will recruit an initial project team to progress the initial 10 week programme which includes:

- Readiness for Department of Health & Social Care Review
- Consultation Planning
- Enabling Outline business case (OBC) and Strategic Outline Case (SOC & OBC) Progress.

Action: Update to next meeting on the progress for submitting the Trust Plan to the ICS. Submission date 21 September 2020. MP/JS

Marie Purdue updated Management Board about the Bassetlaw Emergency Village that was announced in late 2019 by the Prime Minister. The Capital cost for this project is around £18 Million and will take around 2 years for the construction to be completed once the full business case has been reviewed.

The Bassetlaw Emergency Village will provide upgraded emergency care services at Bassetlaw District General (BDG) with full integration of urgent care services within the emergency department with co-located diagnostic facilities.

Management Board

Noted and accepted the Stabilisation and Recovery Update – COVID-19.

MB10/08/B2 Finance Update 2020/21 (Verbal)

Jon Sargeant advised management board that the Finance update was covered in the Stabilisation and Recovery update.

Management Board

Noted the update on Finance 2020/21.

MB10/08/B3 People Plan (Enclosure B3)

Karen Barnard presented to the Management Board the People Plan which included:

- Introduction to the NHS People Plan
- Discussion regarding our values
- The DBTH way – what do we want this to be
- Organisational Development – what do we understand by this
- Model and agreed priorities
- Building an inclusive culture – suggested work streams
- Leadership Development
- Equality, Diversity & Inclusion priorities
- People Board – discussion
- Hygiene factors
- People Plan action plan

The NHS People Plan 2020/21 was published on 31 July 2020, a further update is expected later in the year. Karen Barnard highlighted the key components of the plan. An action plan collated by NHS Employers had been shared with colleagues

which identified actions and responsibilities for employers, national bodies and systems.

The People Plan will also become a standing agenda item on Management Board.

Karen Barnard discussed the BAME Risk Assessments and the Trust status with submission compliance. The Trust has submitted 92% of risk assessments for all staff, 92% for at risk staff and 80% for BAME colleagues. Karen Barnard asked that there be a continued focus on discussions with staff on completing risk assessments as a further wave of COVID-19 is expected.

Management Board

Noted the update on the people plan and BAME Risk Assessments.

MB10/08/B4 Update on BAME Risk Assessments (Verbal)

An update on the BAME risk assessments was given with the People Plan update by Karen Barnard.

MB10/08/B5 Items for escalation to Corporate Risk Register

Jochen Seidel discussed the risk related to the orthopaedic theatre environment which is currently being considered for inclusion on the Corporate Risk Register.

Management Board

Noted the update on the risk for the corporate risk register.

MB10/08/C1 Escalation Risk Relates to Orthopaedic Theatre Environment

Jochen Seidel discussed the Orthopaedic Risk (RISK ID 2403) regarding the storage and possible evacuation risk that still remains a problem down in theatres. The Fire Officer has been to the site and is aware that this is an ongoing significant problem. It was noted that with the current mitigation this would not be sufficient if CQC attended.

The CSD team have reviewed the risk and this cannot be further mitigated A proposal has been submitted costing around £18k for alteration work to be carried out.

Kirsty Edmondson Jones advised that the money is available for this work to be completed and must be progressed swiftly, and that a clear project plan must be in place to ensure this work is completed with minimal disruption.

It was agreed that this would remain on the action log so Management Board don't lose sight on the completion of the work.

Action: Ensure this is an action on the action log.

RW

Management Board

Noted the update on Escalation Risk Relates to Orthopaedic Theatre Environment.

MB10/08/C2 Update on Bassetlaw Surgery (Once Blue Site)

Kirsty Clarke, Associate Director of Nursing for Surgery and Cancer Division gave an update on the Bassetlaw Site. The surgery plan for elective will be to use B floor and there will be a clear blue pathway from the ward to Theatres.

Although plans have been drawn up for Obstetrics as they may have requirements for Yellow and Blue areas.

There were also discussions regarding Hospital @ out of hours cover. The plan to move forward went to the last Stabilisation and Recovery group for approval and will need to go to the next Executive Team Meeting.

Richard Parker discussed that Dr Harris has written to him with concerns relating to Pre Op and the interim plan. Richard asked that Kirsty Clarke speak to the Medical staff within the CSS Division and make sure they are all clear on the interim plans.

Action: Kirsty Clarke to speak to the Medical staff within the Division regarding Pre-Op assessment.

Management Board

Noted the update on Bassetlaw Surgery.

Information Items to Note, (To be taken as read)

**MB13/07D1
to D4 Elective Care Steering group – Standing Item
Meetings Stood Down – COVID-19**

**CIG Minutes – Standing Item
Meetings Stood Down – COVID-19**

**Children and Families Board - Standing Item
No approved minutes**

**Urgent & Emergency Care Steering Group Standing Item
Meetings Stood Down – COVID-19**

Business Resilience Steering Group Minutes – 31 July 2020

Jodie Roberts discussed the paper and advised that the changes made for noting are to the membership, the refresh of the focus reviewing the action cards and to the stepping up and down of an incident room.

Dr Noble asked if having one Clinician on the Committee is enough and it was agreed that there needed to be more to support the BRSB meetings.

Action: Dr Noble to ask for Clinicians to join this committee.

Management approved the minutes and also the Terms of Reference.

Management Board

Noted and approved the BRSB minutes from 31 July 2020.

MB10/08/E1 Minutes of the Meeting – 13 July 2020

Management Board

Noted and agreed the minutes from 13 July 2020 as a true copy.

MB10/08/E2 Business Resilience Steering Group Terms of Reference (Enclosure E2)

Approved under D5.

MB10/08/E3 Consultant Vacancy - Respiratory Consultant (Enclosure E3)

The funding is available within the team as the vacancy has been carried for a while.

There were a number of administration errors to amend:

Staff reporting structure.

Corporate information required updating.

Once these have been amended the vacancy can go out to advert.

Jochen Seidel advised Management Board that this vacancy is key for recruitment following the support to CSS and DCC throughout COVID-19.

Management Board;

Approved the Respiratory Consultant Vacancy.

MB10/08/F1 Any Other Business in Addition to Item A4

None.

MB10/08/F3 Items for escalation from Sub-Committees

- Audit and Risk Committee – No items to escalate.
- Quality and Effectiveness Committee - No items to escalate.
- Finance and Performance Committee - No items to escalate.

Management Board

Noted that there were no items of escalation from the Board Sub Committees.

MB10/08/G Date and Time of Next Meeting (Verbal)

MB10/08/G1 Date – 14 September 2020

Time – 14:00 via Star Leaf Videoconferencing - The Boardroom – Doncaster Royal Infirmary

MB10/08/H Close of Meeting (Verbal)

The Meeting Closed at 16:25

Management Board (Extended)

**Minutes of the meeting of the Management Board held in on
Monday 14 September 2020, 2.00pm via Star leaf Conferencing**

- Present Via Star leaf:** Richard Parker, OBE – Chief Executive
Jon Sargeant – Director of Finance
Karen Barnard – Director People, Organisational Development
Marie Purdue, Director of Transformation and Strategy
Dr Tim Noble, Medical Director
Eki Emovon, Divisional Director
Jochen Seidel, Divisional Director, Clinical Specialties Division
Ken Anderson – Acting Chief Information Officer
Emma Shaheen – Head of Communications and Engagement
Alasdair Strachan – Director of Education and Research
Fiona Dunn – Company Secretary
Nick Mallaband – Divisional Director, Medicine
Rebecca Joyce – Chief Operating Officer
- In Attendance:** Rosalyn Wilson, Corporate Governance Officer (Minutes)
Howard Timms, Deputy Director of Estates and Facilities
Jayne Collingwood – Head of Leadership and Organisational Development
- Apologies:** Kirsty Edmondson Jones, Director of Estates and Facilities
David Purdue, Deputy CE and Director of Nursing & AHP
Antonia Durham – Hall, Divisional Director, Surgery & Cancer Division

ACTION

MB14/09/A1 Apologies for absence

The Management Board:

- ***Noted the apologies for absence.***

MB14/09/A2 Matters Arising / Action Log

- Action 1** – Update on the Agenda item C1.
- Action 2** – To be added to Octobers Agenda.
- Action 3** – Remains on action log and agenda until risk mitigated.
- Action 4** – Agreed to be closed.
- Action 5** – To be on October’s agenda following paper to Septembers QEC.
- Action 6** – Agreed to be closed.
- Action 7** – To check if submitted and close action.
- Action 8** – To be removed under action 3.

