

**Board of Directors Meeting Held in Public
To be held on Tuesday 17 November 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	QUALITY AND EFFECTIVENESS				09:45
B1	Nursing, Midwifery and Allied Health Professionals Update	DP	Note	B1	10
B2	Medical Director Update	TN	Note	B2	10
B3	Radiology Network	RP	Note	Verbal	10
C	PEOPLE AND ORGANISATIONAL DEVELOPMENT				10:15
C1	Our People Update	KB	Note	C1	10
C2	Report From Guardian for Safe Working	KB	Note	C2	10
BREAK 10:35 – 10:45					
D	FINANCE AND PERFORMANCE				10:45
D1	Performance Update – September 2020	RJ	Note	D1	10
D2	Finance Update – October 2020	JS	Note	D2	10
D3	Covid19 Operational Update	RJ	Note	Present	10
D4	Winter/Covid19 Plan	RJ	Note	D4	10

D5	EU Exit Update	RJ	Note	D5	10
D6	Financial Regime	JS	Note	Verbal	10
BREAK 11:45 – 11:55					
E	STRATEGY AND ASSURANCE				11:55
E1	Chairs Assurance Logs for Board Committees:		Note	E1	5
	i) Audit and Risk Committee – 22 October 2020	KS			
	ii) Finance and Performance Committee – 27 October 2020	NR			
	iii) People Committee – 3 November 2020	SM			
F	GOVERNANCE AND ASSURANCE				11:50
F1	Corporate Risk Register	FD	Note	F1	5
F2	Use of Trust Seal	JS	Note	F2	
G	INFORMATION ITEMS (To be taken as read)				11:55
G1	Chair and NEDs Report	SBE	Note	G1	5
G2	Chief Executives Report	RP	Note	G2	5
G3	ICS Update	RP	Note	G3	
G4	Minutes of the Finance and Performance Committee – 29 September 2020	NR	Note	G4	
G5	Minutes of the Audit and Risk Committee – 16 July 2020	KS	Note	G5	
G6	Minutes of the Management Board Meeting – 12 October 2020	RP	Note	G6	
G7	Minutes of the Council of Governors Meeting – 24 September 2020	SBE	Note	G7	
G8	Procurement Policy	JS	Note	G8	
H	OTHER ITEMS				12:05
H1	Minutes of the meeting held on 23 October 2020 (pre-approved by the Board of Directors)	SBE	Note	H1	
H2	Any other business (to be agreed with the Chair prior to the meeting)	SBE	Note	Verbal	
H3	Governor questions regarding the business of the meeting (10 minutes)*	SBE	Note	Verbal	10

H4	Date and time of next meeting: Date: Tuesday 15 December 2020 Time: 09:30 Venue: StarLeaf Videoconferencing	SBE	Note	Verbal
H5	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

I	MEETING CLOSE	12:15
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***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:

Katie Shepherd

Updated:

23 October 2020



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

Action Log

A3

Meeting:	Public Board of Directors	KEY	
Date of latest meeting:	23 October 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 TBC	Update 19/05/2020 – It was agreed that Karen Barnard would liaise with Kirsty Edmondson-Jones to organise a Board Workshop on this topic. 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. Update 09/09/2020 – The item would be deferred until November 2020. Update 11/11/2020 – A workshop was due to take place on 23 October 2020 however this was postponed until further notice.
2.	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 November 2020	Close. This was included within the Medical Director’s Update.

Action notes prepared by: Katie Shepherd
 Updated: 23 October 2020

3.	P20/10/D1	Falls Trends - Information on trend patterns would be included in the Falls section of the Director of Nursing, Midwifery and Allied Health Professionals update to Board.	DP	November 2020 December 2020	Update: This information would be included in the December report.
4.	P20/10/D2	Interest Declaration Form - Action was required from the Medical Director to improve the compliance of the completion of the 'interest declaration form' by the medical staff group. A plan to achieve an improved position would be included in the Medical Director Report for November 2020.	TN	November 2020	Close. This was included within the Medical Director's Update.
5.	P20/10/D4	Absence Data - Further analysis of absence data would be presented to the People Committee to identify the different types of absence.	KB	November 2020	Close.



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

Title	Quality and Patient Experience Report		
Report to	Board of Directors	Date	17.11.2020
Author	David Purdue, Chief Nurse		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	x	
	Information		

Executive summary containing key messages and issues

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. It is essential that we listen and learn from our patients, visitors and staff to ensure we deliver our aim to be an outstanding organisation.

This report highlights the key patient safety, quality and experience performance against the Trusts outcome measures in October 2020

The report provides assurance against the CQC Patient First Programme for winter resilience.

The report introduces a new research study the Trust is partaking in to improve the care given to patients and staff.

Key questions posed by the report

Is the Trust Board assured that the actions being undertaken are meeting the quality objectives for the Trust

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.

Nursing Midwifery and AHP Board Report October 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.

Patient Safety

Serious Incidents

There have been 3 Serious Incidents for care issues reported in October.

The total number of serious incidents, for care issues, year to date is 13.

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 137 falls reported in October which is the highest number in month, year to date. 3 of these falls resulted in severe harm to the patient and 1 moderate harm.

Learning from the falls review panel:

1. Low Beds-review if a low bed would be appropriate to help maintain safety and prevent injury if a patient's condition has changed and/or if enhanced supervision (red or purple) required is not achievable. A low bed may help minimise the risk of injury. Encourage the question to be asked in safety huddles/handover/communication within teams.
2. Staff knowledge and understanding of 'Enhanced Supervision'-please ask/check staff who are assigned to provide enhanced supervision (red or purple level) understand the role and responsibilities. Please use the attached document to share the key information staff need to know if they are providing these levels of supervision to patients.
3. Update of the Supervision Assessments/Safety Sides Assessment and Enhanced Care Plan-if a patient's condition has changed, update the assessments to reflect this asap.
4. Enhanced Supervision-consideration and documentation of limitations and 'next best' options implemented if assessed level of supervision is not achievable.
5. Clear communication and planning for Enhanced Supervision-Use Safety Huddles/Ward communication tools to be clear who is assigned to provide supervision to which patients and timescales each member of staff is to do this /rotate staff throughout the day.

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 80 HAPU (category 2 and above) reported in October. Of these, nine were category 3 HAPU.

This takes the total numbers of HAPU (category two and above) reported, year to date to 447.

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.

Infection Prevention and Control

Clostridium difficile

There were four cases of Clostridium difficile in October, of which 2 were hospital associated, hospital acquired (HOHA) and 2 were community onset, hospital acquired. This takes the number of cases, year to date to 35, split as 27 cases of HOHA and 8 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 antibiotic pathways for Covid is agreed and in place.

Covid 19 Nosocomial Infection

Minimising nosocomial spread of Covid 19 in hospitals remains a key outcome for the Trust and NHSE/I. Key to this is maintaining the principles identified in the Board Assurance Framework for IPC. Any outbreaks involving either patients or staff need to be reported to Public Health England. The management of patients has been more problematic due to patients not having Covid symptoms but then having a positive test. Patients are now only classed as being Covid secure when they have a 5 day negative swab.

Examples of good practice and learning shared with Public Health England

All patients on our patient administration system - CAMIS – who are positive have a report that is run daily that allows us a "heads-up should these patients get re-admitted into the Trust and allows for the correct pathways to be followed.

Ward managers receive a notification on all admitted patients whose admission screen negative for Covid to request them sending repeat day 5 swabs

The Trust developed a tagging system on "Nerve Centre" to identify all patients who have been a contact of a known positive case so can be tracked to avoid cohorting with other patients with known two negative Covid 19 swabs.

Patient Experience

38 formal complaints were received in October, with a year to date (1 April to 31 October) figure of 191 formal complaints.

Top themes received were communication, staff attitude and behaviour and treatment.

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 Winter Assurance

The CQC completed the Trust structured assurance interview on the 21st of October, to assess the Trusts preparedness for winter.

The interview was structures along the key lines of enquiry.

Safe

- How do systems, processes and practices keep people safe and safeguarded from abuse?
- How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Responsive

- Do services take account of the particular needs and choices of different people?
- Can people access care and treatment in a timely way?

Well-led

- Is there leadership capacity and capability to deliver high-quality, sustainable care?
- Is there a culture of high-quality, sustainable care?
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- Are there clear and effective processes for managing risks, issues and performance?
- Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?
- Are there robust systems and processes for learning, continuous improvement and innovation?

Following the meeting the Trust has not been required to submit any further information and the CQC were assured by the responses given.

Magnet for Europe Research

The Trust has been chosen to take part in the Magnet for Europe Study, following the positive work that has been undertaken by the quality improvement teams.

A Workplace Organisational Intervention to Improve Hospital Nurses' Mental Health

The pervasiveness and growing levels with which mental health morbidity is reported by healthcare professionals is a matter of concern. Underlying causes are frequently rooted within the work environment. In the United States, implementing the Magnet© model of organizational work redesign for nurses in hospitals has been associated with improved mental health, reduced burnout and turnover and improved patient outcomes, yet the model has not been implemented at scale in Europe. The aim of the EU-funded Magnet4Europe study is to transfer, modify, scale up, and evaluate the Magnet© model in 60 European hospitals in 6 countries (Belgium, England, Germany, Ireland, Norway, Sweden) between 2020 and 2023. The intervention involves the following: implementing hospital-wide change via a bundle of organisational measures as stipulated in the Magnet© manual, facilitated by one-to-one twinning with 60 Magnet© recognized U.S. hospitals, a European learning collaborative for hospital managers, and a critical mass of hospitals promoting innovation to attract public interest and foster replication. Magnet4Europe uses a usual-practice wait-list cluster randomized trial (RCT) to determine the effect and costs of Magnet© hospital organizational redesign on nurse health outcomes and wellbeing, with burnout as the primary outcome, using validated instruments. Secondary outcome variables include staff well-being and turnover. In addition, the implementation of the intervention is evaluated using a nested mixed-methods process evaluation, based on focus groups and individual interviews with a selection of hospitals in the participating countries. Analyses will be based on quantitative (RCT) and qualitative methods (process evaluation) and a triangulation of the findings

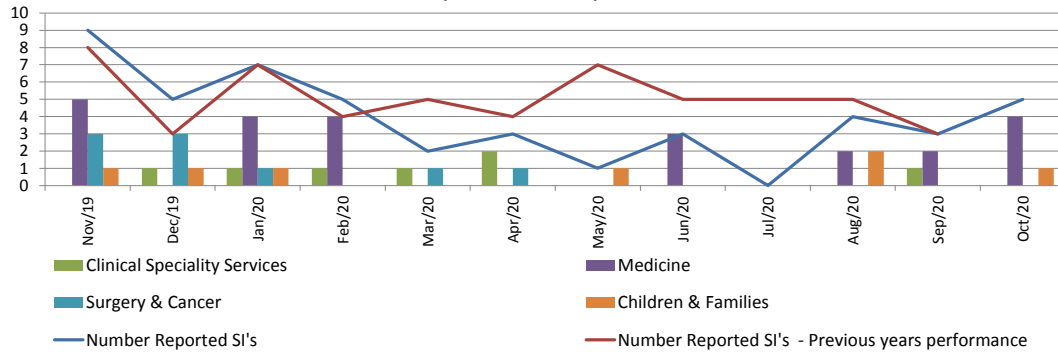
Serious Incidents - October 2020 (Month 7)

(Data accurate as at 06/11/2020)

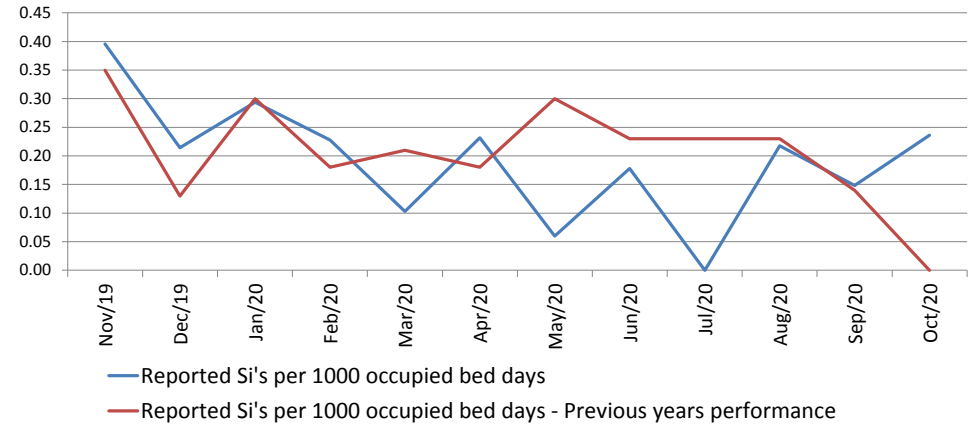
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

Overall Serious Incidents

**Number Serious Incidents Reported
(Trust & Divisions)**



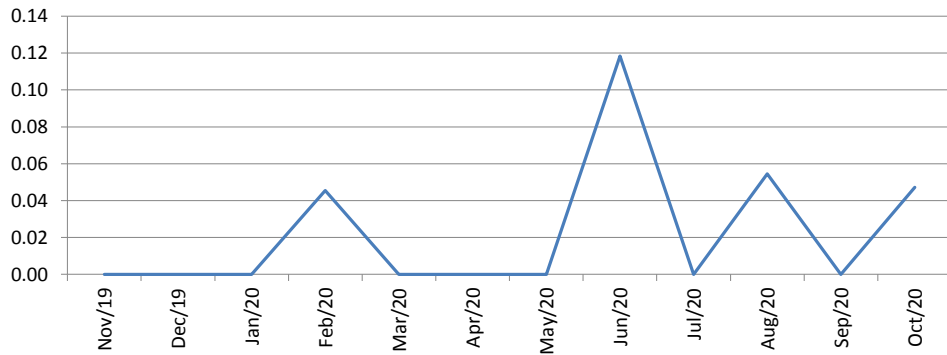
Serious Incidents per 1000 occupied bed days



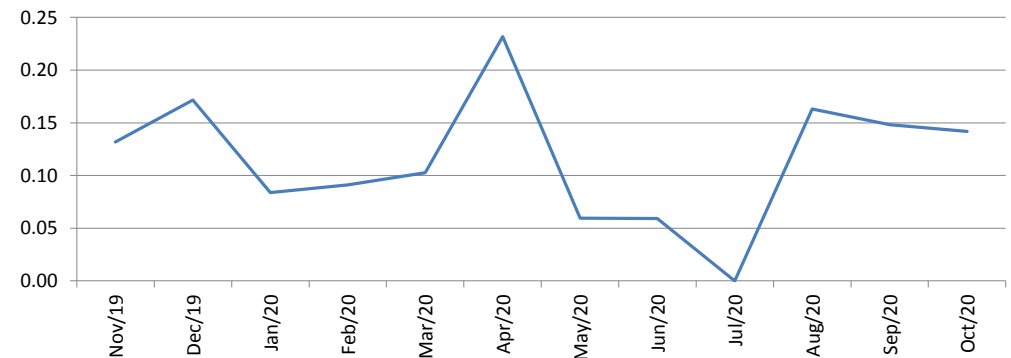
Current YTD reported Si's (April-Oct 20)	19	Number reported Si's (Apr-Oct 19)	34
Current YTD delogged Si's (April-Oct 20)	0	Number delogged Si's (Apr-Oct 19)	3

Themes

Serious Falls per 1000 occupied bed days



Care Issues per 1000 occupied bed days

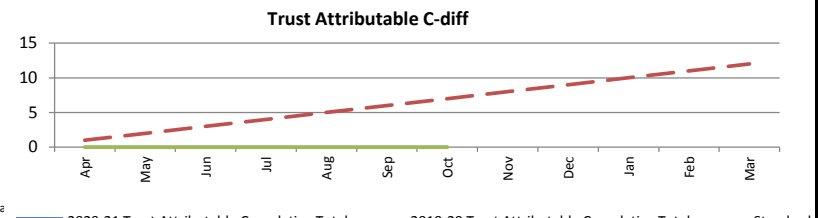
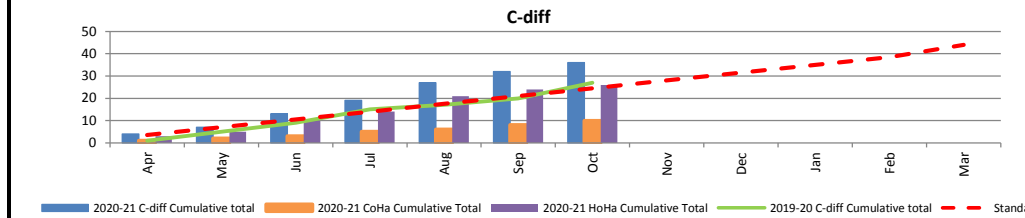


Infection Control C.Diff - October 2020 (Month 7)

(Data accurate as at 12/11/2020)

	Standard	Qtr 1	Qtr 2	Oct	YTD
2020-21 Infection Control - C-diff	44 Full Year	13	19	4	36
2019-20 Infection Control - C-diff	39 Full Year	9	11	7	27
2020-21 Trust Attributable	12	0	0	0	0
2019-20 Trust Attributable	12	0	0	0	0

	Qtr 1	Qtr 2	Oct	YTD
HOHA	10	14	2	26
COHA	3	5	2	10

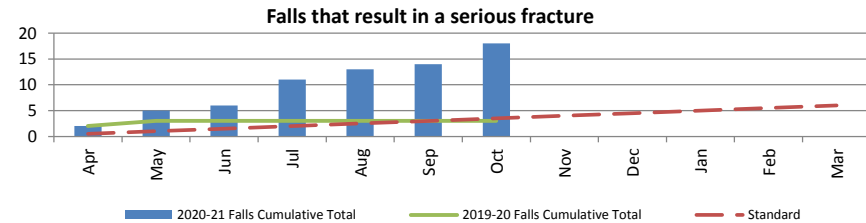


Pressure Ulcers & Falls that result in a serious fracture - October 2020 (Month 7)

(Data accurate as at 10/11/2020)

	Standard	Qtr 1	Qtr 2	Oct	YTD
2020-21 Serious Falls (moderate/severe harm)	6 Full Year	6	8	4	18
2019-20 Serious Falls	10 Full Year	3	0	2	5

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

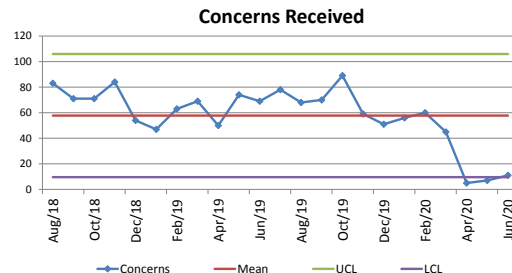
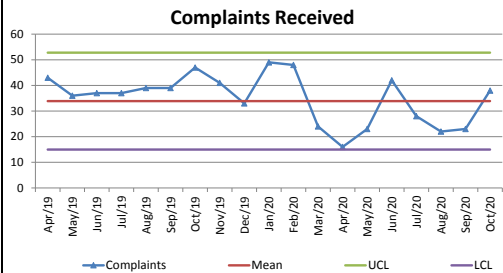


	Standard	Qtr 1	Qtr 1	Oct	YTD
2020-21 Pressure Ulcers	56 Full Year	192	175	80	447
2020-21 Pressure Ulcers (Cat 4)		0	1	1	2
2020-21 Pressure Ulcers (Cat 3)		17	10	9	36
2020-21 Pressure Ulcers (UNS/DTI Low Harm/Cat 2)		175	164	70	409

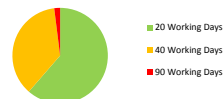
Complaints & Claims - October 2020 (Month 7)

Data accurate as at 09/11/2020

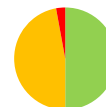
Complaints



October 2020 Complaints Received Risk Breakdown

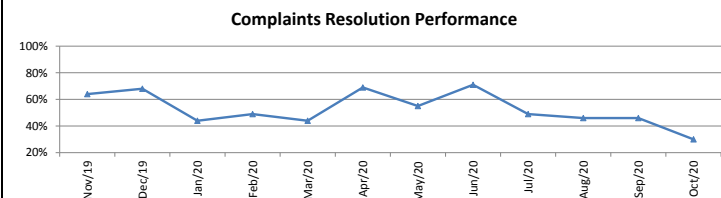


Year to Date Complaints Received Risk Breakdown



Complaints - Resolution Performance (% achieved resolution within timescales) Complaints Closed - Outcome

Parliamentary Health Service Ombudsman (PHSO)

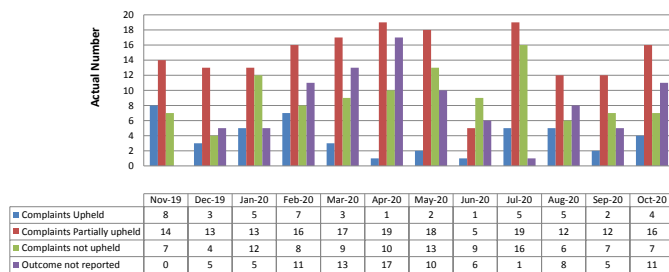


Month	Number of cases referred for investigation	Number Currently Outstanding
Oct-20	0	4

Please note: Performance as a percentage is calculated on the cases replied and overdue, compared to the due date. Any current investigations that have not gone over deadlines are excluded data.

	Number referred for investigation YTD	Outcomes YTD												
2017/18	7	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>3</td></tr> <tr><td>Not Upheld</td><td>1</td></tr> <tr><td>No further Investigation</td><td>0</td></tr> <tr><td>Case Withdrawn</td><td>0</td></tr> <tr><td>Not Investigated</td><td>3</td></tr> <tr><td>Outstanding</td><td>0</td></tr> </table>	Fully / Partially Upheld	3	Not Upheld	1	No further Investigation	0	Case Withdrawn	0	Not Investigated	3	Outstanding	0
Fully / Partially Upheld	3													
Not Upheld	1													
No further Investigation	0													
Case Withdrawn	0													
Not Investigated	3													
Outstanding	0													
2018/19	9	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>4</td></tr> <tr><td>Not Upheld</td><td>3</td></tr> <tr><td>No further Investigation</td><td>0</td></tr> <tr><td>Case Withdrawn</td><td>0</td></tr> <tr><td>Outstanding</td><td>1</td></tr> </table>	Fully / Partially Upheld	4	Not Upheld	3	No further Investigation	0	Case Withdrawn	0	Outstanding	1		
Fully / Partially Upheld	4													
Not Upheld	3													
No further Investigation	0													
Case Withdrawn	0													
Outstanding	1													
2019/20	4	<table border="1"> <tr><td>Fully / Partially Upheld</td><td>1</td></tr> <tr><td>Not Upheld</td><td>2</td></tr> <tr><td>Outstanding</td><td>1</td></tr> </table>	Fully / Partially Upheld	1	Not Upheld	2	Outstanding	1						
Fully / Partially Upheld	1													
Not Upheld	2													
Outstanding	1													
2020/21	1	<table border="1"> <tr><td>Outstanding</td><td>2</td></tr> </table>	Outstanding	2										
Outstanding	2													

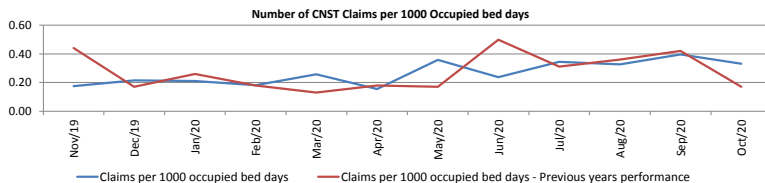
Closed Complaints - Outcomes



Claims

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	2020/21	2	6	4	6	6	8	7						39
	2019/20	4	4	4	11									90
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1	2	2	1	0	1						9
	2019/20	5	4	0										36

Please note: At the time of producing this report the number of claims reported are provisional and prior to validation





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

Title	Medical Director's update		
Report to	Board of Directors	Date	17 November 2020
Author	Dr Timothy Noble, Medical Director		
Purpose			Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues

To provide assurance to the Board of Directors that Medical Staff Appraisals are in line with the Trust's "We Care" Values and work towards the True North Objectives supporting the Trust in its ultimate aim to be *"The Safest Trust in England – Outstanding in all that we do"*.

To provide the Board of Directors with assurance that the Medical Director's office will aim to increase Medical Staff compliance to the Trust's Declaration of Interests Policy to 100% by 31st March 2021.

Other issues addressed in the report include:

1. Key functions of the Medical Director's office
2. Update on HSMR

Key questions posed by the report

This report explores the relationship between appraisals for Medical Staff as a Trust requirement and as a mandatory requirement for revalidation and a supportive measure for doctors during the Covid Pandemic.

How this report contributes to the delivery of the strategic objectives

In terms of compliance with Medical Staff appraisal, this report contributes to **True North Objective One** *"To provide outstanding care and improve patient experience"* to achieve the breakthrough objective *"Achieve measurable improvements in quality standards and patient experience"* and; **True North Objective Two** *"Everybody knows their role in achieving the vision"* to achieve the breakthrough objective *"Achieve a 5% improvement in our staff having a meaningful appraisal linked*

to our vision”

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

The Board is requested:

- To note and support the ongoing work by the Medical Director’s office to improve the appraisal and revalidation process for our medical staff with the imminent arrival of much needed administrative support.
- To note the improved Medical Staff response rate to the Standards of Business Conduct and Employees Declarations of Interest Policy and the aim to improve compliance to 100% by 31st March 2020.
- To note and support the proposed review of the clinical governance processes with a view to implement the new approved version by the 1st April 2021.

MEDICAL APPRAISAL

*Passage from the original version of the **Hippocratic Oath**, “I will use my power to help the sick to the best of my ability and judgement; I will abstain from harming or wronging any man by it,” orders **doctors** to do their best in their job and not use their skill or knowledge to harm or kill their patients.*

Introduction

A doctor must be registered with a licence to practise with the General Medical Council before they work in the UK, and every licensed doctor who practises medicine must revalidate. The process of revalidation is when doctors provide us with evidence that they provide good care to patients and keep up to date. During this process, doctors provide examples of their work to show what they are doing well and how they can improve. Patients and colleagues also have an important role in this process.

As part of the process, doctors:

- Gather and reflect on anonymous feedback from their patients and from colleagues
- Describe and reflect on what they have learnt from training they have completed
- Reflect and show what they have learnt when something has not gone as intended
- Reflect on any complaints about their practice

Every year, doctors review and discuss their work with a formally trained peer appraiser. They agree a plan for how the doctor can continue to develop and build on what they do well during the next year.

The yearly appraisal is undertaken using the National NHS England Medical Appraisal Guide (MAG) form which describes and documents the medical appraisal. It is designed to help doctors understand what they need to do to prepare for and participate in the appraisal discussion, and to help appraisers and designated bodies ensure that appraisal is carried out consistently and to a high standard.

The Medical Appraisal Guidance should be considered in conjunction with GMC guidance, which sets out generic requirements for medical practice and appraisal, one of which is **Good Medical Practice**. These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for an individual’s appraisal.

Doctors must make sure their practice meets the standards expected of them in the four domains within **Good Medical Practice**. These are listed below and incidentally reflect the **Trust’s “We care” Values** namely:

Knowledge, skills and performance

- Make the care of your patient your first concern – **Trust “We care” Value**
- Provide a good standard of practice and care
 - Keep your professional knowledge and skills up to date
 - Recognise and work within the limits of your competence

Safety and quality – Trust “We care” Value

- Take prompt action if you think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity
 - Treat patients politely and considerately
 - Respect patients’ right to confidentiality
- Work in partnership with patients – **Trust “We care” Value**
 - Listen to, and respond to, their concerns and preferences
 - Give patients the information they want or need in a way they can understand
 - Respect patients’ right to reach decisions with you about their treatment and care
 - Support patients in caring for themselves to improve and maintain their health
- Work colleagues in the ways that best serve patients’ interests

Maintaining Trust – Trust “We Care” Value

- Be honest and open and act with integrity
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients’ trust in you or the public’s trust in the professional

Doctors are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. – Trust “We care” Values

Appraisal

A doctor undertakes an appraisal every year using a MAG Form developed by the national NHS Revalidation Support Team and approved by the General Medical Council – the form demonstrates the values of **Good Medical Practice and the Trust “We Care” Values** identified above.

The MAG form consists of a number of sections requiring completion by the Appraisee and reviewed by the Appraiser as follows:

- Scope of Work in it’s totality
- Record of Annual Appraisals – **Trust Appraisal**
- Personal Development Plans and their Review – **Trust Appraisal**
- Continuing Professional Development
- Quality Improvement Activity – **Trust Appraisal**
- Significant Events
- Patient and Colleague Feedback
- Review of Complaints & Compliments
- Achievements, Challenges and Aspirations – **Trust Appraisal**
- Probity & Health Statements
- Review of GMC Good Medical Practice Domains – **Trust “We Care” Values**
- Agreed Personal Development Plan – **Trust Appraisal**
- Summary appraisal discussion – **Trust Appraisal**

- Appraisal Output

The Medical Appraisal form extensively covers all elements of the Trust's Appraisal Form and the appraiser adds comments to each relevant section and provides a summary of the output. The documents is then "locked" and submitted to the in house Trust appraisal system.

Doctors must revalidate every 5 years to retain their licence to practice. The Responsible Officer will review the content of each doctor's records ensuring the appropriate number of appraisals, patient and colleague feedback before contacting the GMC and making a recommendation for revalidation.

Wellbeing Appraisals during the Pandemic

The NHS Revalidation Team & General Medical Council postponed the appraisal process for doctors during the pandemic and moved all revalidations due between March 2020 and March 2021 on by one year.

When the time came for appraisals to be re-introduced, a degree of flexibility was recommended by avoiding an approach that asks doctors to prove conclusively that they are working in line with the principles of **Good Medical Practice**. Trusts were recommended to use a reduced appraisal document in the context of the pandemic. This consisted of:

- Scope of Work
- PDP review
- Challenges, Achievements and Aspirations
- Personal and Professional Wellbeing
- CPD, QIA, Feedback from colleagues and patients, including compliments
- Significant events or complaints since last appraisal
- Items you have been asked to bring to your appraisal
- Personal Development Plan themes.

The appraisal restart recommended Trusts focus on wellbeing and, support and signposting where appropriate.

We tailored our enquiries to individual doctors to identify their position and feelings towards the restart of appraisals taking particular note of the second wave arriving earlier than expected.

The consensus amongst many was that those who had spent time gathering evidence for their appraisal wanted the opportunity to put this to good use and in doing so would opt for the original MAG form rather than the reduced version. It is useful to note that the **Probity & Health Statements section** within the long version of the MAG form may be used by the Appraiser and Appraisee to explore any issues affecting health and wellbeing and prompt further conversation in terms of the effects of the pandemic.

Furthermore, the Medical Director's office is designed and equipped to provide the necessary pastoral support to our Medical Staff. This function is well known amongst Medical Staff and Clinical Leaders are well aware of the escalation process should they be unable to deal within concerns within the Divisional structure.

The Trust's Health & Wellbeing Department has developed a Wellbeing Support Pack for all Trust staff which will be circulated this week to all staff, including Medical Staff. To strengthen the support from the Medical Director's Office, reference to this will be included in the regular Medical Director's Bulletin to Medical Staff.

In summary

The MAG form is a nationally produced, comprehensive and robust appraisal document with evidence to provide assurance that a doctor is adhering to **Good Medical Practice** and thus fit to continue to practise. This form takes a considerable amount of preparation by the doctor and often consists in excess of 30 pages. The appraisal process is undertaken by a trained Appraiser of senior standing. They read and prepare for the appraisal and then meet with the appraisee for a period of around 2 hours and sometimes much longer. The Trusts lead appraiser will quality assure a proportion of appraisals each year assessing the inputs and outputs.

Whilst the Trust's "We Care" values are not scripted within the MAG form, the context of each runs through the domains within **Good Medical Practice** on which the MAG form is designed.

Every requirement within the Trust's appraisal document, and more, is featured within the MAG form.

The core values set out within **Good Medical Practice** on which a doctor's practice is based is to achieve **Safe Effective Quality Care for all patients** which aims to achieve the Trust's ultimate objective to be "**The Safest Trust in England and Outstanding in all that we do**". The Medical Appraisal document is designed to support, guide and provide evidence that our doctors are working towards achieving this.

STANDARDS OF BUSINESS CONDUCT AND EMPLOYEES DECLARATIONS OF INTEREST POLICY

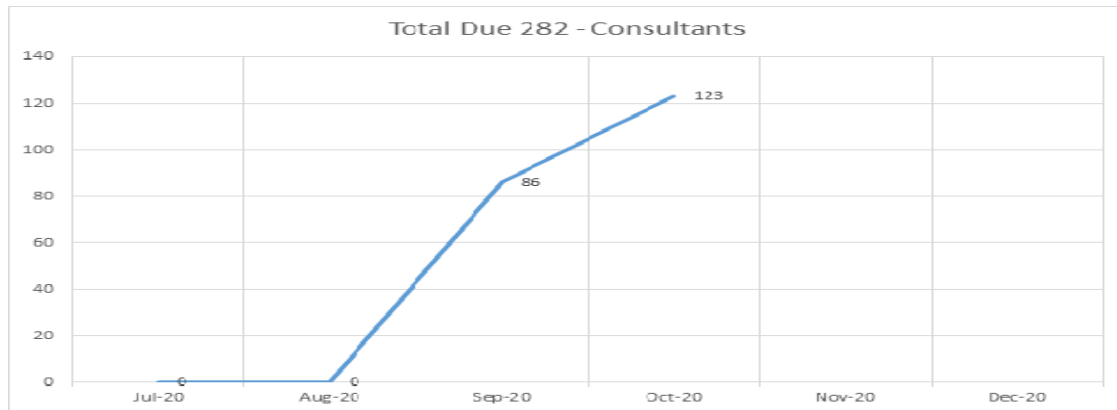
In February 2017, NHS England published new guidance on managing conflicts of interest in the NHS. In response the Trust revised the above policy (CORP/FIN 4) stating "*It is the personal responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between private interests and duties*" and as such, staff are required to declare their interests which are recorded on an Electronic Probity Register (EPR), available for inspection by the public at any time.

Historically, it has been a function of the Company Secretary's office of maintaining and publishing the EPR for all declarations of interest. The Company Secretary is required by policy to "*prompt decision making staff at least annually to review declarations they have made and as appropriate, update them or make a nil return*".

Recently it has come to light that response rates from medical staff in terms of submissions of either a declaration of interest or a nil return has been inadequate.

Working with the company secretary over recent months we have simplified the message and improved the ease with which busy clinicians can provide a response. Awareness of the need to

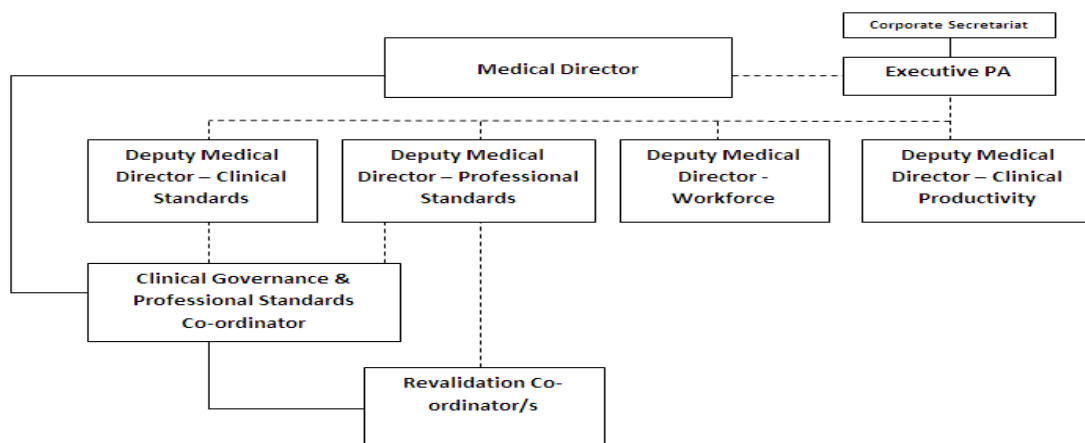
comply with the policy has been promoted through several Medical Director’s Bulletins to Medical Staff and through email follow up from the Company Secretary’s office. The chart below shows there was apparently nil compliance with the policy in August 2020, however this has increased significantly to a position of 43.1% compliance at the end of October 2020.



Moving forward, Business Managers have been tasked with chasing individual doctors directly with a view to increasing response rates.

It is important to note that as we are now in a second wave of the pandemic, this may not be judged as a key priority for our front-line staff however, the Medical Director’s office will pro-actively monitor response rates on a monthly basis with a view to offering tailored support to our clinicians where required. It is the aim to improve the response rate to 100% by 31st March 2020.

KEY FUCTIONS OF THE MEDICAL DIRECTOR’S OFFICE supporting Medical Staff



Medical Director’s office structure August 2020

Professional Standards

Maintaining High Professional Standards

In 2003, the Department of Health issued the document *High Professional Standards in the Modern NHS*, a framework for the initial handling of concerns about doctors and dentists in the NHS. All NHS bodies were required to implement the framework within their local procedures - Conduct, Capability, Ill Health & Appeals Policies and Procedures for Practitioners (CORP/EMP13).

The Medical Director's (MD) office delivers and manages this process of investigation, in accordance with the above policy, for all Medical Staff employed by the Trust, with the support of the People & Organisation Department (POD). This arrangement is further supported by regular monthly meetings with the Director of People & Organisational Development.

As part of this process, the MD's office also provides pastoral support to the Medical Staff, a function which has received significant positive feedback from doctors, the General Medical Council and NHS Resolution.

General Medical Council (GMC)

The General Medical Council is a regulatory body for doctors and as such will receive complaints about a doctor from patients, relatives, external organisations and members of the public. In some cases, enquiries are also generated from media interest (e.g. following an Inquest). These enquiries will generate a formal enquiry with the doctor's employer and the Medical Director's office manages all such enquiries.

This model of working has resulted in positive feedback from the Trust's GMC Employer Liaison Adviser (ELA) and does not appear to be replicated in other Trusts.

Enquiries may be as simple as seeking assurance that there have been no issues around the doctor's clinical practice during the employment. However, some enquiries may be complex and require further investigation from an employer's point of view.

To support this process, there are quarterly meetings held with the Medical Director's office and the GMC ELA.

Revalidation Office

Annual Organisational Audit (AOA) 2019/2020

In September of each year, the Trust is required to submit an Annual Report to the Board on the Trust's compliance with the Responsible Officer regulations. In view of the Covid Pandemic, the Annual Organisational Audit has been postponed for 2019/2020 at national level.

Trust position – August 2020 to date

At DBTH we are slightly ahead of the curve in that the Revalidation Team contacted our clinicians during August (tailoring each contact to the doctor's situation in terms of the pandemic) with a view to resuming the appraisal process for those in a position to do so.

In addition, we are systematically reviewing records for clinicians initially due for revalidation from April 2020. If records are complete ie sufficient appraisal material including patient feedback and 360 colleague feedback is available, we are making a recommendation to the General Medical Council for revalidation. This helps the department two-fold in that we are supporting those clinicians who had previously undertaken the preparatory work to achieve revalidation and secondly, we are managing the team's workload capacity over the forthcoming year as the requirement to recommend revalidations will almost double next year.

Support

Two Revalidation Support Co-ordinators are scheduled to be appointed to join the team and provide the required administrative support for the appraisal and revalidation system.

It is proposed the team will support Appraisers with regular quarterly meetings and ensure they are visible to medical staff to provide support as and when necessary.

The Clinical Governance & Professional Standards Co-ordinator will manage the Revalidation Team which will provide a co-ordinated approach in terms of professional standards and GMC issues.

Clinical Governance

As Trust Clinical Governance Lead and chair of the Clinical Governance Committee (CGC), it is proposed to revise the role of CGC and its sub-committees with a full review of each terms of reference. It is acknowledged that duplication in reporting throughout the structure can be confusing and counterproductive. This will be achieved in conjunction with the Director of Nursing office and the Company Secretary.

It is recognised that CGC has often become operational as opposed to providing a strategic direction for which it was originally designed. In revising its remit, it is hoped that operational matters from divisions are appropriately escalated to the divisional senior management team, thus promoting the opportunity to resolve matters locally and learn. This will ultimately provide CGC with the opportunity to seek assurance directly from Divisional Clinical Governance Leads in terms of their status and compliance within the clinical governance agenda.

As part of this review, a meeting will be facilitated by the Medical Director's office with the Divisional Clinical Governance Leads, Director of Nursing office and Company Secretary to agree a way forward.

It is anticipated that this review will be complete by the 31st March 2021 with a view to commencing the financial year with a newly revised clinical governance structure.

UPDATE ON HSMR

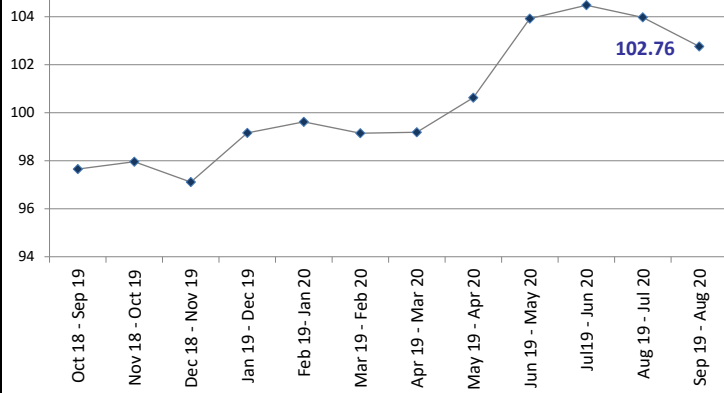
The downward trend of the HSMR continues both overall 12 month rolling as well as the monthly figure, currently the latter being at 95.85. The downward trend is reflected in both non-elective and elective admissions and is a reflection of the decrease in crude mortality for the period up to September 2020. It is to be noted that in September 2020 there has been a

small rise in the crude mortality related to the second Covid surge. Such a rise in mortality, as would be expected is more pronounced on the DRI site. Given the rise of crude mortality in September/October, it is anticipated that the monthly HSMR will creep slowly upwards and depending on the trajectory of the crude mortality may well exceed 100 by late autumn.

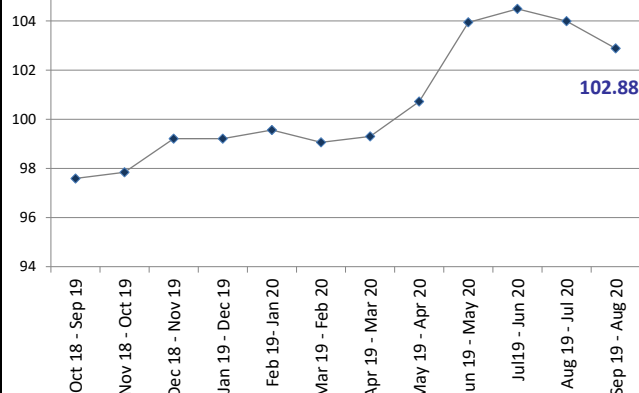
Please see at Appendix 1.

Hospital Standardised Mortality Ratio (HSMR) - August 2020 (Month 5)

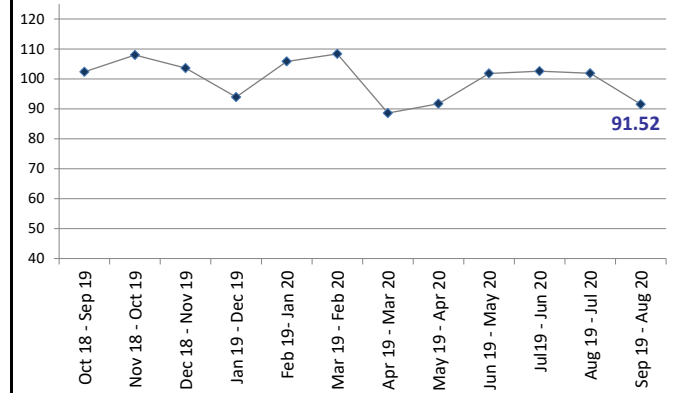
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

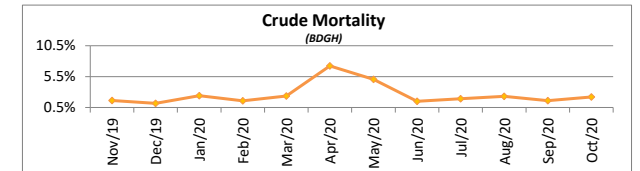
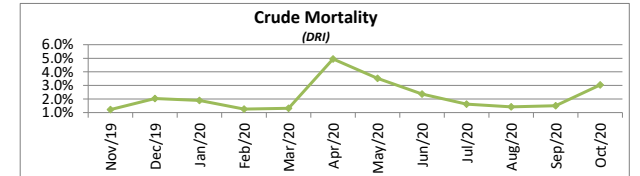
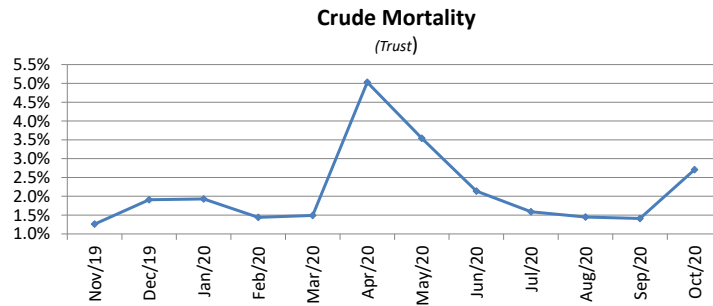


HSMR Trend (monthly)

	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	92.56
March	90.54	97.37	88.42	101.87	102.51
April	105.91	88.50	98.37	100.70	126.99
May	101.15	96.60	91.20	91.36	142.43
June	80.27	93.67	89.98	98.32	105.98
July	92.56	97.73	107.07	104.77	97.05
August	100.27	87.52	94.65	112.17	95.85
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) - October 2020 (Month 7)

(number of deaths/number of patient discharged)



	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Trust	1.26%	1.91%	1.93%	1.44%	1.69%	5.03%	3.54%	2.14%	1.59%	1.46%	1.41%	2.71%
DRI	1.22%	2.04%	1.89%	1.26%	1.76%	4.95%	3.52%	2.37%	1.62%	1.42%	1.51%	3.04%
BDGH	1.64%	1.71%	2.42%	1.57%	1.75%	7.23%	5.05%	1.51%	1.92%	2.30%	1.61%	2.21%

Title	Our People update		
Report to	Board of Directors	Date	November 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, the Flu immunisation programme and the staff survey.</p> <p>An update is provided in terms of the absence figures up to October 2020. Covid related absence rates have been rising, an example of the combination of absence types on any particular day is 183 covid positive, 63 covid symptomatic, and 103 asymptomatic (impacted by household members or track and trace (totalling 366 colleagues absent for covid related reasons with a further 346 colleagues absent for other sickness reasons). Colleagues who were shielding had in the main returned to work, albeit small numbers were still unable to return. Following the announcement of the national lockdown it was announced that clinically extremely vulnerable people would receive letters indicating that they should work from home. A number of colleagues have subsequently received letters and so we expect to see the numbers of shielders increase – however we are exploring what tasks they may be able to undertake from home to support services which are depleted due to staff absence or require additional support.</p> <p>With regard SET it is pleasing to note a further small increase to 85.09%. 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. There has been a small rise to 22.21% of colleagues receiving an appraisal as at end of September 2020.</p> <p>Flu immunisation programme – the Trust programme commenced on 21 September with 62.9% of front line colleagues having been vaccinated week ending 6 November 2020 (59.2% of all colleagues).</p> <p>The national staff survey is currently live and due to close on 27 November. 40.1% of colleagues have currently responded which is slightly above the average for acute Trusts using Picker for their survey. We continue to encourage colleagues to provide their feedback.</p> <p>The newly formed People Committee had its first meeting earlier this month – the chair’s log will update the Board – there was a lengthy discussion regarding covid related absences. The workplan is being finalised together with the routine reports due to be received by the committee.</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?
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

F&P 8 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.