Management Board

- Noted the actions and confirmed the closed actions.***

MB14/09/A3 Conflicts of Interest

None declared.

Richard Parker welcomed Andrew Potts to the meeting as the Deputy Director of Strategy and Transformation.

Management Board

Noted that there were no conflicts of interests to declare at today's meeting.

MB14/09/A4 Request for any Other Business

None raised for today's meeting.

MB14/09/B1 Quality and Culture (Presentation B1)

Karen Barnard and Marie Purdue presented to the extended management board an update on the work on a framework for quality and culture within the Trust and gave information on the NHS people plan that was published on 30 July 2020.

The key theme for the people plan is to have a compassionate and inclusive culture, supporting staff to work differently with an aim of recruiting more staff.

The NHS People Promise is set out in the form of the below rainbow.



- Our People Promise (the rainbow)
- Looking After Our People (wellbeing and support)
- Belonging in the NHS (diversity and inclusion)
- New Ways of Working (capturing innovation) – Qi approach
- Growing for the Future (recruit, train, retain, regain)

An online quiz was performed using www.kahoot.it hosted by Emma Shaheen.

Following the quiz the Trust 'We Care' Values were discussed and the management teams were asked for their thoughts around these during breakout group sessions. Questions asked included:

- Do we need to re-visit our We Care Values? Is it the right time?

- Are they memorable? Are they clear? How do we make them stick?
- What are the associated behaviours?
- How do we embed them in everything we do?
- How do we hold ourselves and each other to account?

It was noted that the successful implementation of the People Plan is likely to be influenced by roll modelling leadership, behaviour and engagement. With senior leaders and leadership teams taking a proactive approach. Employees need to have a voice and be listened to, in order to ensure the Trust is true to its values and behaviours.

Marie Purdue highlighted to Management board that quality improvement for the Trust requires tangible outcomes that make experiences better for staff, patient and the local population. The Trust is involving patients and carers to develop services to ensure they meet the need of the patient. The Trust priorities are:

- Supporting urgent and emergency care (children and adult)—new build front door design at Bassetlaw and implementation of the new model of UEC in Doncaster
- Discharge pathway improvement –work in Doncaster with health and social care partners
- Rapid diagnostic services
- Work with Board on processes
- Support digital transformation and Adopt and Adapt

The Trust leadership and development team have developed a new prospectus for 2020-21 which is being refreshed with virtual options.

The final breakout session was to discuss how the Trust can embed this culture. The outcomes from the discussions were collated by the facilitator based on the questions below:

1. What will the SLT do to encourage and promote QI? What development do you need?
2. How will all your teams know how their work links to the overall vision? How will you know it is contributing?
3. Do you support the proposed plan – other ideas?
4. What are your QI priorities for this year?

The management board were asked to review the Trust values and make recommendations to the Executive team on any changes they feel can be made to the 'We Care' Value.

Management Board

Discussed in detail how the Trust would move forward with the People Plan and accepted the recommended next steps.

MB14/09/B2 Stabilisation and Recovery Update COVID-19

Becky Joyce started the Stabilisation and Recovery update with a thank you to all staff for their hard work and innovations in trying to restore services back up to pre COVID-19.

The Trust activity plans would be signed off by NHS England via the ICS.

Richard Parker added that the Trusts current plans would not deliver the suggested targets but would be comparable with other providers across South Yorkshire and Bassetlaw ICS

Rebecca Joyce praised the Trust Cancer Services as they are currently the top within South Yorkshire and Bassetlaw with the 104 day waiter coming down.

MB14/09/B3 Finance Update 2020/21 (Verbal)

Jon Sargeant provided a verbal update to management board on the Trust financial forecast position up to the end of the year 2021.

The Stabilisation and Recovery Group have accrued the costs for the reinstatement of Elective Surgery.

Jon Sargeant advised management board of the ruling around possible financial penalties for the Trust around the activity plans not delivering the national targets.

The revenue position for the Trust isn't sustainable with the current contract circumstances. This has been raised by Richard Parker to the ICS.

Jon Sargeant discussed the Capital funds available to the Trust. This will include Phase Two of the COVID monies for Estates. Priorities are suggested through the Stabilisation and Recovery meeting. There is currently a gap of £3million, the Divisions are working closely with the Delivery Board so the capital is closely monitored.

Some capital has been put aside for the new MRI scanner for Bassetlaw Hospital.

Richard Parker gave a brief update on the progress being made with the proposed new build hospital.

The Government are in the final stages of announcing new builds for England.

Management Board

Noted the update on Finance 2020/21.

MB14/09/B4 Items for escalation to Corporate Risk Register (Enclosure B4)

Jochen Seidel presented the update on the risk 2380 within theatres.

The Trust fire officer has performed a risk assessment of the areas concerned.

There is a meeting due to be held on Tuesday 15 September with the Estates and theatres management team to gain an understanding of what is required and where the money will be sourced from to fund the changes required to lower the risk.

Action: Jochen Seidel and Howard Timms to provide and update at the next meeting.

JSe/HT

Management Board

Noted no other updates for Items for escalation to Corporate Risk Register.

MB14/09/B5 Winter Plan (Verbal)

Rebecca Joyce provided a brief update on the progress with the Trust Winter Plan. This is currently in development with Nick Mallaband and Jodie Roberts. The winter initiatives are being reviewed along with activity projections for A&E.

It was noted that the 111 Service have increased the number of referrals being made to A&E. Nick Mallaband is looking into this and will discuss the “*talk before you walk initiative*”.

Action: Richard Parker to raise this with the ICS the issues with NHS 111.

RP

Rebecca Joyce advised that there had been a number of wider conversations with the PLACE team around what service is being provided and how multidisciplinary team working needs to work.

Emma Shaheen discussed the recent press release from Doncaster CCG that the Health Bus will be present in and around Doncaster at prime locations to offer the Doncaster population the opportunity to have a face to face walk in appointment with a GP. The public have been responsive to this.

Ken Agwuh discussed the latest testing regimes for COVID -19 including potential supplier issues and the possibility of point of care testing used within the Trust.

Richard Parker will liaise with Sarah Bayliss for an update on the COVID kit testing supplies including point of care testing kits.

Action: Richard Parker to get an update from Sarah Bayliss on the supply of the COVID tests.

RP

Management Board

Noted The Winter Plan will remain work in progress.

MB14/09/B6 Flu Immunisation (Verbal)

Karen Barnard gave a verbal update on the Trust position around Staff Flu Vaccinations. The vaccines delivery is due this week and the vaccination programme will start using peer vaccinators with scheduled deliveries up to November.

The Trust has a PDG in place for pregnant woman and will be rolled out to that particular staff group.

It was noted that at the recent A&E delivery board there were discussions around opportunistic vaccinations and whether the Trust will take part in this once guidance on who to target is released.

Management Board

Noted the update on the Flu Immunisation.

MB14/09/C1 Recruitment of Histopathologist – Action Log Action.

Jochen Seidel gave an update on the recruitment of the Histopathologist for the Trust. The interviews are planned for 22 September and two strong candidates have applied and have made contact with the Trust. Due to the previous recruitment issues, Jochen Seidel to look at the VCF to recruit both candidates.

Action: VCF to be reviewed by Karen Barnard and Jon Sargeant to amend to post to two funded posts. **JSe**

Action: Service Level Agreement to be reviewed by Richard Parker and Sarah Bayliss at the ICS. **RP**

Management Board

Noted the update on Recruitment of Histopathologist.