Q&E 6 Failure to improve staff morale leading to:

- i) Recruitment and retention issues
- ii) Impact on reputation
- iii) Increased staff sickness levels

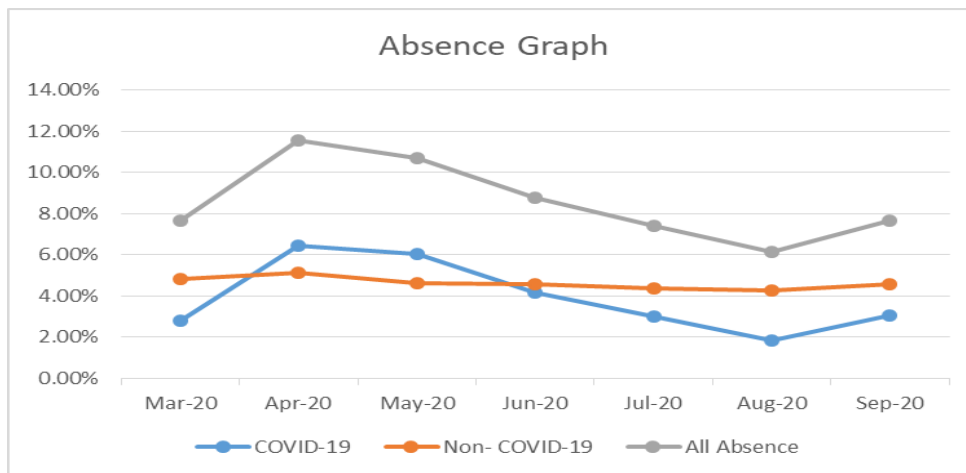
Recommendation(s) and next steps

Members are asked to receive this report.

Board of Directors, Our People update

Staff Absence

As can be seen Covid related absence did reduce after April but has risen since August, 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. It should be noted that non covid related sickness absence continues at a similar rate to previous years.



Absence Reason	Total Absences	Have not Returned	Have Returned	% returned
Carers COVID	160	2	158	99%
COVID-19 Confirmed	327	35	292	89%
COVID-19 Symptoms	569	3	566	99%
Medical Exclusion – COVID Shielding	182	43	139	76%
Medical exclusion Track & Trace W/O COVID symptoms	108	24	84	78%
Medical exclusion with Covid 19 confirmed	182	1	181	99%
Medical exclusion with Covid 19 symptoms	1281	56	1225	96%
Medical exclusion without Covid 19 symptoms	1156	81	1075	93%
Grand Total	3965	245	3720	94%

COVID Related Absence and Return to Work Figures

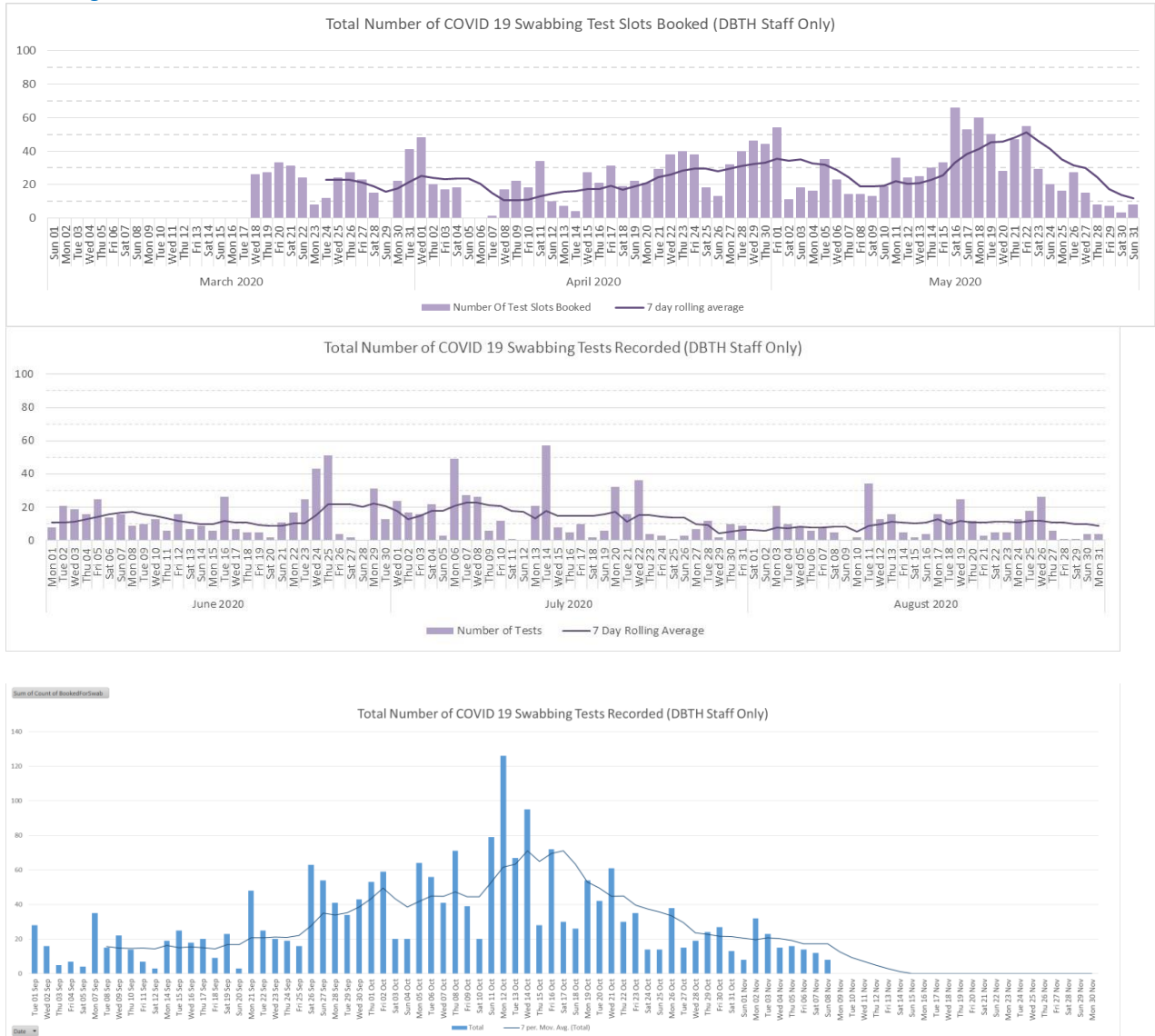
Board of Directors, Our People update

Staff Testing

Date	March	April	May	June
Total	363	805	869	437
Date	July	August	September	October
Total	447	286	593	1352

As can be seen above October has seen a significantly greater number of colleagues being tested for Covid 19 (128 colleagues have been swabbed up to 8 November 2020)

Swabbing data March to November 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

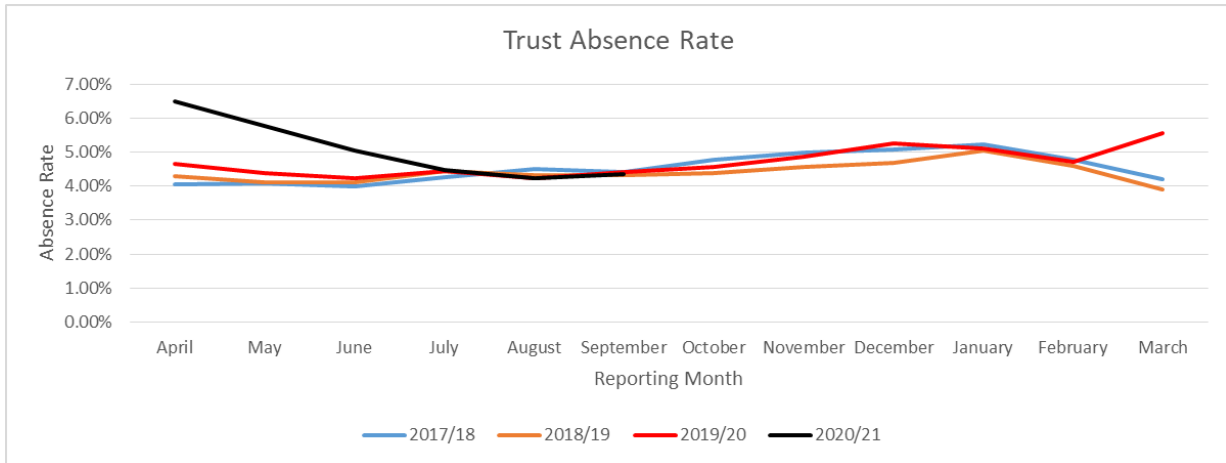
Total Number of Staff Testing Positive by Month & Area of Work

Count of PKAbsenceID	Column										Grand Total
Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	No Date	Grand Total
	7	17	7					10	3		44
	7	17	7					10	3		44
	7	17	7					10	3		44
272 Children & Families Division	3	13	10	2				13	3	1	45
272 Clinical Specialties Division	22	35	60	2			13	50	19		201
272 COVID-19			1	3				4	3		11
272 Directorate Of Strategy & Improvement								2			2
272 Education and Research Directorate	4	4									8
272 Estates & Facilities	6	24	41	8			1	39	3		122
272 Executive Team Board	10	5	3					2			20
272 Finance & Healthcare Contracting Directorate	1	1			1			2	1		6
272 IT Information & Telecoms Directorate		2									2
272 Medicine Division	24	161	97	39	5	2	11	202	42	1	584
272 Nursing Services Directorate	2	5	5					1		1	14
272 People & Organisational Directorate								2			2
272 Performance Directorate		2	13					4	9		28
272 Surgery and Cancer Division	26	70	149	33	7		3	82	17		387
Grand Total	105	339	386	87	13	2	28	413	100	3	1476

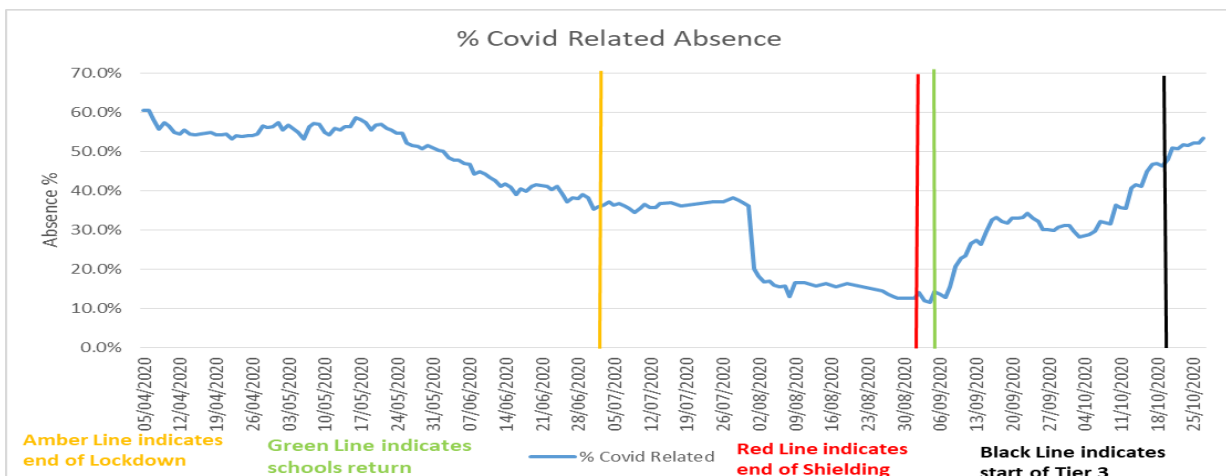
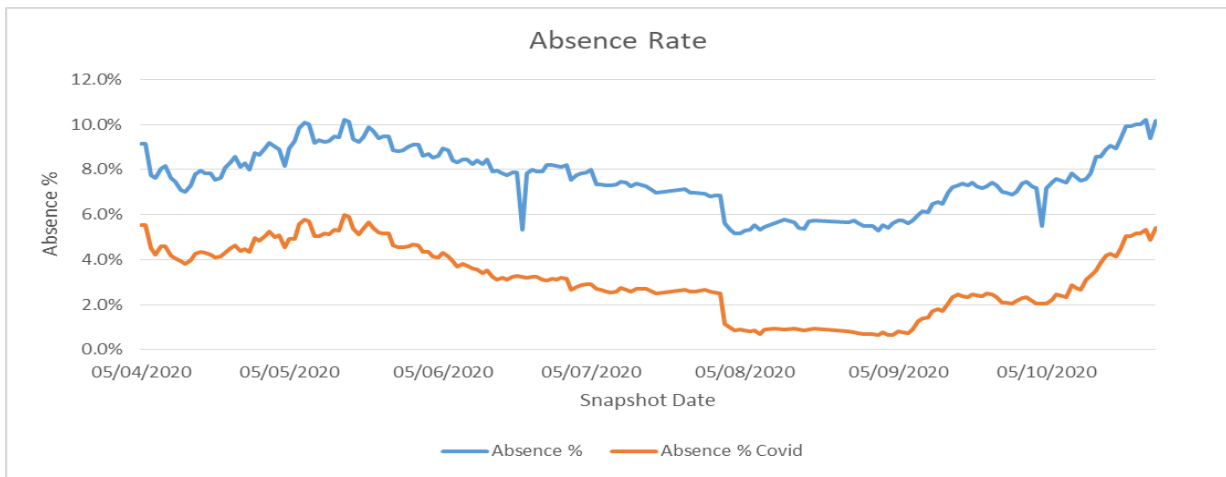
Positive Staff by Ethnicity

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	2020/11	No Date	Grand Total
A White - British	7	18	9	1				13	4		52
B White - Irish	65	264	319	76	13	2	22	354	88	2	1205
C White - Any other White background		2						4			6
C3 White Unspecified	5	4	3	2				7			21
CP White Polish			1								2
CY White Other European							2				1
D Mixed - White & Black Caribbean	1		4	2							7
E Mixed - White & Black African		2	1								3
F Mixed - White & Asian	1		2								3
G Mixed - Any other mixed background			1								1
H Asian or Asian British - Indian	11	11	18					9		1	50
J Asian or Asian British - Pakistani	1	1		2			2	1			7
K Asian or Asian British - Bangladeshi			2					1			3
L Asian or Asian British - Any other Asian background		4	8				2	8	2		24
LA Asian Mixed		2	2								4
LF Asian Tamil	1										1
LK Asian Unspecified	4	4	5								13
M Black or Black British - Caribbean		2									2
N Black or Black British - African	2	2	3	1				2	2		12
P Black or Black British - Any other Black background		1						2			3
PC Black Nigerian	2	2									4
R Chinese								4			4
S Any Other Ethnic Group	2	2									4
SC Filipino		13	4	1							18
SE Other Specified	1										1
Unspecified	1	1	1					1	2		6
Z Not Stated	1	2	3	2				7	2		17
Grand Total	105	339	386	87	13	2	28	413	100	3	1476

The graph below shows a relatively consistent sickness absence rate with slight seasonal variation occurring. You can clearly see the significant increase in the absence rate (sickness and Covid absence) during the Covid period (March 2020 to date).



The graphs show the proportion of staff who are currently classed as being absent due to sickness and are absent because of reasons relating to Covid. The current position suggests that we continue to track towards the 60% mark as seen during Wave 1. A noticeable drop can be seen at the start of August 2020. This is as a result of some staff shielding time frames coming to an end. Based on Government communication an official national end to shielding occurring at the end of August 2020. Some other key milestones have been highlighted on the graph. The return of schools seems to have generated a rise in absence. The concern in this visual is that the increase in the proportion of those absent due to Covid reasons is not being inflated by those required to Shield. Whilst some Shielding does still exist it is not at the same volumes as we saw initially. This data pre dates the national lockdown and the return to shielding.



National Flu Immunisation Programme 2020/21

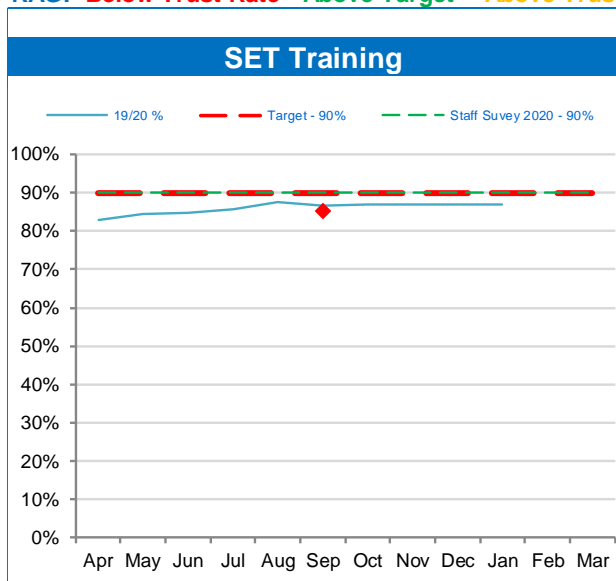
The flu immunisation programme commenced on 21 September 2020 – to date we have vaccinated 62.9% of front line colleagues and 59.2% of all colleagues. We continue to encourage colleagues to have the flu vaccine in a timely manner in anticipation of the covid vaccine being available shortly.

SET compliance

The overall compliance for SET as at end of September 2020 was 85.09% with compliance across the organisation outlined below. A more comprehensive SET report will be provided to the newly formed People Committee and future reports to the Board will concentrate on areas for escalation and what action is being taken to achieve 90% across the board.

CG & Directorate SET Training - September 2020 (Q2)

RAG: **Below Trust Rate** - **Above Target** - **Above Trust Rate**



	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	85.09%
272 COVID-19	76.94%
Chief Executive Directorate	92.42%
Children & Families Division	84.20%
Clinical Specialist Division	88.18%
Directorate Of Strategy & Improvement	93.48%
Education and Research Directorate	98.14%
Estates & Facilities	82.79%
Finance & Healthcare Contracting Directorate	94.02%
IT Information & Telecoms Directorate	88.54%
Medical Director Directorate	71.11%
Medicine Division	82.97%
Nursing Services Directorate	87.69%
People & Organisational Directorate	87.50%
Performance Directorate	91.69%
Surgery & Cancer Division	81.71%

Appraisals

Members of the Board will have seen the previous 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. The data below indicates an 8% improvement from the previous month. We have also asked managers to ensure they have updated risk assessment discussions with their team members.

AFC 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	22.21
Chief Executive Directorate	37.50
Children & Families Division	46.25
Clinical Specialist Division	20.53
Directorate Of Strategy & Improvement	57.14
Education and Research Directorate	1.45
Estates & Facilities	7.58
Finance & Healthcare Contracting Directorate	51.20
IT Information & Telecoms Directorate	20.59
Medical Director Directorate	0.00
Medicine Division	11.75
Nursing Services Directorate	17.44
People & Organisational Directorate	36.54
Performance Directorate	33.02
Surgery & Cancer Division	28.21

M&D 12 Months (NHSI)

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	11.86
Chief Executive Directorate	0.00
Children & Families Division	16.67
Clinical Specialist Division	16.22
Medical Director Directorate	0.00
Medicine Division	8.33
Nursing Services Directorate	0.00
Surgery & Cancer Division	10.64

Staff survey

The 2020 staff survey is currently live (due to close at the end of the month) – there have been some adaptations to the questions to include some covid related questions. As at 5 November 2020 37.3% of Team DBTH have responded – this is slightly better than the acute average for Trusts using Picker for their survey. As in previous years colleagues within Estates and Facilities have received a paper copy of the survey whilst the remainder of colleagues an on line version. Whilst we continue to ask managers to encourage their team members to complete the survey we do recognise the pressures colleagues are currently under. The results are expected early January and will be shared with the People Committee as soon as practicable.

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

Title	Report from the Guardian for Safe Working – January – September 2020		
Report to	Board of Directors	Date	November 2020
Author	Dr Jayant Dugar, Guardian for Safe Working		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	√	
	Information	√	

Executive summary containing key messages and issues
<p>The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours, during negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS trainee doctors to oversee the process of ensuring safe working hours for junior doctors. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.</p> <p>The 2016 contract continues to be implemented with 204 junior doctors employed by this Trust on the 2016 contract as at the time of this report. This contract changes how safe working is delivered compared to previous contract. This relies on exception reporting by junior doctors and proactive changes by the Trust to avoid unsafe working. This report includes the quarters January to September 2020. For these quarters, exception reports have been submitted by individuals across Surgical, Children & Family and Medicine Divisions. A total of 41 exception reports have been raised within these quarters of which 2 has been related to Education with none reported April to June due to changes to working patterns.</p> <p>A contractor has been appointed to undertake the work associated with Silks and the junior doctors mess – this work is due to commence in November and be complete by January 2021</p> <p>The Guardian is required to provide the Board of Directors with quarterly reports. No gross safety issues have been raised with the Guardian by any trainee. The Guardian for Safe Working advises that that the trainees have safe working practice as designed by the 2016 contract.</p>
Key questions posed by the report
Is the Board assured that the Trust has safe working in place for doctors in training?
How this report contributes to the delivery of the strategic objectives
People - As a Teaching Hospital we are committed to continuously develop the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

Junior doctors will have improved support and education through the implementation of the new junior doctor's contract which is designed to ensure doctors are working safely and receiving the appropriate training. By having appropriately trained doctors patients will receive a good experience whilst receiving care.

How this report impacts on current risks or highlights new risks

Workforce - By having a safe workforce we remain an attractive employer to current trainees and to help future recruitment.

Recommendation(s) and next steps

The Board of Directors are asked to note the quarterly updates and be assured that trainee doctors have a safe working practice as envisaged by the 2016 contract.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

1. Introduction

This report sets out the information from the Guardian of Safe Working as part of the 2016 Terms and Conditions for Junior Doctors to assure the board of safe working for junior doctors. This report is for the period 1st January 2020 to 30th September 2020. This report is for 3 quarters as information gathering and exception reporting has been difficult due to pandemic.

The Board should receive a quarterly report from the Guardian as per 2016 contract, which will include:

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

2. High level data

Number of posts contracted by DBTH(inc 125 LU doctors*):	204
Number of posts contracted by other Organisations:	163
Number of doctors / dentists in training on 2016 TCS:	137

Lead Unit Doctors:	125
No of doctors in Doncaster GP Training Scheme:	49
No of doctors in North Notts GP Training Scheme:	17
Ophthalmology Training:	13
ENT Training:	12
General Surgery Training:	34

Amount of time available in job plan for guardian to do the role:	2 PAs
Admin support provided to the guardian (if any):	Through medical HR
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

3. Exception reports

3.1 No of Exceptions

2020	No. exceptions raised	No. exceptions outstanding	No. exceptions resolved	No. exceptions unresolved
January	15	3	12	0
February	10	0	7	3
March	7	0	1	6
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	2	0	2	0
August	0	0	0	0
September	7	2	5	0
Total	41	5	27	9

ER outcomes: resolutions	
Total number of exceptions where TOIL was granted:	3
Total number of overtime payments:	20
Total number of work schedule reviews:	0
Total number of reports resulting in no action:	5
Total number of organisation changes:	0
Compensation:	0
Unresolved:	5
Total number of resolutions:	28
Total resolved exceptions:	30

Note: * Unresolved is the total number of exception where either no outcome has been recorded or where the outcome has been recorded but the doctor has not responded.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Reasons for ER over last quarter by specialty & grade					
<i>ER relating to:</i>	<i>Specialty</i>	<i>Grade</i>	<i># ERs raised</i>	<i># ERs closed</i>	<i># ERs outstanding</i>
Immediate patient safety issues					
Total			0	0	0
No. relating to hours/pattern	Accident and emergency	FY1 *	1	1	0
	Accident and emergency	FY2	2	2	0
	Accident and emergency	ST1	3	3	0
	Anaesthetics	CT2	0	1	0
	Gastroenterology	FY1 *	3	2	0
	General medicine	CT1	1	0	1
	General medicine	ST1	4	4	0
	General surgery	FHO 1 #	4	1	4
	Geriatric medicine	ST2	2	2	0
	Obstetrics and gynaecology	ST3	0	1	0
	Paediatrics	ST1	7	0	0
	Respiratory Medicine	CT1	3	3	0
	Respiratory Medicine	FHO 1	9	9	0
Urology	FHO 1	0	1	0	
Total			39	30	5
No. relating to educational opportunities	Paediatrics	Specialist registrar	2	0	0
Total			2	0	0
No. relating to service support available					
Total			0	0	0

FHO = Foundation House Officer

No exception reports have been received from both the GP training schemes for which the trust is the lead employer. For these quarters, exception reports have been submitted by individuals across Surgery, O&G and Medicine Divisions.

A total of 41 exception reports have been raised within these 3 quarters, of which 2 have been related to Education. There were no exception reports filed between April – June as there were altered work patterns and educational activity was suspended.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

4. Work schedule reviews

No work Schedule reviews have been initiated in this reporting period.

5. Vacancies – training grade rotation

The vacancy numbers are fairly similar to vacancy numbers last year.

	VACANCIES (WTE)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Medicine	Medicine (all sub-specialties)	4.9	3.9	4.9	4.4	4.4	4.4	4.4	4.1	3.7
	Emergency medicine	8	9	9	8	7	7	7	4.4	3.6
	Elderly Medicine	0.4	0	0	1	1	1	1	0	0
	Renal	1	1	1	0	0	0	0	1	1
Children & Family	Obstetrics & Gynaecology	9.4	9.1	8.1	8.1	8.1	8.1	8.1	7.2	7.2
	Paediatrics	2.2	2.6	2.6	2.6	2.6	2.6	2.6	2.6	4.6
	GU Medicine	0	0	0	0	0	0	0	0	0
Surgery & Cancer	ENT	1	1	1	1.2	2.2	2.2	2.2	0	0
	General Surgery	1.2	2	2	2	2	2	2	1	0.4
	Urology	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	Trauma & Orthopaedics	1	2	2	2	2	2	2	1	1
Clinical Specialties	Anaesthetics	0.2	2.2	2.2	1.2	1.2	1.2	1.2	2.4	2.4
	Radiology (2 POSTS DIS-ESTABLISHED Oct 19)	1	1	1	1	1	1	1	1	1
	ICT	0	0	0	0	0	0	0	0	0
	Total	30.7	34.2	34.2	31.9	31.9	31.9	31.9	25.1	25.3

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

No. of Internal - Shifts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Emergency Medicine	157	170	276	286	242	314	279	292	243	2259
Endocrinology and Diabetes	1	2	6				2	21	22	54
Endoscopy - Medicine		2								2
Endoscopy - Surgical	14	13	10	2	10		2		21	72
ENT	1	8	20	6	8	6	9	24	25	107
ENT Theater										0
Gastroenterology	1	7	1	1						10
General Medicine		2						1	1	4
General Surgery	12	41	18	8	1	2	11	25	33	151
Genitourinary Medicine	3		1			1	1	2		8
Haematology									1	1
ITU					1					1
Microbiology					3					3
Obstetrics and Gynaecology	35	30	47	38	35	33	80	43	25	366
Ophthalmology	6	21	16	8	6		2	4	3	66
Ophthalmology Theatre										0
Oral and Maxillofacial Surgery	4	7	3							14
Dental										0
Orthodontics										0
Orthopaedic and Trauma Surgery	20	36	22	7	1	3	15	14	24	142
Paediatrics	1	4		2				1		8
Paediatrics and Neonates	46	28	42	36	16	27	24	19	19	257
Paediatrics-Community		6	1							7
Palliative Medicine										0
Pathology					3	5				8
Radiology										0
Renal Medicine			6	3	2	3	2			16
Reproductive Medicine										0
Respiratory Medicine	23	23	26	22	19	19	7	35	51	225
Rheumatology										0
Stroke Medicine								16	17	33
Urology		5	8	2		5	5	10	10	45
Vascular Surgery			3							3
Grand Total	430	529	664	560	444	501	560	729	696	5113

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Internal - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acute Medicine	£24,598	£18,891	£30,568	£34,647	£22,691	£30,680	£35,236	£54,779	£33,401	£285,490
Anaesthesia Obs										£0
Anaesthetics	£38,176	£26,996	£3,630		£413	£990		£650		£70,855
Anaesthetics and Critical Care	£0	£8,010	£22,785	£17,126	£11,552	£7,853	£18,278	£33,643	£33,906	£153,151
Anaesthetics and Theatres	£0	£6,838	£12,705		£900	£825	£825	£2,370	£7,735	£32,198
Anaesthetics Maternity	£813	£1,208	£8,813	£7,618	£1,716	£11,538	£11,988	£7,590	£16,093	£67,374
Breast Surgery										£0
Cardiology										£0
Care of the Elderly	£125	£425	£850	£150	£750		£3,900	£12,440	£15,140	£33,780
Dermatology	£260	£780								£1,040
Emergency Medicine	£85,144	£84,128	£118,891	£110,045	£119,800	£114,920	£145,240	£172,902	£136,543	£1,087,612
Endocrinology and Diabetes	£553						£400	£9,860.00	£8,040	£18,853
Endoscopy - Medicine		£520								£520
Endoscopy - Surgical	£4,505	£3,680	£3,200	£520	£2,600		£520		£6,590	£21,615
ENT	£780	£6,710	£14,473	£5,248	£6,579	£4,085	£4,200	£14,123	£13,673	£69,869
ENT Theater										£0
Gastroenterology	£0	£4,625								£4,625
General Medicine								£0	£600	£600
General Surgery	£2,600	£9,308	£5,230	£4,952	£800	£639	£7,000	£14,405	£14,163	£59,097
Genitourinary Medicine	£650		£260			£260	£0	£780	£260	£2,210
Haematology									£228	£228
ITU					£0					£0
Microbiology					£1,365					£1,365
Obstetrics and Gynaecology	£12,531	£11,969	£21,791	£16,038	£15,909	£13,036	£34,996	£19,640	£11,386	£157,296
Ophthalmology	£2,665	£7,245	£7,375	£5,865	£7,673		£413	£743	£825	£32,803
Ophthalmology Theatre										£0
Oral and Maxillofacial Surgery	£3,094	£4,950	£2,310							£10,354
Orthopaedic and Trauma Surgery	£6,440	£18,375	£8,864	£3,140	£120	£803	£6,175	£6,001	£14,149	£64,066

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Internal - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Paediatrics	£0							£0		£0
Paediatrics-Community		£1,194	£195							£1,389
Paediatrics and Neonates	£14,507	£10,293	£19,177	£16,539	£5,716	£12,912	£8,895	£10,768	£8,198	£107,005
Palliative medicine										£0
Pathology					£1,365	£2,275				£3,640
Radiology										£0
Renal Medicine			£2,900	£1,800	£1,200	£425	£875			£7,200
Reproductive Medicine										£0
Respiratory Medicine	£0		£878	£10,513	£8,075	£8,660	£2,400	£14,830	£18,605	£63,960
Rheumatology										£0
Stroke Medicine								£6,400	£7,753	£14,153
Urology		£1,470	£3,425	£1,238		£2,430	£3,285	£8,110	£6,490	£26,448
Vascular Surgery			£1,000							£1,000
Dental										£0
Orthodontics										£0
Grand Total	£197,439	£227,613	£289,318	£235,438	£209,224	£212,329	£284,624	£390,033	£353,776	£2,399,795

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

No. of Agency - Shifts	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Acute Medicine		32	34	30	46	51	94	57	43	387
Anaesthesia Obs										0
Anaesthetics										0
Anaesthetics and Critical Care	4	12	10	2	5	8	8	10	3	62
Anaesthetics & Theatres	12	8	10	1		13	8	24	18	94
Anaesthetics and Maternity	2	3	1	4			7	10	9	36
Dental	2									2
Cardiology		9	10					6	8	33
Care of the Elderly	88	28	24	32	41	38	14	23	31	319
Dermatology										0
Emergency Medicine	292	275	233	260	228	218	254	257	217	2234
Endocrinology and Diabetes	25	44	64	25	24	20	23	25	22	272
Endoscopy - Medicine										0
Endoscopy - Surgical										0
ENT/ENT Theatre	71	68	67	42	44	59	58	51	47	507
Gastroenterology								14	3	17
General Medicine	2									2
General Surgery	50	65	67	40	31	26	30	22	17	348
Genitourinary Medicine										0
Haematology										0
Intensive Care				1						1
Microbiology										0
Obstetrics and Gynaecology	39	21	17		1	2	10	35	35	160
Ophthalmology										0
Oral and Maxillofacial Surgery		2								2
Orthopaedic and Trauma Surgery	122	133	135	33	9		6	38	62	538
Paediatrics										0
Paediatrics - Community										0
Paediatrics and Neonates	55	56	44	27		15	30	36	30	293
Pathology										0
Radiology										0
Renal	26	23	24	22	25	21	21	25	23	210
Respiratory Medicine	51	76	82	110	93	55	85	6		558
Stroke Medicine	19	3		45	42	45	48	4	20	226
Urology										0
Vascular Surgery			9	3						12
Breast Surgery										0
Grand Total	860	858	831	677	589	571	696	643	588	6313

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

Agency - Costs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Orthopaedic and Trauma Surgery	£59,261	£67,601	£65,664	£15,007	£7,369		£4,252	£22,404	£44,173	£285,730
Paediatrics										£0
Paediatrics - Community										£0
Paediatrics and Neonates	£46,593	£41,849	£33,190	£19,585		£13,694	£27,647	£35,170	£29,511	£247,239
Pathology										£0
Radiology										£0
Renal	£12,430	£10,863	£11,083	£11,330	£11,220	£11,580	£12,183	£10,897	£9,470	£101,056
Respiratory Medicine	£22,013	£32,978	£35,373	£49,824	£44,081	£25,442	£42,928	£2,690		£255,329
Stroke Medicine	£8,386	£1,608		£28,177	£24,195	£23,403	£26,512	£2,066	£11,883	£126,230
Urology										£0
Vascular Surgery			£4,400	£1,320						£5,720
Breast Surgery										£0
Grand Total	£527,393	£530,512	£499,878	£398,405	£359,181	£362,648	£452,628	£439,605	£405,427	£3,975,676

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

7. Fines

No fines have been levied during these three quarters.

8. Qualitative information

It is reassuring that no instances of immediate safety concern has been brought to my notice by junior doctors on the 2002 or the 2016 contract. The number of exception reports are low due to the pandemic resulting in altered working patterns.

During the pandemic the anaesthetic junior doctor rota was altered, which fell outside the national terms and conditions of 2016 contract and which was permitted. I am assured that a pay rate has been agreed through local negotiations facilitated by Director of POD and the BMA IRO and payment to the affected doctors is in progress.

I have written to all Divisional Directors to ensure the planned changes to junior doctors rotas are checked by Medical HR to avoid problems in the future. I have been assured by the Medical HR Team that all doctors are rostered on a rota which is compliant with the 2002 and 2016 contracts as applicable.

There has been some concern raised by junior doctors regarding rest/working space which is shared by a large number of colleagues. This has been deemed an urgent problem and a temporary solution has been found. There will be some further improvement with the new doctors mess.

There has also been concern regarding the poor quality of on-call rooms. I am informed that some money has been allocated to rectify issues raised during a walk around inspection of the rooms. There have been occasions where hotel rooms have had to be provided by the Trust.

9. Engagement

The regional Guardian forum has been moved to an online meeting. This Trust has low number of exception reports possibly explained by compliant rotas and safe working practices.

The junior doctor's forum has not happened due to the pandemic. A reorganization to combine the meeting with Trainee management meetings is under discussion. It will be open to all trainee Junior Doctors and representatives to improve engagement.

Training sessions and induction for junior doctors have been moved to a recorded presentation and a new exception reporting guide has been produced by myself.

10. Software System

The Allocate exception reporting software has been updated. There have been changes to the reporting module which will be useful in future board reports. The e-rostering system is not implemented yet.

11. Issues arising & Actions

- a. The Trust had received funding for improving the junior doctors mess and rest areas. The Business case was approved and a contractor has been appointed. Work is due to start in November and finish by January 2021.

DOCTORS AND DENTISTS IN TRAINING

January 2020 – September 2020

- b.** The on call rooms, rest and work areas need further planning and improvement in light of social distancing requirements.

12. Recommendation

The Board of Directors can be assured that the trainee doctors have a safe working practice as envisaged in the 2016 contract.



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

Title	Integrated Quality & Performance Report		
Report to	Trust Board	Date	17 November 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 September 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,
- Activity for Outpatient & Elective services against local and national targets
- 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 (Oct-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)	Sep-20	85.1%	81.6%	Sep-20	95%	82.5%	-12.48%	95%	89.9%	-5.13%				
	Max time of 18 weeks from point of referral to treatment-incomplete pathway	Aug-20	48.8%	49.3%	Sep-20	92%	60.7%	-31.28%	92%	62.0%	-29.97%				
	RTT 52 Week Breaches to date	-	-	-	Sep-20	0	345	345	0	345	345				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Sep-20	29935	33067	-3132	29935	33067	-3132				
	% waiting less than 6 weeks from referral for a diagnostics test	Aug-20	56.6%	62.0%	Sep-20	99%	58.4%	-40.61%	99%	44.9%	-54.10%				
Performance (Cancer)	Day 28 Standard (patients received diagnosis or exclusion of cancer)	-	-	-	Aug-20	-	-	-	-	-	-				
	31 day wait for diagnosis to first treatment- all cancers	Aug-20	93.8%	92.1%	Aug-20	96%	99.2%	3.17%	96%	99.0%	2.95%				
	31 day wait for second or subsequent treatment: surgery	Aug-20	86.4%	87.1%	Aug-20	94%	100.0%	6.00%	94%	98.5%	4.46%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Aug-20	98.4%	99.0%	Aug-20	98%	100.0%	2.00%	98%	100.0%	2.00%				
	31 day wait for second or subsequent treatment: radiotherapy	Aug-20	100.0%	95.5%	Aug-20	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Aug-20	88.4%	85.7%	Aug-20	85%	79.5%	-5.51%	85%	84.3%	-0.72%				
	62 day wait for first treatment from consultant screening service referral	Aug-20	40.0%	51.1%	Aug-20	90%	100.0%	10.00%	90%	60.5%	-29.53%				
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Aug-20	-	15	-	-	146	-				
Performance (Activity)	A&E Attendances	-	-	-	Sep-20	-	14951	-	-	76049	-				
	Non Elective Activity - Discharges	-	-	-	Sep-20	4245	4883	638	25470	26748	1278				
	Daycase Activity (Contracted levels achieved)	-	-	-	Sep-20	1445	3282	1837	8669	11275	2607				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Sep-20	281	515	235	1683	2022	339				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Sep-20	6872	10439	3568	41229	46639	5410				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Sep-20	14705	20295	5590	88232	95740	7508.5				
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)	-	-	-	Jul-20	48.0%	55.6%	7.56%	48.0%	50.6%	2.60%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Jul-20	75.0%	77.8%	2.78%	75.0%	65.7%	-9.34%				
	Percentage of all patients given thrombolysis	-	-	-	Jul-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				

	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Jul-20	24.0%	80.5%	56.49%	24.0%	82.4%	58.43%								
Performance (Theatres & Out Patients)	Out Patients: DNA Rate	-	-	-	Sep-20	8.7%	10.7%	-1.99%	8.7%	9.6%	-0.87%								
	Out Patients: Hospital Cancellation Rate	-	-	-	Sep-20	4.5%	18.4%	-13.91%	4.5%	27.3%	-22.76%								
	Overdue Follow Ups / Review List / Missing List (over 3 months = 25% overdue / under 3 months = 50% overdue)	-	-	-	Jan-00	0WD	-	-	0WD	-	-								
	Typing Backlog (number / date)	-	-	-	Aug-20	3WD	-	-	3WD	18WD	-15WD								
	Out Patient Booking - 2 weeks prior	-	-	-	Sep-20	95.0%	56.5%	-38.50%	95.0%	59.0%	-35.95%								
	Clinic Utilisation	-	-	-	Sep-20	95.0%	78.8%	16.18%	95.0%	79.6%	15.41%								
	ASIs 7 Days +	-	-	-	Sep-20	0	6	-6	0	24	-24								
	Missing Outcomes 14 Days +	-	-	-	Sep-20	0	1228	-1228	0	1228	-1228								
	Theatre Booking - 3 weeks prior	-	-	-	Sep-20	-	64.3%	-	-	50.6%	-								
	Theatre Booking - 4 weeks prior	-	-	-	Sep-20	95.0%	57.9%	-37.14%	95.0%	43.2%	-51.80%								
	Theatre Booking - 5 weeks prior	-	-	-	Sep-20	-	53.1%	-	-	37.9%	-								
	Theatre Utilisation	-	-	-	Sep-20	87.0%	76.4%	-10.55%	87.0%	74.5%	-12.51%								
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Sep-20	1.0%	0.68%	0.32%	1.0%	0.41%	0.59%								
	Cancelled Operations-28 Day Standard	-	-	-	Sep-20	0	0	0	0	16	-16								
	ERS Advice & Guidance Response Time	-	-	-	Sep-20	2WD	34WD	-32WD	2WD	18WD	-16WD								
		Infection Control Hospital Onset C.Diff	-	-	-	Sep-20	TBC	4	-	TBC	24	-							
Infection Control Community Onset C.Diff		-	-	-	Sep-20	TBC	0	-	TBC	7	-								
Infection Control Combined Onset C.Diff		-	-	-	Sep-20	TBC	4	-	TBC	31	-								
Infection Control MRSA		-	-	-	Sep-20	0	0	0	0	0	0								
HSMR (rolling 12 Months)		-	-	-	Sep-20	100	103.87	-3.87	100	103.87	-3.87								
HSMR : Non-Elective (rolling 12 Months)		-	-	-	Sep-20	100	103.89	-3.89	100	103.89	-3.89								
HSMR : Elective (rolling 12 Months)		-	-	-	Sep-20	100	101.68	-1.68	100	101.68	-1.68								
Never Events		-	-	-	Sep-20	0	0	0	0	1	1								
Sis		-	-	-	Sep-20	-	5	-	-	16	-								
VTE		-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%								
Pressure Ulcers - Category 3		-	-	-	Sep-20	5	5	-0.01	30	27	3								
Pressure Ulcers - Category 2 / UNS / DTI		-	-	-	Sep-20	0	64	-64	0	337	-337								

Patients	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Sep-20	0	1	-1	0	9	-9					
	Falls with Moderate or Severe Harm	-	-	-	Sep-20	3	0	3	3	4	-1					
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Sep-20	90.0%	48.7%	-41.28%	90.0%	48.7%	-41.28%					
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Sep-20	-	0	-	-	0	-					
	Claims CNST (patients)	-	-	-	Sep-20	TBC	7	-	TBC	7	-					
	Claims LTPS - staff	-	-	-	Sep-20	-	0	-	-	0	-					
	Friends & Family Response Rates (ED)	-	-	-	Mar-20	-	-	-	-	2.56%	-					
	Friends & Family Response Rates	-	-	-	Mar-20	-	-	-	-	21.49%	-					
	Emergency Readmissions within 30 days (PbR Methodology)	-	-	-	Sep-20	7.0%	5.6%	1.42%	7.0%	7.7%	-0.74%					
	DTOC	-	-	-		3.0%	-	-	3.0%	-	-					
	Super Stranded Patients	-	-	-	Sep-20	71	64	7	71	266	-195					
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Sep-20	-	3.57	-	-	3.49	-					
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-					
	Mixed Sex Accommodation	-	-	-	Sep-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	-	-	-	Sep-20	90.0%	78.7%	-11.35%	90.0%	89.9%	-0.08%					
	NICE Guidance % Non & Partial Compliance	-	-	-	Sep-20	TBC	26.3%	-	TBC	24.6%	-					
	% 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%	-	-						
COVID KPIs	ASIs Reviewed by a Clinician	-	-	-	Sep-20	100.0%	88.1%	-11.89%	100.0%	88.1%	-11.89%						
	ASIs booked into an appointment	-	-	-		-	-	-	-	-	-						
	Patients on Cancellation List have a risk stratification category	-	-	-		-	-	-	-	-	-						
	Cancellations booked into an appointment	-	-	-		-	-	-	-	-	-						
	Patients on Active Waiting List have a risk stratification category	-	-	-	Sep-20	90.0%	87.4%	-2.59%	90.0%	69.4%	-20.63%						
	Patients on Review/Missing List have a risk stratification category	-	-	-		-	-	-	-	-	-						
	Patients on Planned Waiting List have a risk stratification category	-	-	-	Sep-20	10%	25.3%	15.33%	10%	5.2%	-4.81%						
	Category 1a Elective Patients Treated within 24 hours	-	-	-	Sep-20	100%	-	-	100%	-	-						
	Category 1b Elective Patients Treated within 72 hours	-	-	-	Sep-20	100%	79.3%	-20.66%	100.0%	86.7%	-13.34%						
	Category 2 Elective Patients Treated within 4 Weeks	-	-	-	Sep-20	100%	46.8%	-53.17%	100.0%	58.0%	-41.97%						
	Category 3 Elective Patients Treated within 3 Months	-	-	-	Sep-20	80%	-	-	80%	-	-						
	Category 1b Outpatients Treated within 2 weeks	-	-	-		-	-	-	-	-	-						
	Category 2 Outpatients Treated within 4 weeks	-	-	-		-	-	-	-	-	-						
	Category 3 Outpatients Treated within 3 months	-	-	-		-	-	-	-	-	-						
	% Elective In Patient Activity compared to same period last year	-	-	-		-	61.4%	-	-	40.8%	-						
	% Elective Day case Activity compared to same period last year	-	-	-	Sep-20	-	66.9%	-	-	40.3%	-						
	% MRI Activity compared to same period last year	-	-	-	Sep-20	-	75.0%	-	-	59.9%	-						
	% CT Activity compared to same period last year	-	-	-	Sep-20	-	94.7%	-	-	88.7%	-						
	% Endoscopy Activity compared to same period last year	-	-	-	Sep-20	-	33.0%	-	-	21.4%	-						
	% Out Patient Activity compared to same period last year	-	-	-	Sep-20	-	70.3%	-	-	55.1%	-						
Patients admitted as an emergency while on the waiting list (for the same speciality)	-	-	-	Sep-20	-	75	-	-	209	-							
Patient death (in hospital) on waiting list - cause of death linked to condition waiting for	-	-	-		-	-	-	-	-	-							
Medical Appraisals (rolling 12 months)	-	-	-	Sep-20	90.0%	11.9%	-78.14%	90.0%	15.6%	-74.43%							
Agenda for Change Appraisals (rolling 12 months)	-	-	-	Sep-20	90.0%	22.2%	-67.79%	90.0%	15.8%	-74.15%							
Non-Medical Appraisals - in season (April - July)	-	-	-	Sep-20	90.0%	23.5%	-66.50%	90.0%	84.4%	-5.57%							
Sickness (rolling 12 months)	-	-	-	Sep-20	3.5%	4.5%	-0.96%	3.5%	5.1%	-1.60%							
SET Training	-	-	-	Sep-20	90.0%	85.1%	-4.91%	90.0%	84.7%	-5.32%							

People	Vacancies	-	-	-		5.0%	-	-	5.0%	-	-					
	Turnover (rolling 12 months)	-	-	-	Sep-20	10.0%	10.1%	0.08%	10.0%	10.1%	0.13%					
	Casework - number of grievances opened in month	-	-	-	Sep-20	N/A	2	-	N/A	5	-					
	Casework - number of conduct cases opened in month	-	-	-	Sep-20	N/A	34	-	N/A	117	-					
	Casework - number of bullying & harrassment cases opened in month	-	-	-	Sep-20	N/A	0	-	N/A	0	-					
	Number of Incorrect Payments (Trust Originated) (rolling 12 months)	-	-	-	Sep-20	0	135	-135	0	428	-428					
	Compliance with EWTD (on hold until 2021)	-	-	-		0	-	-	0	-	-					
	Time to Fill Vacancies (from TRAC authorisation - unconditional offer)	-	-	-		47WD	-	-	47WD	-	-					