**MB13/07D1 7 CIG Minutes – Standing Item
D2 Meetings Stood Down – COVID-19**

Children and Families Board - Standing Item
No approved minutes due to meeting stood down.

MB14/09/E1 Minutes of the Meeting – 10 August 2020

Recorded as accurate.

Management Board

Noted and agreed the minutes from as a true copy.

MB14/09/E2 Recruitment of 1.0 WTE Consultant Interventional Radiologist (Enclosure E2)

This post was supported by all of the Divisional Directors. Mr Pillay asked why there is only one post being recruited to and not to all the vacancies.

Action: Jochen Seidel will speak to Jas Sawhney Clinical Director for Medical Imaging and respond direct to Mr Pillay.

Management Board

Approved the recruitment of Recruitment of 1.0 WTE Consultant Interventional Radiologist.

MB14/09/E3 Replacement of substantive Consultant Paediatrician (Enclosure E3)

Mr Emovon discussed the post and advised that this vacancy is currently being covered by a Locum Consultant.

Following the QI work that has been carried out within the Paediatrics team the post is required and will reduce agency cost and will become part of the on call rota's.

Management Board

Approved the recruitment of Replacement of a substantive Consultant Paediatrician

MB14/09/F1 Any Other Business in Addition to Item A4

No other items raised to the chair to discuss.

MB14/09/F2 Items for escalation from Sub-Committees

- Audit and Risk Committee – No items to escalate.
- Quality and Effectiveness Committee - No items to escalate.
- Finance and Performance Committee - No items to escalate.

Management Board

Noted that there were no items of escalation from the Board Sub Committees.

MB14/09/G Date and Time of Next Meeting (Verbal)

MB14/09/G1 Date 12 October 2020

Time 14:00 via Microsoft Teams

MB14/09/H Close of Meeting (Verbal)

The Meeting Closed at 16:55

COUNCIL OF GOVERNORS

**Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 23 July 2020 at 15:45 to 18:00hrs
Via Starleaf Videoconferencing**

Present:

Chair	Suzy Brain England – Chair		
Public Governors	Michael Addenbrooke	Linda Espey	David Northwood
Via Starleaf	Philip Beavers	David Goodhead	
	Hazel Brand (Lead Governor)	Geoffrey Johnson	
	Ann-Louise Bayley	Beverley Marshall	
		Steve Marsh	
Staff Governors	Vivek Panikkar		
Partner Governors	Antony Fitzgerald	Victoria McGregor Riley	Clive Tattley
	Jackie Hammerton	Susan Shaw	

In attendance:

Board Members	Richard Parker OBE – Chief Executive
	David Purdue – Deputy Chief Executive and Director of NM&AHP
	Rebecca Joyce – Chief Operating Officer
	Karen Barnard - Director of People and Organisational Development
	Jon Sargeant – Director of Finance
	Dr Tim Noble – Medical Director
	Fiona Dunn Acting Deputy Director of Governance and Quality / Company Secretary
	Pat Drake, Non-Executive Director and Senior Independent Director
	Mark Bailey – Non Executive Director
	Sheena McDonnell – Non-Executive Director
	Neil Rhodes – Non-Executive Director
	Kath Smart – Non-Executive Director

In attendance:	Rosalyn Wilson – Corporate Governance Officer (Minutes)
	Katie Shepherd – Corporate Governance Officer (IT Support)
	Adam Tingle - Senior Communications and Engagement Manager
	Mark Price – NHS Providers
	Laura Ward – NHS Providers
	Kim Hutchings – NHS Providers

Apologies:

Governor	Karl Bower	Susan McCreadie	Kay Brown
Apologies	Ainsley MacDonnell	Robert Coleman	Mandy Tyrell
	Kathryn Dixon	Rupert Suckling	

Board Member	None
Apologies	

CC23/07/A1 **Welcome and Apologies for Absence (Verbal)**

Suzy Brain England, Chair to the Board welcomed the Council of Governors to the public meeting. Mark Price, Laura Ward and Kim Hutchings from NHS Providers were also welcomed. They will be observing today's meeting to help support with the Trust feedback from the Governwell Effectiveness Survey that has recently been carried out.

CC23/07/A2 **Declaration of Governors' Interests (Enclosure A2)**

No changes to the declaration of Governors' interests were noted at the meeting and no conflicts of interest for the meeting were declared.

The Council:

- ***Noted and confirmed the Declaration of Governors' Interests.***

CC23/07/A3 **Actions from previous meetings (Enclosure A3)**

Action 1 – Agreed to be closed.

Action 2 – Agreed to be closed.

Action 3 – Agreed to be closed.

Action 4 – Agreed to be closed.

CC23/07/B1 **Chief Executives Report (Presentation)**

Richard Parker welcomed the Council of Governors and thanked them for attending today's meeting. The presentation gave the Council of Governors an oversight on the past and current Trust status with the COVID-19 pandemic.

Richard Parker reflected on the past 12 months and highlighted and summarised a number of achievements:

- The Trust achieved Good CQC Rating
- Conversations have commenced regarding the possibility of the new hospital
- The Trust received the best ever staff survey results
- Sharing how we care projects with the Quality Improvement Team expanded
- The Trust broke even financially for 2019/20

Richard Parker had interactive discussions with the Council of Governors regarding the achievements over the last 12 months.

A brief update was given to allow the Council of Governors an understanding on how the Trust has been performing during COVID-19. As of the 20 July 2020 the Trust has;

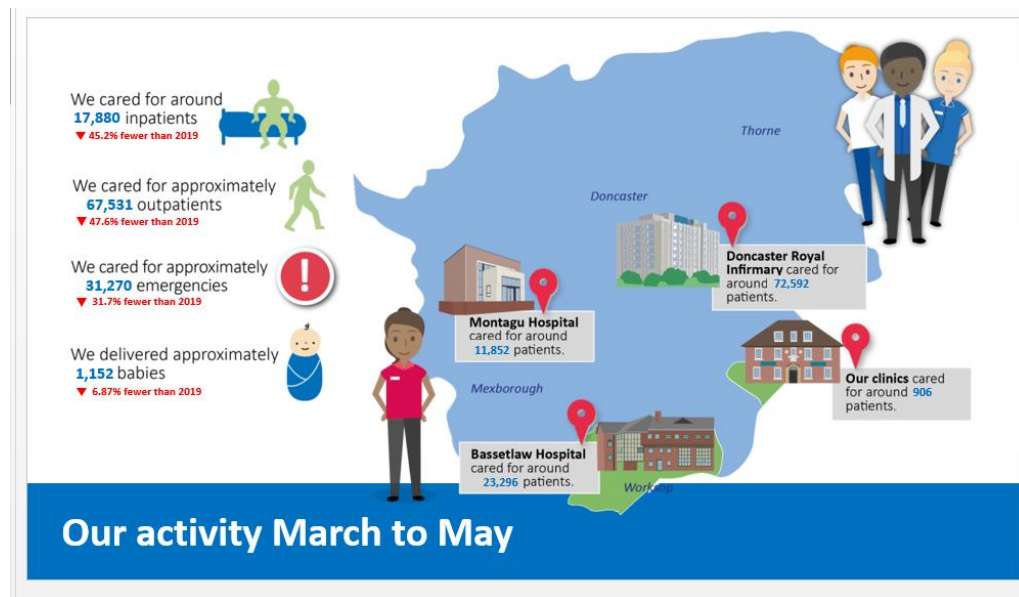
- Had a total of 63 COVID patients who had received intensive care treatment
- Discharged 475 COVID patients
- 229 patients have passed away (RIP)
- Approximately 2000 colleagues swabbed

Approximately 30000 antibody tests carried out.

Although the demand for Health Care Services was lower than anticipated the Trust has not seen any huge spikes of positive cases and the curve had also been lower than anticipated from information provided from Public Health England.

It was noted that although the Trust was reporting low new infection rates, the pace of infection rates is slower which means the COVID-19 situation will last longer than initially expected.

Richard Parker updated the Council of Governors on the Trust activity from March to May 2020 and praised staff for their continued efforts on keeping patients and staff safe through COVID-19.



The Trust has also had a number of achievements that should were mentioned:

- Thousands of items of key PPE distributed across sites with **NO** incidents of running out of key stock.
- 40,000 tests carried out by our Pathology Service.
- Over 30,000 virtual Hospital appointments taken place on digital platforms.
- 7 day operational Senior Manager Response.
- Standards of IPC remain high with regular reviews of areas and PPE.
- Regular and consistent communications to staff and general public.
- New sickens absence hotline and virtual visiting introduced during COVID-19.

Richard Parker mentioned that the STAR awards and staff praise would be recognised in a different way due to the social distancing and current situations. Plans are being drawn up to be more inclusive although remaining safe. The Trust is committed staff recognition.

The Trust is currently fundraising for Rainbow Gardens at Doncaster and Bassetlaw sites in memory of the staff members lost during COVID-19 and for an area for staff and patients to enjoy.

Richard Parker talked about the return of elective surgery and that plans are being drawn up in line with national guidance. This is a complex issue and careful thought and consideration is essential to ensure patients and staff are safe throughout.

The Trust has a number of contingencies in place due to COVID-19 which will mean that the blue and yellow areas will remain in place for some time. Trauma will remain at Doncaster Site until Bassetlaw becomes a blue site. Plans are being worked upon with Partners to look at Maternity Services returning to Bassetlaw around November 2020.

Outpatient activity has been increasing with an increase to the Radiology Capacity. Visiting restrictions will be reviewed weekly in line with the local and national guidance.

Staff will continue to wear facemasks and coverings until further guidance is issued by the Government.

Richard Parker concluded his presentation with the Trusts focus over the next few months:

- Preparing for Wave two of COVID-19 which may happen during the winter months.
- Restoration of Services.
- The Trust publication of the People Plan which will include Equality, Diversity and Inclusion.
- Refreshed NHS Plan.
- The Trust Financial and Contractual models.

Richard Parker thanked the Council of Governors for attending and welcomed any questions.

Mike Addenbrooke asked, regarding Cancer patients; they are receiving letters advising them their appointment is cancelled can the trust provide assurance that they won't be overlooked?

Richard Parker advised that the Cancer Pathway has been the most difficult to manage and that all national guidance has been followed. The Trust has maintained 4 of 6 standards.

Cllr Sue Shaw asked with Bassetlaw being made a blue site, when will the communications go out to the general public?
STAR Awards; will there be an opportunity to thank members of the public who have supported the Trust throughout COVID-19?

Richard Parker advised that discussions with 3rd parties such as EMAS, SCUBU and YAS are taking place and once confirmed the communications will go out.

Richard Parker advised that the Trust is looking into an event to thank staff and members of the public. Information will be shared at a later date.

A question was asked regarding the PPE that is required to resume surgery; is the equipment is sterile?

Richard Parker advised that there is enough sterile PPE available to carry out surgical procedures. The wards have been using gowns that meet the required IPC requirements and arrangements in place allowing the Sterile gowns to be used for surgical procedures.

Becky Joyce also added that all trauma group and 2 week wait are now being seen.

David Goodhead asked about the emergency patient presentation and the figure of a 30% decrease in attendance.

Richard Parker responded that the Trust is also concerned about the number of patients presenting in the ED as the Trust noted patients with high level health conditions were also down.

Richard Parker updated Council of Governors regarding the proposed new build Hospital. The Trust is hoping to hear the decision outcome regarding the new hospital build at the end of July, but understands with the current National situation this may be delayed. The Trust is aware that Matt Hancock, Health Secretary, previously asked to come and open the new CT suite and had agreed to revisit. He may combine his visit when he comes to meet Rosie Winterton MP as she is the MP for the locality on where the new build site is proposed.

CC23/07/C1

Presentation from Chair, Non-Executive Directors and Lead Governor (Presentation)

Suzy Brain England – Chair to the Board gave a brief update to the Council of Governors.

Regular meetings are being held virtually with Hazel Brand and Linda Espey. Regular update emails are sent to all Governors with a brief outline on what had been discussed.

In September the Trust will welcome the new Governors. Initial induction session will take place on the 21 September.

The Governors have now been “buddied” up with a Non-Executive Director. This is designed to increase communication links and help resolve issues raised more promptly and more personal.

The Governor Advisory Committee will be discussed at the NHS Providers national conference but details on the date for this are still to be published.

The Board are looking at ways to increasing diversity and will be looking at appointing associate Non-Executive Directors to the Board.

Hazel Brand – Lead Governor

Due to the overrun of the Chief Executive presentation, Hazel thanked the Council of Governors for their continued support and also a special thank you to Jackie Hammerton, Partner Governor who will be leaving Sheffield Hallam University and moving to Lincoln University so will no longer be a Partner Governor.

Hazel brand advised the Council of Governors that she would circulate her update to the Governors due to time constraints.

Neil Rhodes – Non-Executive Director

Neil Rhodes gave a brief update on the work the Finance and Performance Committee and what assurance the committee had been seeking. The main focus over the coming months will be supporting the Trust to be pro-active in its planning for the future post COVID-19 and ensuring that the Trust Finance position remains stable.

Pat Drake – Non-Executive Director

Pat Drake gave the Council of Governors assurance that the Quality and Effectiveness Committee (QEC) are seeking assurance from Divisions that they are safe and patient safety is not jeopardised.

The Key areas that QEC have been monitoring throughout COVID-19 are

- Risks, incidents and ‘Never Events’.
- Mortality.
- Patient Attendances.
- Discharge Arrangements.
- Personal Protective Equipment (PPE).
- Testing.
- Consenting.
- Complaints.
- Safer Staffing

From September 2020 QEC will be focusing on:

- Stabilisation and recovery - Safety and Governance.
- CQC Action Plan update.
- Appraisals.
- SET Compliance.
- BAME Colleagues and Covid-19 impact.
- QEC Workplan.

Sheena McDonnell – Non-Executive Director and Freedom to Speak Up Non-Executive Director

Sheena McDonnell updated the Council of Governors on how the Non-Executive Directors will continue to work in a virtual world and how the vision for this is currently working. Non-Executive Directors are available virtually and have been working behind the scenes on a number of projects. Sheena has been working on governor development with the Company Secretary and how this will work going forward.

Sheena McDonnell also gave a brief update on:

- Charitable Funds Committee.
- Fred and Ann Green Advisory Group.
- Ethics Committee.

Kath Smart - Non-Executive Director

Kath Smart gave an update on the highlights from the Audit and Risk Committee (ARC) since the last Council of Governors presentation:

- Unqualified opinion on the Accounts 19/20 from Ernst Young.
- Clean Value for Money opinion.
- “Substantial assurance” given by KPMG on the Head of Internal Audit opinion.
- Signed-off Trust Annual Accounts and Annual Report.

Internal Audit reports, Six issued from KPMG:

- Three substantial assurance.
- Two partial assurance.
- One consultancy review.

Kath Smart informed the Council of Governors that ARC also seeks assurance in the following areas:

- Health, Safety and Fire.
- Security Management.
- Counter Fraud.
- Information Governance.

The ARC approved the two below Trust policies at the last committee meeting:

- DBTH Standing Orders, Standing Financial Instructions & Reservation of Powers to the Board.
- DBTH Standards of Business Conduct and Employee Declarations Policy.

Mark Bailey – Non-Executive Director

Mark Bailey only started with the Trust as a Non-Executive Director in February 2020 and is not appointed as a Chair of a Committee at present. There is no requirement for him to present at today’s meeting.

CC23/07/D1

Governor Approvals

No items to approve.

CC23/07/E1

Minutes of Council of Governors held on 13 May 2020 (Enclosure E1)

There were no amendments required to the minutes. Council to approve.

The Council of Governors

- ***Approved the minutes from 13 May 2020.***

CC23/07/E2 **Minutes of the Annual Members Meeting held on 26 September 2019 (Enclosure E2)**

The Council of Governors

- ***Approved the Annual Members meeting Minutes from 26 September 2020.***

CC23/07/F1 **Questions from Members of the Public**

Questions from members or the public previously submitted prior to meeting. *NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governors post meeting.*

There were no questions submitted from the members or the public.