Performance Exception Report - COVID Activity Overview

ED Performance

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

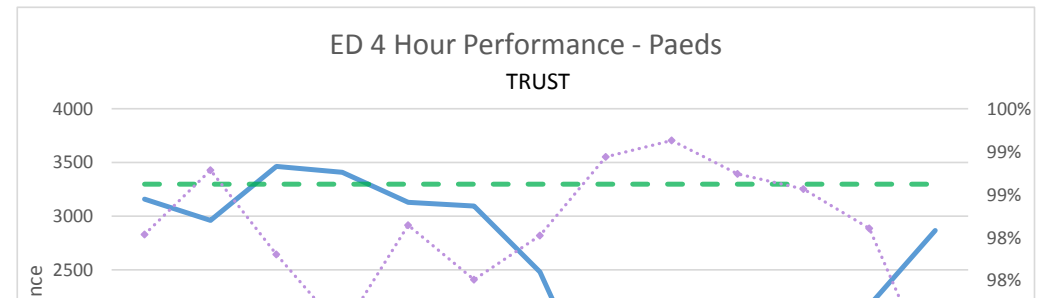
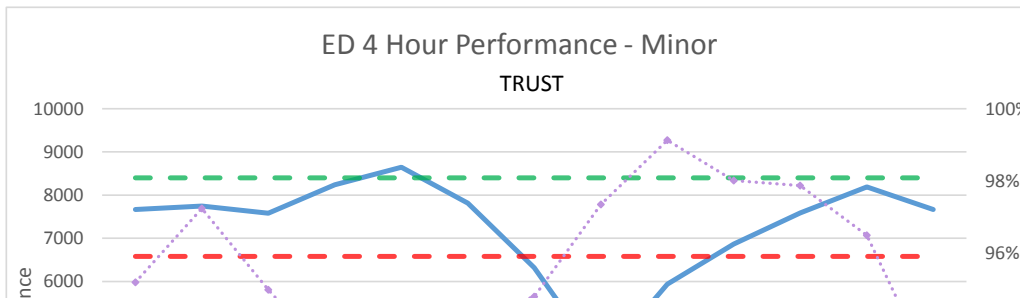
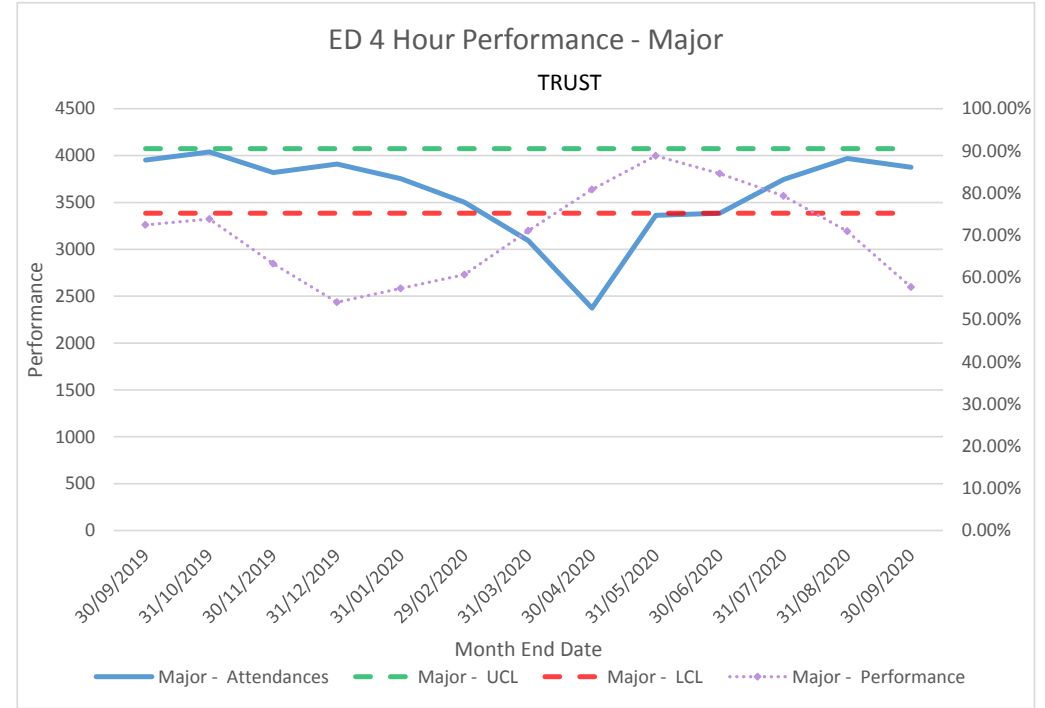
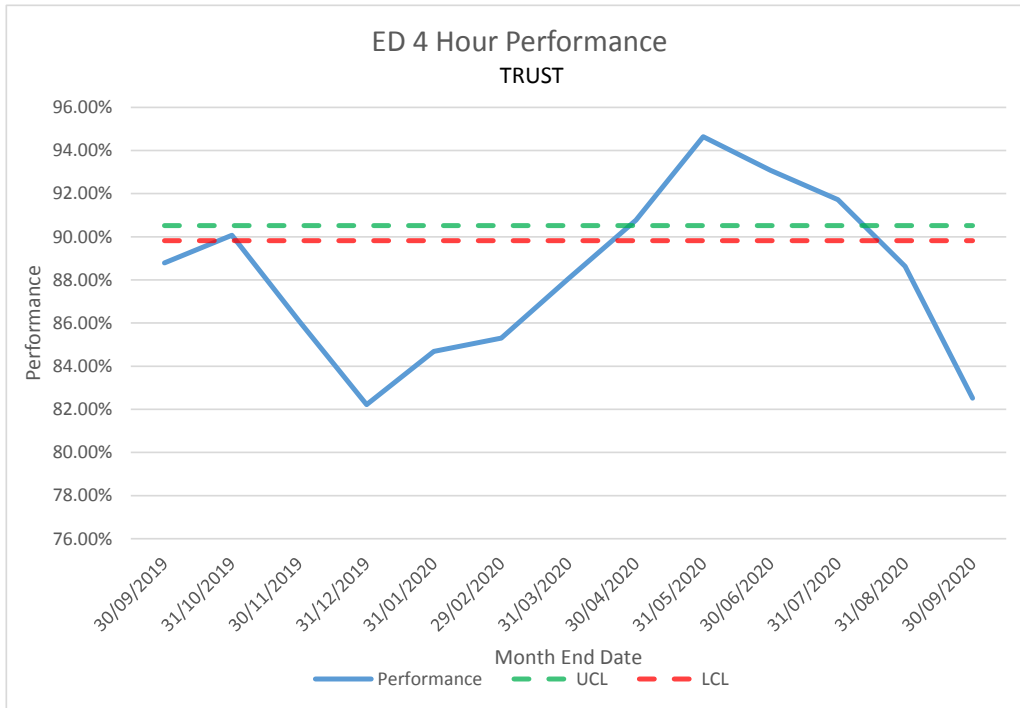
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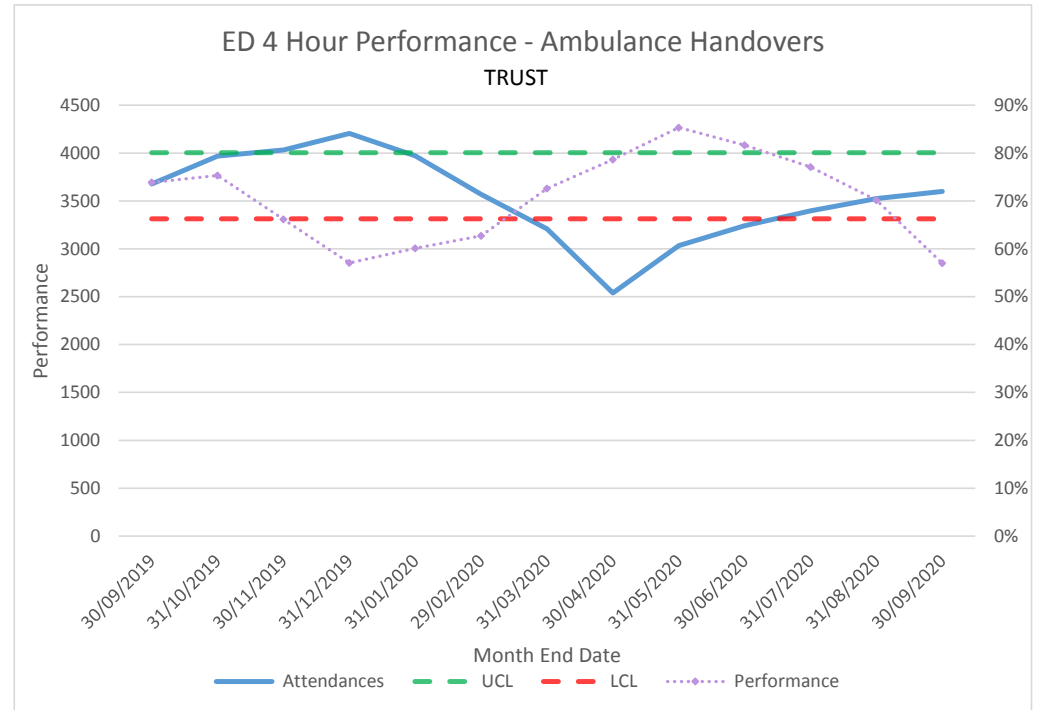
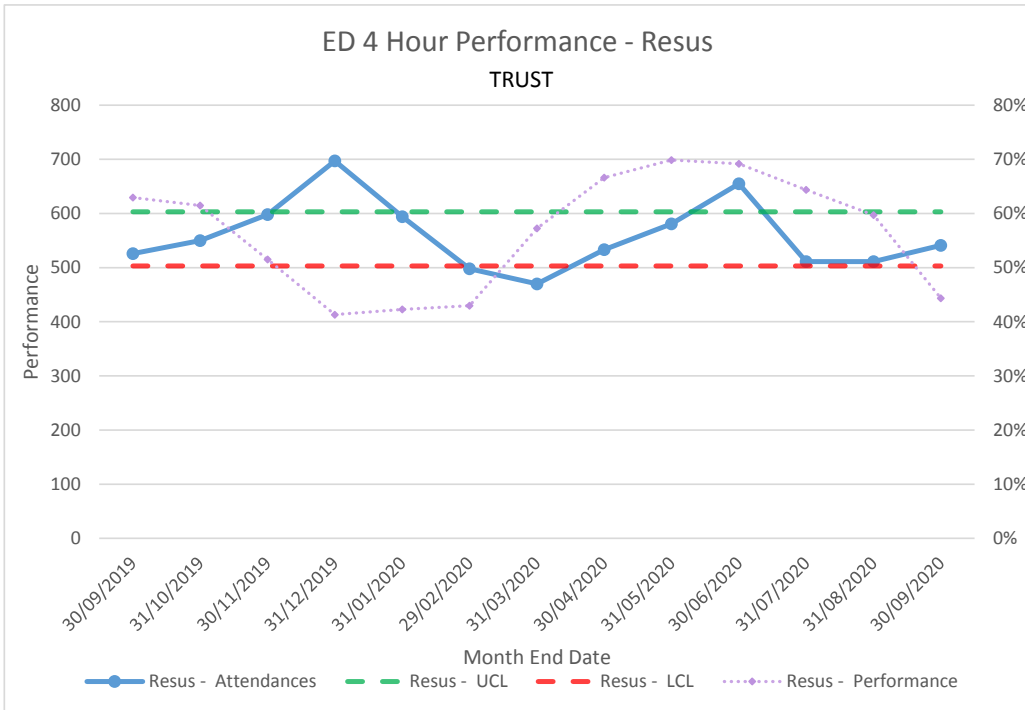
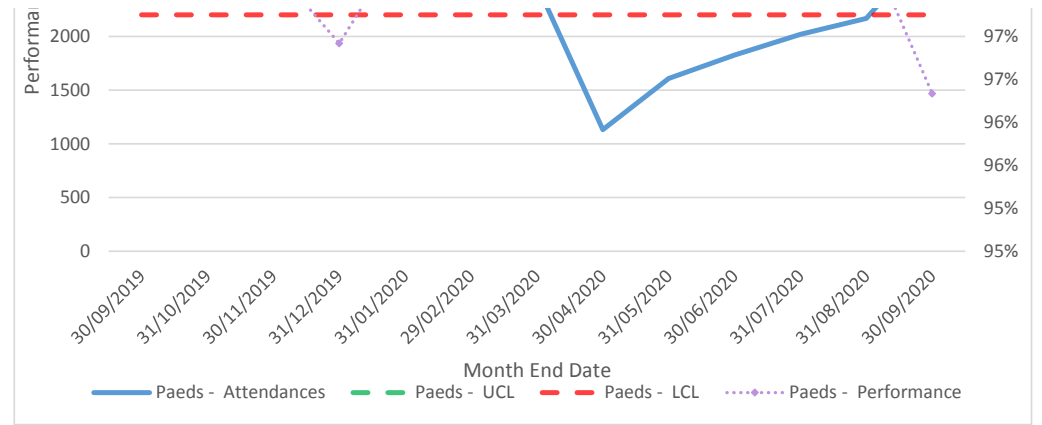
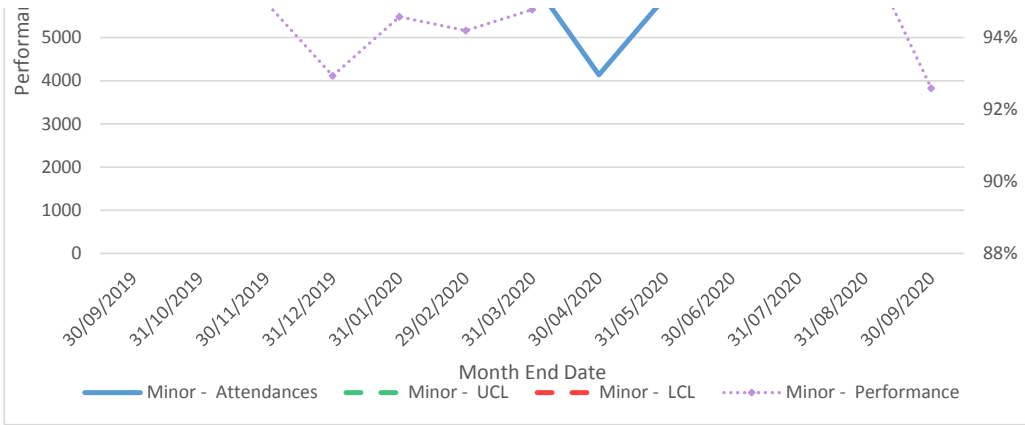
TRUST

Bassetlaw

Doncaster

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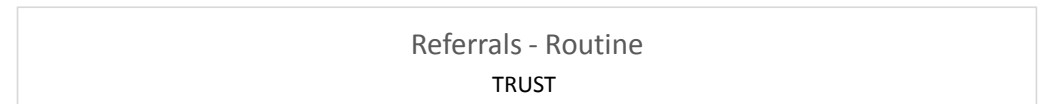
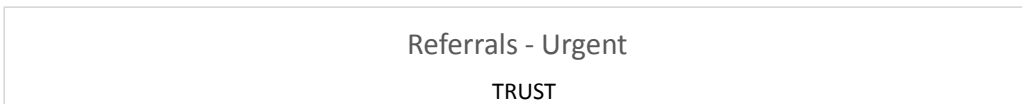
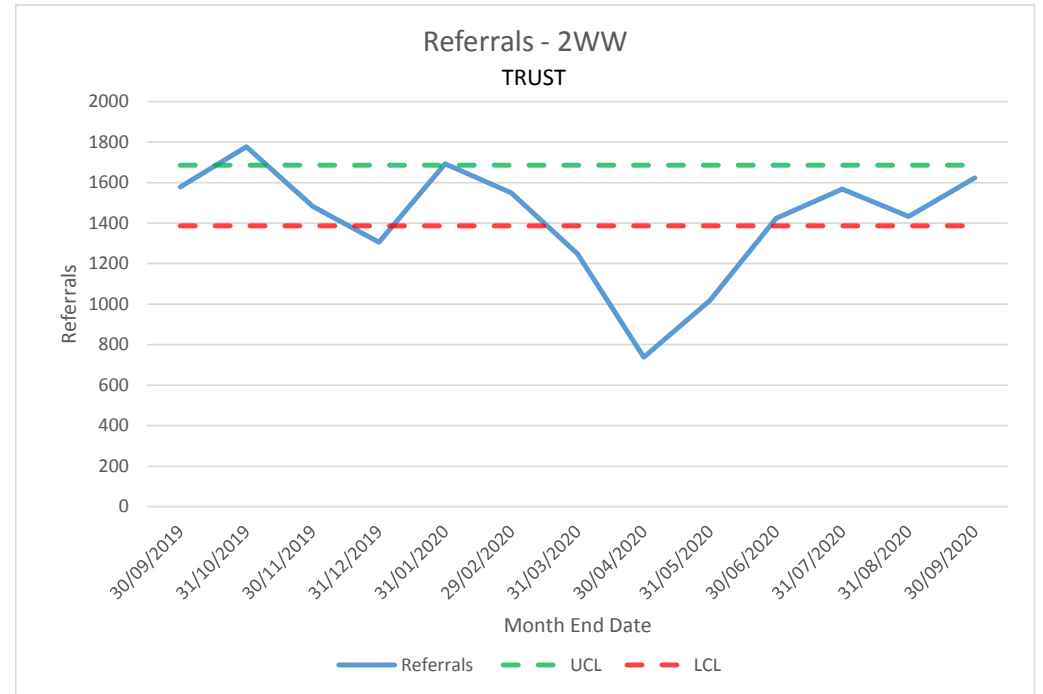
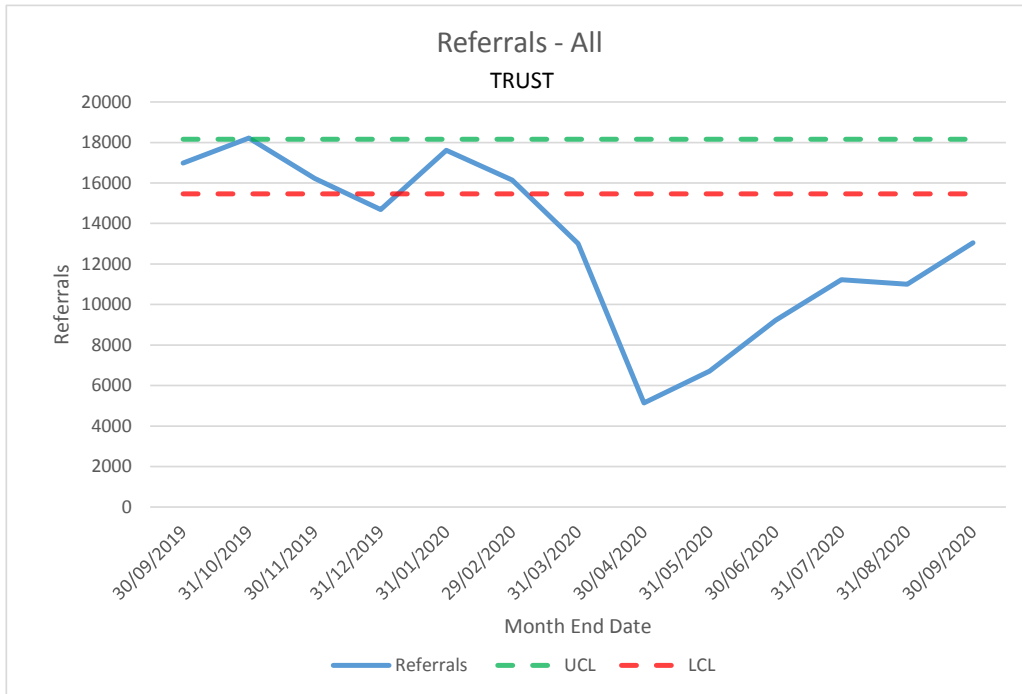


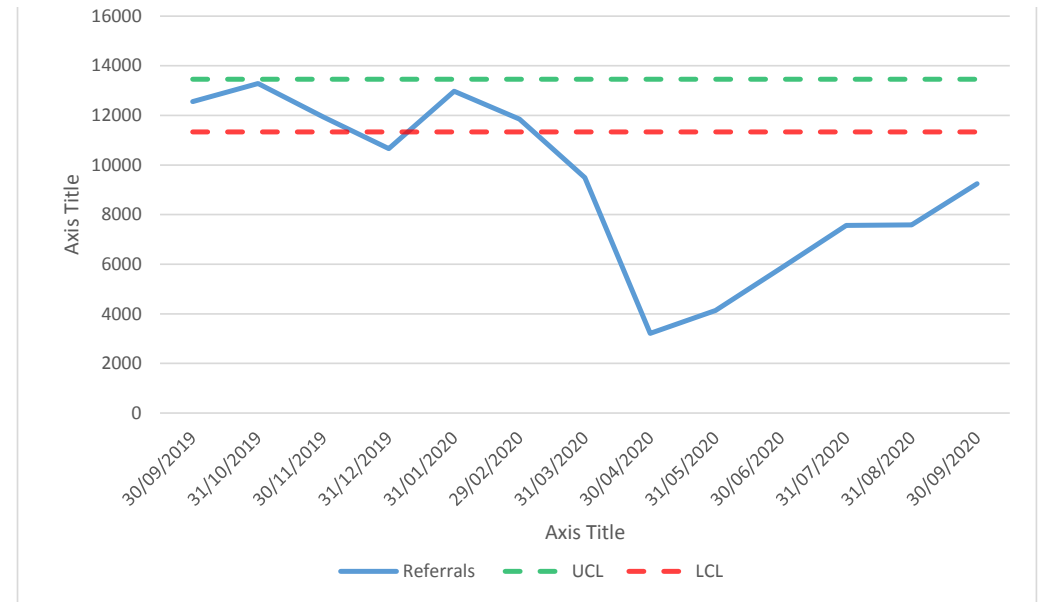
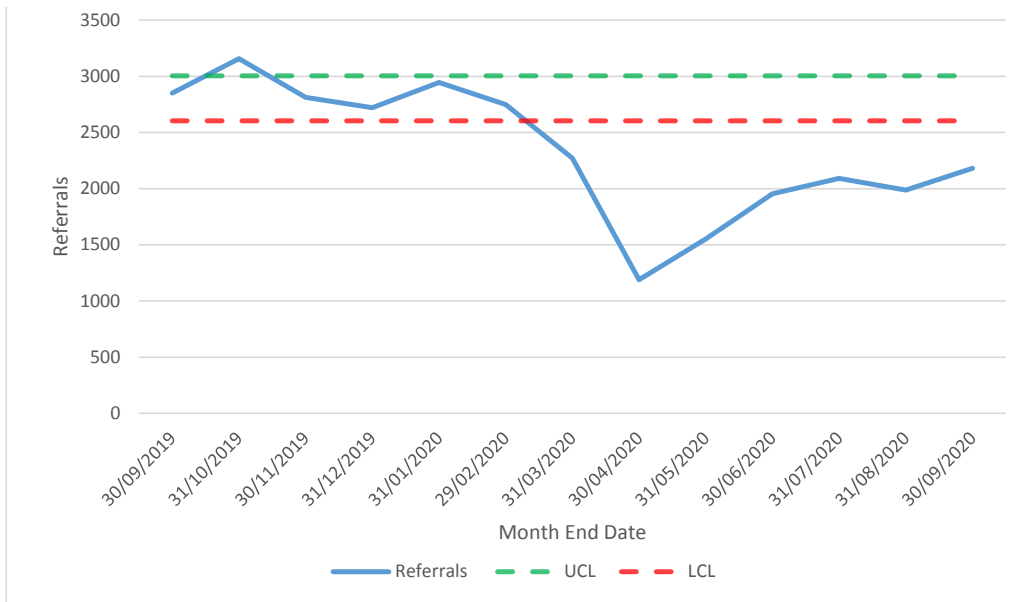
Referrals

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

Specialty Description

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



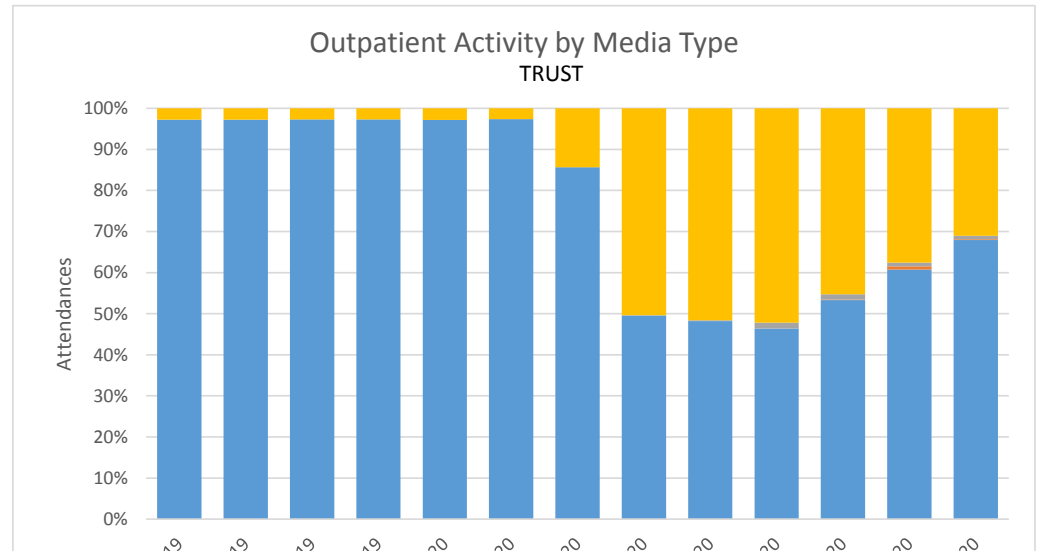
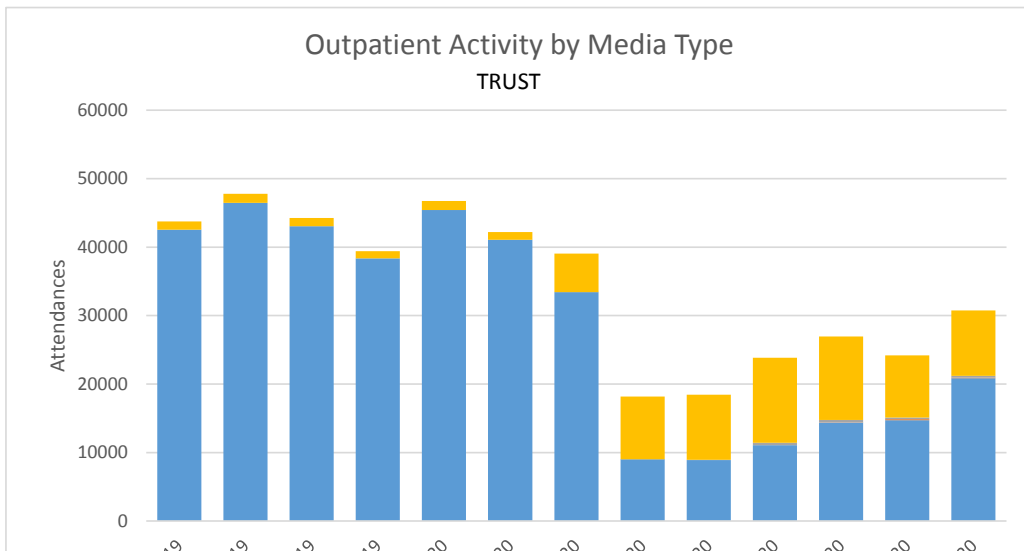
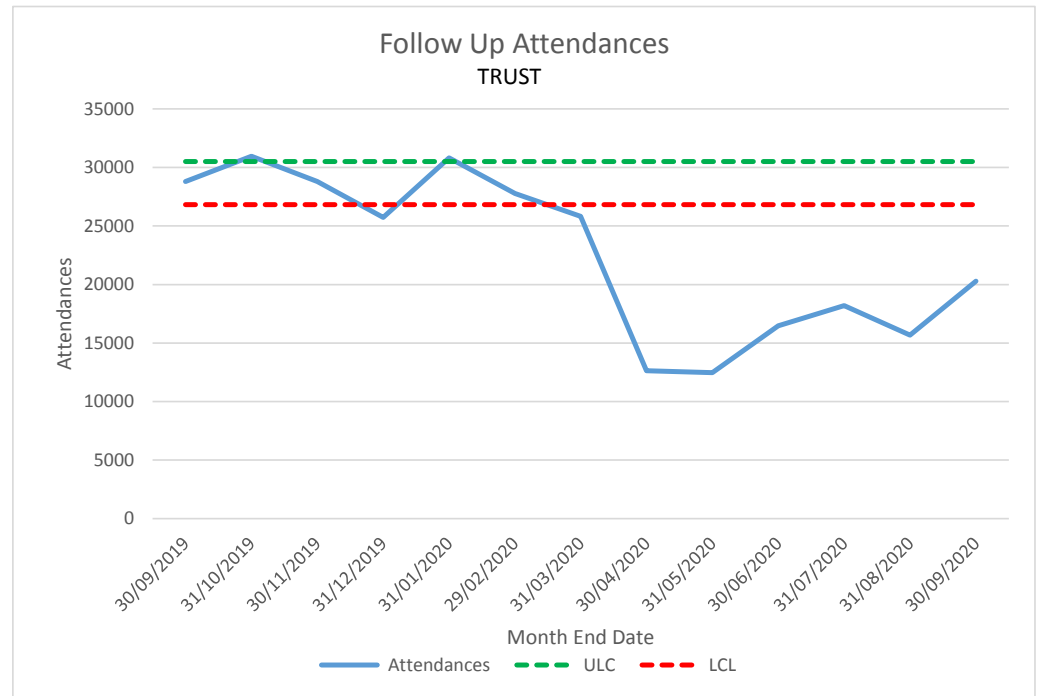
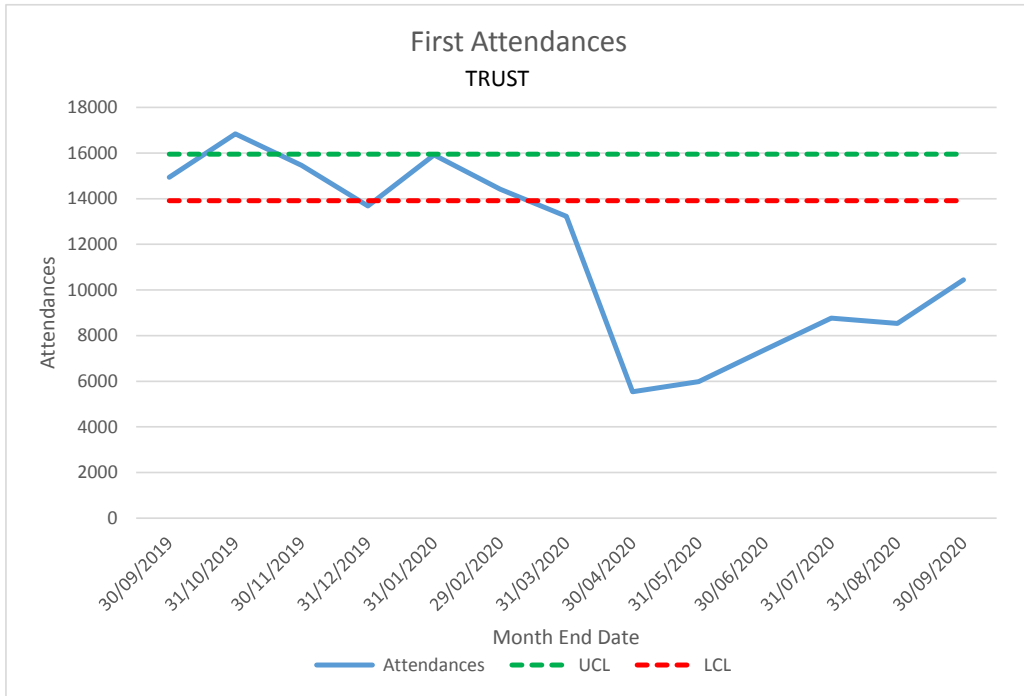


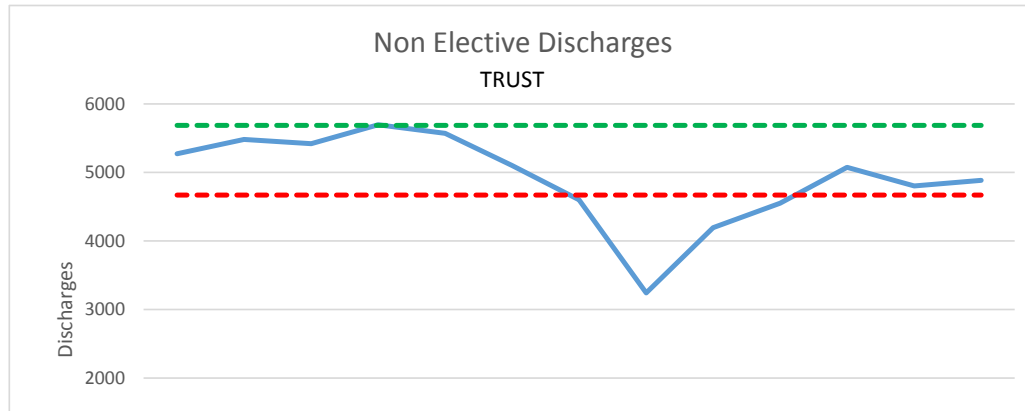
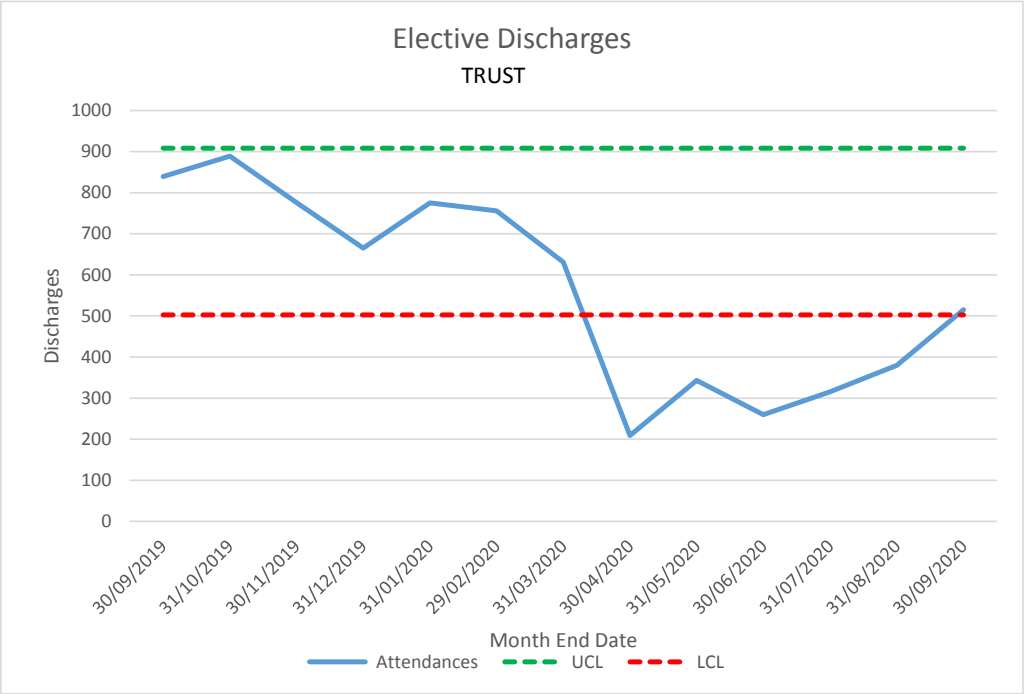
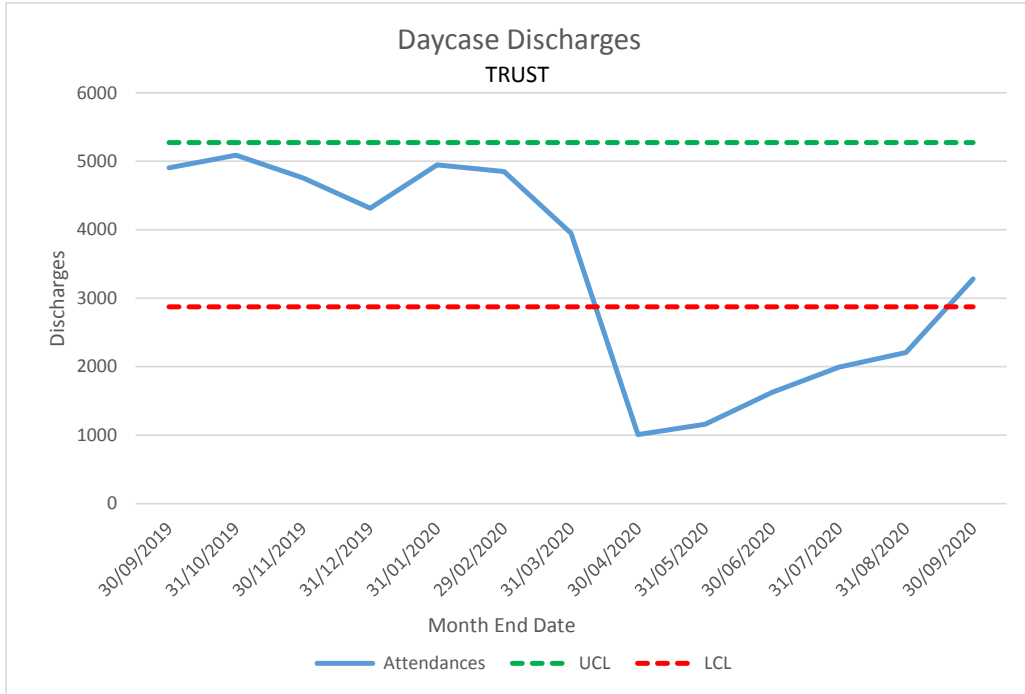
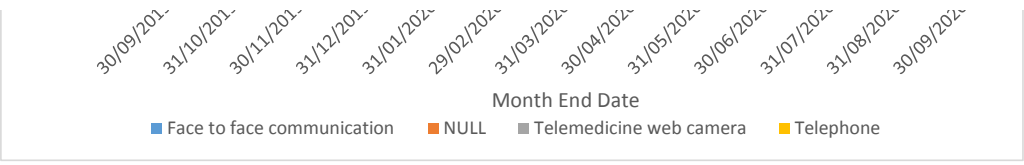
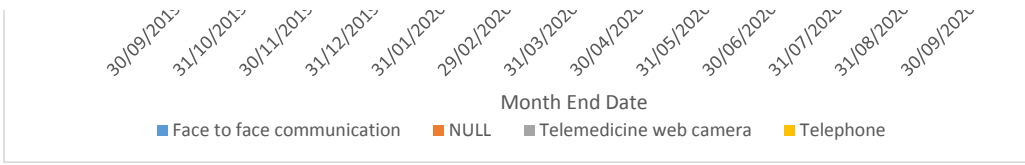
Activity

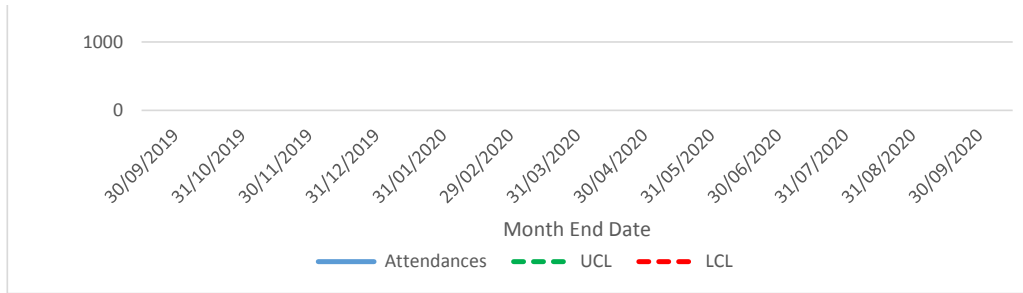
SELECT THE SPECIALTY BELOW FOR A FURTHER BREAKDOWN OR TRUST FOR THE TOTAL

Specialty

TRUST	ACCIDENT & EMERGEN...	ANAESTHETICS	AUDIOLOGY	BREAST SURGERY	CARDIOLOGY
CLINICAL HAEMATOLOGY	CLINICAL ONCOLOGY (p...	CLINICAL PSYCHOLOGY	COMMUNITY PAEDIAT...	DERMATOLOGY	DIABETIC MEDICINE
ENDOCRINOLOGY	ENT	GASTROENTEROLOGY	GENERAL MEDICINE	GENERAL SURGERY	GERIATRIC MEDICINE
GYNAECOLOGY	MEDICAL OPHTHALMO...	MIDWIFE EPISODE	NEONATOLOGY	NEPHROLOGY	NULL
OBSTETRICS	OPHTHALMOLOGY	ORAL SURGERY	ORTHODONTICS	PAEDIATRIC CARDIOLO...	PAEDIATRIC DENTISTRY
PAEDIATRIC DIABETIC ...	PAEDIATRIC ENDOCRIN...	PAEDIATRIC EPILEPSY	PAEDIATRIC RESPIRATO...	PAEDIATRICS	PAIN MANAGEMENT
PALLIATIVE MEDICINE	PODIATRIC SURGERY	PODIATRY	REHABILITATION	RESPIRATORY MEDICINE	RESPIRATORY PHYSIOL...
RHEUMATOLOGY	STROKE MEDICINE	TRANSIENT ISCHAEMIC ...	TRAUMA & ORTHOPAE...	UPPER GASTROINTESTI...	UROLOGY
VASCULAR SURGERY	WELL BABIES				





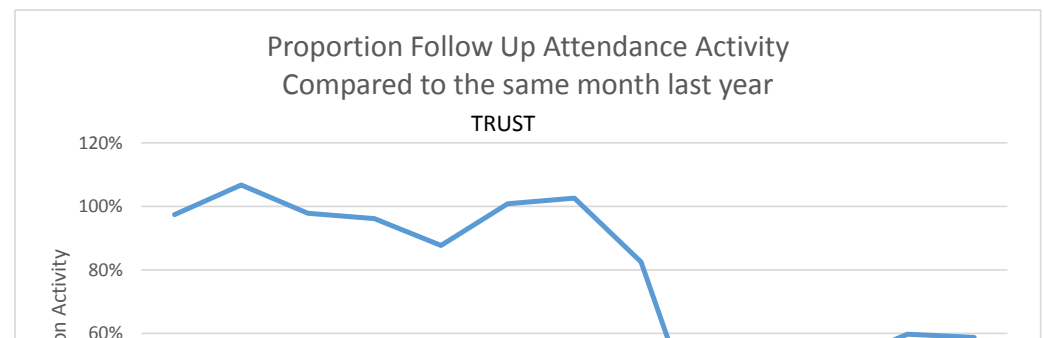
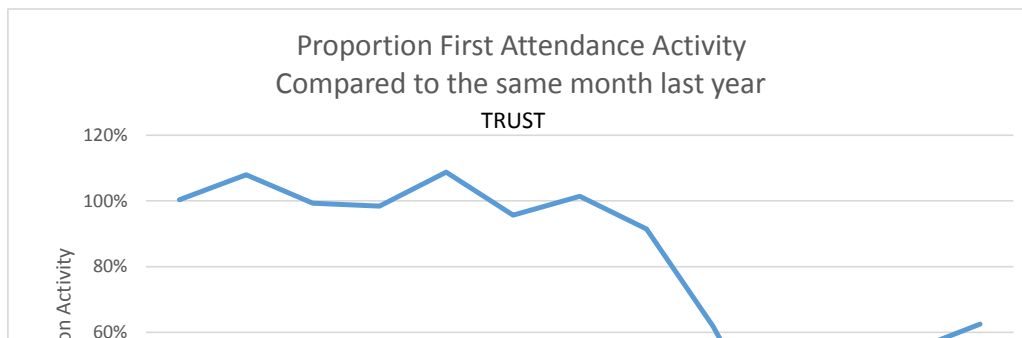


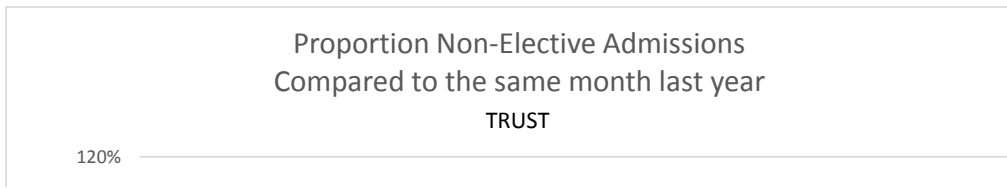
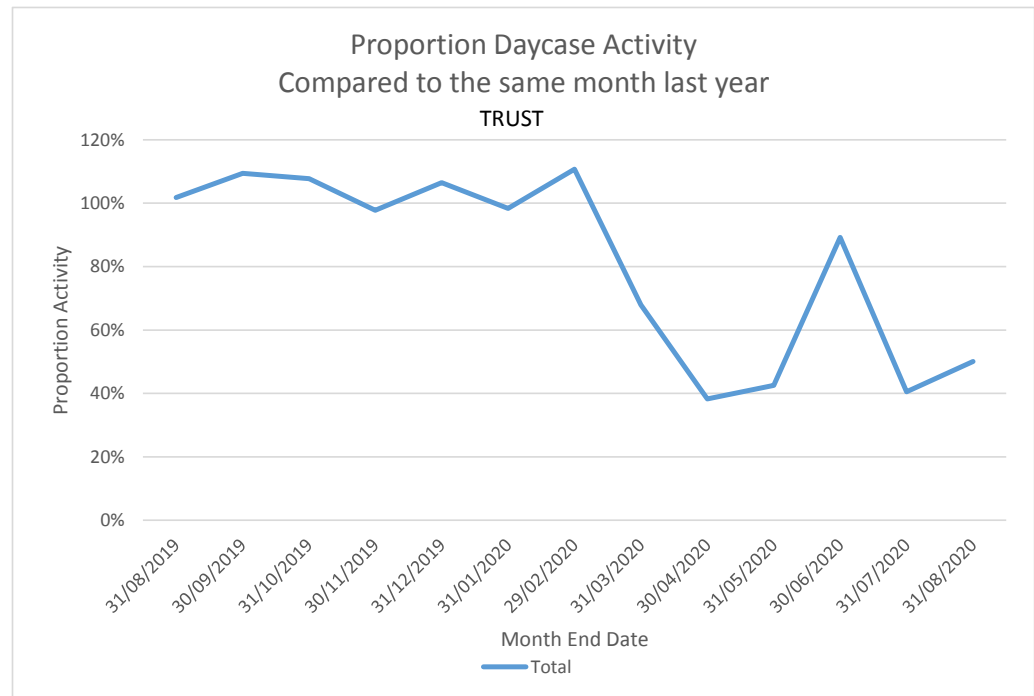
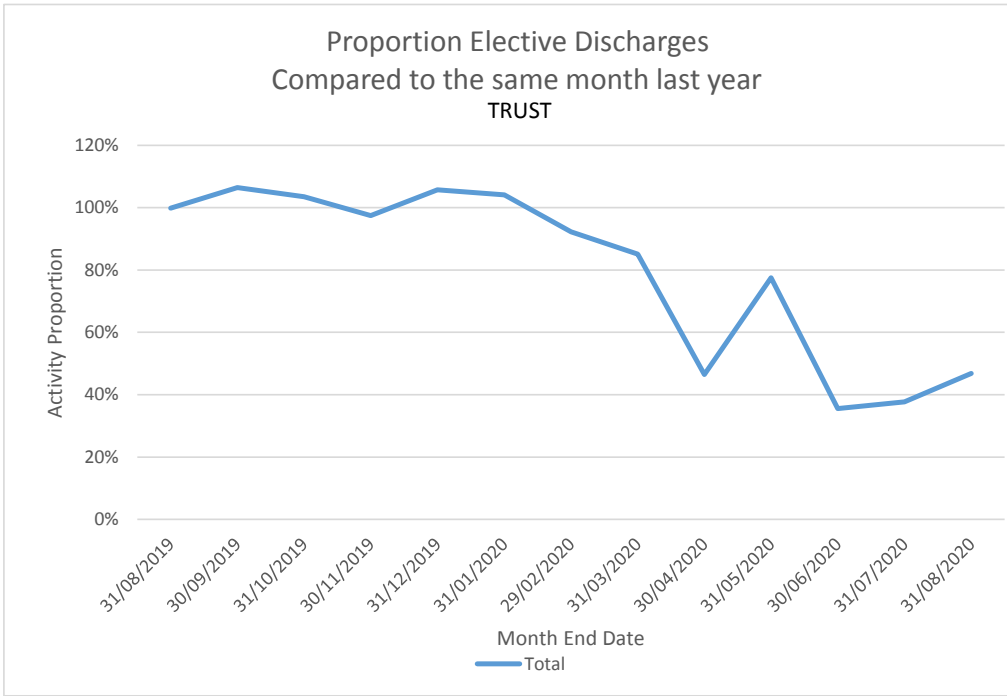
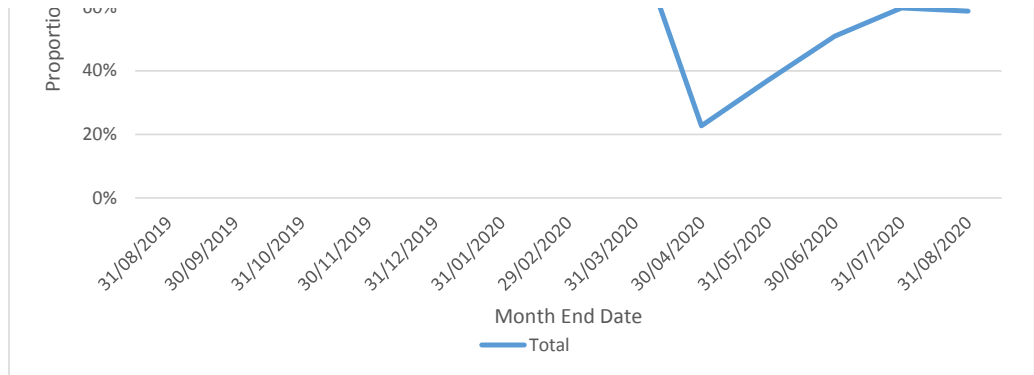
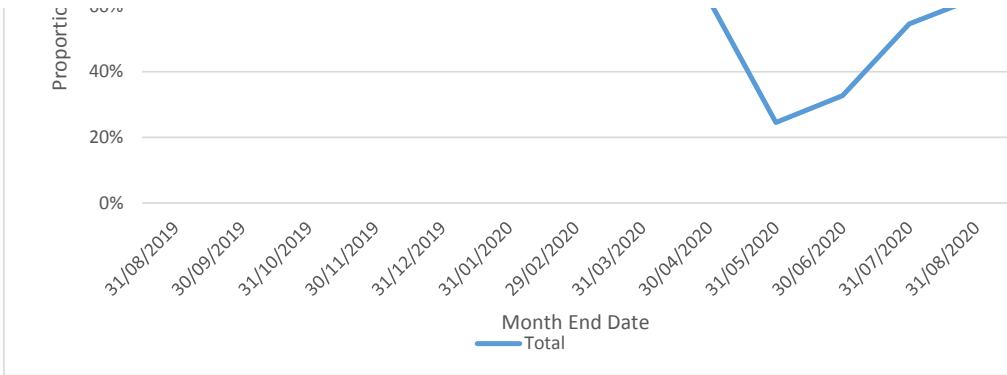
Activity Proportion

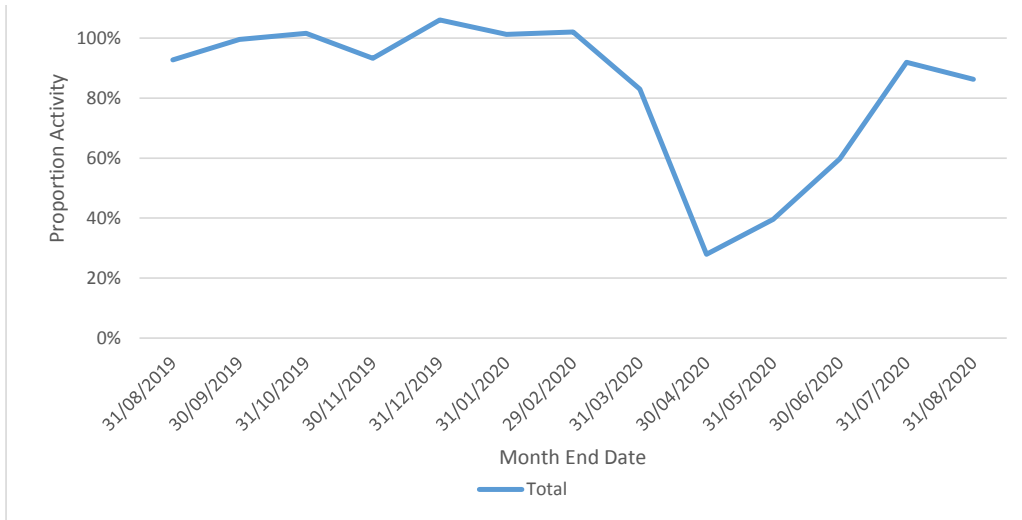
SELECT THE SPECIALTY BELOW FOR A FURTHER BREAKDOWN OR TRUST FOR THE TOTAL

Specialty

TRUST	ACCIDENT & Non-Electi...	ANAESTHETICS	AUDIOLOGY	BREAST SURGERY	CARDIOLOGY
CLINICAL HAEMATOLOGY	CLINICAL PSYCHOLOGY	COMMUNITY PAEDIAT...	DERMATOLOGY	DIABETIC MEDICINE	ENT
GENERAL MEDICINE	GENERAL SURGERY	GERIATRIC MEDICINE	GYNAECOLOGY	MEDICAL OPHTHALMO...	MIDWIFE EPISODE
NEONATOLOGY	NEPHROLOGY	NULL	OBSTETRICS	OPHTHALMOLOGY	ORAL SURGERY
ORTHODONTICS	PAEDIATRIC CARDIOLO...	PAEDIATRIC DENTISTRY	PAEDIATRIC DIABETIC ...	PAEDIATRIC ENDOCRIN...	PAEDIATRIC EPILEPSY
PAEDIATRICS	PAIN MANAGEMENT	PALLIATIVE MEDICINE	PODIATRY	REHABILITATION	RESPIRATORY MEDICINE
RESPIRATORY PHYSIOL...	RHEUMATOLOGY	STROKE MEDICINE	TRANSIENT ISCHAEMIC ...	TRAUMA & ORTHOPAE...	UPPER GASTROINTESTI...
UROLOGY	VASCULAR SURGERY	WELL BABIES			



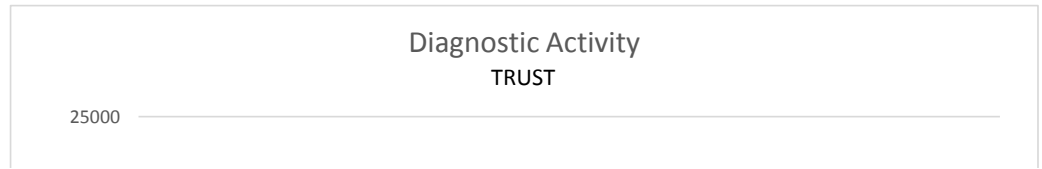
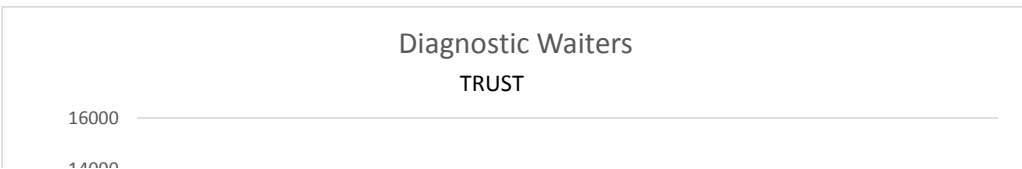


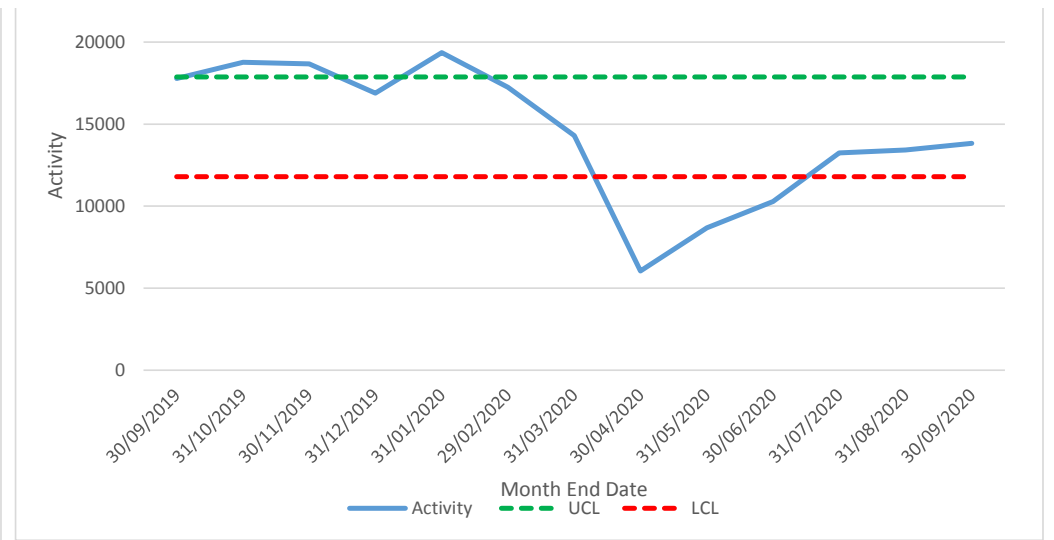
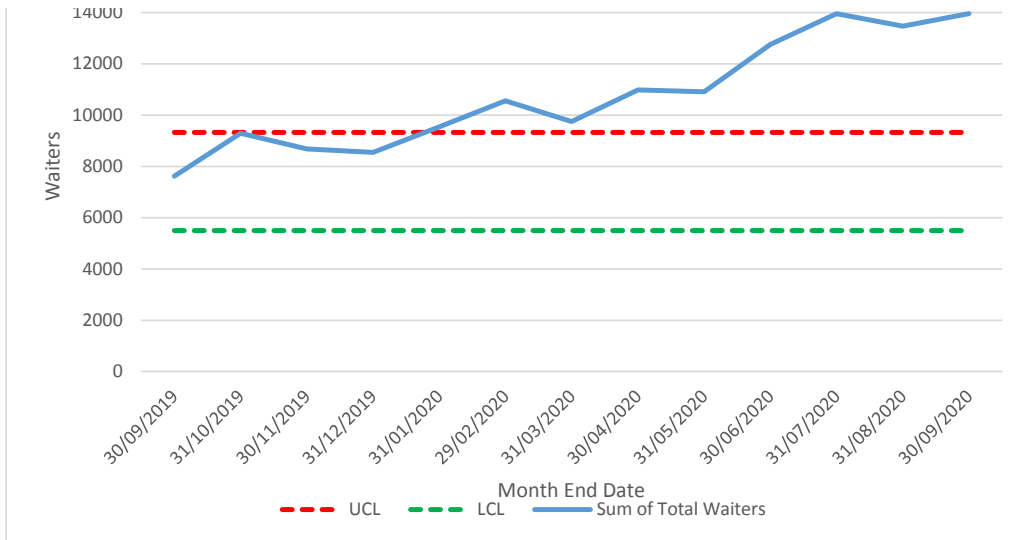


Diagnostics

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 Neurop...	Non-Obstetric Ultrasound	Respiratory Physiology - Sleep Studies	Urodynamics - Pressures & Flows





Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – September 2020

Activity

Performance Against National & Local Targets

Point of Delivery	National Target (% of activity from same time period 2019/20)	Local Target (NHSE/I submission)	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Outpatient New	100%	67%	69.4%					
Outpatient Follow Up	100%	64%	65.7%					
Elective	Sept – 80% Oct – 90%	58%	58.6%					
Day Case	Sept – 80% Oct – 90%	74%	71%					
CT	Sept – 90% Oct – 100%	95%	92.7%					
MRI	Sept – 80% Oct – 90%	95%	75.3%					
Non Obstetric Ultrasound	Sept – 90% Oct – 100%	78%	66.7%					
Colonoscopy	Sept – 90% Oct – 100%	120%	TBC					
Flexi Sig	Sept – 90% Oct – 100%	5%	TBC					
Gastroscopy	Sept – 90% Oct – 100%	98%	TBC					
Non-Elective	N/A	N/A	94.8%					

Point of Delivery	Issues Affecting Capacity / Hot Spots	Improvement Plan
Outpatient New	<ul style="list-style-type: none"> Social distancing Inability to deliver aerosol generating procedures 	<ul style="list-style-type: none"> Specialties unable to mobilise to 100% of 19/20 activity have developed plans to further increase their capacity. Task force set up for T&O and Head & Neck to determine how increased activity can be undertaken safely. Increasing IT provision to support more telephone and video consultations.
Outpatient Follow UP	<ul style="list-style-type: none"> Social distancing Inability to deliver aerosol generating procedures 	<ul style="list-style-type: none"> Specialties unable to mobilise to 100% of 19/20 activity have developed plans to further increase their capacity. Task force set up for T&O and Head & Neck to determine how increased activity can be undertaken safely. Increasing IT provision to support more telephone and video consultations.

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

Elective	<ul style="list-style-type: none"> • Bed availability due to emergency admissions and cohorting of patients (Covid) • Delay with full capacity in the private sector • Service delivery within core capacity only 	<ul style="list-style-type: none"> • Implementation of daily 'situation report' meetings to allow for daily decision making around use of resources to minimise blanket cancellations of elective procedures. Elective cancellations will be agreed as a 'last resort' if no other options are available. • Re-establishment of Outsourcing Team internally to ensure private sector resources are utilized fully and effectively.
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 • Establishment of specialty level activity meetings with supporting data and terms of reference to ensure all lists are fully utilised with the correct patients.
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"> • Action plan received 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 September 2020 • See day case
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 2020 • See day case

4hr Access

National Target – 95%

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	74.99%	9162	2291	15.03%
Bassetlaw	92.63%	4070	300	5.06%
Mexborough	99.94%	1706	1	1.11%
Trust	82.5%	14951	2592	10.72%

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

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>Due to the number of patients attending both emergency departments, social distancing of patients waiting and staff working in the department is becoming an increasing challenge.</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 continue to see 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. However, in September 2020 the Trust saw a 2.3% reduction in ambulance arrivals.</p> <p>Compared to September 2019, the Trust saw a decrease of 2.4% in attendances across all streams. However as a Trust we have seen an increase in resus activity.</p> <p>Compared to September 2019, performance has decreased from 88.79% to 82.65%.</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>Meetings with YAS undertaken in September 2020 to discuss issues – meetings will continue during the winter months.</p> <p>Work has started on Clinical Pathway improvements at Bassetlaw to look at patient flow in and out of the Department.</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>Collaborative working with South Yorkshire & Bassetlaw ICS and with Place level colleagues to plan for the introduction of 'Think 111' as a system wide solution to manage urgent and emergency pathways locally. This is due to be implemented nationally in December 2020.</p>	<p>Building works at DRI to be completed mid October 2020 with the reception area being handed over on 6.10.2020</p> <p>Ongoing improvement to pathways & patient management.</p>

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

During September both sites saw an increase in delays due to medical bed waits. This is reflective of the increasing challenges of managing admissions within the confines of Infection Prevention & Control processes.		
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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)

September data not yet available

Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
September 2020	Doncaster	2074	68.7%	29.5%	1.83%	1hr 51 mins
	Bassetlaw	748	37.3%	57.1%	5.6%	1hr 53 mins
	Trust	2822	60.4%	36.8%	2.8%	N/A

Main Issues Affecting Performance	Summary of Improvement Plan	Expected Improvement Timescale
<ul style="list-style-type: none"> Increased number of medical bed waits affected ambulance handover times, particularly at the end of September 2020 due to the capacity within the department. Slight improvement in the number of days when ‘batching’ of ambulances had an impact on ambulance handover times. 	<ul style="list-style-type: none"> Building work continues to enhance the DRI ED environment to support the acceptance & flow of patients throughout the department. Continued work with YAS and EMAS to reduce batching – monthly meetings recommenced following Covid 19. Escalation to the CCG and weekly discussions taking place. 	<ul style="list-style-type: none"> Completion due October 2020 Ongoing

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.

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

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
BREAST SURGERY	359	93.9 %	45
CARDIOLOGY	1396	70.4 %	55
CLINICAL HAEMATOLOGY	111	96.4 %	27
DERMATOLOGY	1294	86.2 %	53
DIABETIC MEDICINE	375	76.8 %	50
ENT	3776	52.4 %	77
GENERAL MEDICINE	2194	71.3 %	61
GENERAL SURGERY	3203	61.0 %	70
GERIATRIC MEDICINE	103	85.4 %	54
GYNAECOLOGY	1516	82.3 %	44
MEDICAL OPHTHALMOLOGY	447	66.4 %	53
NEPHROLOGY	117	99.1 %	28
OPHTHALMOLOGY	2892	53.8 %	69
ORAL SURGERY	2115	34.6 %	70
ORTHODONTICS	135	28.1 %	50
PAEDIATRIC CARDIOLOGY	83	78.3 %	35
PAEDIATRICS	396	87.6 %	37
PAIN MANAGEMENT	324	79.9 %	45
PODIATRY	165	50.3 %	49
RESPIRATORY MEDICINE	628	79.3 %	69
RHEUMATOLOGY	360	80.6 %	51
TRAUMA & ORTHOPAEDICS	7917	54.5 %	79
UPPER GASTROINTESTINAL SURGERY	137	32.8 %	62
UROLOGY	2236	51.2 %	96
VASCULAR SURGERY	641	78.6 %	67
Grand Total	33067	60.7 %	N/A

Incomplete Pathways	September 2020	August 2020	July 2020
Total (Trust)	33067	31583	29155
% under 18 Weeks (Trust)	60.7%	54%	49.2%
Total (Doncaster CCG)	20293	19278	17654
% under 18 Weeks (Doncaster CCG)	63%	56.9%	52.5%
Total (Bassetlaw CCG)	6789	6443	5867
% under 18 Weeks (Bassetlaw CCG)	66.8%	60.3%	54.7%

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

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<p>As a Trust, outpatient & elective activity is exceeding locally agreed targets, however day case activity is below local target for September 2020.</p> <p>During September 2020 significant issues were experienced with capacity for swabbing and pre-operative assessment services which had a negative impact on both elective and day case activity.</p> <p>Delay with full capacity in the private sector</p> <p>Ophthalmology unable to undertake routine surgery due to Intravitreal treatments (IVT) using theatre space.</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 September 2020 the Trust saw an overall reduction of 44% in comparison to September 2019.</p>	<p>Clinic Utilisation group continues to identify opportunities for the safe expansion of outpatients and an additional paper has been approved by the System Resilience Group (SRG) which further increases outpatient provision for the remainder of 20/21. The implementation of this will also reduce the overall number of 52 week breaches to 718 by March 2021.</p> <p>Implementation of daily ‘situation report’ meetings to allow for daily decision making around use of resources to minimise blanket cancellations of elective procedures. Elective cancellations will be agreed as a ‘last resort’ if no other options are available.</p> <p>Task & Finish group established to rapidly address the issues identified.</p> <p>Re-establishment of Outsourcing Team internally to ensure private sector resources are utilized fully and effectively.</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. Foureyes supporting with the provision of data to ensure capacity doesn’t exceed demand as currently limited outpatient clinics are taking place due to compliance with social distancing measures.</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>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 – September 2020

(D) 52 Week Breaches

National Target – 0

	Assuming no clock stops & all previously reported breaches are carried over							Predicted Breaches		
	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
New Patients Breaching 52 Weeks	1	9	17	52	89	132	170	225	569	955
Total Reported Breaches Including Carried Over (incomplete)	1	10	25	77	157	278	345**	570	1139	2094
Total Reported Breaches Including Carried Over (stopped in month)		0	0	5	10	23	156			

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

** 148 breaches lower than the predicted modelling for September 2020

Specialty Breakdown	No of Breaches	CCG Breakdown
Bariatric	6	6 x NHS England
Cardiology	1	1 x Doncaster
Dermatology	1	1 x Bassetlaw
ENT	19	10 x Doncaster 3 x Bassetlaw 6 x Others
General Medicine	5	2 x Doncaster 2 x Bassetlaw 1 x Others
General Surgery	23	17 x Doncaster 3 x Bassetlaw 3 x Others
Geriatric Medicine	1	1 x Barnsley
Medical Ophthalmology	1	1 x Doncaster
Ophthalmology	32	18 x Doncaster 5 x Bassetlaw 9 x Others
Oral Surgery	36	36 x NHS England
Respiratory Medicine	4	3 x Doncaster 1 x NHS England
T&O	161	99 x Doncaster

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

		31 x Bassetlaw 31 x Others
Urology	50	36 x Doncaster 10 x Bassetlaw 4 x Others
Vascular	5	2 x Doncaster 3 x Others

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
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>Additional outpatient and day case activity as agreed by the SRG group (as mentioned above) will significantly reduce the number of year end 52 week breaches.</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. All specialities have been asked to ensure every patient breaching 52 weeks or is due to breach has a clear management plan.</p> <p>Weekly speciality level activity meetings have been established in those areas where these were not already taking place to ensure patients are being booked in order of clinical need then strict chronology to ensure the longest waiters are being addressed.</p>	The SRG paper outlined the plan to ensure 52 week breaches are minimised with a locally agreed trajectory of 718 by year end. Additional monthly monitoring of this against speciality level trajectories will be implemented from October 2020.

Specialty Breakdown of Predicted 52 Week Breaches

Specialty	October 2020	November 2020	December 2020
BREAST SURGERY	0	2	2
CARDIOLOGY	3	10	29
DERMATOLOGY	0	4	16
DIABETIC MEDICINE	1	2	7
ENT	40	64	137
GENERAL MEDICINE	4	13	35
GENERAL SURGERY	36	94	195
GERIATRIC MEDICINE	2	3	4
GYNAECOLOGY	0	2	7
MEDICAL OPHTHALMOLOGY	3	6	15
OPHTHALMOLOGY	59	91	155
ORAL SURGERY	60	109	206
ORTHODONTICS	1	2	7

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PAIN MANAGEMENT	0	1	1
PODIATRIC SURGERY	1	2	2
PODIATRY	4	10	16
RESPIRATORY MEDICINE	5	8	16
RESPIRATORY PHYSIOLOGY	0	0	1
RHEUMATOLOGY	1	2	5
TRAUMA & ORTHOPAEDICS	251	539	941
UPPER GASTROINTESTINAL SURGERY	13	28	32
UROLOGY	78	133	240
VASCULAR SURGERY	8	14	25
Total	570	1139	2094

(E) Diagnostics

National Target – 99%

Exam Type	<6W	>=6W	Total	Performance	Longest Wait Waits
MRI	1082	76	1158	93.44%	35
CT	1511	223	1734	87.14%	37
Non-Obstetric Ultrasound	3678	3243	6921	53.14%	36
DEXA	259	224	483	53.62%	30
Audiology	134	454	588	22.79%	49
Echo	283	176	459	61.66%	24
Nerve Conduction	79	46	125	63.20%	30
Sleep Study	16	2	18	88.89%	6
Urodynamic	28	88	116	24.14%	40
Colonoscopy	312	436	748	41.71%	32
Flexible Sigmoidoscopy	62	126	188	32.98%	38
Cystoscopy	308	116	424	72.64%	32
Gastroscopy	397	598	995	39.90%	34
Total	8149	5808	13957	58.4%	

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

	Waiters <6W	Waiters >=6W	Total	Performance
Trust	8149	5808	13957	58.4%
NHS Doncaster	5321	3798	9119	58.35%
NHS Bassetlaw	2102	1488	3590	58.55%

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

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<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>DNAs for diagnostics, particularly non-obstetric ultrasound are impacting on activity levels with Mexborough Hospital DNA rates reaching up to 40%.</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. Also, communications to patients will be developed to advise of importance of attending or cancelling appointments.</p> <p>Recruitment / development of staff vacancies is underway.</p> <p>Waiting patients continue to be reviewed & risk stratified, with patients being booked in order of clinical need.</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>

(F) Cancer Performance

Cancer Performance – Trust – August 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%	79.5%
62 Day 50/50 Split	85%	80.8%
62 Day – Local Performance (local measure only)	-	84.9%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	55.6%
62 Day Screening	90%	100%
62 Day Consultant Upgrades (local measure only)	85% (local)	93.9%

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Cancer Performance - Specialty – August 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%	93.1%	92.9%	100%	
Gynaecology	100%			50%	50%		100%
Haematology	100%		100%	100%	100%		100%
Head & Neck				50%	33.3%		
Lower GI	100%	100%		57.1%	57.1%		100%
Lung	100%			85.7%	78.6%		77.8%
Sarcoma	100%			100%	100%		
Skin	100%			100%	100%		
Testicular							100%
Upper GI	100%	100%		86.7%	92.9%		100%
Urological	95.2%		100%	63.6%	58.8%		
Performance	99.2%	100%	100%	80.8%	79.5%	100%	93.9%

Cancer Performance by CCG – August 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	98.6%	100%	100%	76.6%	100%	90.5%
Bassetlaw CCG	100%	100%	100%	79.5%	N/A	100%

Cancer Performance Exceptions – August 2020

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Urology	31 Day & 62 Day	5	2 x patient choice 1 x Covid 19 reasons 2 x pathway delays
Gynaecology	62 Day	2	1 x Covid 19 reasons 1 x Medical reason
Head & Neck	62 Day	1	1 x Complex diagnostic pathway
Lower GI	62 Day	2	2 x Covid 19 reasons
Lung	62 Day	3	1 x Patient choice 2 x pathway delays

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

104 Day Breaches – August 2020

Specialty	No of Breaches (in month)	CCG	Referral to Treatment Pathway Length	Breach Reasons
Urology	1	Doncaster	386 days	Pathway delays at diagnostic phase resulted in IPT (patient transfer) received after breach date (RP5 - Doncaster day 87) compounded by patient choice and COVID-19: Clinical pathway pause - Treatment

*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		
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	65	47	15	10	9	TBC

Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan	Expected Improvement Timescales
<ul style="list-style-type: none"> Drop in August performance specifically linked to backlogs within Endoscopy Service with the focus on Upper GI Endoscopy delays due to COVID-19 Guidelines . There has also been an increase in Breast referrals which lead to an unexpected lack of capacity Some breaches were linked to patients refusing appointments Backlog in diagnostics – particularly Endoscopy – extending pathways Histopathology delays due to staffing Inability to fully utilise appointment slots at short notice due to national shielding guidance. 	<ul style="list-style-type: none"> Reinstatement of endoscopy capacity Meeting with Primary Care to discuss quality of breast referrals – a number of patients had not been examined by their GPs prior to referral Recruitment process underway for additional Histopathologist. Also looking for an ICS approach to support diagnostic services across footprint Trust approach to adoption of national guidance on shielding prior to elective and diagnostic procedures – reducing the amount of time a patient has to shield prior to a procedure. This will increase the number of short notice 	<ul style="list-style-type: none"> Increased endoscopy capacity stepping up over next 3 months – on track Change in referral categorisation for breast to Breast Symptomatic - shift to be seen through Q3 Recruitment process could take 6-12 months From September 2020 – on track Shielding time frames based on patients overall general medical condition – range from 3 to 14 days

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cancellations we can utilise.

(G) Stroke

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

July 2020

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	6	25	1	3	0	35
No	2	8	0	0	0	10
Total	8	33	1	3	0	45
Performance	75.0%	75.8%	100.0%	100.0%	0	77.8%

	October – December 2019	January – March 2020	April – June 2020
Stroke Sentinel National Audit (SSNAP) Score	A	A	A

All SSNAP KPIs compare favourably to the national average and have achieved 6/6 for July 2020 with DRI Stroke Unit 'A' rated on SNNAP. The remaining area of focus to ensure continuation of improvement 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	0		
Delay in Transfer from ED	2	Advanced Clinical Practitioner role introduced to increase specialist outreach in to ED for early identification of stroke patients	All started and active as planned and ongoing training continues
Delay - transport BDGH to DRI	0	Qii project to include all stakeholders: <ul style="list-style-type: none"> ED / CT / Stroke Team / Site Management 	Qii project was not started due CT reconfiguration as well as COVID, however email discussions held and with Trainee Advanced Care Practitioner roles in stroke in ED, ED triage staff are now actively ensuring stroke CT requests are acted upon especially when they are organised after the pre alert phone calls.
Delay at CT Scan	0		Stroke Consultant skills at CT interpretation have developed considerably in the past year,

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			with several consultants attending the CTA training put on by Sheffield Teaching Hospital colleagues in early 2020.
Patient Presentation: secondary / late diagnosis of stroke.	6	Development of intra-cranial haemorrhage pathway to improve early stroke diagnosis	<p style="text-align: center;">June 2020</p> <p>Service are piloting RAPID (rapid processing of perfusion & diffusion) Artificial Intelligence for identification of Large Arterial Occlusions and ease of image sharing with Sheffield Teach Hospitals.</p> <p>Above and beyond this, DRI also has access to acute MRI to facilitate thrombolysis of wake-up Strokes.</p>
Covid 19	2	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: 5 days 18 minutes – patient transferred to Covid appropriate bed as was query Covid positive.

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

National Target – 1%

CCG	Total Activity	No of Cancellations	% Achievement
Trust	3662	25	0.68%
Doncaster	2388	14	0.59%
Bassetlaw	846	10	1.18%
Other	428	1	0%

Overarching Issues Affecting Performance / Breach Reasons	No of Breaches	Summary of Improvement Plan
Insufficient Time (clinical reasons)	12	All cases planned through theatre planning group using individual consultants pre-agreed nominal timing for each procedure – all captured on Bluespир & all overruns discussed at theatre strategy group.
Equipment	8	Under investigation *
Staffing	3	Under investigation *
Scheduling	2	Under investigation *

*New process being established via Task & Group led by Clinical Specialty Services Division.

(I) Cancelled Operations – Not Rebooked within 28 Days

National Target – 0

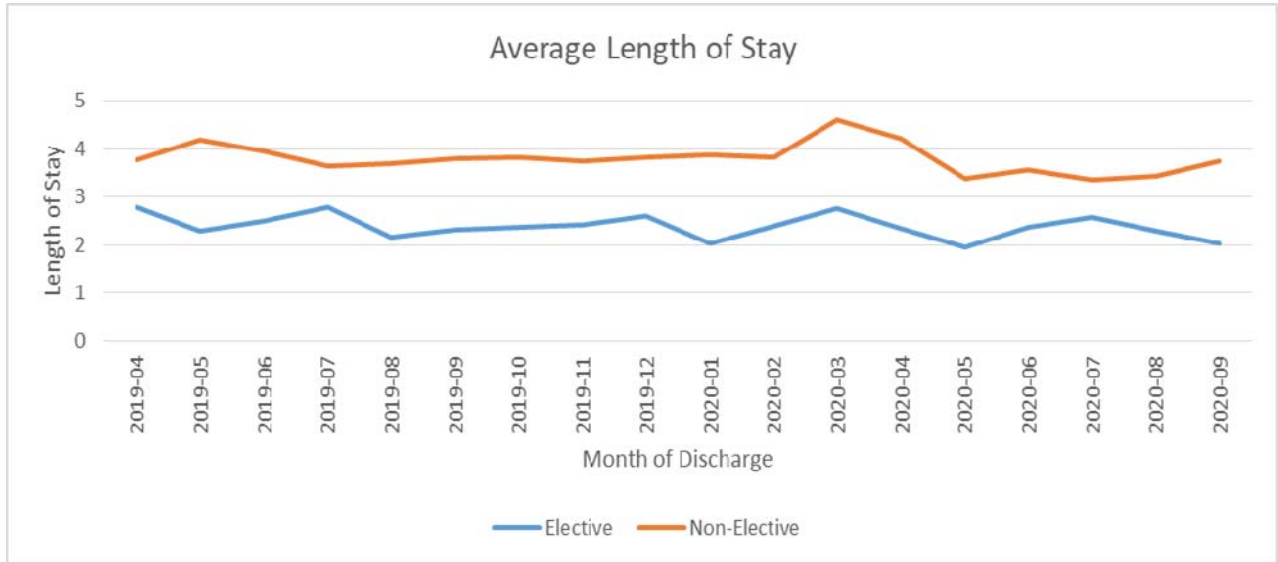
In September 2020 there were no operations cancelled that were not rebooked within 28 days

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – September 2020

Length of Stay

Average Length of Stay



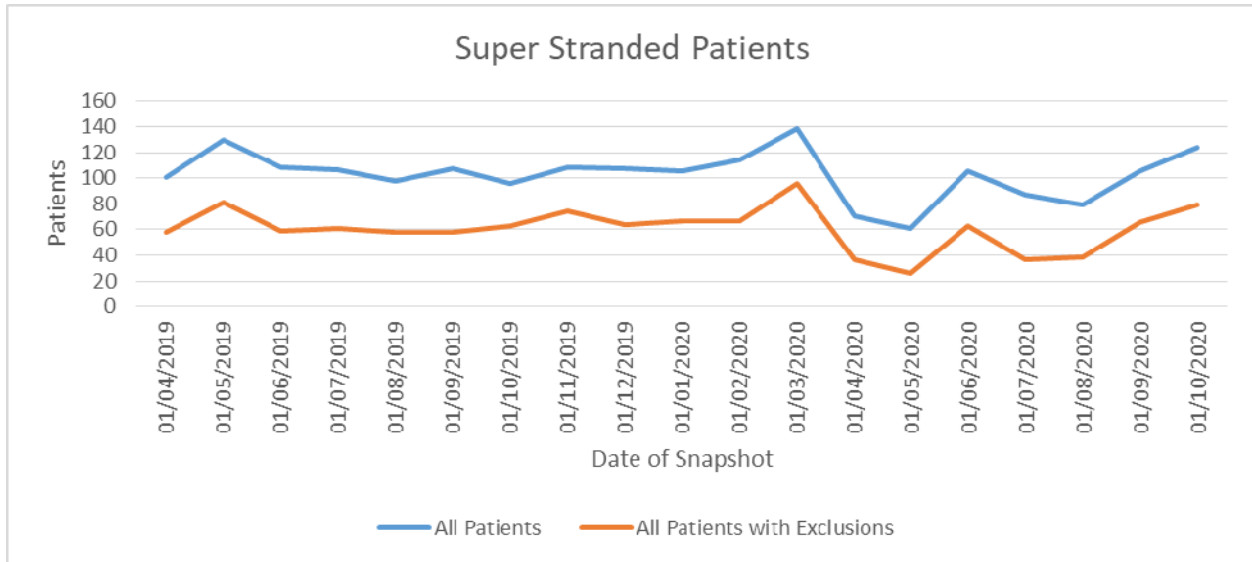
Summary of Main Issues	Summary of Improvement Plan
<p>Delays related to discharges to care homes and timely swabbing in line with estimated dates of discharge</p>	<p>Discharge Planning Care Homes We continue to work very closely with CCG, Local Authority (LA) and LA contracting to find solutions regarding 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>

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

PERFORMANCE EXCEPTION REPORT – September 2020

The social care staff have still not returned to the wards at Bassetlaw which David Purdue is escalating with the Bassetlaw Exec Team.

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)</p> <p>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.

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

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

Title	Financial Performance – Month 7 October 2020		
Report to	Trust Board	Date	17 November 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 7 (October 2020) was £160k. The underlying year to date financial position is now a £5.4m deficit before the retrospective top up payment for month 1-6. The in-month financial position is c. £1.1m favourable to plan as submitted to NHSI/E in month 7 before any fines relating to the EIS scheme. The in-month financial position is c. £0.1m favourable to plan after potential YTD fines. The favourable movement in month against plan is driven by activity being lower than Divisional plans and business cases/commitments not being spent in month.

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 7 (October 2020) was £160k. The in-month financial position is c. £1.1m favourable to plan in month 7 before any fines relating to the EIS scheme. The in-month financial position is c. £0.1m favourable to plan after potential YTD fines.
- The interim financial arrangements for M1-M6 have come to an end and have now been replaced with the new national arrangements from Month 7.

FINANCIAL PERFORMANCE

Month 7 – October 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P7 October 2020

1. Income and Expenditure vs. Plan				2. CIPs					
Performance Indicator	Monthly Performance	YTD Performance	In month Plan £'000	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000
	Actual £'000	Actual £'000			Actual £'000	Variance to plan £'000	Actual £'000	Variance to plan £'000	
I&E Perf Exc Impairments & top up	178	5,489	1,351	CIPs	234	(65) F	234	(65) F	
Income	(36,967)	(244,836)	(37,402)						
Donated Asset Income	(18)	(128)	(18)						
Operating Expenditure	35,641	241,107	37,292						
Pay	24,673	166,461	25,693						
Non Pay & Reserves	10,967	74,646	11,599						
Financing costs	1,504	9,328	1,443						
I&E Performance excluding top up	160	5,361	1,333						
Retrospective top up	0	(5,201)	0						
I&E Performance including top-up excluding fines	160	160	1,333	Total	234	(65) F	234	(65) F	0
EIS fines	1,045	1,045							
I&E Performance including top-up & fines	1,205	1,205	1,333						
F = Favourable A = Adverse				4. Other					
3. Statement of Financial Position				Monthly Performance		YTD Performance		Annual Plan	
				Plan £'000	Actual £'000	Plan £'000	Actual £'000	£'000	
Performance Indicator				Cash Balance	64,096	61,621	21,924		
Capital Expenditure				3,283	2,757	13,949	10,608	33,718	
All figures £m				5. Workforce					
				Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE	
Non Current Assets				218,569	-5,407				
Current Assets				86,269	-23,053				
Current Liabilities				-88,890	-41,187				
Non Current liabilities				-15,113	-1,544				
Total Assets Employed				200,835	-71,191				
Total Tax Payers Equity				-200,835	71,191				
				Current Month	5,954	5,412	254	106	5,772
				Previous Month	5,955	5,444	257	103	5,803
				Movement	1	31	2	-3	31

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Month 7 Financial Position Highlights

Summary Income and Expenditure – Month 7

	Plan £000	Actual £000	Variance £000
Income	-37,402	-36,967	436
Pay			
Substantive Pay	23,637	22,342	-1,296
Bank	647	789	142
Agency	834	910	77
Recharges	576	632	57
Total pay	25,693	24,673	-1,020
Non-Pay			
Drugs	874	806	-68
Non-PbR Drugs	1,511	1,437	-74
Clinical Supplies & Services	2,482	2,371	-111
Other Costs	5,632	5,082	-549
Recharges	1,101	1,271	170
Total Non-pay	11,599	10,967	-631
Financing costs & donated assets	1,443	1,486	43
Deficit Position as at month 7 before fines	1,333	160	-1,173
Risk re fines	0	1,045	1,045
Deficit Position month 7 after fines	1,333	1,205	-128

The Trust's deficit for month 7 (October 2020) was £160k. The underlying year to date financial position is now a £5.4m deficit before the retrospective top up payment for month 1-6. The in-month financial position is c. £1.1m favourable to plan as submitted to NHSI/E in month 7 before any fines relating to the Elective Incentive Scheme (EIS) scheme. The in-month financial position is c. £0.1m favourable to plan after potential YTD fines. The favourable movement in month against plan is driven by activity being lower than Divisional plans and business cases/commitments not being spent in month.

However there has been an increase in pay and non-pay expenditure above month 1-6 run rate by £1m. This is mainly related to the provision of outsourcing expenditure of £370k and an increase in non-pay costs in relation to increased activity compared to earlier months when a significant proportion of the Trust's activity was paused. The Trust has also included a provision for annual leave of £483k relating to the expectation that the Trust will have increased liability relating to carried forward leave as a result of COVID. The Trust has now reset its budget which will be presented to F&P in November which is broadly in line with the financial plan submitted to NHSI/E. The main changes relate to further work to align budgets more closely to rotas.

The Trust's month 7 financial position includes revenue costs of c. £741k relating to COVID (£1.5m in September, £8.6m YTD), of which £537k relates to pay costs and £204k to non-pay costs. The main movement in comparison to the previous month was due to a reduction in pay costs and the one off provision for PPE (£0.65m) incurred last month relating to the Trust's share of ICS PPE orders.

The clinical income position reported at month 7 is aligned to the revised national block arrangements and central top ups. Activity levels across most points of delivery (POD) continue to be lower than the normal Trust average and below Divisional plans. The main area of increase in activity compared to Month 7 was Day Case and Elective as a result of the Theatre re-instatement plan.

Point of Delivery	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-53.21%	-59.12%	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-50.98%	-56.15%	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-19.36%	-20.22%	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-64.15%	-67.15%	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-67.61%	-70.90%	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-65.61%	-69.44%	-76.42%	-78.58%	-82.40%	-85.19%	-87.14%

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

In Month 7 non clinical income is overall £462k above the M1-6 average run rate. This is mainly due to additional income for swabbing and antibody testing £170k, an increase in RTA income £56k, increase in private patients income £80k and an increase in recharges £98k (which is offset in expenditure).

The pay expenditure position in month 7 is £0.2m higher than run rate (M1-6). In month the main change was a small increase in medical staff costs in critical care due to sickness £0.2m. Non-pay has increased in the month by £0.8m compared to the M1-6 run rate. The movement against the M1-M6 run rate is caused by the restarting of some activity which has led to an increase in clinical supplies, drugs etc spend versus earlier months in the year when elective activity was paused. This includes c. £128k expenditure (bloods, consumables, prosthesis etc.) relating to the restarting of activity in the Surgery Division, along with an increase in expenditure of c. £354k in the CSS Division for testing and the impact of restarting activity. There is also a provision for outsourcing expenditure of £370k in month in line with plan.

In month 7 the Trust has delivered £234k of CIP versus a plan of £169k, this is a positive variance of £65k. The £234k is made up of four schemes with the bulk of the savings related to IT contracts and further savings in procurement, price negotiation in the use of a mobile MRI van and agency usage in theatres.

Capital expenditure spend in month 7 is £2.8m. This is £0.5m behind the £3.3m plan in month. YTD capital expenditure spend is £10.6m, including COVID-19 capital spend of £1.5m. This is £3.3m behind plan YTD, as a result of the original phasing of the HSDU scheme in the Critical Infrastructure plan (£1.9m), a delay in progressing the Critical Infrastructure projects (£0.5m), expected HSDU underspend (£0.5m) and a delay in progressing some of the IT schemes (£0.4m).

The cash balance at the end of October was £64.1m (September: £61.6m). 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. Increase in cash in month is mainly due to receiving Provider to Provider income from NHS Trusts for invoices raised in September.

2. Recommendations

The Board is asked to note:

- The Trust's deficit for month 7 (October 2020) was £160k. The in-month financial position is c. £1.1m favourable to plan in month 7 before any fines relating to the EIS scheme. The in-month financial position is c. £0.1m favourable to plan after potential YTD fines.

- The interim financial arrangements for M1-M6 have come to an end and have now been replaced with the new national arrangements from Month 7.



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

Title	Covid-19 Wave 2 Super Surge Plan / Winter Plan		
Report to	Trust Board	Date	17 November 2020
Author	Rebecca Joyce, Chief Operating Officer Jodie Roberts, Deputy Chief Operating Officer Jeannette Reay, Emergency Planning Officer		
Purpose	To provide the Board of Directors with the final documents: <ul style="list-style-type: none"> • Covid-19 Wave 2 Super Surge Plans, • Covid-19 Management Response Framework • 2020 Winter Plan They were approved in draft at the Finance and Performance Committee on 27 September 2020.		Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

Three linked documents are presented for the Board's attention

1. The Covid-19 Super Surge Plan

This document acts as an addendum to the winter plan to describe the Super Surge Arrangements that have been put in place for managing combined winter and Covid-19 pressures at DBTH.

This is a modified version of the Wave 1 plan, incorporating the lessons from the various evaluations undertaken. It outlines

- Expected Covid-19 Demand
- Expected Workforce Impact
- Summary of Trust Plan for Covid-19 Wave 2
- Additional Capacity Arrangements for Surge – Internal
- Additional Capacity Arrangements for Surge – External
- Trust Wide OPEL Levels
- Divisional OPEL Levels
- Workforce Plans
- Infection Control Plan & PPE

Supporting this plan is a single financial assessment of the overall winter and Covid-19 plan, which totals £1.5 million, in line with the allocation in the financial plan.

2. Covid-19 Management Response Framework – Wave 2

This Response Framework outlines the management structure and approach that DBTH will take to manage wave 2. This document incorporates the lessons from the various evaluations undertaken.

3. Winter Plan 2020

This document sets out the winter plan for Doncaster and Bassetlaw Teaching Hospitals. This plan sits within the wider context of the Doncaster and Bassetlaw system wide winter plan. This plan was written in September 2020 before the scale and projected demand of the Covid-19 wave 2. Hence the first document, the C19 Super Surge Plan builds on this document. However, the winter plan is a “foundation” of the Covid-19 plan.

The system wide approach to managing winter has been in use across the A&E Delivery Board patch since 2016/17 and has proved to be successful. The approach to managing the winter of 2019/20 has been reviewed by both CCGs and the learning used to inform the plans for 2020/21 this has also included learning from the Covid-19 pandemic. The evaluation and planning has been discussed system wide via the SRG group. The paper focuses on the DBTH plan specifically in that wider context. It will:

- Summarise the local evaluation evidence from the delivery of the 19/20 winter plan in Doncaster and Bassetlaw.
- Outline the Proposed DBTH Winter Plan including learning from winter 19/20 and Covid-19
- Outline Risks and Mitigations to our Plan which include additional risks related to Covid-19
- Conclusions

A key action through this process has been the identified of the Trust Wide OPEL framework and divisional OPEL frameworks from a capacity and workforce perspective. These spell out the actions Divisions and the Trust should take at OPEL levels 1-4.

Key questions posed by the report

Is Board assured by the contents of the following plans to manage the high level of risk through the winter months:

- Super Surge Covid-19 Wave 2 Planning
- The Planned Management Response to Covid-19
- 2020 Winter Plan

How this report contributes to the delivery of the strategic objectives

The plan makes an important contribution to ensuring we meet our objectives focused on

- Safety
- Patient and Staff Experience
- Financial Sustainability

Effective winter planning and delivery will support the delivery of positive performance through winter for all NHS Constitution Standards and mitigate any additional risks that Covid-19 poses to the system.

How this report impacts on current risks or highlights new risks

The plan makes an important contribution to ensuring we manage our risks associated with winter and Wave 2 Covid-19 for patients, safety, performance and finance.

Recommendation(s) and next steps

Following scrutiny at Finance and Performance Committee in October 2020, Trust Board are requested to approve the contents of:

- Super Surge Covid-19 Wave 2 Planning
- The Planned Management Response to Covid-19
- 2020 Winter Plan

DBTH - Super Surge Winter COVID Plan (November 2020)

1. Purpose

This document acts as an addendum to the winter plan to describe the Super Surge Arrangements that have been put in place for managing combined winter and COVID pressures at DBTH. It should be read in conjunction with:

- The Winter Plan 20/21
- COVID 19 Wave 2 Management Response Plan – Enhanced Operational Arrangements
- Wider Overall Place Plans in both Bassetlaw and Doncaster

This document is intended to be operationally focused and described the enhanced internal and external plans for managing the expected surge through winter.

2. Expected Demand

In line with NHS England expectations, the Trust has planned for a number of scenarios:

- 5% G&A beds occupied by COVID
- 15% G&A beds occupied by COVID (Wave 1 at DBTH – additional local scenario)
- 20% G&A beds occupied by COVID (similar to peak of Wave 1)
- 35% G&A beds occupied by COVID

The Information Department has developed a modelling tool, using data provided by Doncaster Data Cell colleagues at DMBC who can provide a daily breakdown by age of the confirmed community infections. The tool uses the infection rate and hospitalisation of those patients aged 60+ as these patients are predominantly those which are being hospitalised with Covid.

The model reviews the following indicators, all tracked against the trend for Wave 1:

- Age profile of C19 patients
- Levels of critical care usage
- Mortality rates
- Conversion from community infection rates to DBTH admissions
- Cumulative confirmed cases and shape of the pandemic wave
- C19 discharges and length of stay
- Deaths and rolling 7 day average
- Occupancy levels of C19, along with other Non-Elective Occupancy and Elective Occupancy Against total Bed base
- 6 day COVID projection
- Correlation between C19 patient numbers and staffing absence levels (split by professional group and department)
- Different scenarios for what the shape of Wave 2 may look like, subject to different assumptions

This is supplemented by the weekly views provided to CEOs from the Regional Public Health Director on insights from the national data cell, what we can expect in terms of impact of national regional / lockdown measures etc. The DBTH Information Department has also reviewed Trusts in the North West who entered Wave 2 slightly earlier than DBTH to further inform what trends we might see locally.

Collectively this modelling helps us:

- Compare the operational and clinical reality of C19 wave 2 to Wave 1
- Provide week to week support to operational planning
- Provide a medium term view to support month to month term planning

This modelling gave us prior notice of the need to prepare the organisation and partners to step up to OPEL 4 arrangements on the Doncaster site in late October, whilst ensuring all external surge options in Bassetlaw and Doncaster are mobilised & mutual aid arrangements across the ICS are actively discussed.

The outputs from the model will be used to brief the Board and internal groups on our anticipated COVID numbers, in the wider winter context as we move forward.

As at 10/11/2020, the Trust has been running at around 30% COVID occupancy for 2-3 weeks, with staff absence levels tracking positive patient admission numbers. Further surge planning with NHS England across South Yorkshire and Bassetlaw has taken place to plan for further growth. At Doncaster and Bassetlaw place level discussions we have determined this should focus on admission avoidance and a further strengthening of our operational approach.

3. Total Trust Strategy to COVID

Our plan focuses on four planning principles centred around the two priorities of safety and sustainability:

PRIORITY 1: SAFETY

1. Emergency
2. Urgent
3. Cancer
4. Absolute Dates

PRIORITY 2: Sustainability

- People
- Performance
- Finance

The headlines of the Trust response to COVID are provided below. The plan builds on:

- The original COVID plan submitted to Board on 20 April 2020
- The lessons from the Post Implementation Review (June 2020)
- The Review of the Trust's EPRR response to wave 1 (September 2020)
- The learning from the Internal Audit of Covid 19 Business Continuity, Response Plan and Remote Working Plan (October 2020).
- The implementation of Phase 3 Activity Plans and the internal Strategic Recovery Process (August 2020)
- Planning scenarios from NHS England, SYB ICS Discussions (September/ October 2020)
- Super surge place meetings held at Trust level both internally to DBTH and with Doncaster and Bassetlaw Place partners. (September, October 2020)
- Internal DBTH Divisional, Trust and corporate meetings (October 2020)
- Modelling completed on activity and workforce (October 2020)

At the time of finalising this document, the plan is:

- i. A modified and refreshed version of the original COVID Plan (described in April 2020 document), incorporating learning from the documents identified above and responding to the additional emergency and elective planning requirements of NHS England.
- ii. The Trust has established an OPEL framework which specifies COVID triggers and Trust wide actions from Levels 1-4. Divisions have established local COVID OPEL frameworks which specify the local arrangements for these levels.