CC23/07/G1 **Any Other Business (Verbal)**

There were no items of any other business raised.

CC23/07/G2 **Items for Escalation to the Board of Directors**

There were no items to escalate to the Board of Directors.

CC23/07/G3 Date and time of next meeting:

Date – 11 November 2020

Time – 2.30 -5.00pm

Venue – Videoconferencing

CC23/07/H **Meeting Close 18:00.**



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 15 September 2020 at 09:15 via Star Leaf Video Conferencing**

- 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 & Allied Clinical Health Professionals (NMAHP)
Neil Rhodes – Non-Executive Director and Deputy Chair
Jon Sargeant – Director of Finance
Kath Smart – Non-Executive Director
Dr T J Noble - Medical Director
- In attendance:** Fiona Dunn – Company Secretary
Marie Purdue – Director of Strategy and Transformation
Katie Shepherd – Corporate Governance Officer (Minutes)
Emma Shaheen – Head of Communications and Engagement
- Public in attendance:** Alexis Johnson – Partner Governor (Item P20/09/B1)
Raj McNab – Public Member
Daniel Fell – CEO – Doncaster Chambers – Public Member (Item P20/09/B1)
Sue Shaw – Partner Governor (Item P20/09/B1)
Steven Marsh - Governor
Hazel Brand – Public Governor – Bassetlaw
Ann-louise Bayley – Partner Governor (Item P20/09/B1)
Clive Tattley – Partner Governor (Item P20/09/B1)
Heather Boyce – CEO – Age UK – Public Member (Item P20/09/B1)
- Apologies:** None

The Chair of the Board welcomed all in attendance at the virtual Board of Directors, and extended the welcome to the Governors and members of the public in attendance via the audience functionality.

ACTION

P20/09/A1 Apologies for absence (Verbal)

No apologies for absence were noted.

P20/09/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.***

P20/09/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 - Council Motion on Climate and Biodiversity Emergency – It had been agreed that this action would be further deferred until November 2020;

Action 2 – Strategic Director Review Workshop – Jon Sargeant and Marie Purdue had a meeting on 11/09/2020 to progress this.

Action 3 to 8 were complete and would be closed.

The Board:

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

P20/09/B1 Race Equality Code – Karl George, Managing Director of The Governance Forum

The Chair welcomed Karl George, Managing Director of The Governance Forum who was in attendance to present work which he has been progressing on a Race Equality Code. Karl presented the outline of the new proposed code which included the process for the code to become endorsed via The Chartered Governance Institute. The code would take a “apply and explain” model which would be underpinned by four key principles; reporting, action, composition and education (RACE), which would drive the change which is urgently required.

Reporting would include a clear commitment to be transparent which would include the disclosure of required and concise information on progress of RACE initiatives within the organisation. A list of the measurable actions and outcomes that contribute and enable actions to address inequalities would form part of the adoption of the code. This would include the identification of key indicators that would make a long-term impact.

Finally, it would include the development of a robust education framework that developed the ethical and moral reasoning behind a programme of development for each organisation.

It was proposed that the Trust become an early adopter of the diagnostic analysis which would provide a benefit to the Trust and the Governance Forum by contributing towards the creation of the ‘musts, shoulds and coulds’ that would form part of the codes recommendations.

Pat Drake noted that education was a key principle and would be beneficial that young people were informed of this during education, prior to employment. Karl George agreed and advised that he had meetings with a university to discuss this.

It was noted that there were 375 recommendations relating to race equality from various reports that have been reviewed, however work would be undertaken to align these so that the recommendations are focused.

Karl George informed the public Board that an example of good practice that he used in other sectors was of the workforce race equality standards within the NHS.

The Chief Executive advised that a code and diagnostic tool would include a significant input from Governors, and it was agreed that the Governors would need to be provided with a workshop on the Race Equality Code.

The Chair noted that it would be the role of the People Committee, following approval at Board, to take the lead of equality, diversity and inclusion.

Action: If the Trust's involvement in the further development of the RACE Code is supported by the Board of Directors a workshop would be organised for Governors on the Race Equality Code once more details available. KB/FD

The Board:

- ***Thanked Karl George for the presentation to the Board of Directors,***
- ***Noted the presentation on the Race Equality Code.***

P20/09/C1 ICS Update (Enclosure C1)

Pat Drake noted that prior to the Covid19 pandemic there had been challenges relating to vacancies and the provision of services across the ICS, specifically childrens surgery, vascular surgery and histopathology provision, and asked if there had been any movement on the hospital service review. The Chief Executive advised the Board that the vascular team at DBTH was stable and the Management Board had approved the recruitment of an Interventional Radiologist that would provide further support to the Vascular Team.

Recruitment to Histopathology Consultants posts had also been approved at Management Team and the Trust was committed to the creation a business case for the formation of a Pathology Partnership, with the host Trust identified as Sheffield Teaching Hospitals.

During the 1st wave of the pandemic, the Trust was supported by Sheffield Children's Hospital (SCH) to provide a resilient out-of-hours service for emergency surgery for children. The ambition still remains to strengthen the Trust's Children's Service through Hosted Network arrangements with SCH.

It was noted the ICS Update identified the impact of the halt to the retrospective top up by where providers and commissioners received additional funding to bring them to a break-even point, would be discussed in further detail at the Finance and Performance Committee on 29 September 2020.

The update also outlined the scenario testing workshop for the restoration of services and the potential for a further wave of the pandemic. Four scenarios that would be tested and the Trust would plan for the worst case scenario in terms of utilising business resilience during the winter period to ensure that the long-wait list does not deteriorate.

It was noted that most financial revenue and capital funding allocation was now managed at the ICS level and South Yorkshire and Bassetlaw had been awarded £5m from the regional capital panel as part of a bid for Covid19 diagnostic money.

One of the biggest challenges that the Trust had faced and could face during the winter period and a potential second surge of Covid19 patients was not having the ITU capacity which would be needed. The Trust's early decisions to increase ITU capacity to deal with level 2 and 3 patients had helped this as had the business case for the provision of a 2nd Oxygen VIE for the DRI site .

The workforce challenges faced in the winter period is a significant concern as the additional pressures that the Trust faced due to Covid19 are likely to reoccur. Additional measures to mitigate the risks are being developed.

Work would be undertaken at the ICS level for the management of Covid19/non-Covid19 patient pathways and the impact on patients if they unable to attend the geographical closest hospital to them is being considered to ensure that the winter plans provide the most resilient and safest services possible.

The Board:

- ***Noted the update from the ICS.***

P20/09/D2 Stabilisation and Recovery (Verbal)

The Trust was working through plans to restore activity in all areas. The next phase would include the implementation of the winter pressure plan and how it would be managed alongside Covid19.

There was a potential that an ICS ethical framework would be devised. The Trust's Ethical Committee had reviewed this and would continue to review performance reports to ensure that patients had/would be treated fairly across specialities.

Testing

An issue had been identified with the Lighthouse Covid19 testing capacity which was a system run by the Health and Safety Executive. The Trust had enough capacity for patients and current staff testing programme. However, it was noted that if the system came under pressure, patients and critical staff would be prioritised. The reinstatement of the drive through facility was being reviewed due to the increase in demand for staff testing, which was currently being undertaken via a courier service. The Trust had been asked to facilitate testing and teaching for all Care homes and therefore urgent work would take place to identify if and how this could be undertaken.

Activity

The Trust was making progress on the reinstatement of services however there was still some way to go to return to a level of pre-Covid19 activity. Good progress had been made in diagnostics, cancer and outpatients. An immediate area of focus would include the development of a 52-week breach reduction plan.