- iii. The main difference to the plan, is a more local approach to elective work, rather than the nationally mandated step down of routine elective work that took place on 17 March. Instead, for Wave 2, each Division has planned a reprofiling of elective work, where required, in line with OPEL triggers.

Specifics of the plan are outlined below:

- i. Further consolidation of elective work at **Bassetlaw and Mexborough** with further transfer of inpatient and DC elective work to Bassetlaw and Mexborough to release capacity at DRI
- ii. The facilities from the onsite private hospital provision, **Park Hill Hospital** will be available to the NHS in line with national guidance (NHS access to 75% of capacity). As of early November, the surge plan was enacted and DBTH now has access to 100% of Parkhill capacity.
- iii. Elective orthopaedics were focused at Parkhill at OPEL 3. Now the Trust is in OPEL 4 with the S10 elective ward given up as bed capacity to medicine, Parkhill has reverted to a **protected cancer and complex urgent surgery site**.
- iv. At this point, **Elective** inpatient operating will be consolidated at Mexborough and Bassetlaw, with patients with urgent, cancer and complex surgical needs only undertaken at DRI. At OPEL 4 some daycase surgery has been reprofiled to release staffing to pressured areas. This is being closely reviewed to consider when this can restart.
- v. **Emergency surgery** (including obstetrics) will continue at DRI and Bassetlaw.
- vi. **Trauma services** will continue to be consolidated on the Doncaster site to improve resilience of the trauma rota and release staff to support areas of high activity, including the emergency department. This has been agreed with EMAS and Bassetlaw CCG.
- vii. All Children's level 2 care and children's surgery will continue go to Sheffield Children's Hospital
- viii. Essential **outpatient planned care** will be delivered non-face to face wherever possible, embedding changes made since Wave 1. For essential face to face care, outpatients at Mexborough Montagu Hospital (MMH) have been increased with reduced volumes at DRI and Bassetlaw. Community phlebotomy and Rheumatology will be provided at the Retford LIFT centre. As much OP activity will be maintained as possible, although some may have to be suspended to release staff to inpatient ward activity or other urgent care.
- ix. **Park Hill Hospital outpatients** will continue to be used to provide oncology outpatient services to reduce infection risk to patients as this limits footfall and has dedicated parking so patients can be texted when the clinician is available to limit social contact when waiting.
- x. Special arrangements continue to be in place for more **vulnerable groups of patients** where they have to travel to the site for continuing care in Chatsfield Suite, Park Hill Hospital or are receiving inpatient care in Ward 18 which will move to South East (SE) Block
- xi. **The out of hours rota for GI Bleeds** will be provided via STHFT to release consultant and senior nursing PAs to Elective Gastroenterology pressures and to support the delivery of acute care,
- xii. The Trust has embedded and further enhanced the **separation of clinical areas** on the two acute sites (including Emergency, Assessment and Diagnostic areas) into areas for patients with suspected COVID19 and those who are not exhibiting symptoms. This has been further developed through the implementation of the Safe COVID working arrangements, as part of Activity Restoration arrangements.
- xiii. **Critical Care capacity will be expanded** on both sites by using wards 22 and B3, with super surge into the newly developed HSDU area, if required (not currently anticipated). Staff will be released from Anaesthetic and theatre rotas to meet surge requirements as outlined in the Divisional OPEL plans.

- xiv. **Maternity services** will return to a two site model from November, reflecting the improved midwifery position, although this plan continues to be reviewed daily as COVID pressures for Trust activity and workforce increase.
- xv. **Additional mortuary capacity** is now in place. At DRI, capacity has increased from 147 to 231 and at BDGH capacity has increased from 30 to 57. MMC capacity remains unchanged at 30. In total this increases DBTH mortuary capacity by 54% since pre COVID. This will supplement wider capacity and flow plans across Doncaster and Bassetlaw led by the Local Resilience Forums.
- xvi. A rigorous focus on **Infection Prevention and Control** is in place with daily Director of Infection Prevention and Control visits through the organisation.
- xvii. An **ethical framework** is established to ensure waiting patients are reviewed and kept safe, supporting by regular information reports. Clinical management arrangements are in place for specific groups (i.e. cancer patients). Further focus is planned for Wave 2 on communicating directly with waiting patients.

4. Additional Capacity Arrangements for Surge

Internal

The additional internal schemes requiring additional funding for winter and COVID 19 Wave 2 are as follows. The winter funding allocated in the financial plan has been profiled against these requirements. Note some arrangements already funded through Wave 1 investment:

	Summary of schemes
Additional nursing / beds	Winter bed capacity – additional bed capacity, introduction of AMU Trolley Bay Re-designation of wards (to increase medical capacity)
Critical Care	27 Mechanical Ventilation Beds Up to 63 Surge Capacity Non Invasive Ventilation 28
Support to ED	Additional nurse streaming hours
Flow	Pharmacy support to discharge lounge Increased Band 3 patient flow support to ED Increase in Band 3 patient flow to ED, ATC, AMU Increased transfer team on both sites Additional support to site team at weekends Band 3 support to site team at weekends Discharge transport from ED DRI Nights / Evenings Portering service – CT
Medical Staffing	Extra weekend acute physician sessions to Acute Treatment Centre (BDGH) Retainer cover arrangements for Medicine, Gynae, Paeds and Surgery Additional medical staff for medical wards, to offset expected sickness Additional sessions in renal to support wider medical patient group Weekend Twilight paediatric registrar
Therapies	Rapid Assessment Programme Team (RAPT) – Additional Support Additional Support to Integrated Discharge Team 7 Day Service within Therapies Acute therapy support to NIV service into night
Labs	Swabbing support to enable Point of Care Testing in ED Additional Lab Technical Staff
Capital	Ongoing expected miscellaneous requirements to support IPC
TOTAL COST	£ 1,507,451

These arrangements are supplemented by additional resources which do not require additional funds – i.e. the workforce redeployment plan. The sum identified is within the £1.5 million winter sum within the financial plan.

Further work already completed as part of Wave 1 arrangements (or other recent investment) provide resilience through winter – ie establishment of drive through testing and phlebotomy; 60% increase in mortuary capacity; expansion of ED estate at DRI; planned investment in additional technology to support remote working / clinics.

Additional Capacity Arrangements for Surge - External

The following are the recently agreed surge partner plans as part of Wave 2 COVID response. These plans deliberately focus on admission avoidance and additional capacity that support acute flow. The summary below therefore does not outline the full set of plans across all partners, which fall within respective Winter Plan Documents.

No.	Action
1	Doncaster Cohorting covid-positive care home residents: In addition to Benfield House (6 beds)– an additional 14 beds have been identified for use at Church View. Bassetlaw cohorting capacity is being considered at Bassetlaw but is not yet confirmed.
2	Doncaster: Positive Steps capacity (Social Care Assessment) – 27 beds available
3	Doncaster: Hawthorn/ Hazel ward capacity – additional 4-5 beds confirmed as available on Hazel ward.
4	Doncaster Hospice capacity – additional 10 beds confirmed as available by RDASH and DCCG. Bassetlaw: 6 Hospice beds available in Bassetlaw
5	RDASH community in-reach into DRI ED – implemented at weekends from 17/18 October to support admission avoidance. Rapid evaluation and RDASH to confirm what can be offered on rolling basis. Bassetlaw implementation of Same Day Urgent Care Service from 1 st October supporting 7 day service for access into primary care clinical assessment and treatment/onward management. Bassetlaw Immediate access to VCMS via phone in ED and potentially in person at ED by 30/10 to find alternatives to admission and attendance.
6	Doncaster - Alternative use of Rapid Response- explore potential different use of rapid response
7	Doncaster Primary care- staffing model for CHUBB expansion confirmed (FCMS/PCD); open and available until 6pm daily from mid October. step up and step down approach and use of staff in other roles (with Lantern) to be discussed and confirmed at Primary Care Cell. Bassetlaw Primary Care – all practices offer access to Hot Site capacity for patients available within practice environments or at associated PCN sites. Mutual aid support/escalation processes to be developed across PCN and with partner organisations to maintain primary care resilience.
8	DBTHFT flow to RDASH – Hazel/Hawthorne and delirium pathways refreshed.

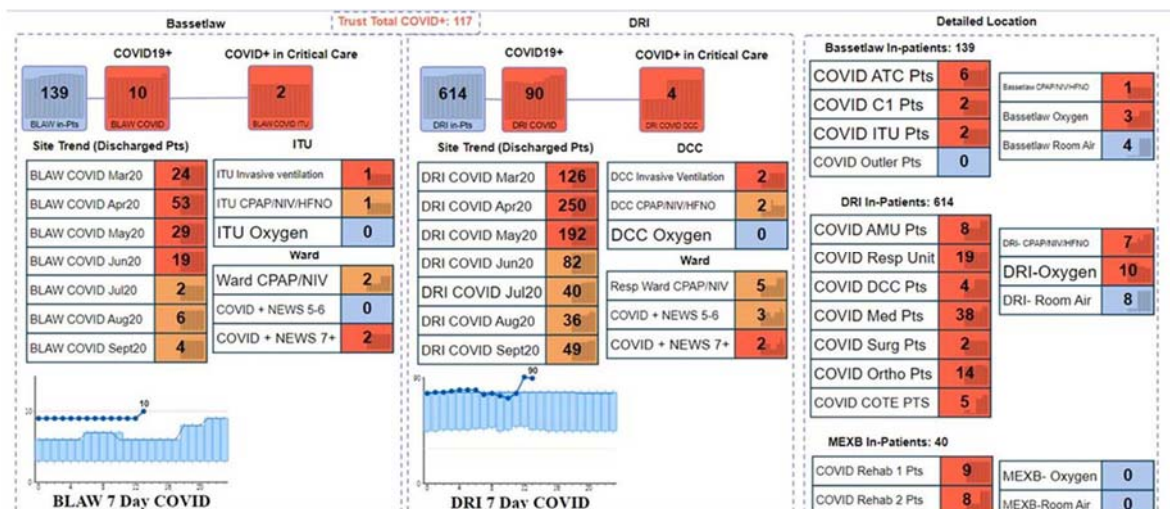
As all providers are experiencing workforce challenges, and the particular challenge around bringing on further bed capacity, partners have agreed to focus as part of “super surge” on:

- Admission Avoidance (from the acute and within care homes)

In addition, across both places, a number of actions have been implemented to improve data flow and system working, building on place dashboards already in place from Wave 1:

Doncaster and Bassetlaw: Daily Partners Escalation Meeting to support acute site	In place
Doncaster: Weekly COOS/ Chief Nurse meeting at senior provider escalation point	In place
Doncaster: Weekly refreshed Doncaster Place meeting with refreshed risk register and purpose (unblocking high level system issues)	In place
Bassetlaw: Weekly refreshed Bassetlaw Place meeting with refreshed risk register and purpose (unblocking high level system issues)	In place
Doncaster: Refreshed operational meetings between senior operational staff – ie SURGE, daily discharge meeting etc	In place
Bassetlaw: Refreshed operational meetings between senior operational staff – ie SURGE, daily discharge meeting etc	In place
Doncaster and Bassetlaw: Improved information on key operational information supporting flow between COOs / Chief Nurse <ul style="list-style-type: none"> DBTHFT to explore ways to provide estimated date of discharge to LA to enable timely home care response Sharing of patient level and aggregated data on stranded patients (to incorporate all delays – internal and external) 	Further work taking place
Doncaster: Modelling of COVID infections to admission data – Liaison between Public Health and DBTH Information Team. Informing DBTH week to week planning on expected demand	In place

In addition to the daily text and internal daily dashboard, the following ‘real-time’ data is available via Nervecentre ‘Live-flow’ as part of the eObs deployment. This will be added to the daily Ops report to share the current bed site status to the organization. An example is provided below



5. Trust Wide OPEL Levels

Trust wide OPEL Levels are in attached to the Winter Plan and management response plan. The Trust will start communicating its Trust wide OPEL level and divisional / departmental OPEL levels as standard. There is now an established OPEL framework for general winter pressures and COVID pressures

- For **general winter pressures** OPEL levels are defined in terms of
 - ED attendance, admission and 4 hour performance at both sites
 - Bed state
- For **COVID OPEL levels** OPEL levels are defined in terms of
 - DCC pressures
 - Respiratory
 - Assessment Units
 - General Staffing Levels

There is a Trust level framework, alongside divisional OPEL frameworks. It will be the case that divisions are running at different OPEL levels and therefore will be delivering different levels of elective capacity.

Additionally, the Doncaster place wide escalation trigger plan has been refreshed, with four levels of system escalation, for COVID and non COVID metrics. A similar approach is being finalised for Bassetlaw.

6. Overview of Division Trigger Plans

A summary of the main planks of Divisional OPEL levels are provided below:

For Medicine

Medicine will drive OPEL levels in other services with inpatient capacity, as it increases occupancy beyond the Medical Bed Base.

- i. At OPEL 3 to 4, routine OP work will be reducing. This varies by specialty subject to the need to release staff to the COVID effort. Urgent and 2 ww outpatients will continue.
- ii. At OPEL level 4, cardiorespiratory diagnostics will be reducing to “essential” only, with largely normal service provided before that point.
- iii. At OPELS level 3-4 we can expect increasing volumes of admin staff to be redeployed to ward clerk roles in Acute Medicine

For Surgery

- i. At OPEL level 4 routine F2F clinics will be reduced, but with as much maintained as possible, subject to workforce pressures. Urgent and 2 ww outpatients will continue.
- ii. At OPEL level 4 routine elective IP at DRI will have largely ceased apart from some very long waiting patients. Daycase work will continue. At DRI, urgent and complex surgery will become focused through Parkhill ward to enable S10 to become a medical ward.
- iii. At OPEL level 4, urgent and confirmed cancer endoscopy will be undertaken, with some routine activity stood down, volume subject to workforce pressures.
- iv. At all OPEL levels as much surgical elective work as possible will be focused at Bassetlaw and Mexborough, subject to available anaesthetist and theatre team capacity.

For Gynae

- i. At OPEL level 4 access to routine clinics will reduce, with released consultant resource supporting the obstetric priorities. All urgent and rapid access OP will be maintained.
- ii. At OPEL Level 4, all elective inpatient work will be cancelled except for Category 2 patients. As much elective IP and DC work will be transferred to Bassetlaw.
- iii. At OPEL level 3, there will be a partial reduction of elective work.

For Paediatrics

- i. At OPEL Level 4 Cease all elective/daycase activity other than urgent patients (very small numbers in Paediatrics)
- ii. At OPEL Level 4, all clinics/OP activity cancelled other than urgent, looked after children and child protection
- iii. At OPEL Level 3, 50 – 100% of general paediatric routine clinics/OP activity will be stood down, with sub speciality clinics still running, plus urgent, looked after children and child protection

For CSS

Critical Care requirements will drive OPEL levels in other services as it moves to OPEL 4 and super surge options, therefore requiring the redeployment of theatre and anaesthetist staff.

- i. At OPEL Level 4, Anaesthetics will provide support to the following lists at DRI: 3 x cancer lists, 2 x trauma, 1 x emergency, 1 x urgent/vascular, 1 x obs elective(4 half days) – 15 sessions per day
- ii. At OPEL Level 4, there will be 5 sessions a day at BDGH. These will be 2 x blue theatres lists and 1 x elective LSCS(half days)
- iii. At OPEL Level 3, anaesthetic junior support will be provided to DCC, with further release of consultants at OPEL level 4.
- iv. At OPEL level 4, for Medical Imaging, there will be a focus on specialist imaging, whilst maintaining as much CT and MRI as possible.
- v. At OPEL level 4 For DCC, all skilled critical care staff will have been redeployed to support critical care surge, with redeployment commencing in OPEL level 3.
- vi. At OPEL level 4, acute physiotherapy will have been redeployed to acute respiratory services
- vii. At OPEL level 4 there will be a reduction in OP activity, with a reduced routine activity.

A number of **corporate departments** are now also aligning their escalation levels with the OPEL framework to ensure a consistent language across the Trust.

7. Workforce Plans

The key headlines of the workforce redeployment plan are as follows:

- As Medicine surges into surgical wards, **nursing staff** on those areas will support medical patients
- Plan to redeploy nursing staff with **critical care skills** to critical care in the event of surge/ workforce absence
- Theatre staff will be redeployed to **critical care** in the event of surge
- Specialist surgical nurses will provide additional support to **Parkhill staff** as Parkhill becomes the protected elective ward for urgent surgery
- Consultants from medical specialties will increase support of the **General Internal Medicine Rota** and management of growing volumes of inpatients, reducing clinic work where required
- **Retainer arrangements** in medicine and surgery offer cost effective approach to managing an expected 10% absence and maintaining emergency cover
- Block bookings of **additional junior staff** to improve fill rate & consistency of personnel
- Intensivists will reduce support to theatres and increase support to critical care to support absence / in the event of super surge
- Additional general surgeon input to the **endoscopy rota** to release gastroenterologists to support inpatient medical work
- Acute therapy support to **NIV rota** into the evenings/ night
- Block booking of **additional service assistants** & consistency of personnel

- Clinical and administrative staff whose services are reduced or step down will be **redeployed to key areas requiring support**, such as reporting of C19 results, ward liaison officers, additional ward clerk duties, FIT testing / IPC.
- Education will be reduced, with clinical staff redeployed to **frontline clinical areas**
- Whilst maintaining core services (payroll, information, P&OD function), **corporate staff** will be redeployed to priority areas requiring additional managerial support – i.e. PALS, Support to COVID management effort, leadership to recovery planning etc
- Additional leadership support to site team, Bassetlaw etc. Implementation of 12-8 weekend Senior Manager On Call Shift

Supporting staff **Wellbeing** will be crucial over the next few months. Plans include the following:

- Refresh of supporting **self-care** guidance for all staff,
- Reminder of access to **counselling support**, rainbow room facilities etc. Additional bespoke support for DCC and respiratory wards.
- Refresh of **support materials** for managers.
- **Visibility of leaders** across the Trust supporting staff.
- Ensure **communications** includes ensuring our people are sighted on our surge plans and how we are looking to support them.

Our information team are tracking **staff absence** against active C19 cases within the Trust as alluded to within the Section 2 (“Expected Demand”).

It should be noted that some staff with COVID related absence will still be working (just from home) but clearly the pressure will be felt on frontline wards and those delivering F2F acute care where it is not possible to discharge these duties from home. The modelling breaks down absence by staff groups so we can see particular pressures for particular departments.

8. Infection Control Plan & PPE

A high level summary of the IPC plan is summarised below:

Implementing a process for advice on correct use of PPE in the CV19 outbreak

Mask fit testing for individual types of mask continues as it is compounded by changes in stock availability, though the current stock remains available. Though PHE guidance has changed and all yellow areas only require a fluid repellent mask and visor unless it is AGP. Individuals are subject to risk assessments and FFP3 masks are available.

Procurement now control all PPE from a central store, daily deliveries to ward areas are undertaken. A daily stock take has helped monitor usage and stop stock piling. This will continue until the Trust has good levels of PPE in all areas and supply is not as issue. The centralisation of PPE has been a successful approach to managing demand. PPE is provided by a variety of suppliers, IPC help to inspect the quality. Most PPE is provided by the Centre and to a specification agreed by NHSE/I.

Separation of the site into blue/yellow

The number of patients with COVID-19 or suspected COVID-19 was predicted to be very high and measures were required to accommodate patients in the right place and to also reduce likelihood of nosocomial spread. Prior to this change, the much smaller number of patients requiring isolation facilities could be provided in side rooms.

To address this the clinical areas on the two acute sites (including Emergency, Assessment and Diagnostic areas) were separated into areas for patients with suspected COVID19 and those who are not exhibiting symptoms. Services have also been relocated to cohort more vulnerable patients away from the thoroughfares of acute pathways and assessment areas, with separate entrances and lifts.

To reduce contact the corridors and lifts routes were redesigned to allow for separation of transport of patients with suspected COVID19 and those who are not exhibiting symptoms. This was possible in some areas but not in others and cleaning was increased where this was not possible.

Site implications for estates

The following site changes were made in addition to the yellow/blue segregation above:

- Sinks in main entrances and outside some ward areas - The previous model in was that hand gel was available with a poster encouraging hand hygiene at the point of care. In response to the pandemic, it was equally important to offer hand washing facilities at exits and entrances to minimise nosocomial spread of COVID 19.
- 52 new sinks were requested across the Trust (33 at DRI, 14 at BH and 5 at MMH) only 3 of these requests remain outstanding at DRI.
- Swabbing at Bassetlaw site is now available for all staff
- Doors on bays – in line with good IPC practice to enable segregation, there remains a requirement to continue this and the key area is the orthopaedic block.

The Director of Infection, Prevention and Control (DIPC) provides 3 times a week walk rounds of areas to assess segregation.

Communications and messaging re IPC including social distancing.

Trust guidance evolved with information coming from PHE. These are shared with senior managers and Trust staff. The use of the Trust facebook page is helpful in keeping everyone up to date.

9. Conclusion

This super surge plan accompanied the winter plan and the COVID Wave 2 Management response as part of a suite of plans representing the Trust's refined management approach to Wave 2.

Many aspects of the plan are not outlined here and can be found in the original COVID plan submitted to Board on 20 April 2020. These specific plans – for example for cancer and the corporate departments – have been further refined following Wave 1 evaluation outlined above.

Additionally the full Board level risk for Managing the Pandemic can be found in the Trust Risk Register and is not replicated here. Place wide risk registers for this period have also been developed.

This document serves as an overview for Trust and external partners to help understand the summary of the plan and to help operationally manage COVID Wave 2 through winter.

Supporting Documents *(All can be found in shared Trust folders)*

- Financial Appendix – Overall Winter and Covid Wave 2 Financial Assessment
- Trust wide and Divisional OPEL Frameworks
- The original COVID plan submitted to Board on 20 April 2020
- The lessons from the Post Implementation Review (June 2020)
- The Review of the Trust's EPRR response to wave 1
- The learning from the Internal Audit of Covid 19 Business Continuity, Response Plan and Remote Working Plan (October 2020).
- Winter Plan 2020
- COVID 19 Wave 2 Management Response Plan – Enhanced Operational Arrangements

Covid-19 Management Response Framework Wave 2

October 2020

Version:	1	
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Lead Director:	Chief Operating Officer	
Reviewed By:	Executive Team	14 October 2020
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INTRODUCTION

1.1 Background

Coronaviruses are a large family of viruses with some causing less-severe disease, such as the common cold, and others causing more severe disease such as the Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses.

The Covid-19 pandemic in the United Kingdom is part of the worldwide pandemic of coronavirus disease 2019, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The first reported cases of Covid-19 worldwide were in Wuhan, China in late 2019 and the virus reached the UK – with positive cases reported - in late January 2020.

By 30 January 2020 the World Health Organisation had declared Covid-19 as “endemic” and a global health emergency, and this followed by the declaration of a pandemic on 11 March 2020.

As of 20 March 2020, the UK had 460 confirmed cases of Covid-19. Doncaster and Bassetlaw Hospital NHS Foundation Trust (DBTH / ‘the Trust’) reported its first case of Covid-19 on 22 March 2020.

The Trust implemented its Covid-19 Pandemic Plan in April 2020 in response to wave 1. Activity peaked in April 2020 and slowed in June 2020 when the incident of National and regional cases decreased.

During September 2020 and the early part of October 2020 the number of National and regional cases has been steadily rising, leading to an expectation that the Trust will need to reinstate a structure and approach for response to a wave 2 of the pandemic in mid to late October 2020.

1.2 Requirement

As a Category 1 Responder under the Civil Contingencies Act 2004 (CCA), the Trust is required to have plans in place to respond to major incidents.

The Trust’s response to wave 1 was based on a Covid-19 Pandemic Plan which was developed during March 2020, and which was finalised and initiated in April 2020. The wave 1 response was based on the Command and Control structure described in the Trust’s Major Incident Policy (Corp/Risk 1).

Reviews on the Trust’s response to wave 1 have provided the opportunity to capture good practice on and learning of the management structure and approach taken during wave 1. A key recommendation was that use of the Command and Control structure should be restricted to use at the height of the incident, with the use of a Strengthened Management Response at all other times.

The requirement is to capture, in a single document, DBTH's management approach for response to wave 2, based on a Strengthened Management Response until the point at which the incident requires additional structure.

1.3 Purpose

The purpose of the Management Response Framework is to document the management structure and approach that DBTH will take to manage wave 2.

1.4 Aim and Objectives

The Framework documents the Trust's management structure and approach, to enable an appropriate response to the pandemic, whilst ensuring that DBTH essential services continue to be provided.

The objectives are to confirm:

- Roles and responsibilities of Trust staff;
- The levels of response – including triggers for the level of response;
- Management response structures;
- Decision making and approval;
- Communication and escalation routes;
- The external response structure;
- Staffing the response structure;
- Processes for information and communications;
- The structure and processes for recovery.

1.5 Scope

The Framework has been developed to capture and include:

- Good practice from the response to wave 1;
- The learning, and action points arising, from reviews of wave 1.

The Framework describes the response structure, limited to:

- DBTH Internal structures;
- Covid-19 specific issues.

The Framework does not:

- Revisit the detail of planning considerations;
- Provide any detail of the likely Trust response of matters considered by the structure.

The Framework should be read in conjunction with other Trust plans, including:

- Winter Plan;
- Major Incident Plan;
- Flu Pandemic Plan;
- Business Continuity Strategy and Plan;
- Individual Department Contingency Plans.

2. IMPLEMENTATION

2.1 Activation and De-activation

The Framework has been written for implementation in October 2020.

The Framework will be deactivated when triggers indicate that the management of Covid-19 no longer requires an approach above and beyond that required for 'business as usual'.

3. ROLES AND RESPONSIBILITIES

3.1 Staff and Group Roles and Responsibilities

Staff throughout the Trust are required to prepare and manage or support the Trust's response to waves of the Covid-19 pandemic.

Specific roles and responsibilities for individual staff members and groups of staff are shown below.

Designation	Responsibility
Chief Executive	Overall responsibility for Trust preparedness / compliance with legislation. Ensure preservation of documents. Chair Gold Command (at level 4).
Accountable Emergency Officer (AEO)	DBTH's AEO is the Chief Operating Officer. Preparedness to respond to Business Continuity, Critical or Major Incidents. Ensure compliance with NHSE/I EPRR Core Standards. Representation at LHRP.
Director on Call	Understand the requirements of the plan. Provide senior management support to the response. Maintain own role in 'day time' hours.
Senior Manager on Call	Understand the requirements of the plan. Provide support to the response, being first contact for Operational matters dependent on DBTH level of response. Chair Covid-19 Enhanced Operational Meetings. Share information from Covid-19 Enhanced Operational Meetings. Assume role of Silver Commander (at level 4) when On-Call.

Silver Commander (Level 4)	<p>Responsible for Managing and staffing Incident Control Centre</p> <p>Chair Silver Command meetings.</p> <p>Share information from Silver Command meetings.</p> <p>Lead priorities of the day.</p> <p>Handover.</p> <p>Receive escalation from Bronze.</p> <p>Escalate to Gold.</p>
Emergency Planning Officer	<p>Support the Chief Executive and AEO.</p> <p>Develop and maintain the Covid-19 Management Response Plan.</p> <p>Support the Divisions to develop Business Continuity Plans.</p> <p>Liaison with NHSE/I and other Category 1 and 2 Responders.</p>
EPRR Clinical Lead	<p>Provide clinical oversight of Response Plans.</p> <p>Provide clinical support to the response.</p>
Information Manager	<p>Oversee the keeping and storage of records and files.</p> <p>Provision of material to the Emergency Planning Officer.</p>
Executive Team	<p>Member of Gold Command (at level 4).</p> <p>Assume role of Gold Commander (at level 4) when On-Call.</p>
Divisions and Departments	<p>Input to / representation at Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level).</p> <p>Manage issues locally wherever possible.</p> <p>Escalate issues requiring advice, direction or decision to Covid-19 Enhanced Operational Meetings / Silver Command (dependant on response level).</p> <p>Consider service risks related to the pandemic.</p> <p>Develop robust Business Continuity Plans.</p> <p>Maintain a record of staff skills.</p> <p>Ensure that staff are training in the use and fit of PPE.</p>
Infection Prevention and Control	<p>Representation at all Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level) – provide a single point of contact.</p> <p>Provide infection prevention and control advice regarding PHE guidance.</p> <p>Set policies and guidelines for the prevention and management of infection.</p> <p>In conjunction with P&OD set policy and guidelines for staff testing.</p> <p>Investigate outbreaks, gather data and share information.</p> <p>Advise on PPE and training.</p>

People and Organisational Development	<p>Representation at all Silver Command meetings – provide a single point of contact.</p> <p>Provide advice on staff capacity and sickness issues.</p> <p>In conjunction with P&OD set policy and guidelines for staff testing.</p> <p>Develop People Plan for Covid-19 response.</p> <p>Provide Occupational Health services.</p> <p>Develop wellbeing strategy.</p>
Procurement	<p>Representation at all Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level) – provide a single point of contact.</p> <p>Provide information on supplies issues, with a focus on PPE.</p> <p>Provide a logistics arm for deliveries into the Trust and subsequently out to departments as required</p> <p>Inventory manage the PPE stock with internal stock holding and distribution responsibilities.</p> <p>Provide timely and accurate information for Trust data returns.</p>
Communications	<p>Representation at all Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level) meetings – provide a single point of contact.</p> <p>Prepare and distribute public and internal messages relating to response, Trust activity, working with partners and current status.</p> <p>In conjunction with Infection Prevention and Control Team, provide consistent and appropriate messages to staff and public.</p>
Estates and Facilities	<p>Input to / representation at Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level) - provide a single point of contact.</p> <p>Provide advice on site and facilities issues.</p> <p>Support site reconfiguration as appropriate.</p>
Information Team	<p>Input to / representation at Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level) - provide a single point of contact.</p> <p>Management of external situation reports and data submissions.</p>
Information Technology	<p>Input to / representation at Covid-19 Enhanced Operational Meetings / Silver Command meetings (dependant on response level) - provide a single point of contact.</p> <p>Provide information technology support and guidance, with a focus on revised ways of working.</p>
Lead Clinicians / Departmental Managers in Patient Areas	<p>Ensure segregation is in place.</p> <p>Ensure consistent use of PPE.</p> <p>Escalate issues to Covid-19 Enhanced Operational Meetings / Silver (dependant on response level).</p> <p>Provide timely and accurate information for Trust data returns.</p> <p>Manage capacity according to SAFE Covid-19 working standards and relevant clinical standards.</p>

4 INCIDENT LEVELS

4.1 Levels

The Trust needs to be flexible in its response to Covid-19 wave 2.

The response will be proportionate to the intensity and severity of the issues experienced.

The Trust's response to Covid-19 is based on an assessment of incident level, based on a grading of 1 to 4.

The incident levels are based on the OPEL Framework as follows:

Level	State
OPEL 1	Meeting anticipated demand within available resources.
OPEL 2	Starting to show signs of pressure.
OPEL 3	Pressure increasing – standby for Major Incident.
OPEL 4	Major Incident – requires additional structure.

4.2 Triggers

The Trust's assessment of incident level is based on the triggers included in the OPEL Framework – see Appendix A.

The Trust runs an Operational Meeting three times daily in order to monitor and reduce pressures in the system. It is through this group that emerging pressures will reflect any situations within the Organisation. The Senior Manager On-Call leads this group, and will ensure appropriate escalation, in order for timely decisions to be made about the level of response that needs to be implemented.

The following act as triggers:

- Via the daily Operational Meetings, where increasing capacity and demand pressures will be noted due to rising numbers of Covid-19 cases;
- The consequent effect on performance management and targets;
- Information received from the Trust Infection Prevention and Control Team;
- Increasing staff absence rates;
- Awareness of increasing external pressures on the Health and Social Care community.

5 MANAGEMENT RESPONSE STRUCTURE

5.1 Strengthened Management Response / Command and Control

A key recommendation from the reviews undertaken of wave 1 was that the use of the Command and Control structure should be restricted to use at the height of the incident, with the use of a Strengthened Management Response at all other times.

In response to wave 2 the Command and Control structure will be adopted only when the Strengthened Management Response is unable to deal with the intensity or complexity of issues created by Covid-19.

Strengthened Management Response

The Strengthened Management response is based on the existing Trust structure with the addition of Covid-19 Enhanced Operational Meetings to focus on issues related to or arising from the management of the disease.

Further details of use of the Strengthened Management Response structure in response to Covid-19 wave 2 can be seen at Section 7 of the Plan.

Command and Control

The Command and Control structure is that described in the Trust's Major Incident Policy (Corp/Risk 1).

Further details of use of the Control and Command structure in response to Covid-19 wave 2 can be seen at Section 8 of the Plan.

5.2 Flexing the Response

The Management Structure for response to Covid-19 wave 2 will be flexed to meet the needs of the different incident levels using Strengthened Management at OPEL levels 1 – 3 and Command and Control only at OPEL level 4.

Incident Level	Response Structure	Level of Covid-19 Occupancy Scenario Planning
OPEL 1	Strengthened Management Response	<5% beds occupied by Covid-19 patients.
OPEL 2	Strengthened Management Response	5 – 15% occupied by Covid-19 patients.
OPEL 3	Strengthened Management Response	15 % - 20% of beds occupied by Covid-19 patients.
OPEL 4	Strengthened Management Response / Command and Control (if national incident called)	>20% of beds occupied by Covid-19 patients. Up to 35% modelling undertaken.

5.3 Information and Modelling

The Information Department have developed a modelling tool which projects expected admissions, following community infection rates. This will give up to 6 days' notice of expected levels of demand for admission, giving DBTH and partners the opportunity to plan for that demand.

This information will feed the 12:30hrs Covid-19 Enhanced Operational Meetings.

SITREP reporting is being refreshed to ensure alignment with National definitions which step down patients from being reported as Covid-19 positive after 14 days – without a negative test.

6 EXTERNAL STRUCTURE AND REPORTING

6.1 External Command and Control

As a Category 1 provider, DBTH operates within an external Command and Control structure.

6.2 Key Groups and Meetings

Regional NHSE/I

DBTH reports via the Regional Incident Coordination Centre to the National Coordination Centre, which in turn reports directly to HM Government via COBRA.

The NHSE/I Incident Command Structure can be seen at Appendix F and the contact details for NHSE/I's Regional Incident Coordination Centre can be seen at Appendix G.

Local Resilience Forum (LRF)

DBTH is a key partner in the Tactical Coordinating Group for Doncaster via the South Yorkshire Local Resilience Forum (LRF) and for Bassetlaw via the Nottinghamshire County Council LRF. Both bodies report to the respective LRF Strategic Coordinating Group.

The structure of the South Yorkshire LRF can be seen at Appendix F.

South Yorkshire Strategic Health Coordinating Group

At South Yorkshire and Bassetlaw Integrated Care System level, the DBTH CEO attends the weekly South Yorkshire Strategic Health Coordinating Group, chaired by the ICS Lead. This group has been established to help connect ICS health partners and the national incident response chain of command.

Doncaster PLACE

A weekly system wide Doncaster call occurs on a Wednesday, the “New Covid-19 Health Cell”. This brings together system partners at Executive level, has been refreshed for wave 2 and is planned as a high level system point for escalation.

Frequency will flex subject to the intensity of the second wave.

Bassetlaw PLACE

A weekly system wide Bassetlaw call occurs on a Wednesday, the “Bassetlaw Partnership Collaborative Meeting”. This brings together system partners at Executive level, has been refreshed for wave 2, and is planned as a high level system point for escalation.

6.3 Situation Reports

The Trust is required to inform NHSE/I and partners of the state of play within the Organisation, and this takes place through situation reports.

The Trust is required to provide the following Situation Reports:

Report	To	Frequency	Deadline	Responsible
Daily Situation Report	SDCS	7 days	11:00hrs	Information Services
CHESS	CHESS System	7 days	13:00hrs	Information Services
PPE Stocktake	NEY NHSE/I / MOD Colleagues	7 days		Head of Procurement
Staff Swabbing Numbers	NEY NHSE/I	Was 7 days	Reporting of staff swabs currently paused	
High Risk Patients	SDCS	Ad hoc	As required	Information Services
Mortuary Capacity	NHSE/I	Tuesday	11:00	Information Services
Estates and Facilities Work Force Daily Data Collection	NHSE/I	7 days	-	Estates
Covid-19 Patient Notification System	On Line	7 days	As notified	Information Services

Confirmation of the submission of Situation Reports, queries and any ad-hoc requests for related information are received into the central Covid-19 mailbox (see 10.1).

7 STRENGTHENED MANAGEMENT RESPONSE – USE AT INCIDENT LEVELS 1 TO 3

7.1 Senior Manager On-Call (SMOC)

The Senior Manager On-Call (SMOC) will be responsible for:

- Chairing the Covid-19 Enhanced Operational Meetings, alongside the daily Operational Meetings;
- As per standard management arrangements providing the senior management escalation point out of hours, with escalation as required to the Executive On-Call;
- As the intensity of the Covid-19 incident escalates, the time dedicated to the duties related to day to day management of Covid-19 will extend.

7.2 Covid-19 Enhanced Operational Meetings

Covid-19 Enhanced Operational Meetings are chaired by the Senior Manager On-Call (SMOC) – supported by the attendance of a Senior Clinical Leader (typically a Divisional Director or Deputy Medical Director operating on a rota basis).

The meetings provide an extension to the mid-day Operational Meetings – with a specific focus on information sharing of the Covid-19 situation and response and any issues arising.

The meetings are attended by support service personnel and representatives from each of the Divisions.

The frequency of meetings is dependent on the incident level as follows:

Level	Frequency of Covid-19 Enhanced Operational Meetings	Meeting Days
OPEL 1	Once per week	Friday
OPEL 2	Twice weekly	Tuesday and Friday
OPEL 3	Daily	Monday to Friday
OPEL 4	Daily meetings as part of Major Incident Stand Up arrangements	NA

The Covid-19 Enhanced Operational Meetings take place after the mid-day Operational Meetings, at 12:30hrs.

Meetings are held in the Ops Room at DRI with members able to join virtually if working remotely from the site. To enable the chairing of a remote meeting, the SMOCs must take a laptop with a built in camera to each meeting.

High level meeting notes are taken at the meeting and a rolling action log is completed – both of which are circulated to meeting members, attendees and key Covid-19 response staff by close of play on the day of the meeting.

It is the responsibility of the meeting Chair (SMOC) to ensure that the required notes are taken and action log completed and that information is circulated after the meeting. The meeting Chair (SMOC) will ensure that suitable support is available at the meeting for this (could be patient flow coordinator or member of the SMOCs administrative staff).

The meeting will:

- Gain an update on actions from previous meetings;
- Receive an update from Corporate areas – including IP&C, HR and Procurement;
- Receive an SBAR report from Divisions, including their current local OPEL level.

A standard agenda for the Covid-19 Enhanced Operational Meetings can be seen at Appendix B.

An SBAR template for reporting can be seen at Appendix C.

7.3 Divisional Response

Each Division has plans for Covid-19 activity and response – including information and triggers for local OPEL levels.

Divisional Teams are in place to manage and provide oversight of operational issues.

The membership location and frequency of meetings to consider Covid-19 specific issues are determined locally by each Division.

There is a requirement for Divisional Teams to provide an SBAR report to each Covid-19 Enhanced Operational Meeting. The delivery method is determined locally by each Division but the information must include the current OPEL level – as defined in the Divisional OPEL Framework.

NOTE:

Decisions on, and implementation of Covid-19 related issues should be taken, and effected within and between Divisions wherever possible – using existing management structures, guidance and working to delegated authority levels.

Where issues arise in Divisions which cannot be resolved locally, they may be escalated for support / decision:

Timing of Issue / Urgency	Escalation
Support can wait until the next Covid-19 Enhanced Operational Meeting	Raise at Covid-19 Enhanced Operational Meeting
Requiring support prior to the next Covid-19 Enhanced Operational Meeting	Contact Relevant in hours escalation point or out of hours, the Senior Manager On-Call

The Senior Manager On-Call will draw on the expertise of colleagues represented at Covid-19 Enhanced Operational Meetings and, if issues remain unresolved, the SMOC will escalate the matter to the Chief Operating Officer (or if unavailable to their Deputy), or the relevant Executive or corporate director.

At OPEL Level 3 and 4 it is expected the Executive Director On-Call joins the 12:30hrs Covid-19 Enhanced Operational Meeting / Silver Command meeting.

7.4 Central and Support Services

Representatives from key support functions are requested to attend Covid-19 Enhanced Operational Meetings:

Every Meeting	To Report By Exception
<p>Senior Manager on site at Bassetlaw</p> <p>Infection Control</p> <p>People and Organisational Development</p> <p>Procurement</p> <p>Communications</p> <p>The following colleagues should also attend the meeting, with involvement on an exceptional basis between these times:</p> <p>Estates and Facilities</p> <p>Information Services</p> <p>Information Technology</p> <p>Finance</p>	<p>The attendance of the wider team will be reviewed on a rolling basis, with a requirement to potentially step up attendance subject to how wave 2 unfolds.</p>

7.5 Communications and Escalation

The standard agenda for Covid-19 Enhanced Operational Meetings requires an update from Corporate and Divisional Staff.

The delivery of the update may be locally determined but the information provided such fulfil the requirements of SBAR reporting and, for the Divisions must include the current OPEL level – as defined in their local OPEL Frameworks.

High level meeting notes are taken at COVID- 9 Enhanced Operational meetings and a rolling action log is completed – both of which are circulated to meeting members, attendees and key Covid-19 response staff by close of play on the day of the meeting.

Matters for approval will be considered within the Trust’s Scheme of Delegation and, where any issues require escalation this will be to the Executive Team through the Chief Operating Officer or, in her absence, the Executive On-Call.

7.6 Out of Hours

Out of hours, escalation will follow usual arrangements, via the Senior Manager on Call and ultimately to the Executive Director On-Call.

However, it is expected that Divisional Teams will put in place plans to manage Divisional pressures into the evening and over the weekend.

The On-Call Team should only be there to manage unforeseen pressures and operational issues requiring escalation from the Site Team OOH and at the weekend.

8 COMMAND AND CONTROL – USE AT INCIDENT LEVEL 4

8.1 Command and Control Structure

DBTH’s response structure for response at incident level 4 is that of ‘Command and Control’ – per the Trust’s Major Incident Plan (Corp/Risk1).

For the response to Covid-19 DBTH has adopted the terminology of ‘Gold’, ‘Silver’ and ‘Bronze’ for each of the Command levels, as follows:

Figure 1 – Command and Control Structure



Command	Level	Role
Gold	Strategic	Overall Executive command of the Organisation’s response to and recovery from the incident. Development of strategy for incident response.
Silver	Tactical	Responsible for directly managing the Organisation’s response to an incident. Development of the tactical plans to achieve the objectives set by Gold Command.
Bronze	Bronze	Responsible for managing the main operational working elements of the response to an incident.

8.2.1 Gold Command

Gold Command Centre

There is no permanent location where the Gold Command Team is co-located. Gold Command is managed via Gold Command meetings – see below.

Gold Command Team

The Gold Command Team consists of:

- Executive Directors;
- Corporate Executive Directors;
- The Head of Communications and Engagement.

The duties of 'Gold Commander' are provided on a rota basis, in line with the Trust's Executive On-Call rota.

Contact with the Gold Commander is via switchboard.

Gold Command Meetings

Gold Command meetings are chaired by the Trust's Chief Executive and are attended by all members of the Gold Command Team.

The frequency of meeting will be determined according to need, ranging from daily to thrice weekly. Meetings will be held at 09:30hrs on a virtual basis.

Meetings are supported by a member of the Trust's Executive Secretariat Team and a Loggist.

Action points from the meeting are recorded and a formal decision log is taken of the meetings.

Information flows from, and to, Gold Command (depicted at figure 2 below) consist of:

- Receipt of information escalated from Silver for decision and/or approval as appropriate;
- Provision of information to Silver for action and/or delegation to Bronze as appropriate;
- Escalation of issues to South Yorkshire Local Resilience Forum and/or Regional NHSE/I where external direction, advice or support is required.

8.2.2 Silver Command

Incident Control Centre (Silver)

The Incident Control Centre (ICC) for Covid-19 response is based in Rooms 1 and 2 of the Education Centre, DRI.

At incident level 4 the ICC, also known as 'Silver' will be stood up – for use between the hours of 08:00hrs and 20:00hrs, 7 days per week with social distancing rules observed and colleagues able to join meetings virtually as required.

Silver Command Team

A Silver Command Team (SCT) manages the ICC.

The SCT is led by a 'Silver Commander', taken on a rota basis (see Section 9) from colleagues contributing to the Senior Manager On-Call Rota. Each day there will be a "triumvirate" to draw on, of which the SMOC chairs, with more extended support of the senior clinical leader

(a Deputy Medical Director or Divisional Director, working to a rota) and a General Manager / Senior Nursing Leader (the opposite professional background to the SMOC).

The Silver Commander is supported by colleagues who bring expertise in:

- Infection Control;
- People and Organisational Development;
- Procurement;
- Estates and Facilities;
- Information Services;
- Finance;
- Information Technology;

At times when the ICC is operational a member of administrative staff will be present to support the Silver Commander and SCT to address standard work – which can be seen at Appendix D. To assist the member of administrative staff a file of administrative support information is available within the ICC.

Contact details for the ICC and SCT can be seen at Appendix G.

Silver Command Meetings

Silver Command meetings are chaired by the Silver Commander and are attended by support service personnel and representatives from each of the Divisions.

Silver Command meetings take place 7 days per week at 12:30hrs.

Meetings are held in the ICC with members able to join virtually if working remotely from the site.

Meetings are supported by a member of the Trust's administrative staff and a Loggist.

Action points from the meeting are recorded and a formal decision log is taken of the meetings.

Information flows from, and to, Silver Command (depicted at figure 2 below) consist of:

- Receipt of information from Gold for implementation, and from Bronze for decision making/direction as appropriate;
- Provision of information to Gold for decision and approval, and to Bronze for direction and/or action as appropriate.

The Standard agenda for Silver Command mirrors that of the Covid-19 Enhanced Operational Meeting – seen at Appendix B.

8.2.3 Bronze Command

Bronze Command Teams and Meetings

Operational (Bronze) Command Teams are in place to provide oversight of local issues.

The location and frequency of Bronze Command meetings is determined locally by each Division.

Information flows from, and to, Bronze Commands (depicted at figure 2 below) consist of:

- Receipt of information from Silver for direction and/or action as appropriate;
- Provision of information to Silver for decision making and/or direction.

8.3 Levels of Decision Making and Approval

Adhering to an underpinning principle of NHS Emergency Preparedness, Resilience and Response, the levels of decision making for Covid-19 management are based on Subsidiarity, described as:

- *Decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level.*

However, where issues arise in Bronze which cannot be resolved locally and/or where deliberations at Silver cannot reach a decision, then matters are escalated to the next level of Command for direction and decision making.

Adherence to the Trust's Scheme of Delegation must be adhered to with approvals sought from levels of Command as appropriate.

8.4 Communication and Escalation

Information Capture and Sharing

To ensure that information is captured at each level of Command and Control, the following records are maintained:

Process	Bronze	Silver	Gold
Decision Log	X	√	√
Action Log	X	√	√
High Level Meeting Notes	√	√	√
Issues for Escalation	√ To Silver	√ To Gold	√ To LRF / NHSE/I
Issues for De-escalation	X	√ To Bronze	√ To Silver

Information is shared between levels of Command and Control, one level up or down – with Bronze reporting to Silver (and vice-versa), and with Silver reporting to Gold (and vice-versa).

Information is shared via high level meeting notes and by the escalation and de-escalation of issues.

Escalation / De-escalation Methods

Silver and Gold

Information for escalation and de-escalation between Silver and Gold (and vice-versa) is communicated between meeting Chairs – confirmed by email.

Communication methods for sharing information between Command levels are shown at figure 2 below.

Figure 2 – Information Flows and Communication Between Command Levels



8.5 Out of Hours

Out of hours, the SMOC becomes the Silver Commander and the Executive Director On-Call is the Gold Commander.

9 STAFFING THE RESPONSE STRUCTURE

9.1 Staff Wellbeing

Staff are the primary resource of the Trust's response to wave 2.

The Trust recognises the impact of a prolonged incident on staff and health, safety and welfare arrangements are in place to minimise adverse impacts, to support staff and provide assistance where appropriate.

Affect	Cause	Trust Offer
Practical	Staff may have worked unsocial and/or additional hours.	Personal Risk Assessment; Overtime; Payments for time worked; Time off in lieu.
Physical	Staff may have been directly affected by an incident and/or may be drained from their response efforts.	Personal Risk Assessment; Occupational Health Holistic Therapies – Reiki; Yoga Classes; Physio therapy; Discounted Gym; Memberships.
Psychological	Each individual may have been affected differently. Some may be able to manage the incident themselves with others needing psychological help – often immediately and sometimes in the long term.	Personal Risk Assessment; Coaching; 'Talk, Listen, Care' (Staff Signposting Service).

The Trust's People and Organisational Development Team leads on the arrangements for staff welfare for all staff throughout the Trust and, a Health and Wellbeing Strategy is in development to outline and further bolster the proactive measures, and the support, that is available to staff.

The findings from the DBTH review undertaken on the Trust's response to wave 1 were that improvements should be made to support the wellbeing of staff involved in the management response to future waves and therefore a check point has been added to standard agendas for regular meetings - to ensure that colleagues are able to indicate if they require assistance.

9.2 Rotas

A further specific action point – to consider the work schedule for Silver Commanders arose from the review of wave 1 and, as a result revised rotas have been developed to lessen the intensity of the silver triumvirate duties and increase the pool of people contributing to this pool.

Revised rotas have been compiled for the staffing of the ICC and processes for handover have been identified.

9.3 Handover

A key finding from the DBTH review of its response to wave 1 was that staff managing the response ('response lead') would benefit from a phased handover.

A standard approach for formal handover will provide a smooth transition between shifts Therefore to increase the effectiveness of handover, a formal handover document has been created for response leads to use between shifts.

The handover document is provided at Appendix E.

10 **COMMUNICATION**

10.1 Communications from External Sources

Covid-19 Central Mailbox

DBTH has a central Covid-19 mailbox - dbth.coronavirus-convid2019@nhs.net.

The mailbox receives copies of Situation Reports provided by the Trust, communications (including guidance) from NHSE/I Regional and National and ad hoc requests for information.

The mailbox is monitored on a daily basis.

Incident Level	Covid-19 Mailbox Monitored By
OPEL Level 1	Emergency Planning Officer
OPEL Level 2	Emergency Planning Officer
OPEL Level 3	Emergency Planning Officer / SMOC Out Of Hours
OPEL Level 4	Emergency Planning Officer / SMOC Out Of Hours

Communications and information requests are forwarded to relevant colleagues for information / response and/or to determine if any further action is required.

All Emails are noted, forwarded to relevant colleagues for action and filed once dealt with.

Library Daily Bulletins

The Trust's Library Service searches daily for new or updated guidelines and key documents.

A daily guidelines bulletin is produced and circulated to relevant Trust staff when new or updated material is released.

All guidelines are added to the Trust intranet on the dedicated *Covid-19 Guidelines library page*.

The Library Service also provides a weekly evidence alert with the latest high quality Covid-19 research evidence and additionally provides bespoke evidence searches to enable colleagues to access the best available information and research on Covid-19 or related topics.

10.2 Communications Plan

The Trust's Head of Communications and Engagement is responsible for communications within DBTH and with outside agencies.

During wave 1 of the Covid-19 pandemic a Communications Plan was developed to ensure that staff, Partner Organisations, Government departments and the media were informed in a coordinated, timely, accurate and consistent manner. A schedule of communications has continued between the waves of Covid-19 and a model of discourse with the public, and staff, is well established.

The Communications Plan has been updated to reflect the requirements of wave 2. The main focus is to continue the Organisation's transparency with both its communities and colleagues, as well as our commitment to regular and accessible communications for all.

Where relevant the Trust works with communications cell from the South Yorkshire Strategic Co-ordinating Group to ensure the local coordination of the Regional communications.

10.3 Document Retention

The Chief Executive ensures the preservation of documentation. All documents, excluding patient medical records, created while this Management Response Plan is in place, must be preserved for future reference, in case of Coroners Inquests and/or official Inquiries into the incident.

The Chief Executive will remind Divisional Directors and Heads of Departments of this responsibility throughout the incident.

Information manager

A person will be delegated to be the Information Manager for Covid-19.

The Information Manager will be responsible for overseeing the keeping and storage of records and files created during the incident and returning the material to the Emergency Planning Officer appropriate retention.

As a minimum the following will be collected:

- Log books;
- All electronic records made during the incident;
- Any notes, paper records, flip charts created during the incident.

11 RECOVERY

11.1 Learning from Wave 1

A key finding from the DBTH review of its response to wave 1 was that planning should pay attention to not only the incident response, but that, for future waves, a dual team should be constructed to support the planning of recovery alongside the initial incident management.

11.2 Recovery Structure

Regional recovery is co-ordinated through a multi-agency recovery co-ordination group, established to ensure a joint approach to each wave.

Within DBTH, learning from Wave 1, there will be an earlier focus on planning recovery and a group will be set up to consider the effects of the pandemic and return to normal business.

The group should meet at weekly / fortnightly from the activation of this Plan.

11.3 Recovery Objectives

The objective is to return to pre pandemic levels of functioning as soon as possible, with the pace of recovery dependant on the residual impact of each wave, on-going demands, backlogs

of patients for outpatient appointments and theatre date rescheduling, staff and organisational fatigue, and continuing supply difficulties in most organisations.

Further waves of outbreak may occur so it is important to allow staff leave and rest in preparation for any subsequent waves and further sustained response.

There will be an evaluation of the Wave 1 recovery process, governed through the Stabilisation and Recovery Group. Lessons will be incorporated into Wave 2 Recovery.

11.4 Recovery Considerations

The Trust may experience persistent secondary effects for some time, with increased demand for continuation of care from:

- Patients whose existing illnesses have been exacerbated by Covid-19;
- Those who may continue to suffer potential medium or long-term health complications;
- A backlog of work resulting from the postponement of treatment for less urgent conditions;
- Possible increased demand for services through seasonal influenza.

The reintroduction of “business as usual” also needs to recognise that there may be reduced access to skilled staff and their experience. Many staff will have been working under acute pressure for prolonged periods and are likely to require rest and continuing support.

Facilities, essential supplies, and medicines may be depleted. Re-supply difficulties might persist and critical physical assets are likely to be in need of backlog maintenance, refurbishment or replacement.

Other sectors and services are likely to face similar problems and may also experience difficulties associated with income loss, changes in competitive position, loss of customer base, lack of raw materials, the potential need for plant and machinery start-up and so on.

Although recovery is characterised as a move back to normality, it is not possible to accurately predict further waves of the pandemic, which will emerge and which will again require Organisations to regroup and respond. In this sense, expectations around the performance of health and social care services need to be managed as effectively as possible.

12 TRAINING, EXERCISE AND REVIEW

12.1 Training and Exercise Plan

Upon approval the Plan will be circulated – for awareness - to:

- Members of the Trust’s Executive Team;
- Members of the Trust’s Management Board;
- Members of the Trust’s Senior Leadership Team;
- Senior Managers On-Call.

It is anticipated that activation of the Plan will coincide with its approval.

Training will comprise:

- A run through of the management framework;
- An understanding of the overall Winter and Super Surge Covid-19 Plan;
- An understanding of the headlines of each Division’s plans;
- Practical examples of scenarios colleagues may face through wave 2.

The Plan will be exercised via the live incident.

12.2 Review Process

The Plan will be reviewed after it has been deactivated following wave 2 of the Covid-19 pandemic.

Appendices (Available in the Full Document on The Shared Drive)		
A	<u>OPEL Framework</u> <ul style="list-style-type: none"> - Trust Wide OPEL Framework - Note on Divisional OPEL Frameworks 	29
B	<u>Covid-19 – Enhanced Operational Meetings / Silver Command Meetings</u> <ul style="list-style-type: none"> - Standard Agenda 	43
C	<u>Communication and Escalation Formats</u> <ul style="list-style-type: none"> - Action Log - SBAR 	45
D	<u>Silver Command</u> <ul style="list-style-type: none"> - Standard Work 	47
E	<u>Handover</u> <ul style="list-style-type: none"> - Handover Document 	48
F	<u>External Structure</u> <ul style="list-style-type: none"> - NHSE/I Incident Command Structure - South Yorkshire Local Resilience Forum 	49
G	<u>Contact Details</u> <ul style="list-style-type: none"> - NHSE/I Incident Control - Incident Control Centre and Silver Command Team 	51

DRAFT

Winter Plan 20/21

Author: Jodie Roberts

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1. Introduction

This plan describes the resilience arrangements that have been put in place to enable Doncaster and Bassetlaw Teaching Hospitals NHS foundation trust and the respective CCG systems across Doncaster and Bassetlaw to provide the capacity to maintain quality and safety during the pressured winter months. For the purpose of this report winter will be deemed as the months November to March. Winter 2020 has additional challenges around the COVID-19 pandemic that will affect the whole system. COVID-19 has a significant impact on at risk groups of people that are more likely to experience health deterioration during winter and as such further complications as a result of contracting COVID-19. COVID-19 will be an additional pressure on normal seasonal challenges such as flu and respiratory conditions other outbreaks of infectious diseases and Brexit.

Usual winter resilience plans need to take into consideration the impact COVID-19 has had on systems during the summer months and allow for the changes in practice during winter months. Usual surge escalation as a system will be described throughout this plan whilst trying to model COVID-19 assumptions into the plan.

This plan will be part of a system wide plan for a place based response to winter 2020/21, it will be over seen by the A and E delivery board.

The required outcomes of winter planning are to ensure that:-

- A comprehensive winter plan is in place which recognises that demand on available services is likely to be at its highest level and identifies local areas of risk which need to be mitigated. The 20/21 Winter Plan needs to have COVID 19 risks identified also.
- The Trusts plan forms part of the overall local place based health and social care plans and feeds in to the wider ICS.
- The provision of high quality services and excellent patient experiences are maintained through periods of pressure.
- The impact of pressures are reduced and national standards and finances are managed efficiently.
- A process is in place to meet the reporting requirements of NHSE/I.
- There are clear escalation plans in place as a system for additional capacity should surge demand be needed.
- Key risks and lessons learnt from previous years and the COVID-19 pandemic have been identified and recognised throughout the report.

2. Doncaster and Bassetlaw A&E Delivery Board

The Doncaster and Bassetlaw A&E Delivery Board is responsible for approving the Winter Plan and for managing the system level risks specific to winter demand and surge.

Doncaster and Bassetlaw A&E Delivery Board roles and responsibilities:-

- Approve and sign-off the Winter Plan for 20/21.
- Provide strategic overview and leadership to the surge and escalation process.
- Devolve responsibility for the day to day senior operational management of the Winter Plan to the surge and escalation operational group (details listed below)
- Ensure all partners engage with the plan and undertake any actions/requirements in a timely manner

Limited regional and national data has been shared and will need to be considered if this is released. ICS expectations have not been made to each trust and will need to be considered when finalised.

Surge and Escalation Operational Group

Each Thursday morning there is a surge and escalation group that meets. This is held throughout the year and not just in winter. This group has membership from the Doncaster and Bassetlaw Place.

This group highlights operational pressures that are current and need immediate action. It also recognises areas that need further dedicated work and further development to change pathways and longer term system changes.

This group is led by the CCG and will be the group where escalating pressures are shared regularly throughout winter. It will also be the group that will be called upon when operating pressures mount and immediate action is needed to be taken. The group will have access to the acute trust operational meetings 4 times a day during times of significant pressure.

The membership of the group can be seen below:-

Organisation	Contact	Out of Hours
Acute Trust	Lesley Hammond Marie Hardacre Jodie Roberts	Senior manager on call available via switchboard 01302 366666
Community Services	Mel Gibbons- RDASH- Community nursing and therapies	

	Paula Thompson- RDASH Mental Health	
CCG Lead	Ailsa Leighton Andrea Ibbotson	
GP OOH/ Same day health centre	Tracey Edwards	
NHS 111	YAS	
YAS	George Mason	ROC Team on 0300 330 0299
Integrated Discharge Team	Laura Diciacca	
Adult Social Care	Debbie John- Lewis	

This winter plan supports the provision of safe patient care over the winter period but does not supersede other supporting organisational plans, including (available on request):-

- Doncaster and Bassetlaw NHS Trust Major incident and Business Continuity Plan
- Doncaster and Bassetlaw Bed Management and Escalation Policy.
- DMBC and Nottinghamshire CC Health and Adult Services Escalation Plan.
- Yorkshire Ambulance Service (YAS) Tactical and Operational Winter Plan.
- East Midlands Ambulance service tactical and Operational Plan.
- COVID-19 Surge and Escalation Plan DBTH.
- COVID-19 Restoration and Recovery Plan DBTH.
- RDaSH Winter plan
- Nottinghamshire Healthcare Winter Preparedness Plan.
- NHS 111 Surge and Escalation Plan

3. Quality Indicators

The focus on the Emergency Department Quality Indicators and the 18 week Referral to Treatment Standards will need to be maintained at all times through the winter period. Where usual winter plans would consider reducing elective activity throughout December and January the restoration guidance from NHSE has set each organisation a target of reaching 100% activity to be maintained throughout this period as a response to recovery from COVID-19, in addition there is a focus on managing patients that are approaching a 52 week wait on their pathway and maintaining and managing waiting lists.

A joint dashboard will be used throughout the PLACE to monitor capacity and demand across all partners, the CCG are currently working on this so that there is transparency across the system in terms of capacity and demand.

The Doncaster and Bassetlaw A and E delivery board and operational groups also uses the information below to understand if/where pressures are being experienced in the system:-

- Daily Bed State Report.
- OPEL declaration.
- NHS 111 Sitrep.
- DMBC and NCC SitRep.
- Daily outbreak reports (Infection Prevention Control Team).
- Department of Health weekly cold weather alerts.
- National and regional updates in relation to EPRR teams in response to COVID.
- CCG PLACE based dashboard

4. Assessment of Demand

Evidence shows that if there is a sustained cold spell, emergency admissions increase due to the number of incidences of heart attacks, strokes, influenza like illnesses and respiratory conditions. Vulnerable people, particularly those with long term, chronic conditions are particularly susceptible.

It is also known that the Norovirus is most prevalent over the months of November to March, an outbreak of Norovirus can substantially reduce the bed capacity available within the hospital and nursing/residential home sector as no admissions or discharge can be made to these areas. In addition to the normal winter pressure on capacity COVID-19 will impact on how hospitals, care and community teams will operate. Swabbing measures have impacted discharge throughout the first phase of the COVID pandemic and will affect discharge in the winter months. Demand will be affected by staff absence, carer responsibilities and outbreak management in line with national guidance around track and trace.

The above factors can have a significant impact on capacity over the winter months. The situation is further compounded when taking into account the Christmas and New Year bank holiday periods, annual leave, the closure of primary care services, including GP surgeries and reduced bed capacity in Local Authorities. This period in 20/21 covers a 16 day period from Friday 18 December 2020 to Monday 4 January 2021. This is inclusive of the last weekend before Christmas as there is an anticipated increase in demand for our emergency departments due to an increase in alcohol, drug and violent related incidents.

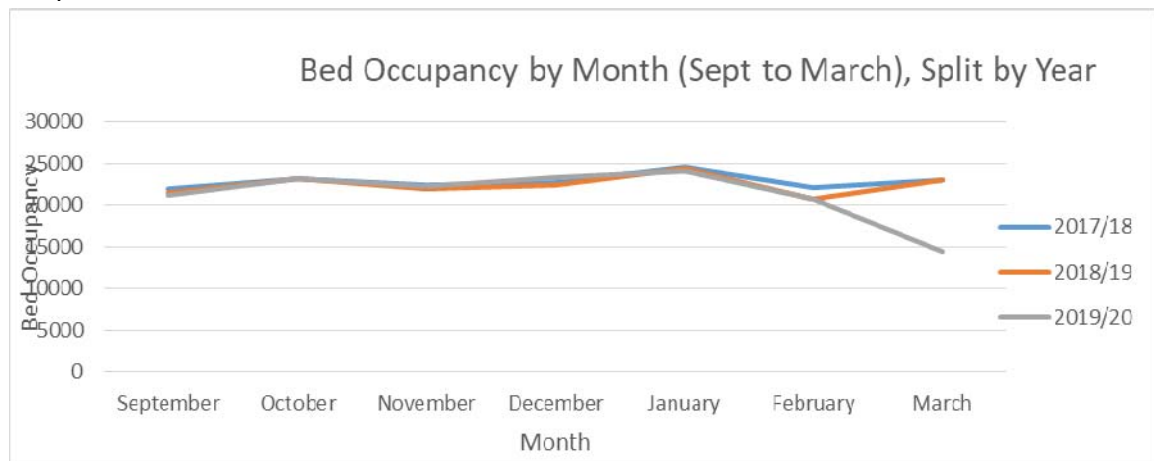
This plan will account for the extended holiday period and the pressure that this will place on the whole system which will in turn put pressure on the acute hospital. During these periods admissions rise and discharges can be delayed.

The national Audit office has suggested that organisations that have a bed occupancy regularly above 85% will experience bed shortages, periodic bed crisis and an increase in hospital acquired infections (NICE guideline 94). High bed occupancy can lead to patients being cared for in the wrong place reducing patient outcomes, experience

and reducing discharge rates. There is significant clinical evidence that supports reduced mortality and reduced incidents when bed occupancy remains below 85%. It is also less likely that elective operations are cancelled due to a lack of beds if the Trust remains below 85%.

This data demonstrates the level of beds that have been required each year during the winter months. The decline in bed occupancy can be seen throughout the first wave of the covid-19 pandemic. The demand for beds however has remained stable year on year during winter suggesting that the bed base in the hospital has matched demand. Bed occupancy alone does not demonstrate system pressure it should be viewed in line with access standards and cancellation of elective work alongside other quality indicators.

Graph 1

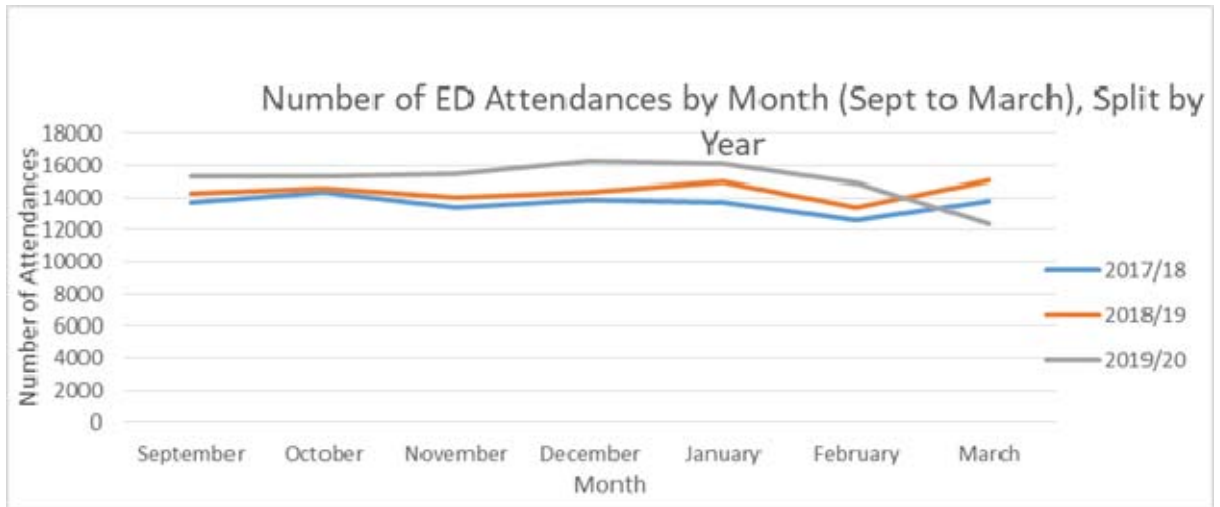


In isolation bed occupancy only demonstrates when a bed was occupied at midnight on any given day; it does not demonstrate how many patients may have been in that bed. Reviewed with A and E performance against the 4 hour standard and attendances at A and E, gives an all-round picture of the NEL demand that the organisation has had over the last 3 winters. When bed occupancy was high the national target for A and E performance of 95% of patients being seen within 4 hours was not achieved in Winter 19/20 (Table 1) and year on year A and E attendees had significantly grown (Graph 2).

A and E performance during winter 19/20 (Table 1)

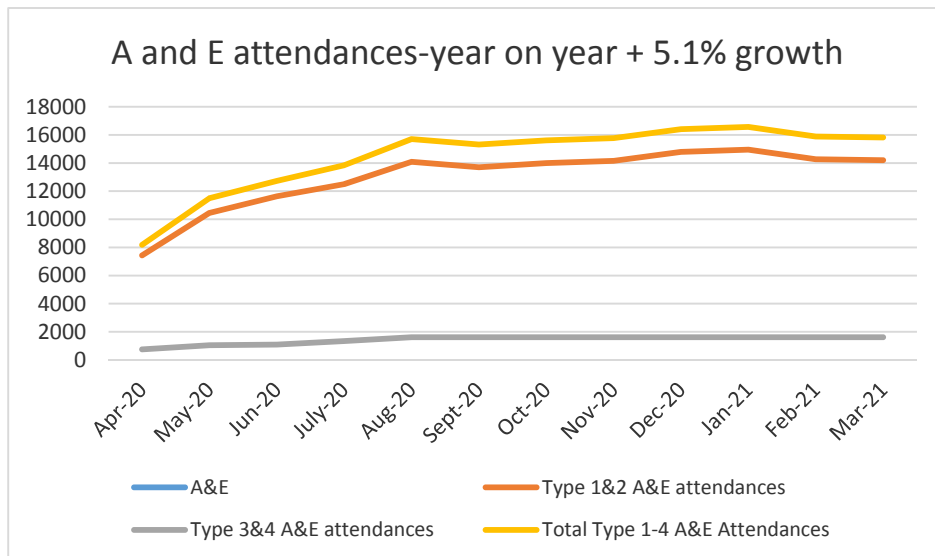
Month	Attendances	Breaches	Performance
Oct 2019	15302	1485	90.30%
Nov 2019	15453	2176	85.92%
Dec 2019	16254	2884	82.26%
Jan 2019	16106	2450	84.79%
Feb 2019	14909	2172	85.43%
March 2020	12397	1490	87.98%

Graph 2



A and E attendance predictions for Winter 20/21 inclusive of 5.1% growth

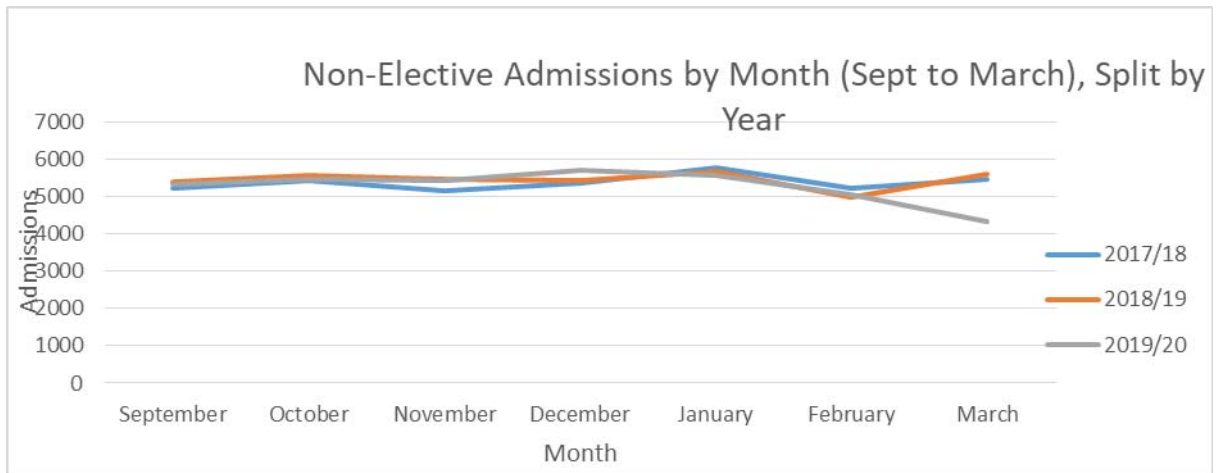
The graph below demonstrates the predicted attendances at A and E over the winter period. These predictions have been based on the worst winter experienced by the trust + 5.1 % of growth. Additional attendees at the emergency department can affect quality of care and the 4 hour access standard. Additional risks identified for winter 20/21 are around social distancing and the number of people in a close vicinity waiting to be seen.



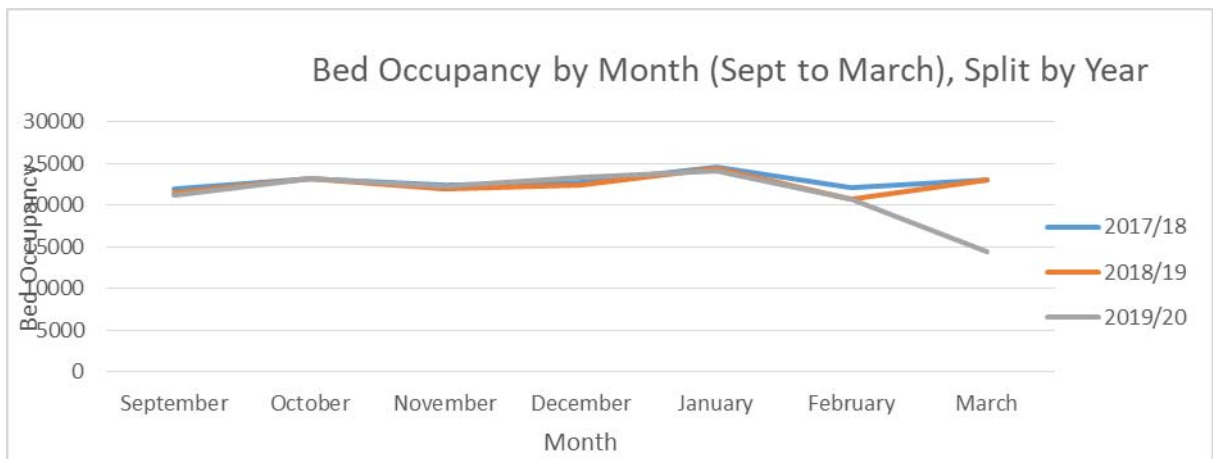
5. Capacity

Bed Analysis – Non Elective Bed Requirement

NEL admissions have remained consistent year on year, with highest admissions in January.



Bed occupancy has remained consistent (although high) year on year which would suggest that bed base has met demand. Winter 20/21 has additional pressures on bed bases at all sites as a number of beds have been lost due to IPC measures and protecting beds for elective pathways. Winter 20/21 based on assumptions the trust will not have adequate beds for the patients that need them.



The trust has 769 General and Acute (G & A) beds the table below demonstrates the levels of bed occupancy that is needed to support patient safety and staff well-being. Trusts should aim for 85% bed occupancy or less at all times.

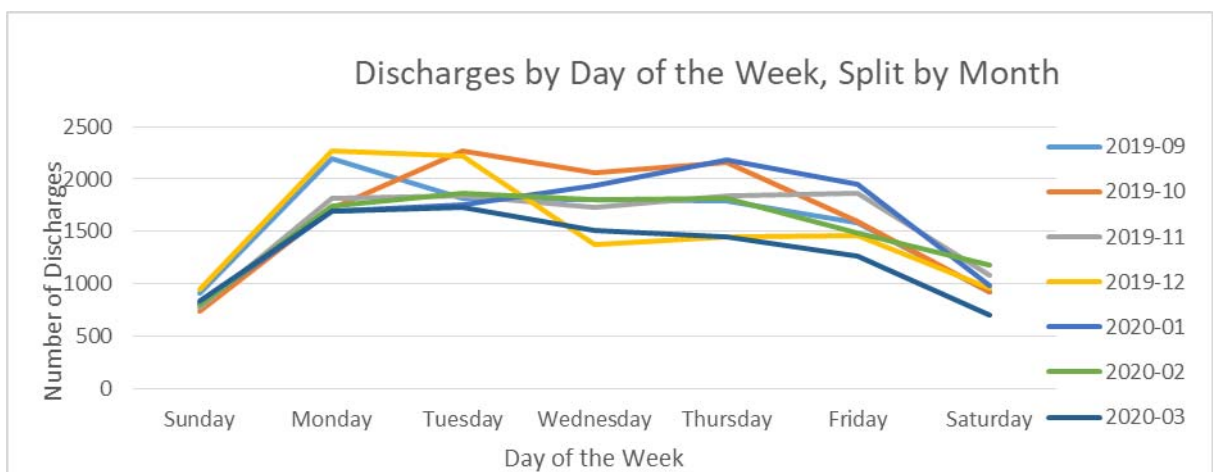
75% bed occupancy	577 beds
80% bed occupancy	615 beds
85% bed occupancy	654 beds
90% bed occupancy	692 beds
95% bed occupancy	731 beds

The key to reducing bed occupancy is having proactive discharge pathways into the community, either to a community bed base or home first model. The work completed over winter 19/20 looked at the integrated discharge team working closely with community providers and care homes to ensure timely discharge of these that are clinically optimised. Additional schemes in Winter 19/20 that were beneficial to discharge or admission avoidance were increase in RAPT time in the Emergency Department and acute medical input into the ED.

5a. Discharge

There is a consistent decline in number of discharges that happen at the weekend. Last year’s winter plan included additional sessions of acute medical input to support flow through the organisation. A reduction in discharges at weekends impacts on flow on Mondays and Tuesdays and as such discharge at weekends should be a priority for winter 20/21.

Discharges over the last three years for comparison by day.



Red to green days

Red to green days is a national drive that looks at the delays that patients experience whilst in hospital. The aims of red to green days are to add value into a patient pathway that supports discharge. Red days indicate where a patient has not received and intervention that has helped them along their care pathway and a green day is where there was a value adding intervention.

Bassetlaw currently operates red to green days and this will be introduced at Doncaster alongside the introduction of nerve centre through October and November 2020.

Super Stranded Patients

Nationally it has been identified that there is a key link between extended lengths of stay and emergency care performance. This is linked to bed availability and the number of occupied bed days taken up by this group of patients.

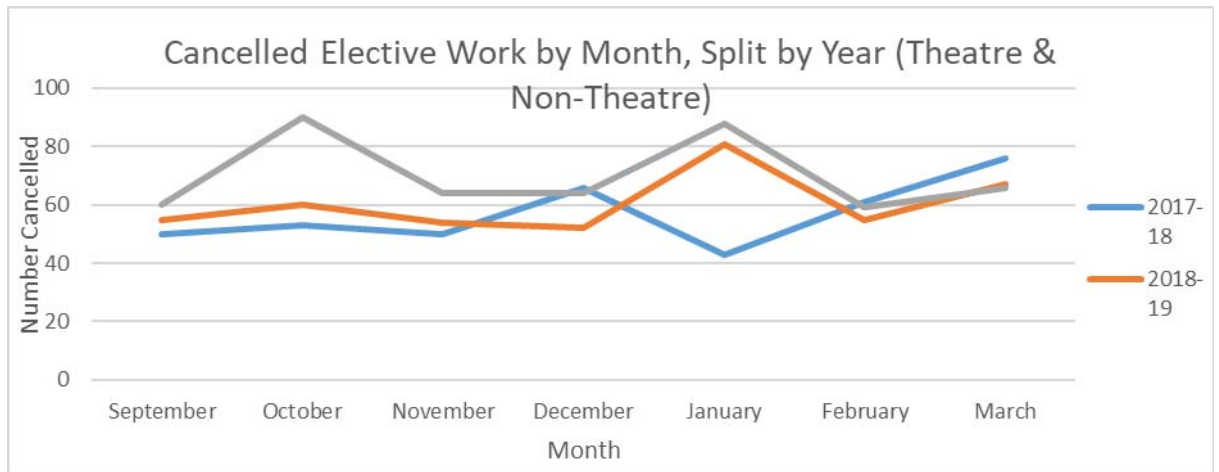
Super Stranded patients are those that have been in a hospital bed for more than 21 days. Some of these will be clinically appropriate (critically ill or on rehabilitation pathways) but a number are due to system failings. The Doncaster and Bassetlaw system has been set a target to reduce the number of Super Stranded patients to 76 to support winter resilience.

Where's best next

Week commencing 4 January we will conduct a system wide recovery plan. This will include all system partners on site at the trust to enable the system to respond to pressures in a timely manner. The team will comprise of senior decision makers so that blockages can be removed from the system to assist flow and manage system pressures.

Cancelling of elective work

On the day cancellation of elective work is a poor experience for the patient and an inefficient use of resources. The last 2 years have seen spikes in the cancellation of elective work in January following the extended Christmas and New Year breaks. Step down plans have been devised by specialities to look at how they will manage their elective work throughout winter 20/21 and a potential surge in COVID-19.



6. Existing Controls

6a. Patient Flow Meetings

Daily patient flow meetings happen 4 times daily and are now an established routine, playing an essential role in the flow of patients through the 'system'. This operational meeting is chaired by the senior manager on call and has representation from key internal stakeholders. (See appendix 1)

These meetings can be used as a form of escalation for the system and can be offered as a way of managing local surge in activity and boosting communication. Additional input into these meetings can be requested from external stakeholders.

The key aim of the operational meetings is to review the following:

- ED position and levels of activity and acuity.
- Issues with flow- divisional updates and bed pressures.
- Internal delays for discharges.
- External delays for discharges.
- Item's for escalation.
- Staffing.
- Other issues.
- Actions

A report is emailed to the senior teams across the organisation to give an up to date situation report of the pressure within the trust. This will include available beds, predicted discharges, possible discharges, capacity in DCC, snap shot of ED activity and any actions to complete.

6b. Discharge Lounge

The operation of a Discharge Lounge that is flexible is a key factor in managing flow through the trust during times of pressure.

Patients for discharge across the adult inpatient wards and the Emergency Department who meet a certain criteria can be transferred to the Discharge lounge. Their suitability for admission is based on their care needs.

The person in charge of the discharge lounge will work closely with the wards and the emergency department to pull patients through so that the lounge is optimised during times of pressure.

The discharge lounge is located on the corridor near the integrated discharge team (IDT) on floor 2 right down the corridor from Gate 4 entrance.

Discharge Lounge

01302 644114

6c. Infection Control

Infection control policies are in place to address the most likely range of infections including norovirus, Clostridium difficile, influenza and MRSA. IPC policies can be found listed in the additional documentation section and are available on the Hive. The IPC team operate in normal hours of 8-4pm Mon to Friday but during the winter months- from November they also operate from 9-5pm on Saturdays.

6d. PPE

The use of PPE increases during winter months due to the IPC measures needed to manage seasonal outbreaks. The use of PPE is expected to increase due to how patients are now managed with suspect or confirmed COVID.

All staff on hospital premises are now also required to wear surgical masks and patients or visitors are also required to wear a face covering.

The procurement team are building the reserves of PPE so that we have adequate coverage for the winter months which would account for a second wave of COVID 19. As part of the South Yorkshire and Bassetlaw ICS there is a working group that is monitoring the use of PPE and escalates any concerns to each of the organisations. In response to the use of FFP3 masks and the national shortage DBTH have moved the majority of staff onto their own reusable respirator to anticipate any issues with supply and FIT testing. They are building reserves for 6 months to account for any challenges that may also be posed due to Brexit.

6e. Immunisation

For some years, NHS England has set a target for vaccination uptake amongst those staff directly involved in front line patient care. This year the target has been set to 100%. We will adopt a peer vaccinator approach and create easy and simple access for our staff.

Staff who are vaccinated elsewhere e.g. by their GP service, will be encouraged to report this to Occupational Health to ensure inclusion in healthcare worker vaccination uptake reporting.

Records of vaccination will be retained by Occupational Health. Uptake reporting will be co-ordinated by Occupational Health and reported nationally. Nationally there is an increase in people who are eligible for the flu vaccination this includes those over 50 and pregnant women. The trust has been exploring how it will deliver flu vaccinations to pregnant women and dialysis patients in conjunction with local primary care services.

The communications team will work with partners and internal communication systems to encourage our staff and our local population to have their flu vaccinations targeting those vulnerable and at risk groups.

6f. Learning from COVID

The COVID pandemic has allowed barriers to be broken down and innovation to take place. Learning from the first wave of the pandemic has assisted the organisation in identifying systems and processes that can be used in order to manage patient demand in a different way.

During the first wave of the pandemic attendances at the Emergency Department dropped significantly following government advice. The national campaigns encouraged people to stay away from hospitals and other healthcare settings and only attend in an emergency. Elective surgery was stopped in March and the majority of outpatient appointments were converted to telephone consultations or video consultations. The intention of reducing the amount of people on our hospital sites did work but since the relaxation of lockdown rules, we have seen activity at our Emergency Departments and MIU increase. Activity has increased in our minor injuries/illness streams and in major and resus patients. This has placed significant pressure on our ability to cope with the need to socially distance people whilst waiting for emergency care, this will continue to be a significant risk in the winter months as waiting outside is no longer an option.

In addition restarting elective work has been difficult due to social distancing and encouraging patients that need to be seen to come back to the hospital sites. Multi-media appointments are now the normal for our clinicians and patients and this has increased our ability to be responsive to our patients. Increased face to face appointments are however needed and continue to increase across the site. With only those patients that need to be seen face to face coming into the trust sites.

COVID also encouraged home working and improved access to technology for our staff. Throughout the winter months to protect our staff and patients where possible staff should be encouraged to continue to work from home where this has been effective and successful. Clear health and well-being checks should happen to ensure that people still have contact with their work place even though they are not on site.

As part of the COVID response and recovery trauma patients were diverted to Bassetlaw District General Hospital. This will continue through winter as Bassetlaw becomes a protected COVID free site to ensure that elective pathways can be maintained throughout the winter months.

All divisions have completed step down plans in case of a surge in COVID activity. These can be found by division in the appendices.

6g. Learning from Last Winter

The aim of last winter was to reduce DTOCs, improve discharge numbers particularly at weekends, divert activity away from the emergency department and improve flow through the organisation and into the wider system. Reduce number of super stranded patients to below 76 at any one time.

Some of the schemes that were adopted last year included additional acute physician input into ATC and into the ED- this improved weekend discharges and helped to reduce admission from the emergency department as the acute physicians went into the department to review patients and often turned them around at the front door. Quicker access to services at the front door improves patient outcomes, reduces time and reduces admissions.

Working together as a system- Where's Best Next and System Perfect were initiatives that were tried in 19/20. The aim of this multi-agency discharge events was to maximise discharge and improve flow throughout the system. It is proposed that this approach is adopted again in winter 20/21.

At present there has not been any agreed funding made available to cover the cost of the increased pressure that is seen during the winter months. Attached in Appendix 2 is a detailed plan of what has been requested by the divisions as additional resource to help with the aims of managing demand and capacity within the system.

7. Our People

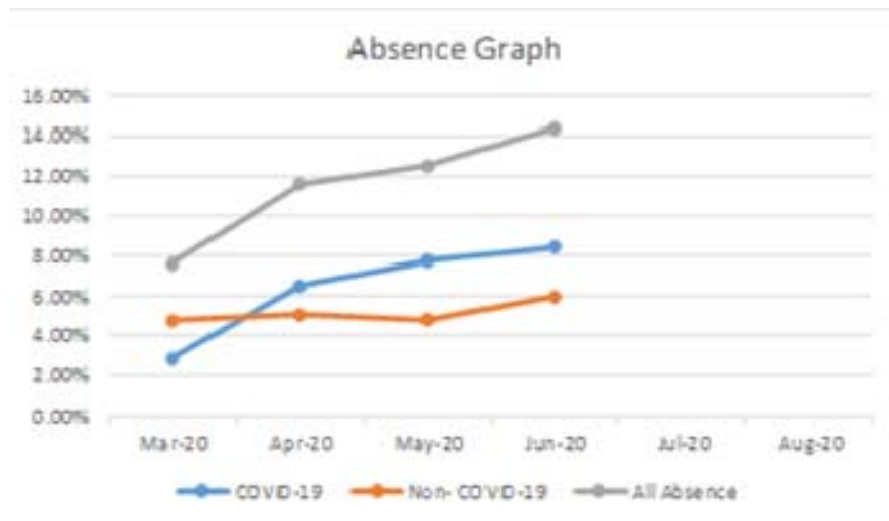
Part of the learning from COVID 19 initial response to the pandemic saw the organisation close some services and redeploy its staff. This helped manage the inpatient bed base whilst elective activity could not be safely managed. Through the redeployment some harder to recruit places (respiratory, AMU and DCC) have improved in their recruitment numbers for registered nurses. The opportunity, whilst not ideal, to see a different area has encouraged people to change where they work permanently.

The pressures that are experienced during winter are significant on our teams and following the COVID-19 pandemic staff welfare and wellbeing should be a priority for the organisation.

7a. Staff absence

The graph below shows the absences that we experienced as a trust throughout the Covid period. COVID related absences were at the peak in June and overall absence in the trust reached a peak in June at over 14%.

The trust target for sickness absence is 3.5%



Historical data from winter months suggest that we have an absence rate across the trust of between 4.78-4.92%.

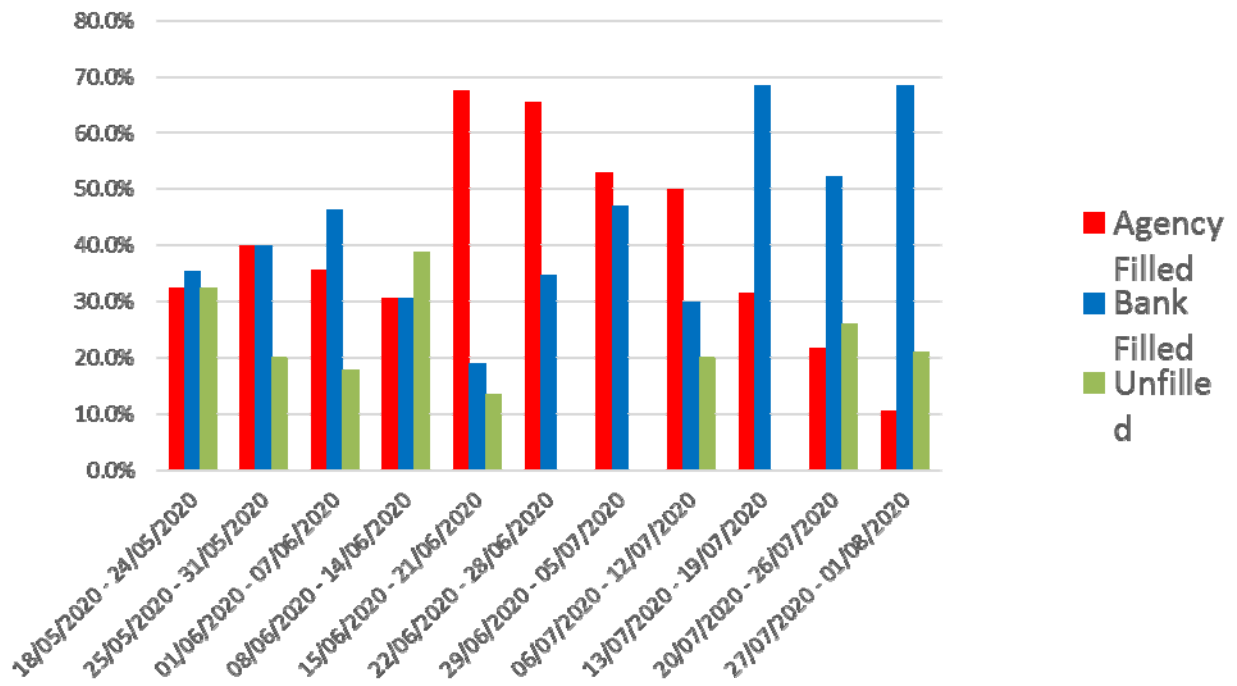
Historically over winter our hard to recruit areas rely on bank and agency fill rates. NHSP have committed to help us with managing this winter, as they have in previous years.

Throughout COVID to increase fill rate on the respiratory ward, DCC and maternity an additional incentive was offered to NHSP staff that picked shifts up in these areas.

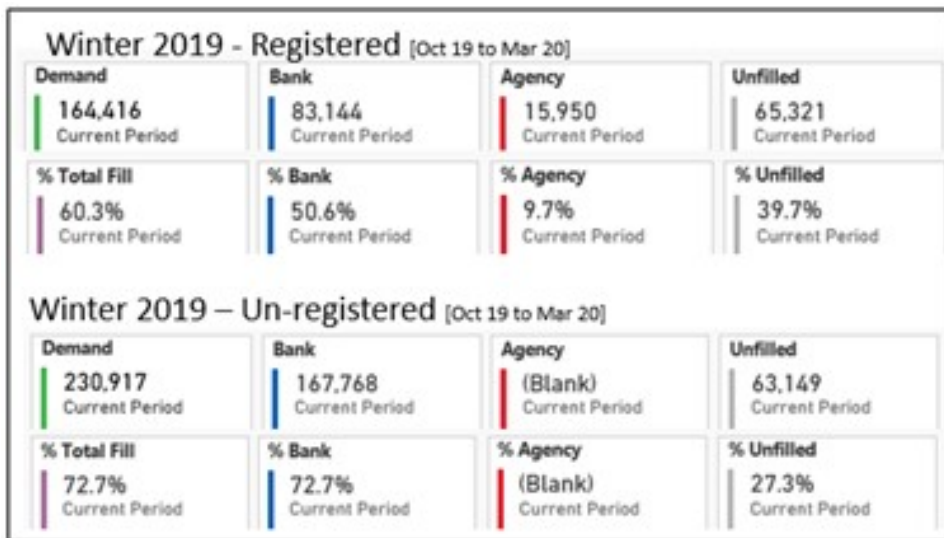
An example of the impact on the respiratory unit is as follows:-

5. Incentive in effect from 15/06/20.
6. Bank fill percentage increased from **30.5%** the week before incentive to **68.4%** in the last week of July.
7. Decrease in agency fill from **67.5%** w/c 15/6/20 to **10.5%** in the last week of July.
8. RN Bank Utilisation has increased from 19 workers in May & June, 22 workers in July, and 30 workers in August to date (**57.8%** Increase from May).

Respiratory Unit Incentive Tracker



Previous fill rates from NHSP can be seen below throughout the winter periods, Trust-wide data with no incentive shifts.



NHSP have also highlighted where they will be able to work with us in response to the phase 3 letter.

Utilisation of the workforce

Effective Trust Rostering. Reintroduction of the Trust Confirm and Challenge meetings with NHSP in attendance to ensure rosters are utilised to increase efficiency (e.g. utilising Staff owning hours).

As soon as rosters are set (6 weeks in advance) any shortfalls should be sent straight to NHSP – This gives us chance to maximise fill rates. This is particularly in relation to known vacancies/Long term sickness/maternity leave etc.

Increased capacity to 90%

NHSP have the capacity within our Bank of workers to support an increase in the Trusts service levels and demand of bank workers.

Support vaccination programmes/ Covid-19 Screening

Winter Pressures

- *Targeted Incentives*
- *NHSP Care Support Worker Development Programme* – A programme to provide a cohort of 10-15 HCA trainees to the Trust. Trainees would be allocated to a ward on a 6 month placement working a minimum of 30 hours per week. Trainees complete a Care Certificate upon completion of the placement and remain on the bank or can be substantively recruitment.

- *Long term placements* – NHSP can support in filling longer term opportunities though our current bank workforce or bespoke external recruitment.

(all of the above applies not only to Nursing & Midwifery but to all staffing groups)

There will be a reliance on medical agency staff during times of winter pressure. Flexibility with staffing models at times of surge will be needed. Financial constraints should be made clear to divisions around what additional staffing can be used during these pressured times.

8. Winter Escalation

On planning to implement any of the following escalation processes full discussion should take place between site team and appropriate general manager/ ADoNs/ manager on call.

8a. Staffing Arrangements

Robust staffing arrangements for the escalation areas will play a significant part in ensuring the Trust's resilience to winter pressures.

Each area of escalation requires a different level of resource. These staff, together with staff from NHS Professionals will be used to open further escalation areas as required. Links to COVID surge will be triggered by the COVID trigger plan. This includes when staff should be redeployed to support high pressure areas.

Health and wellbeing of our staff is important throughout the year but should be recognised that there are additional pressures on staff during busier times. Winter 20/21 has additional pressures in terms of COVID and staff that have not recovered from the first wave of the pandemic. Additional support will be required from outside services.