A programme of outpatient redesign was being undertaken jointly with primary care as the move to virtual clinical delivery is a significant change and is currently accounting for approximately 50% of appointments. The ethical decisions, had been, and would continue to be made at a speciality level to consider the appropriate model for the type of activity. The Medical Director advised that there was an assurance body set up on a weekly basis to review the progress of the outpatient restoration. Individual specialities and clinicians

make the decisions based on a balance of risk and benefits with oversight from the Medical Director.

Joint reviews would be undertaken with primary care to discuss whether alternative pathways are an option for long waiting patient, with involvement from the Medical Director, Chief Operating Officer and Director of Strategy and Improvement.

It was noted that the governance reporting system would be scrutinised at the Finance and Performance Committee on 29 September 2020.

The Board:

- ***Noted the information received on the Stabilisation and Recovery process.***

P20/09/D1 Finance Update – August 2020 (Enclosure D1)

The Director of Finance provided the Finance Update for month 5 which included:

- The Trust's deficit for month 5 was £616k before the retrospective top up;
- The cash balance at the end of August was £60.1m, a reduction of £3.5m from July. The decrease of cash in month was mainly as a result of paying capital invoices in month, with cash remaining high due to the Trust being in receipt of two months' worth of the block income in April;
- Capital expenditure was reported as £1.5m in month, which was £0.2m behind plan;
- The new financial regime for months 7 – 12 had not been received at the time of BOD;
- The Trust was in receipt of £1.3m to procure CT scanners and a new MRI scanner for Bassetlaw Hospital; but not received £1.5m of phase 1 Covid19 expenditure. The Trust was in receipt of £1.86m for the extension of the Emergency Department waiting area and had received £2.25m of the £2.8m bid for the HSDU area works.
- The guidance on the month 7 -12 financial framework would be crucial to understanding the full year financial plan and whether the potential deficit of £28.1m would be mitigated by national and ICS actions.

There had been no Finance and Performance Committee during August 2020 however financial performance had been circulated to the Committee in preparation for an extended pre-meet that took place on 8th September 2020.

It was noted that until the financial planning guidance was received, that accurate financial planning could not take place, and all NHS organisations were presented with similar challenges. Internally the Trust was undertaking measures to ensure that financial control was in place in a safe and transparent way.

The Chief Executive summarised that from the outset of the Covid19 response, the Trust's mission was to ensure it spent public money wisely to support patient care and safety. The Trust must emerge from 2020/ 2021 in as good a position as it can so that it can continue to perform well during 2021/22.

In previous years when the deficit for year-end was estimated the Board had been in receipt of an effective recovery plan to understand income and to highlight where the challenges would be. It was noted that the Finance and Performance Committee would discuss and consider this at the meeting on 29 September 2020.

The Board:

- ***Noted the Finance Update for August 2020.***

P20/09/D2 Performance Update – July 2020 (Enclosure D2)

The Chief Operating Officer provided the highlights of the performance report for July 2020:

- An achievement of 91.7% for 4-hour access against a national target of 95%;
- An increase in patient attendance at ED had presented a challenge with a particularly high attendance of 377 patients reported on 13th September 2020. Public communications had been sent out regarding GP access and there had been good collaborative work undertaken with the Clinical Commissioning Groups;
- RTT performance had been reported as 49.2% in July 2020 against the national target of 92%. Recovery plans were monitored via the Performance Assurance Framework through weekly service level performance meetings and Divisional Accountability Meetings;
- 157 52-week breaches had been reported for July 2020 due to the impact of Covid19 and the cumulative effect of a breach. It was expected that this would increase significantly over the coming months. An approach had been agreed to recover the position and the Chief Operating Officer would hold weekly review meetings with the most challenged areas;
- A figure of 50.04% had been reported against Diagnostic activity in month 4, which demonstrated a 14.9% improvement in performance from the previous month;
- A positive performance within Cancer Services with all two-week targets met for June 2020;
- The Stroke Unit had been awarded 'A' grade for Stroke Sentinel National Audit

It was noted that the Communications and Engagement Team do a good job in informing the public of updates, however, there is a perception that the NHS had returned to pre-Covid19 levels of activity and although there are strong signs of recovery this isn't currently the case. Elective recovery was a national challenge due to the enhanced IPC guidance around social distancing and the requirement for additional downtime between procedures. The activity plan would be strengthened so that the Trust could run through winter as sustainably as possible.

Qi methodology had been used to review discharge pathways from hospital and admission avoidance services in Doncaster. The national Hospital Discharge Service Policy and Operating Model had been published on 21 August 2020, and from this there was urgent actions required and all parties involved were working hard to implement the return of the Integrated Discharge Teams social care staff to the ward at Bassetlaw. It was noted that there had been social workers on site at Doncaster throughout the Covid19 pandemic, although in a reduced capacity.

The Board:

- ***Noted the Performance Update.***

P20/09/D3 Nursing, Midwifery and Allied Health Professional Update (Enclosure D3)

The Director of NMAHPs provided an update, which highlighted:

- The Falls Strategy was under review with one new initiative to be implemented to provide additional training for bank and agency colleagues on the needs of patients who require additional supervision;
- In August, one category-4 hospital acquired pressure ulcer was reported. It was noted that work had been undertaken with the ward staff in response to this;
- There were eight reported cases of clostridium difficile in August 2020, six of which were hospital associated/acquired. No lapses in care were identified and patients had been appropriately prescribed antibiotics. A number of actions had been identified and undertaken as part of the post infection review meeting;
- Twenty-two formal complaints had been received in August 2020, one of which related to Covid19. The new complaints process had commenced in July 2020 and would be reviewed at the Quality and Performance Committee on 29 September 2020;
- As part of the improvement work, a number of model wards would be launched based upon work which had been initially piloted on the Children Ward. The aim of the programme was to improve wards by providing meaningful information for ward teams to monitor their progress, create constructive conversations to enhance team work around improvement, and to recognise and reward success;
- The CQC visited the Trust on 24 July 2020 to assess compliance with the Board Assurance Framework for Infection Prevention and Control which identified compliance against all eleven of the criteria and no areas for improvement were identified. Since the report had been received the Chief Nurse for England's Office had contacted the Trust and would highlight the Trust in the Shared Governance National Report with specific reference to be made in relation to the work the Trust had undertaken with care homes, Public Health England and the Clinical Commissioning Groups;
- There had been learning identified through the ward accreditation audit;
- A review had been undertaken on how Allied Health Professionals had been supported during Covid19 as staff members that had moved to different areas. A support mechanism would be put into place for this;

The ward accreditation programme had re-commenced and discussions had been held with senior teams to ensure that it continued to be fit for purpose. Initial feedback identified that it was difficult to undertake but it was important for the Director of NMAHP to triangulate the information for the purpose of patient care, safety and experience. The Chair noted that Non-Executive Directors and Governors had assisted in the past with iQAT assessments and asked for an update on how in a virtual world this could be undertaken. The Director of NMAHP advised that a proposal to align the Non-Executive Directors to Divisions had been devised which would link Governors to their designated Non-Executive Director buddy. This would include a virtual walk around.

The Chief Executive advised that during the Covid19 response that wards became different areas in relation to what was reported prior to the pandemic and therefore should be taken with a degree of caution until they were more balanced with clinical acuity, the response to Covid19 and the use of PPE.

The Board:

- ***Noted the information in the Nursing, Midwifery and Allied Health Professional Update.***

P20/09/D4 Medical Director Update (Enclosure D4)

The Medical Director provided an update to the Board which highlighted:

- The crude mortality rate increased rapidly in March 2020 at the start of the pandemic reaching a peak in April 2020 when the full impact of Covid on deaths occurred. It had reduced during July 2020;
- There had been a significant change in overall Trust activity during the Covid19 period mostly due to cancellation of elective work. It was recognised that the HSMR model was designed on the basis of historical deaths over a ten-year period and therefore may not be helpful in a situation where there was a sudden rise in deaths nationally;
- During the pandemic the Medical Examiner process, which had been vital in ensuring oversight of the quality of care delivered, was maintained;
- A Trust acute physician had commissioned his daughter to paint a portrait of Dr Medhat Atalla who sadly passed away due to Covid19, which had been presented to the Trust and provided a fitting tribute from a colleague who had worked with Dr Medhat Atalla for many years;
- An in house prescribing app was being developed to provide an opportunity to prescribe to patients following telephone consultations;
- The August Junior Doctors induction was a successful event;
- Medical recruitment had recommenced with a number of posts to recruit to in areas such as histopathology, anaesthetics, paediatrics and respiratory;
- An expectation that there would be a Covid19 vaccination available in quarter 3, however this is not confirmed;
- Routine activity had increased in the safest possible way for both patients and staff with an acceptance that there would be challenges to the return to higher levels of activity.