8b. Identification of patients to sleep on a ward not for their speciality

When opening additional beds and indenting patients to outlie on alternative wards it is imperative that there is a risk assessment completed for those patients that re to be moved during times of pressure. Wards should identify 2 patients each day that could be "slept out" from their base ward teams. Early movement of patients should happen to prevent and issues with flow later in the day and minimise the impact of meal times and handovers on flow throughout the organisation. (Clinical Site management team policy PAT/PAv.4)

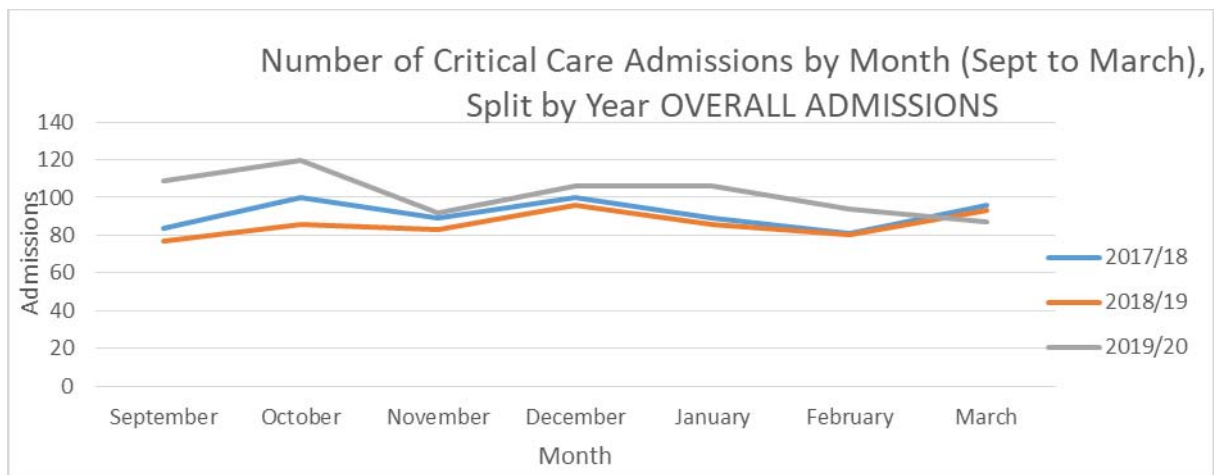
8c. Critical Care Escalation

The Trusts has a DCC at DRI and an ITU/HDU at Bassetlaw. There are 20 beds available at DRI and 6 beds available at Bassetlaw.

Surge capacity following Covid was identified to go into ward 22 up to 14 beds and then the old HSDU which would create further capacity should this be needed.

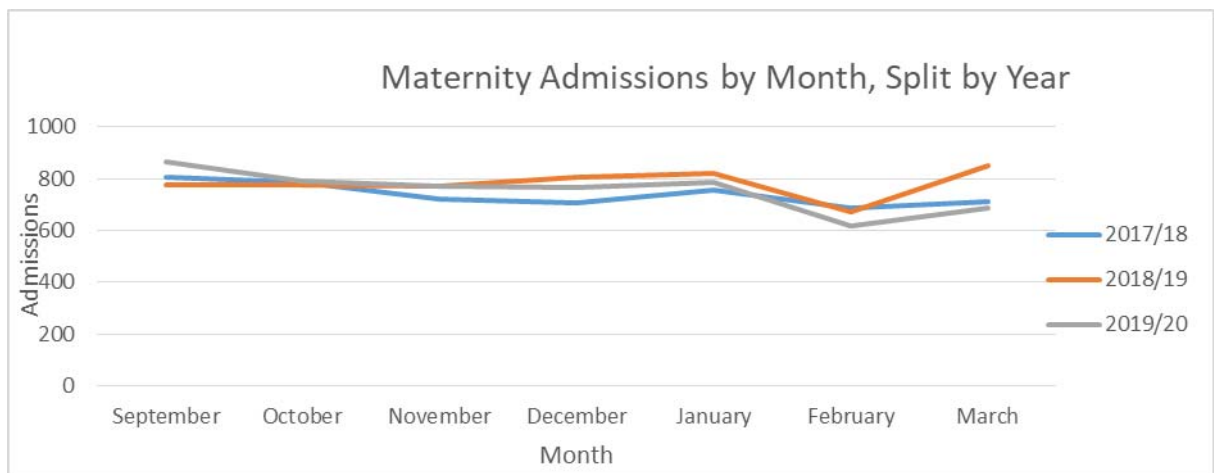
Following this then surge capacity could be extended into theatres and recovery. These measures follow the DCC plan for response to COVID and can be viewed upon request.

Throughout the first wave of the COVID-19 response staff were redeployed from areas of the organisation that were not operating throughout the response. This ensured that there were additional staff available to manage the potential surge in demand. Training and development is needed to support staff that may be redeployed to DCC. The DCC plan was to surge into ward 22, theatre recovery and then individual theatres. Since the first wave of COVID a new area has been completed (old HSDU) and designated as additional critical care capacity. Additional equipment such as ventilators has now been sourced so the beds would be fully operational should they be needed.



8d. Maternity Escalation

Maternity admissions have been relatively stable over the last 3 winters. The maternity escalation policy will be followed if there is a spike in admissions. Looking at projected births there are no immediate concerns over planned births for Doncaster and Bassetlaw. Staffing will remain a challenge across Bassetlaw when maternity services return in November 2020.



8e. Weekend and Bank Holiday Arrangements

Previous analysis of weekend admission profiles demonstrates that there are fewer admissions, on average, on a weekend and bank holidays than on week days, however, bed occupancy often rises due to the significantly reduced level of discharges.

In the weeks leading up to the Christmas bank holiday weekend the Trust will be looking to maximise discharge in order to reduce bed occupancy to 75% by the 24 December. This will help to mitigate the exacerbated 'weekend and bank holiday effect' of two bank holiday weekends in succession.

Friday 18 December to Thursday 24 December

The focus of the trust during this week after the last Friday of the month for people to go out will be discharging and reducing bed occupancy throughout the trust. The aim will be to reach 75% bed occupancy by Christmas Eve. Internal delays will be monitored and escalated.

Christmas weekend

Christmas day falls on a Friday this year and there is a preceding bank holiday on Monday 28 December. This is a 4 day weekend additional cover will be sought to reduce the weekend effect. This will be additional support on Sunday or Monday.

28 December to 31 December (inclusive of a bank holiday)

The focus during this period will be on acute activity to maximise discharge and lower bed occupancy. Elective activity may be reduced and will focus on cancer / urgent patients. To ensure theatres are still well utilised Day Case activity will be prioritised during this period.

Monday 4 January to 8 January

In order to recover from the extended holiday period the Doncaster and Bassetlaw system will run a ‘Where Best Next’ week. This will be a system approach to recovery. A command structure similar to that employed during the COVID pandemic will be utilised. At this time however senior decision makers from partner organisations will be on site together to unblock issues with discharge. The senior team will include the acute trust who will lead the week, community services, CCG, Local authority

The principles of a major incident will be followed so that quick decision can be made based on the current situation. The team will be based in the education centre and the 4 times a day operational meetings will be used as a point of escalation.

The figure below demonstrates the proposed approach to the Christmas and New Year period 20/21

Week				Weekend		
				18.12.2020	19.12.2020	20.12.2020
21.12.2020	22.12.2020	23.12.2020	24.12.2020	25.12.2020	26.12.2020	27.12.2020
				CHRISTMAS DAY	BOXING DAY	
MAXIMISE DISCHARGE – BED OCCUPANCY AIM TO BE AT 75%						
28.12.2020	29.12.2020	30.12.2020	31.12.2020	01.01.2021	02.01.2021	03.01.2021
BANK HOLIDAY			NEW YEAR'S EVE	NEW YEAR'S DAY		
ACUTE FOCUS AND DISCHARGE						
04.01.2021	05.01.2021	06.01.2021	07.01.2021	08.01.2021		
RECOVER – WHERE'S BEST NEXT?						

9. Schemes to support winter pressures

Managing Demand – Actions to reduce attendances & admissions

9a. Ambulatory care

Year on year admissions to the Ambulatory care unit (ACU) have significantly risen, this provides an alternative to care being delivered in the emergency department and has a direct referral pathway for GPs. The medical ambulatory unit is currently based alongside AMU. During the COVID response ACU had surgical and medical specialties collocated. This worked well and a joint space had benefits such as shared resources. This has not been possible to continue so ACU for medicine will continue on AMU and the surgical ambulatory care will return to ward 22.

The current ACU has limited capacity due to its location on the ward and with social distancing this provides a further challenge for the team.

9b. Emergency Department

Staffing levels and shift patterns have been reviewed. Annual leave for Nursing and Unregistered staff is reduced for a fortnight's duration over Christmas and New Year. Stock levels within the department are always maintained with sufficient amounts to manage a major incident and flexes stock according to likely demand i.e. additional casting material to be ordered.

Consultant times have moved to starting an hour earlier on the on call shift so that effective handovers can occur and not impact the operations of the department

Annual planning and with COVID -19 in mind we have based our A and E attendances on year on year growth which has averaged at 5.1%. Throughout recovery from COVID we have continued to see a rise in attendances at our A and E department this has been a mix of minor injuries and acutely unwell patients. There has been a significant rise in paediatric and frailty attendances. The public have returned to normal habits of attending the A and E department rather than visiting their GP or alternative care provider.

The department has increased capacity for early senior review with the changes in the department environment and has also instigated a super track process at times of surge.

A key focus for the department is streaming to alternative care providers, public awareness of available services and managing a department that will have a COVID and a non COVID pathway. Support from partner agencies will be key in to managing public expectation and behaviour.

9c. Think 111

This winter NHSE have increased NHS 111 capacity in response to the Corvid 19 pandemic. Throughout the pandemic the public used this service as a way of accessing appropriate health care at the appropriate time. Attendances at ED across the country were down throughout the first wave of the pandemic. Steadily however attendances at our Emergency Departments have continued to rise. A high proportion of these attendances are minor attendees in their nature. The think 111 campaign is aiming to inform the public and help make appropriate choices so that they access the right healthcare at the right time. Think 111 has to be a locally agreed solution to urgent and emergency care encompassing the locally defined solution between primary and secondary care.

NHS 111 have increased their capacity to receive calls and have asked local CCGs to work on a place based modelling of dealing with directing patients. Suggestions so far have been to have more direct access to hot clinics and bookable appointments into the Emergency department. Doncaster and Bassetlaw Urgent and Emergency care team are working with partners to design the local Think NHS 111 scheme. Earlier thoughts have been around access to ED, SDEC, direct speciality access and access to

paediatrics for children. The success of NHS 111 will be guided by an up to date clear Directory of Services that the public and health care professionals can have access to.

9d. Managing flow out of hospital

The Doncaster and Bassetlaw system has been working on a discharge strategy to reduce DTOC and stranded patient numbers and this will be a key component of our Winter Plan. The integrated Discharge team are working with community partners ensure that there are effective systems in place that will support weekend discharges, care home discharges and access to community service which include the bed base that is available locally and out of area. Throughout COVID the discharge process in the Doncaster place was challenging as it required all referrals to be directed through a single point of access. This did disrupt discharges at times and may be an issue if this model is to continue into winter. Local GPs have been working with care homes to reduce hospital admissions, this will continue throughout winter.

A risk that will continue going into the winter months there will continue to be pressure on swabbing patients before discharge to care homes and other care facilities.

9e. Finances

Contracting in 20/21 has been affected by the COVID -19 pandemic. The trust is currently on a block contract up to September 2020. There has not been any confirmation of what funding will be available in the remaining months of the financial year.

The additional costs associated with winter for 2020/2021 will have to be met through either external funding (national winter money) or through a reduction in planned element of the block contract. Local or national negotiations may be needed to manage winter and the expectations around elective activity whilst maintaining safety and quality for emergency non elective patients requiring hospital admission.

The requested schemes by the divisions amount to £1.5 million pounds. Detail can be found in appendix 2.

Costs

The have reviewed what has previously been used throughout the winter months. The table below highlight the priority schemes that will benefit the organisation and the wider system. Further detail can be found in appendix 2 and additional schemes.

Update : November 2020 – The schemes for funding have now been incorporated into an overall financial assessment of the Winter Plan and C19 Plan with spend reprofiled in light of Wave 2 COVID costs to the £1.5 m identified within the financial plan.

9f. Patient Discharge Transport

In winter 19/20 additional transport was used throughout the winter period. This was beneficial as a take home service for the Emergency Department and later crews that supported discharges. It is proposed that additional transport is one of the priorities for the organisation to support flow in winter. The costings can be seen in detail in appendix 2.

9g. Therapy Services

The continuation of patient rehabilitation programmes is essential to achieve medical optimisation and reduce the effects of deconditioning. Ongoing rehabilitation can decrease length of stay in hospital and support flow though the organisation is vital in achieving speedy recovery and early discharge. Orthopaedic therapy has a seven day service but acute therapy does not. Additional resource would support the acute therapy team, IDT and RAPT (Doncaster). This additional therapy input will assist over the prolonged bank holiday periods throughout December focus on admission avoidance and discharge. RAPT with additional resource will be able to spend more time in the Emergency Department and see patients earlier in their pathway and prevent hospital admissions. Financial costings can be found in the financial analysis in appendix 2.

Community Equipment Service

Community equipment services are provided by NRS for Doncaster and Red Cross for Bassetlaw. Referral can be made via:-

NRS (DRI) - 0345 121 8111

Red Cross (BDGH) - 0300 500 8080

There are mutual aid arrangement for NRS across the region ensuring that there is a supply throughout Yorkshire and the Humber.

The therapy team have access to equipment that can be issued to assist with a safe discharge in exceptional circumstances.

10. Communications

System-wide communications will be led by the CCG, working with partner organisations as appropriate to manage messages and communicate effectively. Any Doncaster and Bassetlaw -specific issues (most likely these will be directly operational) will be picked up by the Trust. There will be regular meetings between the trust communications teams and systems partners around the comms messages that are shared throughout the winter period. Lessons learnt from the COVID pandemic is that a clear message from all parties is imperative and that the use of social media has a significant reach into our community. The communications manager will be responsible for liaising and monitoring communication along with communication managers from system partners.

The communication campaign will this year focus on flu vaccinations, promoting social distancing and the wearing of face coverings, attending A and E in an emergency (Think 111 campaign) and promoting people attending their scheduled outpatient and elective procedures.



Winter DBTH
Comms.docx

10a. SITREP Reporting

The Trust currently participates in the national SITREP reporting arrangements via 'Unify' with the data collation and submission undertaken by the Information Services department. The Trust submits a daily SitRep by 11am Monday to Friday. The data covering the previous day includes:-

- Number of Emergency Admissions
- Number of Emergency Department Attendances
- Number of >4 hour Emergency Department waits
- Number of last minute cancelled operations
- Number of 12 hour trolley waits in the ED

The Trust is also required to make a daily submission to NHS Improvement providing 4 hour performance at Doncaster ED, Bassetlaw ED and Mexborough Montagu Hospital Minor Injuries unit for each of the previous days. The Trust issues a daily 'bed state' compiled by the patient flow team after each of the 4 operational meetings. The report also details the current Emergency Department four hour performance positions. OPEL levels are also reported daily (See appendix 3). The SITREP is completed by the information team during the week and by the site team at weekends (Clinical Site Management Team PAT/PA v.4)

The daily 'bed state' is used as a tool during the Patient Flow meetings to determine activity levels and pressure points. It is emailed out to all Directors and Senior

Managers to ensure a wide understanding and up to date position of any operational problems affecting the Trust.

In winter 20/21 a daily text message will be sent to all senior manager sand leaders in the trust to clearly identify the position of the hospital. This will include bed occupancy, ED performance, total number of emergency admissions and OPEL level trust wide.

10b. CCG Winter Updates

These will be distributed via SURGE and escalation group and via exceptional reporting where needed.

10c. GP Alerts

Will be provided by the CCG and any items to escalate to GPs will be via the CCG.

10d. Severe Weather Plan

In the event of severe adverse weather conditions, such as heavy snow fall, a Hospital Incident team will be established as required with representatives from across all affected services.

Standing agenda items will include:-

- Situation report from services and localities
- Weather Picture – Met office weather alerts- these will also be shared by the EPRR Officer regularly
- Vulnerable Patients
- Transport Issues – Access to 4x4 vehicles
- Communications
- HR Issues
- Bed plan
- Catering
- Facilities and estates

Refer to the Severe Weather Plan CORP/RISK 27 v4for further details

The trust has designated staff to grit the trusts sites. The Trust has worked with the local authorities across local areas to ensure access to the main trust sites (Doncaster, Bassetlaw and Mexborough) are cleared in times of severe weather.

Trust meals are provided on site at all sites. In the event of adverse weather impacting on deliveries then Sodexo business continuity plans will be used and can be accessed by the Senior Manager on Call.

If weather conditions are so severe that staff are stranded, the Trust is committed to provide overnight accommodation either on or off site and access 4x4 vehicles to support crucial staff to get to work.

11. Risks

Mitigation manages the risk
Some mitigation but some risk remains
Limited mitigation and high levels of risk

Risk	Description	Mitigation
Equipment availability ➤ Safety	➤ Availability of ventilators, NIV, drips, Renal	➤ Numerous items including NIV and ventilators have

<ul style="list-style-type: none"> ➤ Quality ➤ Effectiveness 	<p>machines to manage DCC patients</p> <ul style="list-style-type: none"> ➤ Access to PPE ➤ Training and support for staff around new equipment 	<p>been loaned to the trust via the national loan scheme</p> <ul style="list-style-type: none"> ➤ ICS solution to PPE <p>DBTH has managed to source reusable respirators and FIT test people to reduce reliance on FFP3</p>
<p>COVID -19</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Wellbeing 	<ul style="list-style-type: none"> ➤ Resurgence in hospital admissions ➤ Community prevalence increases and affects elective pathways ➤ Staff absence due to COVID or carer responsibilities ➤ Local lockdowns ➤ ITU capacity ➤ Bed capacity 	<ul style="list-style-type: none"> ➤ Step down plans in place ➤ Redeployment plans ➤ Learning from first wave ➤ SURG and escalation plans in place ➤ Equipment availability has improved ➤ PPE availability has improved
<p>Track and trace</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness 	<ul style="list-style-type: none"> ➤ High levels of staff are absent due to track and trace ➤ Track and trace affects patients on elective pathways and operations are cancelled 	<ul style="list-style-type: none"> ➤ Following national guidance on track and trace- limited mitigation can be put into place ➤ Redeployment if services become critical ➤ Bank and agency usage
<p>Staff absence</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Wellbeing 	<ul style="list-style-type: none"> ➤ Increase in staff absence due to COVID and/or other winter related illnesses ➤ Carer 	<ul style="list-style-type: none"> ➤ Swabbing available on site for staff and family members ➤ Redeployment if services become critical

	responsibilities due to potential school closures	➤ Bank and agency usage will increase
Social distancing <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Wellbeing 	<ul style="list-style-type: none"> ➤ Limited space in the ED which poses a health hazard in terms of social distancing 	<ul style="list-style-type: none"> ➤ Patients have been moved around the Ed to wait ➤ Patients not able to be accompanied in the department
Accessibility to transport services <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness 	<ul style="list-style-type: none"> ➤ Reluctance of transport services to transport COVID patients ➤ Availability of transport reduced due to sickness absence in ambulance services 	<ul style="list-style-type: none"> ➤ National guidance around conveyance and swabbing results ➤ The trust supported external partners with swabbing in the first wave and would be beneficial to do this again
Severe weather <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness 	<ul style="list-style-type: none"> ➤ Winter weather causing disruption to services and staff ➤ Disruption to the supply chain 	<ul style="list-style-type: none"> ➤ Business continuity plans in place
Brexit <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness ➤ Wellbeing 	<ul style="list-style-type: none"> ➤ Disruption to the supply chain ➤ Issues with work visas 	<ul style="list-style-type: none"> ➤ Brexit plans are in place to support supply chains ➤ Work on going with staff who need work visas
Finance <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness 	<ul style="list-style-type: none"> ➤ Financial penalties for not achieving as directed in phase 3 letter ➤ Uncertainty around financial offering from CCGs ➤ Winter costing significant amount ➤ COVID 	<ul style="list-style-type: none"> ➤ Financial information is limited at this time and will impact on decision making ➤ Risk to elective work being achieved through winter pressures on inpatient beds

	resurgence and no additional funds	
<p>Ambulance handover times</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness 	<ul style="list-style-type: none"> ➤ Increase in ambulance handover times due to volume and pathways in ED 	<ul style="list-style-type: none"> ➤ Departmental environment works with assist with the different streams
<p>Ambulance arrivals</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness 	<ul style="list-style-type: none"> ➤ Batching of ambulances affecting turnaround times and flow through ED 	<ul style="list-style-type: none"> ➤ Ongoing discussions with YAS/EMAS around batching of ambulances
<p>Lack of testing/ swabbing capacity</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness 	<ul style="list-style-type: none"> ➤ Lack of swabs available to test staff ➤ Lack of swabs to test patients ➤ Lack of swabs available for pre op ➤ Limited capacity available in the labs to process swabs which impacts on discharge ➤ Delay in swab result coming back affecting flow 	<ul style="list-style-type: none"> ➤ E-mail address set up by microbiology to escalate results for flow issues ➤ Additional capacity at Sheffield available ➤ Mutual aid agreements across SYB for swabs and equipment related to swabbing
<p>Reliance on emergency department for care</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness 	<ul style="list-style-type: none"> ➤ Increase in attendances ➤ Issues with social distancing 	<ul style="list-style-type: none"> ➤ Communication strategy by the system/place to alert the public to services that are available
<p>Bed availability</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality 	<ul style="list-style-type: none"> ➤ Reduced bed availability due to seasonal 	<ul style="list-style-type: none"> ➤ Work with partners on discharge pathways

<ul style="list-style-type: none"> ➤ Effectiveness 	<p>pressures and COVID streams</p>	<ul style="list-style-type: none"> ➤ Increase out of hospital bed base ➤ Home first model ➤ Increase acute medical input into ED
<p>Discharge</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness 	<ul style="list-style-type: none"> ➤ Impact on outbreaks in care homes and community services impacting on discharge ➤ Transport issues 	<ul style="list-style-type: none"> ➤ Work with partners on discharge pathways ➤ Early escalation of transport issues
<p>High risk groups of staff and patients</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness 	<ul style="list-style-type: none"> ➤ Shielding guidance reissued ➤ Changes to elective pathways which increase the risks for non-covid patients and covid patients 	<ul style="list-style-type: none"> ➤ Home working and the technology needed is much more easily accessible ➤ Risk stratification for all patients that are on a waiting list
<p>Cancellation of elective and outpatient work</p> <ul style="list-style-type: none"> ➤ Safety ➤ Quality ➤ Effectiveness ➤ Responsiveness 	<ul style="list-style-type: none"> ➤ Due to normal winter pressures and bed availability elective work may need to be cancelled ➤ DCC capacity ➤ Second lockdown which may result in outpatient appointments being stopped 	<ul style="list-style-type: none"> ➤ Protection of elective beds at BDGH ➤ Increase in ambulatory pathways and primary care availability to support out of hospital care

12. Conclusion

Winter is a challenging time for all health and social care providers. Winter 20/21 has additional pressures that will affect the whole of the system. Challenges in relation to COVID inpatients and elective work that needs to continue will add additional stresses to a system that is challenged. Clear plans from partner organisations that look at available

bed base, community services and primary care capacity will be the key to managing the population of Doncaster and Bassetlaw safely this winter.

13. Associated Documentation

- Pandemic Influenza Plan CORP/RISK 31 v 2
- Doncaster and Bassetlaw Severe Weather Policy CORP/RISK 27 v 4
- Clinical Site Management team PAT/PA v 4
- Health and wellbeing policy CORP/EMP 31 v 1
- Flexible working policy CORP/EMP 48 v 6
- Business continuity strategy CORP/RISK 9 v 6
- Non-emergency trust funded transport CORP/FAC 2 v 4
- Hand Hygiene PAT/IC 5 v 8
- Management of respiratory Type Viruses PAT/ IC 10 v 9
- Isolation policy PAT/IC 16 v8
- Standard infection prevention control precautions policy PAT/IC 19 v 7
- Cleaning and disinfection policy PAT/IC 24 v 7
- Clostridoides difficile infection CD! PAT/ IC 26 v 5
- Gastroenteritis Minor outbreak policy PAT/IC 27 v 5
- Surveillance policy PAT/ IC 31 v 4
- Hazard group 4 Haemorrhagic fevers PAT/IC 32 v 5
- Bassetlaw @ PAT/PA 37 v 1
- Discharge policy PAT/PA 3 v 5
- All available on the intranet.

Appendices.

Appendix 1: Flow Meeting Agenda Standard operational procedure



Standard Operating
Procedure - daily ope

Appendix 2- cost of additional schemes with detail

UPDATE Oct 2020: this has now been incorporated into an overall C19 Wave 2 and Winter Plan Financial Assessment

Appendix 3

OPEL

Operational Pressures Escalation LEVELS (OPEL) - Acute

At each level of alert there is an action plan to be followed. It should be recognised that alert levels and definitions are guides and the shift between the different levels can often occur very quickly or gradually

The table below can be used as a dynamic assessment tool to agree the Trust's current OPEL. It should be understood that whilst 1 or more criteria may be at a higher escalation level, the Trust's position should be looked at as a whole and all criteria considered.

For example: There may be pressures within ED with high numbers of attendances and/or admissions, however a low bed occupancy and/or low number of outliers or DTOC's might mean that patient flow can be maintained to mitigate these departmental pressures and therefore the overall system may be considered to be at a lower escalation level.

	ED Performance DRI			ED Performance BDGH			Bed State			
Escalation Level	ED Attendances	ED Admissions	ED 4 Hour Target	ED Attendances	ED Admissions	ED 4 Hour Target	Bed Occupancy	Outliers	DTOC	Staffing Gaps
OPEL 4	340 >	70 >	< 85%	140 >	24 >	< 85%	100% >	20 >	30 >	BLACK Multiple gaps across site
OPEL 3	241-339	48-69	85% >	120-139	20-23	85% >	98.01% - 100%	15 – 20	21 – 30	RED Some gaps in minimum staffing numbers
OPEL 2	181-240	36-68	90% >	101-119	17-19	90% >	95% - 98%	10 – 14	13 – 20	AMBER Minimum staffing maintained across site
OPEL 1	< 180	< 36	95% >	<100	<16	95% >	< 95%	< 10	< 13	GREEN Above minimum staffing levels

OPEL Action Plan - ACUTE

Escalation Level	Trust wide	ED actions	Acute actions
OPEL 1	<p>Business as usual</p> <p>Four times Daily Bed Flow meetings</p>	<p>Business as usual</p> <p>Department coordinator oversees department to maintain flow and escalate to Acute and Emergency Care General Manager / Matron and Bed Manager any delays</p> <p>Streaming appropriate patients to FCMS</p>	<p>Business as usual</p> <p>Ward rounds/board rounds with ward team to facilitate timely treatment and morning discharge.</p> <p>Ward Manager / Coordinators to ensure patients are be moved to the Discharge Unit</p> <p>Ward managers (coordinators) to identify first patient to be pulled from AMU onto wards for 10:00am.</p> <p>Escalation of delays identified during Ward / Board Rounds to ops Meeting</p>
ALL ACTIONS ABOVE DONE OR CONSIDERED – SYSTEM SHOWING SIGNS OF PRESSURE			
OPEL 2	<p>Four Daily Bed Flow meetings.</p> <p>More frequent meeting may be set up by On call Manager or nominated deputy and membership expanded as appropriate to support recovery.</p>	<p>Ensure patient navigation in ED is underway if not already in place</p> <p>Any delays in assessment to be escalated to speciality clinical teams and management teams within divisions.</p> <p>Ensure super track and ESA is running in ED</p> <p>ENP service</p>	<p>Following review of Acute Patients Clinicians to prioritise early discharges and ensure they are moved to the discharge lounge</p> <p>Ward Coordinators to work with IDT to ensure any patients identified as awaiting beds have transport booked and are moved early in the day.</p> <p>ED team to maximise ambulatory flows to ease pressure on ED</p> <p>Ensure full utilisation of children’s beds. Suitable adolescents to children’s assessment unit</p>

Escalation Level	Trust wide	ED actions	Acute actions
OPEL 3	ALL ACTIONS ABOVE DONE OR CONSIDERED – EXPERIENCING MAJOR PRESSURE COMPROMISING PATIENT FLOW – THIS LEVEL TO BE CONFIRMED WITH COO / DIRECTOR ON CALL OUT OF HOURS		
	<p>Notify CCG on-call Director to make them aware of increase escalation level</p> <p>Divisional/ departmental rep to attend/ dial in to the Ops Meetings</p> <p>Partner agencies to contact manager on call to update on their actions in line with OPEL 3.</p> <p>Chief Operating Officer or nominated deputy to make decision on whether there is a requirement to reduce non-urgent activity to support improved acute capacity on wards and support services</p> <p>Communication managers at the CCG and DBTH to send out a joint message to Primary Care , Trust Staff and local population on current DBTH status</p> <p>CCG director on call to ensure that liaison with other providers and request additional community and primary care support and resources to prevent admission and enable discharges</p> <p>CCG to notify NHS England of escalation and actions to de-escalate</p>	<p>General Manager and Clinical Lead for Emergency Medicine to explore making additional ED senior clinical decision makers being present in ED department by reviewing what meetings taking place, SPA, Admin, planned clinical activities.</p> <p>Out of hours the ED Coordinator to contact the on call Consultant to discuss the situation in the Department and agree if they need to re-attend to maintain safe care.</p> <p>ED to open an overflow area for emergency referrals, where staffing allows.</p> <p>No external ED diverts to be accepted at this level of escalation</p>	<p>Heads of Nursing to work with Clinical Site Managers to open escalation beds and agree potential use of specialist / matron/ outpatient/ theatre nursing staff to support</p> <p>Discharge Team to identify patients using the flexed referral criteria for MMH.</p> <p>Additional consultant led ward rounds organised by Clinical Leads and General Managers to ensure senior review of patients where this would not routinely happen as part of job plans. This may require a review of routine meetings, admin, SPA or planned elective activities to support. Board rounds conducted by Matrons.</p> <p>All clinical team to review whether any patients should be sent home with capacity created to follow up rapidly through next day diagnostic or outpatient. To be coordinated with relevant General Manager</p> <p>Radiology to review acute demand and cancel Elective work if required to support discharge critical tests.</p> <p>Deputy Director of People and Organisational Development to coordinate use of Volunteers, including corporate staff ‘specialising’, or being an extra pair of hands on wards</p>

<p style="text-align: center;">OPEL 3</p>	<p>Consider use of private beds.</p> <p>Social distancing is becoming a health risk in the ED.</p>	<p>To put staff into waiting areas to manage the flow of patients.</p>	<p>General Manager/ Matron for Cancer services to ensure Palliative care team undertake proactive assessment of patients nearing end of life to establish whether they could be cared for elsewhere e.g. care home/ hospice/ fast track.</p> <p>ADONs/ HONs to ensure Specialist nurses target flow/support wards by reviewing any planned work that can be deferred</p> <p>Clinical Leads Specialities to contact ED to see what support is required to ensure acute patients are assessed rapidly and then enact this with their clinical teams for either a decision to admit or discharge with follow up.</p> <p>General Managers to contact Clinical Leads to find additional support for wards</p>
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Escalation Level	Trust wide	ED actions	Acute actions
OPEL 4	<p>ALL ACTIONS ABOVE DONE OR CONSIDERED – PRESSURES ARE SUCH THAT PATIENT CARE AND SAFETY ARE BEING COMPROMISED. THIS LEVEL CAN ONLY BE TRIGGERED BY THE CEO / COO IN DISCUSSION WITH THE MEDICAL AND NURSING DIRECTORS AND ED CLINICAL LEAD (CONSULTANT IN CHARGE)</p>		
	<p>System wider Business Continuity Incident Control team stood up on site to manage situation and to remain in place until situation de-escalated to OPEL3</p> <p>Escalate to CEO and fully brief on operational pressures</p> <p>General Managers and Deputy Directors of P and OD, Finance, Strategy and Chief Operating Officer to review all elective activity i.e. non-urgent outpatient clinics to release staff to support OPEL 4 and non-urgent elective surgery actions to create theatre capacity for acute work</p> <p>Cancellation of all non-urgent meetings in order to release staff to support OPEL 4 actions.</p> <p>Corporate Workforce to support clinical teams such as admin support to wards, patient movement and reception duties etc.)</p> <p>Consideration given to potential for external divert if all actions taken and safety continues to be a risk. This decision to be made by COO / CEO or Exec Director</p>	<p>Out of hours Bed Manager to contact on-call ED Consultant who will attend site to support to staff and to ensure emergency patients are assessed rapidly and department remains safe.</p> <p>Consider calling in additional ED staff</p> <p>CCG Exec Director on call to make additional GP support available in ED</p> <p>GP/Consultant triage at front door to redirect as appropriate</p> <p>Consider converting DSU to trauma area if required</p> <p>GPOOH to work in conjunction with ED if capacity allows</p> <p>Consider use of fracture clinic to treat and assess ED patients with minor injuries/sickness in the event of patient surge</p>	<p>No longer accepting inpatient diverts</p> <p>Senior Manager to contact On-Call teams in Medicine, Paeds and Surgery who will attend site to support ED and support any discharges required from base wards to de-escalation and safety for patients and contact additional specialist clinicians as required</p> <p>SPA and Admin time, all meetings are deferred and the time used to support acute flow</p> <p>Additional consultant presence on acute floor and base wards (supported by cancelation of non-acute activity and non-patient facing activities)</p> <p>Diagnostic capacity to be focused on patients currently in an inpatient bed and the deferring of any elective work to ensure capacity is available.</p> <p>Director on Call for CCG's to approve the spot purchase of capacity (bed and packages of care) outside the Trust to support the movement of any patients who can be safely managed outside hospital.</p>

OPEL 4	on call out of hours.		
	<p>All internal support options must be exhausted, including private bed base before contacting the CCG and Neighbouring Trusts to request a divert of patients from ED.</p> <p>Communication managers at the CCG and DBTH to send out a joint message to Primary Care , Trust Staff and local population on current status and options around alternative to ED</p> <p>CCG Director on call to escalate to other providers and request specific community/ primary/ social care support</p> <p>CCG Director on call to notify NHS England Regional Team of escalation and actions to de-escalate</p>		

COVID - Escalation Plan

Operational Pressures Escalation LEVELS (OPEL) – COVID19

At each level of alert there is an action plan to be followed. These are identified within the individual areas as part of the Covid Pandemic Plans. Escalation levels are aligned to the plans for Emergency and DCC activity. The requirements to provide additional staffing to support the main areas will necessitate the stopping of elective work to support acute areas.

It should be recognised that alert levels and definitions are guides and the shift between the different levels.

The table below can be used as a dynamic assessment tool to agree the Trust's current OPEL Covid level. It should be understood that whilst 1 or more criteria may be at a higher escalation level, the Trust's position should be looked at as a whole and all criteria considered.

COVID- escalation plan Doncaster Royal Infirmary

Escalation Level	DCC			Respiratory Units			Assessment Units		General Staffing Levels Through need to Isolate	
	DCC capacity	COVID beds open	Staffing	Covid cases	Patients on NIV	Staffing	Cases	Staff	Staffing Losses as a result of Test and Trace and need for isolation	Staffing Gaps
OPEL 4	Expanded to super surge capacity	DCC/22/ ERU	Redeployment from multiple sites, theatre and other staff will be required and elective work cancelled	Exceeds 14	Max use of CPAP BPAP	Redeploy from multiple areas	AMU all covid, use of FAU	Redeploy Staff from other areas	Full areas loose staff which cause total service disruption	BLACK Multiple gaps across site
OPEL 3	Expansion into enhanced recovery unit	Zones expanded to increase the requirements for the opening of Enhanced Recovery Unit	Additional staffing required from other areas Step down plans of elective work enacted Redeployment of physio staff	Exceeds 10 requiring level 2 care	The total number of COVID patients requiring NIV approaching the maximum number that the respiratory wards can support	Additional staffing required to support patient care, PPE areas. Redeploy physio staff	In excess of 20 patients, requiring split of AMU	Redeploy staff from other areas to support	Service disruption, which requires additional support from agency	RED Some gaps in minimum staffing numbers
OPEL 2	Normal Operating Beds	DRI Up to 3 confirmed or suspected patients can be managed in individual cubicles on DCC, 4 th case requires a zone	Staffing levels maintained	Up to 9	Covid patients requiring level 2 care increasing	Staffing levels maintained Physio increased support	AMU patients less than 19	Regular staffing numbers	Minor service disruption but maintained within usual staffing	AMBER Minimum staffing maintained across site

		approach.								
OPEL 1	Normal Operating Beds	3 or below cases at DRI	Normal Staffing Maintained	Less than 5	Usual dependency of patient levels	Staffing levels maintained	Use of single rooms	Staffing levels maintained	No service disruption	GREEN Above minimum staffing levels

COVID- escalation plan Bassetlaw District General Hospital

	DCC			Respiratory Units			Assessment Units		General Staffing Levels Through need to Isolate	
Escalation Level	DCC capacity	COVID beds open	Staffing	Covid cases	Patients on NIV	Staffing	Cases	Staff	Staffing Losses as a result of Test and Trace and need for isolation	Staffing Gaps
OPEL 4	Expanded to super surge capacity	DCC/B3/ Recovery	Redeployment from multiple sites, theatre and other staff will be required and elective work	Exceeds 6	Max use of CPAP BPAP	Redeploy from multiple areas	16 cases ATC, direct access to wards for non covid	Redeploy Staff from other areas	Full areas loose staff which cause total service disruption	BLACK Multiple gaps across site
OPEL 3	Expansion into B3	Zones expanded to increase the requirements for the opening of B3	Additional staffing required from other areas Redeployment of physio staff	Exceeds 5 requiring level 2 care	The total number of COVID patients requiring NIV approaching the maximum number that the respiratory ward can support	Additional staffing required to support patient care, PPE areas. Redeploy physio staff	In excess of 12 patients, requiring split of ATC	Redeploy staff from other areas to support	Service disruption, which requires additional support from agency	RED Some gaps in minimum staffing numbers
OPEL 2	Normal Operating Beds	2 cubicles in use leading to the opening of B3 to maintain blue access for theatres	Staffing levels maintained	Up to 5 requiring level 2 care	Covid patients requiring level 2 care increasing	Staffing levels maintained Physio increased support	AMU patients less than 19	Regular staffing numbers	Minor service disruption but maintained within usual staffing	AMBER Minimum staffing maintained across site
OPEL 1	Normal Operating Beds	2 or below at BDGH	Normal Staffing Maintained	Less than 4	Usual dependency of patient levels	Staffing levels maintained	Use of single rooms	Staffing levels maintained	No service disruption	GREEN Above minimum staffing levels

Appendix 4- COVID Winter and COVID surge escalation plan- Women's



Gynaecology Winter
Escalation Plan.docx

Appendix 5- DCC Surge plan

Appendix 6- Medicine Step down plan outpatients, day case activity and cardio-respiratory



DoM Surge and
De-escalation plan 16

Appendix 7- Surgery and cancer step down plans



Surgery Winter
Escalation Plan 2 10 2

Appendix 8- Children's services step down plans

Appendix 9- CSS- diagnostic step down plans



PMU-OPEL Levels for
Covid and normal preCOVID



OPEL Levels for
Normal PrCOVID



OPEL Levels for
Normal PrCOVID and Normal Pr



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

Title	EU Exit Preparations		
Report to	Board of Directors	Date	17 November 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 since the last report to Board on 23 October 2020.

It:

- Confirms that the Trust continues to monitor, and react to, National and Local intelligence and guidance;
- Provides information on internal work being undertaken to prepare the Trust for any risks arising at the end of the transition period.

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**

17 November 2020

Rebecca Joyce
Chief Operating Officer and Senior Responsible Officer (SRO) for EU Exit
November 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 23 October 2020.

2.1 National and Local Intelligence and Guidance

National

Board members may note that this update focuses on the limited National guidance and information received since the last report, that being:

- A single document on Data transfers;
- A webinar held on 4 November 2020.

Information on each can be seen at 2.2 and 2.3 below.

Local

There has been no new Local intelligence provided since the last update to Board.

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 Data Transfers

The Trust received updated guidance on data transfers from DHSC on 29 October 2020.

The guidance outlined the local actions required and the Trust has undertaken an assessment of its compliance as follows:

Requirement	DBTH Position	Notes
Data transfers – identify personal data flows from the EU/EEA.	Complete.	Return provided to NHSE/I – 27 October 20.
Data storage – identify where data is stored by EEA based processes.	Complete.	Return provided to NHSE/I – 27 October 20.
Data audit – conduct audit of personal datasets.	Information asset register in place.	Small amount of work to capture EU status against each asset required - agreed by Trust Lead.
Data protection – ensure compliance with GDPR.	Complete.	Fully compliant.
Implications of Schemes 11 case (transferring personal data internationally) / conduct risk assessment following the recent ruling.	Complete.	Mitigations in place – contractual clauses in place.

2.3 Webinar – 4 November 2020

The Webinar was hosted by Professor Keith Willett, with the purpose of ensuring that the NHS is prepared for the end of the Transition Period.

At the time of the webinar the country was 39 working days away from 31 December 2020.

National focus areas remained:

- Continuity of Supply;
- Staffing resilience (concurrent demands on staff – EPRR, Procurement, HR – build teams);
- Increased complexity for reciprocal and cost recovery.

The webinar outlined the local actions required and the Trust has undertaken an assessment of its compliance as follows:

Requirement	DBTH Position	Notes
Put in place and test BC plans and EPRR plans.	In place and ongoing.	General and specific EU Exit BC plans in place.
Ensure EU Exit SRO and associated SME team in place.	SRO in place. Emergency Planning Officer is SPOC. Trust leads for key risk areas identified. Membership of Governance Group established.	Note concurrent demands on leads.
Make Board aware of issues.	In place and ongoing.	
Communication plans / key messages to front line colleagues.	In place and ongoing.	Discuss at Governance Group.
Revisit operational guidance and current information from each work stream and ensure plans are up to date.	Leads acting on guidance received (supported by Emergency Planning Officer).	
'Walk the floor' especially re supply chain (eg given was lift parts in the event of a lift failure).	Plan required.	Plan / pick up at Governance Group.
Ensure integrated approach with partners.	In place and ongoing.	
Ensure local risk assessments are up to date.	In place and ongoing.	

The webinar provided an update on the National position, assurance on actions taken Nationally and key points for organisations to consider:

Focus Area	National Actions	Key Points for Organisations
Continuity of Supplies	<p>Alternative freight routes – including protected capacity for category 1 goods (all medical products);</p> <p>Trader readiness (supporting companies);</p> <p>Buffer stocks – asking suppliers to aim for 6 weeks of stock on UK soil;</p> <p>Regulatory flexibilities – so products continue to be placed on the UK market (inc 2yr standstill on medicines regulations);</p> <p>Enhanced shortage management via National Supply Distribution Response (NSDR);</p> <p>List of suppliers to be managed nationally updated.</p>	<p>For all areas of supply individual organisations were requested to order, managed and dispense as normal, ensuring that local stockpiling did not occur.</p>
Workforce	<p>Existing contracts of employment for EU staff remain legal;</p> <p>No need for staff to reapply for jobs;</p> <p>Mutual recognition of professional qualifications will continue for at least 2 years post 31 December 2020;</p> <p>UK new skills based immigration system to be introduced in 2021;</p> <p>NHSE/I encourages NHS staff ‘passporting’ between organisations.</p>	<p>For organisations to provide continued reassurance to EU staff;</p> <p>For organisations to promote EU Settlement Scheme to staff;</p> <p>Continue to work with partners for intelligence on social care impacts.</p>
Reciprocal Healthcare / Cost Recovery	<p>Healthcare cover will change for EU citizens after 31 December 2020;</p> <p>Guidance for the public not yet available – will be provided once Government has confirmed reciprocal agreements with member states;</p> <p>The EU directive will not be available from 1 January 2021 and, if no agreement is made, S2’s will not be available;</p> <p>DHSC and NHSE/I will provide further updates as and when they become available.</p>	<p>Remaining uncertainty in this area;</p> <p>Difficult for Trusts to plan as the impact could be anything from minimal to massive - depending on any agreements made.</p>

2.4 Trust Leads

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

2.5 EU Exit Governance Group

The Trust's Governance Group meets on a weekly basis 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.

2.6 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.

BOARD OF DIRECTORS – November 2020
CHAIR’S ASSURANCE REPORT
AUDIT AND RISK COMMITTEE (ARC) – Thursday 22 October 2020

Overview:

ARC was undertaken by videoconference and in addition to the 4 NED members in attendance there was: Internal Audit (KPMG); the Trust DoF plus snr Finance Team members,; the Local CounterFraud Officer; our Governor observer (Bev Marshall) and the Trust Board secretary. Guests joining the ARC meeting to present updates were: Director of HR&OD; Director of Estates; and the Chief Information Officer and the COO.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME CALE
Minutes and Actions from previous meetings	The Committee approved the minutes from the previous meeting and noted progress on actions being assured that most were appropriately tracked	None	N/A	N/A
Cyber Security Update	The Committee received a presentation on the Trusts progress with cybersecurity arrangements, covering progress on the planned CyberSecurity work for 20/21 and challenges. The Committee received assurances on DSPT compliance; Windows 10 upgrade; Annual Penetration testing; Firewall review; EndPoint Security & Data Backup. Plus the Committee received details on the Trust response to the National Cyber Security Centre 5 key questions.	Annual review by KPMG on the Trusts response to DSPT	KPMG	Mar 2021
Counter Fraud	Counter Fraud report - Quarter 2 Update 2020/21 <ul style="list-style-type: none"> Monitors delivery against risk assessed plan and how NHS Provider standards are being met Fraud SET training = 97%; Oversight of ongoing investigations; Fraud Awareness Month (Nov) Fraud Bulletins received 	Reports gave assurances that Fraud risks and activity is being managed, monitored and overseen.	N/A	N/A
Internal Audit Update and Delivery (KPMG)	IA Progress Report 20/21 IA Recommendation tracker update – 85% run rate of completed recommendations	All these items were noted as satisfactory progress to date	N/A	N/A
Internal Audit Report – Covid-19 Business Continuity, Pandemic	The Audit Report concluded Significant Assurance with minor improvement opportunities on the systems and processes in place to respond to the Covid-19 pandemic, including the business continuity and pandemic	1 medium and 4 low recommendations were made. All have agreed dates	COO	N/A

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME CALE
Response Plan and Remote working	plan, remote working and staff redeployment and processes in relation to online patient consultations			
Internal Audit Report – Clinical Governance WHO Checklist follow up of actions by management	The original Audit Report had concluded “ partial assurance ” on the policies and practices surrounding completion of WHO Checklist in outpatients. Five recommendations were made (1 high, 3 med, 1 low) and Lesley Barnett joined ARC to demonstrate the progress made with recommendations.	Improvements were being delivered, although there was a risk of delays as operational winter and Covid pressures in the Trust increase	DoN	
Internal Audit Report – Legacy IT Review	This audit report concluded “ partial assurance with improvements required ” and reviewed the systems in place for managing legacy IT including infrastructure and systems. The CIO joined ARC to update on progress and plans to comply with the audit findings	1 high, 2 medium and 2 low recommendation were agreed by management	CIO	
Internal Audit Report – Recruitment & Staff Records: Recruitment TRAC; and ESR Staff Records	The Audit report had a split assurance rating: “ significant assurance with minor improvements ” for Recruitment/ TRAC and “ partial assurance ” for Staff Records/ESR. Karen Barnard joined the meeting to feedback on the audits and provide assurance on progress.	3 medium, 3 low recommendations were agreed by management	HRD	
Internal Audit Report – Covid-19 Financial Governance and Controls	The audit report concluded “ significant assurance with minor improvements ” for the systems in place to oversee Covid-19 expenditure; value for money for Covid-19 spend; and value for money for PPE expenditure	1 medium and 1 low recommendation was made	DoF	
Security Management – LSMS Report	Quarter 2 Update 2020/21. A comprehensive report was given from the Director of Estates. The Committee received assurances on CCTV improvements, Staff Safety & ARC were assured security risks are identified and being managed. Lone working and staff support for challenging non-mask wearing members of the public were requested to be followed up.	Q3 report due Jan 2021	LSMS	Jan 2021
Health and Safety Bi-annual Report	Reporting for April – September 2020 The Committee discussed Estates Infrastructure, HSE inspection of Pathology; Medical Gas & resilience, Asbestos Mgt and the re-set of the Fire Safety works. ARC were assured risks are identified and recorded, although many of them are high on the RR, but have mitigating actions ongoing.	Report follow up in March 2021 with clear update on HSE Action	DofE	Mar 2021
Emergency Planning Core Standard Return - EPRR	ARC reviewed the 2019/20 EPRR Action Plan, the Draft Core Standards response; Report on the effectiveness of the trusts response to Wave 1 on	Report was taken to October Board and approved.	NONE	N/A

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIME CALE
	the pandemic and the NHSE/I NE&Y Regional Covid-19 interim review.			
Corporate Risk register and BAF	ARC reviewed and noted the current risk register and risk position. Requests were made for Committees to have oversight of mitigations which is under development. ARC has requested a review of progress with Internal Audit Recommendations and the NED session on Datix improvements (held 21/10/20) plus the update given showed progress has been made.		F.Dunn	Jan 21
Declarations of Interest 2020/21	The process showed Trust wide compliance of 52%, which when broken down showed consultant grade as having a low compliance of 37.5%. This has already been escalated to Board at its October meeting, with an update due from the MD in November's Board.	Report to November Board	MD	Nov 2020
Single Tender Waivers	The Committee were assured of the process. Additional detail on some items was requested	Feedback from Jon S on items marked "previous contracted supplier"	DoF	
Losses & Compensations	The Committee were assured	None		
Gifts and Hospitality during Covid-19	ARC received a summary of the corporate gifts & hospitality register being maintained during the Covid-19 period	None		

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

Kath Smart – Chair of Audit & Risk Committee: 5 November 2020

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

BOARD OF DIRECTORS – 17 November 2020
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 27 October 2020

Overview

The meeting took place by teleconference owing to the Covid 19 critical incident being managed across the Trust.