It was noted that in light of the national rise of Covid19 infections that care homes in the Doncaster and Bassetlaw area the Infection Prevention and Control Team had provided a robust training programme to some care homes.

It was requested that an outline of the proposed Medical Director Office structure be provided at the next Board meeting.

A discussion took place regarding the engagement of senior and middle grade medical colleagues in the understanding of the NHS business systems/models which would provide a resolution to the understanding of grip and control. It was noted that the Non-Executive Directors would be happy to provide coaching/mentoring in support of senior leadership and development.

Action: The Medical Director would include the proposed new structure of the Medical Director Office during the Medical Director Update Report for October 2020. TN

The Board:

- ***Noted the Medical Director Update***

P20/09/D5 People and Organisational Development Update (Enclosure D5)

Workforce Report

The Director of People and Organisational Development presented the Workforce Report for month 4 which highlighted:

- Normal reporting for statutory and essential training had resumed and the Trust was maximising the amount of training that could be undertaken electronically. Resuscitation and Manual Handling Training would continue to be face-to-face delivery;
- The reporting of appraisals would commence in September in line with the introduction of a wellbeing appraisal;
- The number of staff and staff household members requiring Covid 19 tests had increased. At the time of the meeting there had been 2 positive cases. Further detail would be provided at the Finance and Performance Committee and the Quality and Effectiveness Committee on 29 September 2020;
- The flu vaccination programme would commence on 21 September 2020 for all Trust, bank and agency colleagues and learners, moving to all colleagues as soon as possible;
- A flu vaccination pathway had been agreed for maternity staff to administer vaccine as part of antenatal care, however a plan for opportunist vaccinations of patients had not been confirmed as there were other factors to consider as part of the process including how GPs were informed of the vaccination, the quantity of vaccinations orders and who would administer the vaccinations.

It was noted that a further submission had been made to NHSI/E in respect of the number of Covid19 risk assessments undertaken. The Trust had reported that 95% of all staff had been offered a risk assessment through the personal circumstances form, 97% of staff of a higher risk had a risk assessment undertaken, and 96% of BAME staff had a risk assessment undertaken. Some staff had chosen not to complete the proforma as it couldn't be made a requirement to do so, however it was noted that discussions would be undertaken with staff through the wellbeing appraisal.

People Plan Update

The interim NHS People Plan had been published in July 2020, and it reflected the clear impact that Covid19 had had, and therefore provided NHS organisations with a workforce strategy for the following 18-months as opposed to the original planned five-year plan. This would be published during 2021.

The interim NHS People Plan had four chapters of focus:

- Looking after our people including the NHS People Promise,
- Belonging to the NHS,
- New ways for working and delivering care,
- Growing for the future.

A discussion had taken place at the Management Board on 14 September 2020 regarding a refresh of the organisational values and the general sense was that they should remain as 'We Care' as this resonates with staff. The CQC also made positive reference to the Trust's values during their most recent report. However, it was noted by the Management Board that the 'We Care' statements could be made shorter so that they were more memorable by staff and therefore further work would be undertaken.

It was noted that the staff survey would morph into the headers as outlined within the NHS People Promise and would therefore present a slight change in staff survey for 2020.

The Trust would also reframe the “Develop Belong Thrive Here” offer to ensure that there was context across the range of people priorities.

The Chief Executive noted that historically that there had been two Board sub-committees that had oversight of the workforce agenda: Finance and Performance Committee and the Quality and Effectiveness Committee, and therefore the People Committee proposal (later on the agenda) would provide an opportunity to focus on the people offer.

It was noted that these changes would form discussions within the newly proposed People Committee and in line with a refresh People Strategy which would be an easy to read document for staff and potential colleagues of the Trust’s offer.

The Board:

- ***Noted the information in the People and Organisational Development Update***

P20/09/D5 Safer Nursing Care Tool Update (Enclosure D6)

The Board received the update on the nursing workforce for adult inpatient areas report.

The skills mix for inpatient areas (excluding the department of critical care) was noted as 54% for registered nurses against 46% for healthcare assistants, which against a national level was benchmarked as lower. The Director of NMAHPs advised that a review was underway on the skill mix ratio to ensure that there were the right staff in the right areas. The Chief Executive noted that no ward should slip to a ratio of 55% registered nurses against 45% healthcare assistants as this would mean that medicines could not be administered in line with policy.

The ward accreditation tool was under review to identify the effectiveness of it, and the Safer Nursing Care Tool would underpin this to that the Board could be assured of the process.

The Board:

- ***Noted the Safer Nursing Care Tool Update.***

P20/09/E1 People Committee (Enclosure E1)

It was proposed that there be a creation of a new Board sub-committee that would, on behalf of the Board, have a clear focus on the assurance issues related to the Trust’s workforce, including the creation and delivery of the Trust’s People Plan which would include, but was not limited to:

- The delivery of the Human Resource services – ‘Pay and Rations.’ and new ways of working;
- Equality, Diversity and Inclusion;
- Belonging to DBTH - staff feedback and survey results;
- People and organisational development; succession planning, stronger teams, effective management, living and learning;
- The health and wellbeing support offer – Freedom to Speak Up.

The Chair advised the Board that Sheena McDonnell would chair the People Committee and Mark Bailey would take over as chair of the Charitable Funds Committee.

The Director of Finance noted that Executive Directors were member of all Committees with the exception of the Audit and Risk Committee. It was agreed that this would be consistent in the implementation of the People Committee.

The Board:

- ***Approved the introduction of a People Committee.***

P20/09/E2 Associate Non-Executive Director Role (Enclosure E2)

The Workforce Race and Disability Equality Standards included an analysis of the proportion of our Board who were from a BAME background and who have a disability. The data related to 31 March 2020 was included in a separate report to the Board this month in readiness for publication. Members would note a lack of representation of Board members from those two protected characteristics, although there was some information missing from staff' records. You would note in that report a range of actions have commenced in order to improve representation across all levels of the organisation.

In order to build capacity at Non-Executive Director level from diverse groups it was proposed that the role of an Associate Non-Executive Director be introduced. This would be a non-voting developmental role and would be required to ensure the role was distinguishable from the Non-Executive Director colleagues at Board and Committee meetings in order to ensure they don't de facto become Board members. It was proposed that appointees would receive an honorarium to cover expenses of up to £3,000 rather than a level of remuneration. Appointees would have access to a development plan to support any aspirations they may have to become a Non-Executive Director at a future time. It was noted that an appointment as an Associate NED does not give any preferential access to a future NED role.

The Board were asked to approve the introduction of the role of Associate Non-Executive Director in order that the recruitment process can commence. The Board approved this.

The Board:

- ***Approved the introduction of an Associate Non-Executive Director role.***

P20/09/E3 Workforce Race Equality Standard / Workforce Disability Equality Standard (Enclosure E3)

The Standard NHS Contract mandates that all NHS provider organisations implement the Workforce Race Equality Standards (WRES) and the Workforce Disability Standards (WDES) which were clearly linked to patient care and safety. All NHS providers were expected to show progress against a number of indicators of workforce equality and disability.

The key messages from our DBTH WRES and WDES data are:

- BAME colleagues were less likely to enter formal conduct process compared to white colleagues;
- Within non-clinical roles the highest numbers of BAME colleagues were in pay bands 1 and 2. In Clinical roles the majority of BAME colleagues sit in Bands 2 and Band 5. This would suggest Health Care Assistant roles and Band 5 Registered Nurses roles.

- Consultant and Non Consultant career grade doctors had a much higher representation of BAME colleagues.
- There were low numbers of applicants shortlisted for jobs from both BAME (142 applicants) and people with a disability (51 applicants)
- Disabled applicants had a 0.33 chance of successful appointment from shortlisting (17 shortlisted applicants in total) compare to 0.77 for non-disabled people.
- BAME applicants had a 27.5% chance of successful appointment from shortlisting. This was a slight improvement as compared to 2019. There was also a rise in the number of applicants shortlisted (107 in 2019 compared to 142 shortlisted applicants in 2020)
- White colleagues were 1.28 times more likely to be appointed compared to BAME colleagues
- Across the organisation 93.6% of disabled people were in Band 1 – 7 roles. With 83% of disabled colleagues in non-clinical roles in bands 1-4 and 90.76% of disabled clinical colleagues sitting were in bands 2-6.
- Disabled colleagues were not more likely to capability process compared to non-disabled colleagues.
- There were no disabled colleagues in formal capability processes.

A high level action plan which captured the proactive work the Trust would focus on in the next 12 months were to make positive strides on this agenda. It was important to note that the '**We were the NHS: People Plan 2020/21 action for us all**' would be a key enabler for this work with its strong focus on Looking after our people, Belonging to the NHS, New ways of working and delivering care and Growing for the future.

The key areas within the action plan were:

- the appointment of an Equality, Diversity and Inclusion lead with interviews scheduled for 2 October;
- the introduction of staff networks - first meeting of the LGBTQ+ network held in September and discussions held with senior BAME staff in August and the identification of a chair for that network;
- improvement of the data held on colleagues;
- refresh of Equality, Diversity and Inclusion training for colleagues and managers;
- implementation of the reciprocal mentoring programme and moving forward programme;
- review of the absence policy,
- The introduction of the Associate NED role.

It was noted that the staff survey would act as an indicator to highlight what areas would need to be addressed.

The Board:

- ***Noted the information in the Workforce Race Equality Standard / Workforce Disability Equality Standard submission.***

P20/09/F1 Estates Returns Information Collection (ERIC) Return (Enclosure F1)

There were no additional comments from the Board.

The Board:

- ***Approved the Estates Return Information Collection Return 2019-20.***

P20/09/F2 Award Recommendation Report (Enclosure F2)

There were no comments.

The Board:

- ***Noted the Award Recommendation Report.***

P20/09/G1 Director Register of Interest (Enclosure G1)

The Company Secretary presented the Director Register of Interests which was required at Board on an annual basis.

Sheena McDonnell noted that she had an additional interest to declare and would email it to the Trust Board Office.

Kath Smart advised that the declaration of interest report was reported to the Audit and Risk Committee and noted that there were specific areas in the organisation that have not met compliance for this. The Company Secretary would provide an update report at the Audit and Risk Committee on 22 October 2020 on the progress of medical staff declarations.

The Chief Executive advised that the Medical Director had written to senior medical staff to emphasise the importance of declarations and information on the requirements had also been circulated.

The Board:

- ***Noted the information in the Director Register of Interest.***

P20/09/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)

Finance and Performance Committee – 21 July 2020

No questions were raised.

Quality and Effectiveness Committee – 21 July 2020

No questions were raised.

The Board noted the update from the:

- ***Finance and Performance Committee on 21 July 2020***
- ***Quality and Effectiveness Committee on 21 July 2020***

P20/09/G3 Finance and Performance Committee Annual Report (Enclosure G3)

There were no comments.

The Board:

- ***Noted the information in the Finance and Performance Committee Annual Report***

P20/09/G4 Quality and Effectiveness Committee (Enclosure G4)

There were no comments.

The Board:

- ***Noted the information in the Quality and Effectiveness Committee Annual Report.***

P20/09/G5 Trust Constitution (Enclosure G5)

The Trust is required to have a constitution which sets out how it was constituted, how it made decisions and to whom it was accountable. It was based on NHSE/I core constitution statutory guidance issued in 2014. Some of the provisions were required by law while some were discretionary.

The Constitution is required to be reviewed in full every three years. The last review was in January 2018.

Since then, a number of changes had been discussed in various fora including informal and formal governors meetings.

The key changes to the documents were:

- “He” being changed to “s/he” throughout the documents,
- “board of Governors” changed to “Council of Governors”,
- Incorrect “section” cross references amended,
- Deletion of repeated paragraphs where applicable.

There were no changes made to roles, powers or duties and it there does not require ratification at the Annual Members Meeting.

The revised Trust Constitution had been circulated to the Board of Directors and the Council of Governors to review and for comments.

Neil Rhodes noted an amendment to be made to Page 12, Paragraph 14.1.4 to include ‘reference to 2.5. in Annex 5’.

The Board:

- ***Approved the revised Trust Constitution subject to the amendment to be made to Page 12, Paragraph 14.1.4.***

P20/09/H1 -H9 Information Items (Enclosures H1 – H6)

The Board noted:

- *The Chair and NEDs Report;*
- *The Chief Executives Report;*
- *Minutes of the Finance and Performance Committee – 30 June 2020;*
- *Minutes of the Quality and Effectiveness Committee – 26 May 2020;*
- *Minutes of the Management Board Meeting – 13 July 2020;*
- *Minutes of the Public Council of Governor Meeting – 13 May 2020.*

P20/09/I1 Minutes of the Meeting held on 21 July 2020 (Enclosure I1)

The Board:

- *Received and Approved the Minutes of the Public Meeting held on 21 July 2020.*

P20/09/I2 Any Other Business (Verbal)

None

P20/09/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/09/I3(i) Hazel Brand

The Lead Governor asked on behalf of the Council of Governors

1. Share Race Equality Code (item B1) with governors and great to hear that governors can be part of an early adopter, if the Board decides to pursue this.

It was agreed that a presentation would be arranged for Governors to receive the information on the Race Equality Code.

2. Kath Smart raised the point about public perceptions. Comment from a governor, who had been impressed with all the training and online communication; I've also been impressed with communications out to the public. She would like to see more communication about how we were getting through waiting lists now, similar style to the numbers used for COVID patients. I think it would instil confidence to the public, particularly on Facebook.

This was noted.

3. Richard and Jon have commented on Pathology, and it's in the ICS report. In the media Test & Trace had been called a shambles, and there were reports of insufficient supplies of the necessary reagent to carry out the tests. What was the situation for patients from Doncaster and Bassetlaw? Can they get a test if required?

The Chief Executive advised that the testing described in the media was lighthouse testing in which members of the public can receive a test off site, following a telephone call to a central organiser. It had been identified as problematic due to structure and support being diverted to other areas that required it. The NHS lab provision for testing had performed well throughout the pandemic with significant increases in capacity and the CEO and BOD formally record our thanks to the staff involved.

4. Becky had given some figures on the return to normal – could these figures be included in the minutes or sent to governors? Against various measures in the Performance Exception Report, performance was below expected targets – for obvious reasons. How do these performance levels compare with other FTs? In other words, these were national issues and DBTH patients were not unduly disadvantaged.

It was confirmed that the performance figures were included within the Integrate Quality and Performance Report to Board on a monthly basis.

5. Very clear paper and accompanying slides on the NHS People Plan but could this be a topic of a briefings for governors at some point. Also on the role of the Medical Examiner?

It was agreed that a presentation would be arranged for Governors to receive the information on the NHS People Plan.

6. People Sub-committee – there was no mention of having a governor (or 2) as observers, although the Chair and I had discussed this in our online meeting last week. Can we have confirmation that governors would be involved?

It was noted that there would be Governor representation at the People Committee.

7. Was there an upper limit on the number of Associate NEDs?

It was noted that there would 2 positions recruited to.

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/09/I4 Date and Time of Next meeting (Verbal)

Date: Friday 23 October 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- ***Noted the date of the next meeting.***

P20/09/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.***

P20/09/J Close of meeting (Verbal)

The meeting closed at 13:15.



Suzy Brain England
Chair of the Board

Date
9th October 2020