The meeting followed an exceptional weekend for the Trust with a significant influx of ambulances and Covid-positive patients. Operational pressures were immense and the meeting adopted a faster pace in order to release key staff.

We held a deep dive into the Emergency Department presented by Jodie Roberts, Deputy Chief Operating Officer, Lesley Hammond, General Manager – Emergency, and Lakshmi Ilavala, Emergency Department Consultant. We send out thanks to Jodie, Lesley and Lakshmi who took the time out to provide a comprehensive update to the Committee on the Emergency Department. We considered ongoing performance and received the winter plan and Covid surge plans. We then considered the creation of the new People Committee and arranged to transfer some ongoing items of business to it.

The Committee then received the financial performance report and agreed a number of additional financial items before discussing progress made in developing the format of the risk register.

The Committee received the payroll tender proposal as outlined at the last Board meeting with delegated authority for approval. The Committee approved the award of the contract to Sheffield Teaching Hospitals as recommended in the comprehensive procurement process. The contract would commence in mid-2021.

Performance/operational delivery

A precis of current performance will be provided with Board papers and I will not restate the data here.

The Covid challenges have exacerbated many performance matters which we continue to monitor. They remain principally to quantify and stratify the expanded waiting lists and make inroads as the current Covid challenges permit. The number of 52 week breaches increasing significantly received close attention. At the same time, as normal ED demand began to reach pre-Covid levels again, numbers were supplemented with the second, much stronger, wave of Covid patients. The impact, we know will be felt across a broad range of performance indicators in the months ahead.

A detailed update on Winter Planning/Covid surge planning was received and we know it is currently being tested in action.

Transfer of business to the People Committee

F+P considered the creation of the new People Committee and arranged to transfer some ongoing items of business to it, in particular, the monitoring of the culture change aspects of the Emergency Department work programme.

Finance

We noted the detail of the monthly financial report, which is had been presented in outline to the last Board meeting. By the time of the next Board a further update will have been shared.

In broad terms 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), the increase in costs associated with the restarting of activity per Divisional plans and the Trust's share or regional PPE orders (£600k). This position is before any potential penalties (estimated as c. £440k) relating to the national Elective Incentive scheme. This is the last month of the retrospective top up process. The Trust will be resetting its budget and financial plan for the new national financial arrangements that come into place from Month 7 as previously discussed.

The cash position continues to be strong, with significant prepayment of block funds held in Trust accounts.

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.

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 winter plan	The Committee was assured by the report and noted the considerable pressures the frontline staff were currently operating under. The Winterplan and Covid surge plans were discussed and noted	Progress update at next F+P	COO	November meeting

Financial performance and budget reset	The Committee noted the report as set out.	Progress update at next F+P	DoF	November meeting
Transfer of business to the People Committee	F+P considered the creation of the new People Committee and arranged to transfer some ongoing items of business to it.	None	N/A	N/A
Catering Contract	F+P received a verbal update in relation to the progress of negotiations with our catering contractor	Progress update at next F+P	DoF	November meeting
Payroll Tender	The Payroll Tender proposal, considered in outline at the last Board meeting received scrutiny and was recommended for signature by the CEO.			
Utilities Contract	A proposal to contract for principal utilities received scrutiny and the new approach was approved.	None	N/A	N/A
Corporate procurement policy	The revised corporate procurement policy was considered and approved.	The Director of Finance was asked, drawing upon the best practice shared in relation to the maintenance and monitoring approach to IT contracts at an earlier meeting, to adopt that approach in relation to a much broader range of Trust contracts.	DoF	Quarter 1, 2021
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 November meeting, after which detailed consideration of the risk register will be undertaken on a bi-monthly basis.	TBS	November meeting
Information Items	The meeting also received and noted the minutes of a number of sub-committees and approved the minutes of its last meeting.	None	N/A	N/A

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

KEY
CLOSED
ASSURED
PARTIALLY ASSURED / SOME ACTION TO TAKE

NOT ASSURED / ACTION REQUIRED

BOARD OF DIRECTORS – 17th November 2020
CHAIR’S ASSURANCE REPORT
People Committee – 3rd November 2020

Overview:

The meeting was the first of the new people committee with attendance from Non-Executive Directors, Director of People and OD, Director of Nursing, Midwifery and AHP’s, Medical Director as members of the committee. Several colleagues were also in attendance, Deputy Director of Education and Research, Deputy Director of People and OD, Head of Leadership and OD, Company Secretary, Trust Board Officer. There are no Governor observers are yet to be identified although we are hoping to have three governors one from each of the public, staff and partner constituents.

The meetings will be bi-monthly ordinarily although for the first three months are to take place monthly albeit with due consideration of the ongoing pandemic and its likely impact on the Trust and colleague availability.

AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
Minutes and Actions from previous meetings	While this was the first meeting there are agenda items that have previously been covered by QEC and F&P that will come to the new people committee so there were actions already identified on the action log to progress	None		
Terms of Reference	The terms of reference did stimulate lots of discussion being the first committee and while we did make some changes, we have agreed to keep it under review so that we can add change and amend as we progress. We also considered the terms of reference for the new reporting committees	Further review in 6 months		July 2021
Absence Deep Dive	A deep dive was carried out into the absence data particularly exploring the impact of COVID absences for the Trust. The committee was assured by the granularity of data available to the	Keep Under review	KB	Dec 2020

	trust. It is still early days in terms of how it is to be used in the trust to ensure we are able to effectively respond to absences and minimise the impact on patient care and colleague's wellbeing.			
Workforce Assurance Report	The workforce assurance report was presented which included information on bank and agency spend, staff absence, vacancy levels, rostering, flu, appraisals, turnover and stability. The committee was assured that all of these areas were being monitored we still need further assurance that appraisals are continuing, and we are able to continue to support the wellbeing requirements of colleagues.	Will feature as a regular report to People Committee	KB	TBC
Education Assurance Report	The committee were assured on the strategic oversight provided on the education activity, which included SET compliance, support for learners and trainees and apprenticeships.	Will feature as a regular report to People Committee	SD	TBC
Internal Audit Report on TRAC and ESR	Two internal audit reports were provided for consideration on recruitment and staff records the former receiving significant assurance and the latter partial assurance. The committee will keep under review the recommendations from the Audit	Further updates to be provided at future meetings.	KB	March 2021
People Work Plan	The committee was assured that the Local response to the NHS People Plan had identified all of the areas where some focus was required.	Further updates to be provided at future meetings.	KB	TBC
Staff survey Action plan	More assurance is required on the impact of the actions being taken in relation to the last staff survey.	Keep under review	JC	TBC
ED FTSU update	An action plan was provided for ED following a Freedom to speak up review. A programme board has been set up and due to agree the action plan, was stood down due to Covid pressures. The committee requires further assurance of the likely timescales and pace for implementing the cation plan and assessing its impact.	Further updates to be provided at the next meeting	KB	Dec 2020
Information Items	The meeting also received and added to throughout the meeting the committee workplan and noted the likely reporting committees to the	None	N/A	N/A

	People committee as per the terms of reference			
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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



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

Title	Corporate Risk Register		
Report to	Board of Directors	Date	17 November 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. The recording and management of risks at source utilising the DATIX risk management system. This covers; 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.

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.
- Templates have been designed for appropriate level detail reports for the Board and Sub-Committees and have previously 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 November 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 but also reflects the COVID Wave 2 impact.**

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 this quarter three 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	30/12/2020	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	Nov-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	30/01/2021	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	Nov-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	<p>Failure to protect against cyber attack - leading to:</p> <p>(i) Trust becoming non-operational (ii) Inability to provide clinical services (iii) Negative impact on reputation</p> <p>The top 3 DSP risk areas have been recognised as:</p> <p>(1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management</p>	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	<p>(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)</p>	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	<p>Inability to recruit right staff and have staff with right skills leading to:</p> <p>(i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services</p>	Barnard, Karen	Extreme Risk	16	High Risk	May-20	↔
1854	Q&E13	06/01/2021	Medical Services	Emergency Department / A & E / Acute	Initial ED BDGH triage assessment processes	<p>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.</p>	Carville, Kate	Extreme Risk	16	Moderate Risk	Nov-20	↔
2426		29/12/2020	Information Technology	Not Applicable (Non-clinical Directorate)	Multiple software systems end-of-support	<p>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.</p>	Linacre, David	Extreme Risk	20	High Risk	Sep-20	↔
2147	F&P21	29/12/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	REF 29 - Edge Protection DRI	<p>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</p>	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	<p>Risk of critical lift failure leading to:</p> <p>(a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area</p>	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	<p>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 :</p> <p>(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</p> <p>No change to risk - work ongoing.</p>	Edmondson-Jones, Kirsty	Extreme Risk	20	High Risk	Jun-20	↔
1855	Q&E14	06/01/2021	Medical Services	Emergency Department / A & E / Acute	Staffing for registered children's nurses in ED BDGH	<p>C- Lack of paediatric nurses in ED E- Breach in safe staffing levels E- Patients at risk of harm. Potential staff injury/sickness</p>	Carville, Kate	Extreme Risk	16	High Risk	Nov-20	↔
2144	F&P22	25/09/2020	Estates and Facilities	Not Applicable (Non-clinical Directorate)	EFA/2018/005 - Assessment of Ligature Points	<p>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.</p> <p>EFA/2018/005 - advises that Trust's should review and update ligature risk assessments, anti ligature policies and associated forms/toolkits.</p> <p>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.</p>	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	↔



Title	Use of Trust Seal		
Report to:	Board of Directors	Date:	17 November 2020
Author:	Fiona Dunn – Company Secretary		
For:	For approval		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>The purpose of this report is to advise of use of the Trust Seal in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors:</p>			
Seal No.	Description	Signed	Date of sealing
122	Doncaster Metropolitan Borough Council and Doncaster and Bassetlaw Teaching Hospitals Supplement Deed for the provision of Knowledge, Library and Information Services.	Richard Parker Chief Executive	9 November, 2020
		Jon Sargeant Director of Finance	
123	Nottinghamshire County Council and Doncaster and Bassetlaw Teaching Hospitals – Deed of variation of the contract of Sexual Health Services.	Richard Parker Chief Executive	30 October, 2020
		Jon Sargeant Director of Finance	
Recommendation			
The Board is requested to approve the use of the Trust Seal.			



Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Title	Chair and NEDs' Report		
Report to	Board of Directors	Date	17 November 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 October 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 – November 2020

NHS Providers Governor Focus 2020 Conference



NHS Providers held their first virtual governor conference on 3-5 November; attendance levels were good, with over 360 governors joining from 100+ trusts.

The daily sessions were introduced by Sir Ron Kerr, NHS Providers' Chair. Delegates heard from NHS Providers' Chief Executive, Chris

Hopson, who provided an overview of the key issues facing the provider sector and Mark Price, Member Development Manager gave an update on governor support and the work of the Governor Advisory Committee. Guest speakers included Professor Joe Harrison, Chief Executive of Milton Keynes University Hospital FT, one of the most technologically advanced hospitals in the NHS. He shared their achievements and how a digital future is an essential part of the NHS Long Term Plan. Sarah Hughes, Chief Executive of the Centre for Mental Health, a charity with over 30 years' experience, spoke of their experience of providing life changing research, economic analysis and political influence in mental health.

Ahead of the conference, trusts had been invited to submit a case study to showcase best practice, demonstrating the impact governors make. I am pleased to report that DBTH was selected as one of the seven finalists; we showcased the success of virtual governor engagement during the Covid-19 pandemic. A short animated film highlighted the changes we had implemented, to maintain governor engagement during these unprecedented times, including the success of our first virtual Annual Members Meeting. Fiona Dunn and Hazel Brand were able to expand on our new approach, sharing our experiences and the positive impact we had seen via a question & answer session.

Governor Meetings

At the end of October NHS Providers delivered a session on accountability as part of the governor development and training programme. The session considered the governors' statutory duties, governance arrangements of a NHS Foundation Trust, the composition and role of the Board and the meaning of assurance and holding to account. It was an excellent session which was well received.

The Council of Governors met earlier this month when along with reports from myself, Richard and the Non –executive directors governors received the annual audit letter from external auditors, Ernst Young. Their presentation summarised the results and conclusions of the audit process for the year ending 31 March 2020. At the meeting close those present were able to watch the Trust's showcase, which had been presented at the Governor Focus Conference 2020.

Recruitment

The advertisement for the developmental role of Associate Non-Executive Director went live last month, we are looking to fill two posts and have received a good level of interest. Shortlisting is currently underway, with a potential interview date set for later this month. At their request Fiona Dunn and I spoke to a number of candidates ahead of their application to help them understand a little more about the role and the Trust.

Introductory Meeting

Following her recent appointment as Corporate Fundraiser I had the pleasure of meeting with Sarah Dunning this month. I was keen to hear about Sarah's vision to develop fundraising opportunities.

Plans are already in progress to light up our three hospitals this December, with illuminated stars to say thank you to NHS staff and to remember loved ones no longer with us. This fundraiser will see a range of packages tailored to individual, charity and business donations.

The initial response is very promising and hopefully this will be the first of many successful

campaigns which will see the monies raised being reinvested across the Trust to support patient care, treatment and facilities.



Moving forward it is anticipated that a quarterly update on the development of the fundraising strategy and activities will be received at the Charitable Funds Committee.

Exciting times ahead!

NHS Reset – A Chair's Perspective

The #NHSReset campaign was launched on 1 May 2020 to help shape the public debate on what the health and care system should look like, given the impact of COVID19. Its aim is to influence forthcoming national strategies, including those from NHS England and Improvement, and their priorities for a reset, but it will also look to guide local systems through their own thinking in the coming months, ensuring they are able to lock-in the beneficial changes they have collectively brought forward

A series of webinars have been scheduled, the session on 9 November focused on the Comprehensive Spending Review (CSR) and provided an opportunity to reflect on the return to lockdown in England, and an update on the latest COVID situation across the UK.

NHSI Vital Signs Chairs Meeting

The Trust joined the NHSI Vital Signs Programme in 2018, joining a cohort of 8 providers from across the country. The programme, based on Lean principles, takes a system approach to improvement, developing improvement leaders and specialist coaches, within a structure that delivers tangible results. Chief Executives from the cohort meet on a regular basis as part of the transformation guiding board and this initial meeting of the Chairs was to consider their future involvement, either separately or as part of the existing meeting structure.

Race Equality Code/ Race Code Assessment

Following the presentation and subsequent discussions at September's Board meeting the Trust has agreed to be an early adaptor of the Race Equality Code, developed by The Governance Forum. As a pre-cursor to this work Board members and members of the senior leadership team have been asked to complete a short survey to establish how the organisation is currently perceived to deal with matters relating to race equality. In addition myself, Richard, Karen and Fiona attended a diagnostic session with Karl George, Managing Director of the Governance Forum, to support the journey in developing a race equality action plan. As part of this session we considered, why we are talking about race equality and why now, how the focus on race can be perceived and where does the responsibility to address race inequality lie within the organisation; giving thought to how the Trust's business ethics, values, and culture are demonstrated.

Other Meetings

As in previous months my regular meetings with Richard, the Non-executive Directors and the Lead and Deputy Lead governors continue. Since my last report I have also had 1:1 discussions with Karen Barnard, Director of People & Organisational Development and Dr Tim Noble, Medical Director. I have continued to meet with my Chairs colleagues within the region, including Sue Symington, York Teaching Hospitals, Max McLean, Bradford Teaching Hospitals. Keith Ramsay, Mid Yorks and Mike Potts of Sheffield Health & Social Care.

I attended NHS Providers' November board meeting and also chaired an employment appeal panel.

Finally, I would like to take the opportunity to thank all DBTH colleagues for their continued efforts in dealing with Wave 2 of the pandemic. Your hard work, commitment and determination to offer the best possible care and supporting services is inspiring. As always, team work makes the impossible seem possible and for that I am truly grateful.

NED Report

Kath Smart

Since the last report Kath has carried out a number of activities related to the Trust's Audit & Risk Committee, which took place on 22 October. These include meeting with KPMG regarding progress and outcomes of their work, attending the NED Datix briefing and information session, plus presenting to the November Council of Governors on the outcome of the Audit Committee.

She has also attended the Qi Report Out for Active Births and was impressed to see the enthusiasm and ideas for improving the active birth process. Along with other NEDs, she has attended the regular NED briefing sessions led by the Chair, and is grateful to the efforts of the IPC Team and peer vaccinators to have had her flu jab!

Finally, Kath met with Commissioning Audit Committee Chairs from Doncaster and Bassetlaw CCG's as part of keeping good partnership arrangements, sharing common issues and keeping updated.

Pat Drake

As in previous months Pat continues to attend her respective committees and sub committees. She has focused on her governor buddies and presented at this month's Council of Governors meeting on the matters being progressed through the Quality and Effectiveness Committee

Pat chaired the recent governor briefing session led by NHS Providers Governwell on accountability and attended a further session on representing members.

1 to 1's with colleagues continue, as appropriate.

Sheena McDonnell

This month Sheena has chaired the inaugural meeting of the People Committee which had a comprehensive agenda. Initially the committee will meet on a monthly basis, moving to bi-monthly from March 2021.

Although the Charitable Funds Committee was stood down due to Covid pressures in October the Fred and Ann Green Advisory Group meeting did go ahead, this was Sheena's last meeting as Chair before handing over to Mark Bailey. It was a timely meeting which enabled the introduction of the new Fundraiser to the Trust, Sarah Dunning.

Sheena has this month supported some of the freedom to speak up activity and maintains regular contact with the FTSU Guardian.

She has also attended the Trust Ethics Committee and the Council of Governors as well as catch ups with the Board Chair and other Non Executives.

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.

Mark attended the first meeting of the new People Committee, chaired by Sheena McDonnell and has spent time with colleagues responsible for the Trust's teaching, coaching, staff well-being and research programmes. Respecting the significant operational pressures of the Trust at this time Mark has held short meetings with Divisional, Clinical and Nursing leaders to better understand their respective activities and priority objectives. Mark appreciated the opportunity to listen to and support the excellent Qi work of our Midwife teams in Doncaster and Bassetlaw who are exploring improvements in the active birth options for women.

Sessions with the Acting Chief Information Officer continue around the strategic options to exploit digital technologies to assist our teams in patient care and safety. A dedicated briefing session for Governors is planned on this area early in the New Year.

Regular update calls with the Chair and NED colleagues continue and have included awareness training on the Datix system used to capture and learn from actual and potential events.

Mark attended an excellent governor development session on 'holding to account' delivered by NHS Providers and has held further engaging and insightful sessions with Governor buddies.

Neil Rhodes

Since Neil's last report to Board he has attended the agenda planning meeting for the Finance and Performance Committee and chaired the committee meeting.

He has presented at the Council of Governor's meeting, offering assurance on the performance and finance matters being progressed through the Board sub-committee. He also joined the NHS Providers governor development workshop on representing our members and the public.

Chief Executive's Report November 2020

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

In early November, we entered further national restrictions in order to respond to the rising rates of Covid-19.

As a Trust, we have had a first-hand experience of this and since early October we have been dealing with the realities of the second-wave. Despite these pressures, as ever Team DBTH has risen to the challenge magnificently, and while there have been undoubtedly challenging moments, together we are managing these unprecedented circumstances as well as possible.

However, what is clear is that the rate of transmission is differing from place to place, and while positive tests at Doncaster Royal Infirmary (DRI) appear to be stabilising, the numbers at Bassetlaw Hospital have continued to rise.

As a Trust, we have spent the summer preparing for a potential spike like this, and while it has occurred earlier than our projections, we must, as a team, be proud of our response. Our four-daily operations meetings have given us real clarity in terms of the pressures we are facing in different areas, our Daily Review meetings act as a catalyst for further escalation and our Executive Team are meeting at least three times a week to ensure, as a whole, we are responding appropriately.

All of this is before I mention the truly heroic efforts of my colleagues, of all grades and specialisms, to ensure that our pathways continue to function, our patients continue to receive the care they need, and our communities are given the confidence they need to ensure they can carry on about their daily lives, albeit under certain restrictions, safe in the knowledge that friends and family have a place to go if they become acutely unwell.

In recent days, we have been given more cause to be optimistic about a Covid-19 vaccine becoming available in the next few months, however it is clear that we cannot rely on this in the short-term. I, like everybody else, find the current restrictions difficult. However, I am firmly of the view that, given the pressures we have come under throughout October, until a vaccine is available this is the best way to flatten the curve and ensure we, as a team, are able to provide the care our patients need.

We will also maintain our open and transparent dialogue with our communities, calling on their support when we need it most, as well as ensuring they know about the pressures we are facing. Given the incredible efforts expended during the first-wave, it is absolutely crucial that we fight against Covid-19 fatigue, and as such we will take every opportunity to impress the importance of hands, face and space.

As was the case during the first-wave, the way we will get through the next few months is to look after, and support one another, showing what it means to be Team DBTH. I am incredibly proud to lead this organisation, and this only grows with each passing day.

We have some challenging times ahead, but I am confident we will get through it.

90 minute Covid-19 testing

Earlier this month, we took delivery of new point of care testing devices, meaning we will soon be able to undertake Covid-19 tests at the point a patient is being admitted with the result available in 90 minutes.

These cutting-edge devices are purely for internal Trust use, and will help us to rapidly diagnose patients who are suspected for Covid-19, and as such will help us manage our patient flow.

There are six of these devices, two at Bassetlaw Hospital and four at Doncaster Royal Infirmary and will be used within the Emergency and admission departments. Colleagues are doing a fantastic job, and we believe this latest development is likely to be a significant step forward in managing the flow of patients to yellow and blue areas.

Maternity services 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.

On 2 November 2020, services returned as planned and the service is now open.

Supporting our colleagues

In order to properly support our colleagues as we deal with the second-wave of Covid-19, we have implemented a number of things to make their working day a little bit easier.

With Doncaster Council, we have extended free car parking spaces off-site, whilst also making some improvements to our Park and Ride facility within the grounds of Doncaster Race Course. We have also reintroduced snack bags (containing a sandwich, drink and piece of fruit) for the areas of the Trust dealing with the full impact of the rise in Covid 19 admissions so that the staff in these areas dealing with the challenge of full PPE etc. do not need to worry about where they can get food and refreshments.

Finally, we have further developed our risk assessment guidance for any colleagues who may have underlying health conditions which make them more susceptible to Covid-19. We are aware that letters are currently being disrupted to those defined as 'clinically extremely vulnerable', and we are supporting colleagues who receive this correspondence to shield and work from home wherever possible.

As has been the case throughout the past year, the mitigations regarding Covid-19 are fast paced, and we will continue to manage the position closely ensuring we are looking after our NHS heroes appropriately.

DBTH flu vaccination programme

Our programme of flu vaccination began on 21 September. For the next few weeks, every 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 4,000 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 be working hard throughout the next few weeks to ensure all of our staff are protected against the illness.

Shining Stars to light up DBTH at XMAS

This Christmas we will be covering our hospitals with over 60 star decorations, which will shine proudly every night of December to celebrate and thank our NHS staff and remember those we have been lost.

A number of local businesses, organisations and families are sponsoring this venture, and the lights will shine at Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital. Any funds raised above the costs will be reinvested in patient care, treatment and facilities across our Trust.

As a Board of Directors, we will also commit to funding a star to be placed on each of our hospital buildings in Doncaster, Bassetlaw and Mexborough, as a way of saying 'thanks' to our colleagues within the Trust.

We will have further news about this campaign in the coming days and weeks, so if you're interested in finding out how you can support it, please check our website www.dbth.nhs.uk and follow our social media profiles on Facebook and Twitter.

On a personal note, I would like to share my deep thanks with those kind individuals and organisations who have supported this appeal at very short notice, and without whom we could not have done something this special in December.

Montagu Hospital can still care for minor injuries

Following national guidance in January 2020, the Minor Injuries Unit at the Trust's Mexborough site transitioned into an Urgent Treatment Centre (UTC). Amongst other enhancements, this meant that the service could also care for those with minor illnesses.

As Covid-19 swept across the country, the decision was taken by the local NHS to withdraw the newly implemented minor illness portion of the UTC as part of the borough-wide response to the illness, with the minor injuries service retained. This arrangement will continue until next year, while local people can access the service as it currently stands from 9am to 9pm daily, excluding Christmas Day.

Colleagues at the Trust want to remind local people that our Minor Injuries service at Montagu Hospital is still open. Our health professionals can help you with sprains, strains and other minor physical issues.

Like all of our hospital sites, we ask those attending to wear an appropriate face covering, as well as to be mindful of other restrictions. We would also like to remind our communities to make use of other alternative services such as the Doncaster Same Day Health Centre, pharmacies and NHS 111, and for other health issues to contact your local practise – ensuring that our Emergency Departments are kept clear for only those with the most urgent need.

For more information on what Montagu's Urgent Treatment Centre can help with can be found here: <https://www.dbth.nhs.uk/services/urgent-treatment-centre/>

CHIEF EXECUTIVE REPORT

November 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		
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 October 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

November 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 October 2020.

2. Summary update for activity during October 2020

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

The North East, Yorkshire and the Humber have been disproportionately affected by high levels of community transmission of Covid-19 and particularly so in our own regional system of South Yorkshire and Bassetlaw (SYB). This has led to increasing healthcare demand and a massive collective effort. SYB's primary, community, mental health, social care and secondary care teams are working extremely hard within this pressurised context but are continuing to cope.

As outlined in previous updates, all SYB health and care organisations have collectively planned for a second wave and thanks to the fantastic efforts of all staff and the measures that were put in place earlier in the year, patients are continuing to receive the care they need.

What is different this time is that GPs, community, mental health and acute hospital services are also trying to provide as much non Covid-19 care as they can, where it is safe and appropriate to do so. They are also very mindful of the demands that will be placed on their staff in the coming months given this is the second time they have dealt with a surge in Covid-19 cases.

The figures for deaths in hospitals remain low overall. Similarly, deaths in care homes also remain low, and have done since August, which is attributable to the much-enhanced infection control measures enacted by Local Authorities and care home providers.

Regional public health experts forecast that SYB will likely see a peak in new Covid-19 cases mid to late November which would then translate into hospital admissions and, sadly, some deaths.

More will be known about SYBs future approach once the national position on the lockdown restrictions is reviewed (2 December). It is currently thought that if the lockdown ends on schedule, regions would revert back to their original Regional Covid Alert Level restrictions, which for SYB, would be 'Very High' (Tier Three).

2.2 National Update

In response to increasing coronavirus infections the Government and Parliament enacted a further set of national Covid-19 measures on 4th November. On the same day, the NHS reported projections for increased Covid-19 demand which led NHS England and Improvement Chief Executive Sir Simon Stevens to announce that the health service in England would be returning to its highest level of emergency preparedness, Incident Level 4, from 5 November.

This means the NHS has now moved from a regionally managed but nationally supported incident under Level 3, returning for the time being to one that is co-ordinated nationally.

2.3 Regional Update

The North East and Humber Regional ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss the ongoing Covid-19 incident, planning that is

taking place to manage the pandemic and where support should be focused. Discussions during October focused on the ongoing extensive seasonal flu vaccination programme, planning for a Covid-19 vaccination programme, and preparations for asymptomatic testing of the health and care workforce. National priorities such as improving BAME inclusion, the People Plan and digital progress were also discussed.

2.4 Local Authorities

Discussions with Local Authority Chief Executives have been taking place on working together to tackle health inequalities in SYB. The initial focus for the work is to identify some system-wide priorities with a particular focus on Covid-19, the most vulnerable and the widened health inequalities as a result of the pandemic.

It has been agreed to hold a workshop early in the New Year to share initiatives and examples of good practice in tackling health inequalities from the first wave of the pandemic from each place. This will enable partners to learn from each other about how they supported vulnerable populations, shielding, and what data and tools were used to best understand needs and respond to them.

This will hopefully lead to opportunities at scale across the ICS footprint and a SYB Health Inequalities Network of key people across the system who will continue to meet during the year to carry on the learning and sharing and identify work to take forward.

2.5 Sheffield City Region

Mayor Dan Jarvis and the four South Yorkshire Local Authority Leaders negotiated an economic package of £41m for the region as part of the Tier Three discussions. £30m is to be allocated to support businesses and £11m to support ongoing public health requirements.

The new funding is in addition to the government schemes that are already providing some financial support to business and individuals that are temporarily out of employment. The agreed economic package will provide a range of vital resources to support our regional NHS partners and the local economy.

2.6. Wave Two Planning

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.

In addition to managing the ongoing Covid-19 incident, the Plan also takes into consideration the management of non-Covid casework. In contrast to the first wave, partners have been maintaining as much elective work as possible and patients advised to attend for appointments or operations as planned unless they are informed otherwise. The resurgence in Covid-19 cases is more complex and challenging this time round as partners extremely hard to deliver routine care and treatment alongside Covid-19 care.

2.7 Long Covid

An additional £10 million in funding towards long Covid-19 clinics across England was announced at the beginning of October and discussions are now underway to establish what the support should look like for the SYB population. The support will complement existing primary, community and rehabilitation care to ensure that patients get the best possible holistic care.

Increasing medical evidence and patient testimony is showing that a small but significant minority of people who contract Covid-19 cannot shake off the effects of the virus months after initially falling ill. Some estimates suggest that 10% of Covid-19 patients may still be experiencing

symptoms more than three weeks after infection, and perhaps 60,000 people nationally could be suffering from long Covid-19 symptoms after more than three months.

2.8 Flu vaccination programme

SYB's delivery plans for the mass flu immunisation programme are progressing well. The immunisation of health and care workers has been a key priority with programmes well underway across SYB organisations.

Targeted communications have been taking place across social media starting with two-to-three year olds, followed by the Year Seven school age group and pregnant women. Radio advertising across SYB has focused on at-risk groups but with flexibility built into the approach to take account of the insight from the SYB Flu Board and alter messaging as appropriate.

Public Health England has published a leaflet to help explain the flu immunisation delivery process to the public. It aims to address questions around supply, staggered delivery and why some eligible individuals may be asked to wait or get their vaccine in another setting. Professor Stephen Powis has also sent a letter to Trust chief executives outlining some initial expectations around staff uptake.

2.9 Covid-19 vaccination programme

The infrastructure for the national Covid-19 vaccination programme continues to be developed. SYB is expecting one regional vaccine hub for storage and distribution and which will be integral to implementation. Plans 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. An SYB immunisation programme would span 10 months to cover all of the targeted population with an estimate of around 5000 vaccines being administered a day.

There are encouraging signs that a vaccine could be made available by late-December 2020. Should this be the case then SYB would follow the Joint Committee on Vaccination and Immunisation (JCVI) guidelines which currently recommend frontline health and care staff and care homes (residents and staff) would likely be among the first to receive the vaccine.

2.10 Workforce Testing

SYB is likely to shortly receive several saliva testing facilities which will be able to deliver around 42,000 tests a week.

The initial focus will likely be in acute hospital settings (all hospital services, maternity, cancer-protected surgery hubs), and then mental health, community care, and primary care. The details of the logistical operations are being finalised but it is likely that the new facilities will be able to deliver asymptomatic testing of health and care workers in SYB.

Saliva testing can be delivered at pace, provide quicker results and is administered in much greater volumes than the Polymerase Chain Reaction (PCR) swab tests; public testing at-scale has already taken place in China and Slovakia on millions of people. Liverpool is to be the first UK city to use saliva tests for mass-testing of public groups as part of the Government's Operation Moonshot programme.

The availability and proximity of saliva testing among health and care workers will undoubtedly support those who are self-isolating to safely return to work, where otherwise, they are unable to do so, enabling Trusts to manage staff absences more effectively.

2.8 ICS Governance Review

Following the Health Executive Group (HEG) support for proposals to review and refresh governance within the ICS, several next steps were outlined. These were: first, to seek feedback from partners; second, to co-produce the governance and an operating model; and third, to review and seek support from partners to adopt a model to be in place by April 2021.

The first step has been completed and Chief Executives and Accountable Officers discussed the feedback at a workshop on 13 October 2020. The insights and feedback from the first stage will now inform the co-production of governance and operating model with SYB leaders.

2.9 Brexit

The UK exited the EU on 31 Jan 2020 and is now in a transition period until 31 December 2020. The government recently confirmed that the transition period will cease as planned on 31 December 2020 and there will be no extension.

The NHS will manage its operational readiness response to the EU Exit alongside the ongoing Covid-19 response and restoration of services, through established national and regional incident coordination centres.

2.11 Equality, Diversity and Inclusion

SYB is advancing with commitments to improve leadership representations, career progression and workplace culture in the area of equality, diversity and inclusion (EDI).

The EDI leads in partner organisations met recently to share their approaches and initiatives that are already underway and discussed working together to take forward a set of agreed priorities from the collective promise that SYB leaders made. There are also early discussions taking place to form a network of BAME Network chairs from across the organisations.

In addition, there will be an increased focus on talent management pathways to support BAME staff to develop and progress into senior positions.

2.12 National AHPs Day – 14 October 2020

Allied Health Professions (AHP) across SYB celebrated National AHPs Day on Wednesday 14 October, 2020. SYB is one of the first areas in the country to establish an AHP Council and partners took the opportunity to raise awareness of AHPs on the day to improve understanding of the different roles, the achievements made and the significant opportunities AHPs have to support integrated care.

3. Finance update

The final ICS plan for Months 7 to 12 of 20/21 was submitted on 22 October and showed a significant reduction in the gap against the system financial envelope from £49.3m in the draft plan to £6.9m in the final plan. However there are significant risks within the plan that will need to be managed. There are a number of anomalies in the national financial framework that are currently being discussed with NHSE/I at a regional level.

A group has been set up to help inform the central team in their design of the 21/22 financial framework. This could involve 'road testing' the framework at a future point in time. The group includes Directors of Finance and Chief Finance Officers from partner organisations.

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

Date: 6 November 2020



FINANCE AND PERFORMANCE COMMITTEE

**Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 29 September 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:	Mark Bailey, Non-Executive Director (Item FP20/09/C1) Suzy Brain England, Chair of the Board and Council of Governors (Item FP20/09/C1) Alex Crickmar, Deputy Director of Finance Fiona Dunn, Company Secretary Richard Parker, Chief Executive (Item FP20/09/C1) David Purdue, Director of Nursing, Midwifery and AHPs/Deputy CE (Item FP20/09/C1) Marie Purdue, Director of Strategy and Transformation Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)
To Observe:	Bev Marshall, Governor
Apologies:	Sheena McDonnell, Non-Executive Director (Item FP20/09/C1) Dr Tim Noble, Medical Director (Item FP20/09/C1)
	ACTION
FP20/09/ A1	<u>Welcome and Apologies for Absence (Verbal)</u>
	Neil Rhodes welcomed the Members and attendees. No apologies for absence were noted.
FP20/09/ A2	<u>Conflict of Interest</u>
	No conflicts of interest were declared.
FP20/09/ A3	<u>Action Notes from Previous Meeting (Enclosure A3)</u>
	Action 1 – 5 were closed.
	<i>The Committee:</i>
	- <i>Noted the updates and agreed, as above, which actions would be closed.</i>
	<u>Action: Katie Shepherd would update the Action Log.</u>
	KAS

<p>FP20/09/ A4</p>	<p><u>Request for Any Other Business (Verbal)</u></p> <p>There were no requests for any other business.</p>	
<p>FP20/09/ B1</p>	<p><u>Restoration of Activity (Enclosure B1)</u></p> <p>The Chief Operating Officer provided a comprehensive update which detailed the summary of delivery plans for each point of delivery, a summary of the innovation that featured within the restoration plans and the outline of the next steps to conclude the process of activity restoration. A phased approach had been taken to re-implement services.</p> <p>During the pandemic, Divisions had embraced significant innovation, which had been evaluated as part of the Post Implementation Review, and would be a key part of the restoration process moving forward. The Trust had participated in the ‘Adopt and Adapt’ process coordinated through the ICS to capture any further ideas for innovation and to share good practice across the South Yorkshire and Bassetlaw region, and included innovation in the areas: new model of care/pathways, digital, demand management and workforce innovation.</p> <p>There were many actions underway to fully restore activity at the Trust which included:</p> <ul style="list-style-type: none"> - Continual review of plans, - Planning for winter with a potential second surge of Covid19, - Continued engagement with Partners. <p>In response to questions from Kath Smart and Pat Drake regarding the waiting list, it was noted that further work was required on the waiting list and the Trust would undertake a systematic approach with primary care to review individual cases for the identification of a potential alternative pathway/treatment for patients.</p> <p>Kath Smart noted that it had been reported to the Committee previously of the underutilisation of theatres at Mexborough and asked if this had been factored into help the position. The restoration plan makes use of the need to utilise resources at Mexborough and Bassetlaw however further work was required to maximise on this, particularly as this would present an opportunity to further safeguard elective work through the winter period.</p> <p>It was noted that capital funding had been agreed for the additional mechanical ventilation required to increase throughput at no additional revenue within Cardiorespiratory. The Director of Finance noted that works had commenced on the additional Vacuum Insulated Evaporator (VIE), which would significantly improve both the capacity and resilience of the sites piped oxygen supply.</p> <p>In response to a question from Kath Smart relating to the resilience of the drive through testing facility during winter, the Chief Operating Officer confirmed that a drive through weather-resilient tunnel-like structure was in use at Bassetlaw, and that capital funds had been agreed for a similar resilient structure to be in place at the Keepmoat Stadium until year-end.</p> <p>Pat Drake noted that during the pandemic, theatre lists had been taken out for the requirement of additional ITU beds, and asked for assurance on the progress made to increase ITU bed capacity in the HSDU unit. The Director of Finance confirmed that the building work was complete and expect that equipment to be delivered and the unit fully complete for use</p>	

by mid-October 2020. It was noted that the works commenced at risk by approval of the Board for the benefit of patients, due to the rejection of the funds from the Fred and Ann Green Legacy Advisory Group, prior to the approval of a separate bid to NHSI.

The Chief Operating Officer outlined the national requirements for activity levels until year-end and, and these would be reported within the Integrated Performance Report. Phase 3 plans had been submitted on 19th September 2020, and reflected that the Trust was a negative outlier within the SYB on Outpatient activity and 52-week wait projections, but not an outlier for 52 weeks in the wider national context. NHSI/E had asked the Trust to improve on the activity projections and plans would be devised to see how the Trust would further deliver higher activity levels, through a focus on the 52-week waiters and through high volume virtual work. Specific governance arrangements in place to monitor the delivery of the plan through breach buster meetings and group and control lead management.

Following a question from Pat Drake, it was confirmed by the Chief Operating Officer that although the Trust had a high projected number of 52-week breaches, in comparison to other Trusts in the SYB area, but proportionately had a smaller problem than SCH and still compares well in the national picture.

In response to a query from Kath Smart, it was noted that outpatient activity was more challenging to plan for due to the wide range of outpatient services, and individual plan required for each, with social distancing factored in. The Trust had not got in place full use of video-conferencing for virtual appointments and was waiting for a response from the ICS on a bid for this functionality.

Neil Rhodes asked for assurance on the monitoring framework in place to support the activity plans. It was noted that plans had been kept within core capacity to ensure that they were sustainable, and that working over weekends and evenings would present additional costs, however this had not yet been ruled out.

The Director of Finance circulated the Covid19 report, which the Committee would be in receipt of for monitoring purposes from the October 2020 meeting. This report demonstrates activity projection and actual performance against performance delivery the previous year. The report would make clear how the Trust performed against national expectations.

The Trust had been asked to undertake winter scenario planning by NHSE for a rate of Covid19 hospitalisations at 5%, 20% and 35% acute bed occupancy to identify how much elective work would be protected during these scenarios. This would include the increased usage of Mexborough and Bassetlaw, use of triggers and an escalation/step-down of elective services plan. The Trusts winter plan had been reviewed in line with a potential second surge of Covid19. It was noted that staffing would present a potential risk through winter due to the diversion of staff to ITU if required. The Committee would be in receipt of the winter plan in October 2020.

It was discussed and agreed that deep dives would recommence in October 2020 for the Committee to receive appropriate assurance and to provide support to areas that require it. Pat Drake requested further information on the Emergency Department pressures due to increased attendance, the split of Covid19 and non-Covid19 treatment areas, ambulance handovers and the impact on discharge. There would be a deep dive/situation report on the Emergency Department at the October meeting. A colleague from the Emergency Department would be invited to the meeting.

	<p>It was noted that increased attendance in the Emergency Department was due to challenges of getting a face-to-face appointment in primary care. The CCG had responded positively within communications on the radio and the commissioning of a health bus which tours community areas in Doncaster where patients can access a GP. Kath Smart noted that Healthwatch had been commissioned to undertake myth busting within the community regarding GP accessibility.</p>	
	<p><u>Action:</u> The winter plan would be submitted at the 27 October 2020 for consideration.</p>	RJ
	<p><u>Action:</u> There would be a deep dive/situation report on the Emergency Department at the 27 October 2020. A colleague from the Emergency Department would be invited to the meeting.</p>	RJ
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the significant process, delivery and innovation that had taken place through the process of activity restoration; the high level of risk involved in the delivery of the plan; noted where DBTH was a positive outlier in planning and delivery compared to peers; and noted the next steps planned to address those areas where DBTH was a negative outlier compared to peers.</i> 	
FP20/09/B2	<p><u>Integrated Performance Report August 2020 (Enclosure B2)</u></p>	
	<p>The Chief Operating Office provided an update on performance for August 2020, which highlighted:</p> <ul style="list-style-type: none"> - An achievement of 88.6% for 4-hour access against a national target of 95%. The main issues affecting performance were due to an increase in inappropriate and escalated acuity attendances, the requirement of two simultaneous pathways (Covid19 and non-Covid19, and patient flows issues due to batching of ambulances; - The delivery of 54% performance within 18-weeks; - The Trust reported 132 new 52-week breaches in month, with an additional 146 52-week breaches carried forward from the previous month. All of which were due to Covid19 delay. All Divisions had been requested to develop clear plans for further reduction by the end of September 2020; - An achievement of 54.4% for diagnostics against a target of 99%, which was an improvement from the previous month; - All 31-day nationally reported measures were achieved in Cancer performance for July 2020, and two out of the three national reported 62-day measures were achieved in July 2020. 	
	<p>The Committee:</p> <ul style="list-style-type: none"> - <i>Noted the Integrated Performance Report – August 2020.</i> 	

FP20/09/ B3	<u>Winter Plan (Verbal)</u>	
	This was discussed as part of Item FP20/09/B1.	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the updated provided on the winter plan.</i> 	
FP20/09/ C1	<u>Update on Financial Regime and Approval of Financial Plan (Enclosure C1)</u>	
	<p><i>Alex Crickmar left the meeting. Suzy Brain England, Richard Parker, Mark Bailey and David Purdue arrived at the meeting.</i></p> <p>The Committee welcomed the Board of Directors to appropriately review the financial implications for DBTH from the updated financial arrangements that were received on 15th September 2020.</p> <p>The Director of Finance presented the financial plan and regime update to the Committee. It was noted that the current top up process would end as expected and would be replaced by a system financial envelope. The system financial envelope would include allocation for CCGs, system top up funding of £73.9m, Covid19 funding allocation of £71.4 for the system and growth funding of £10.3m.</p> <p>The Trust was required to submit the financial plan and budget for months 7-12 to the ICS. The draft plan had been submitted and had been peer reviewed within the ICS Director of Finance community.</p> <p>In response to a question from Kath Smart, the Director of Finance advised that if there was a second surge of Covid19 which may prevent activity going ahead as planned, as the guidance states the Trust would be fined, but noted that it was expected that this would be reviewed if this took place.</p> <p>The Chief Executive advised the Committee and Board members that activity plans had been devised to ensure that it was robust enough not to cancel the four criteria: Emergency Care, Urgent Care, Cancer Care and Long Waiters (absolute dates), however noted that this would be best endeavours as it was unknown if the Trust would be affected by a potential second surge of Covid19.</p> <p>The Committee and Board members considered the implications of the financial regime and proposed financial plan which reported an overall ICS deficit of £124m, a Trust deficit of £12.4m and growth money to be distributed to providers on a fair share basis.</p> <p>The Committee and Board members discussed the key risks proposed by the financial regime including a no allowance for risk on fines, annual leave accrual and risks relating to transformation, expenditure and ICS funding.</p> <p>The expenditure run rate movement from month 1 to month 5 versus the plan for the remainder of the year suggested a £22m increase in expenditure run rate, mainly driven by plans to restart activity relating to approved SRG cases and Trust Board commitments. The Chief Executive noted that a position would be taken to ensure that services are safe and emphasised that money would be spent wisely to improve safety and deliver greater</p>	

	<p>efficiencies. The Committee were supportive of the business cases that had previously been approved.</p> <p>The scenario submitted to the ICS as a draft position presented a deficit of circa. £8m at year-end.</p> <p>The Chief Executive noted a challenge with the use of cost improvement programmes (CIP) as a terminology over the coming months and noted that the Trust would have the best endeavours to spend money wisely in the interest of patient safety. The assumption within the budget are accurate however must be noted that if a second wave of Covid19 commences at the levels the Trust was being asked to plan for then this would cause mass disruption to plans and the priority during that time would be patient safety. The Trust would undertake winter resilience planning and would keep the Board abreast of any changes.</p> <p>The Chair of the Board noted that whilst prioritising safety, the Trust must make clear in any documentation submitted that demonstrate the expected financial year deficit that it was clear the plans have been set out of the basis of the Trusts four priorities of Emergency Care, Urgent Care, Cancer Care and Long Waiters (absolute dates).</p> <p>It was noted that the next steps would include the agreement of the finalisation of the allocation of funding pots and then a focus on actions within the system to explain, justify and reduce the deficit and there would be key areas for review such as understanding the run rate, what CCGs have such a large deficit and our position compared to other systems.</p> <p><i>Marie Purdue joined the meeting.</i></p> <p>It was agreed by the Committee and Board of Directors to submit the financial plan as outlined at the meeting with an amendment of a best endeavour to undertake a further 2% efficiency saving, the priority being patient safety. The budget on the control total would be finalised on that basis.</p> <p>It was agreed by the Board of Directors that any amendments to the financial plan would require further scrutiny and formal approval by the Board of Directors.</p> <p><i>Suzy Brain England, Richard Parker, Mark Bailey and David Purdue left the meeting.</i></p>	
	<p><i>Action: The presentation delivered would be circulated to Committee and the Board of Directors.</i></p>	KAS
	<p><i>The Committee/Board of Directors:</i></p> <ul style="list-style-type: none"> - <i>Noted the update on the national financial arrangements;</i> - <i>Noted the draft financial plan and the gap this presented for the Trust;</i> - <i>Approved the proposed financial plan for months 7 – 12 with the agreed amendment to add a 2% efficiency gain, emphasising that patient safety was the priority.</i> 	
FP20/09/C2	<p><u>Financial Performance – August 2020 (Enclosure C2)</u></p>	
	<p>A deficit of £616k before the retrospective top up. The year-to-date financial position was a £2,141k deficit before the retrospective top up. It was expected that this position would</p>	

	<p>worsen due to the financial envelope set by NHSI/E as the Trust implements delivery plans to increase activity.</p> <p>Capital expenditure spend in month-5 was reported as £1.5m, which was £0.2m, behind the £1.7m plan, however the Trust was ahead of plan year-to-date.</p> <p>The cash balance at the end of August 2020 was £60.1m, which remained high due to the Trust being in receipt of two months' work of block income in April 2020.</p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the financial performance for August 2020.</i> 	
FP20/09/ C3	<u>Qi Overview (Enclosure C3)</u>	
	<p>Following the Quality Improvement (Qi) review paper that was presented at the July 2020 meeting, the Director of Strategy and Transformation presented a further paper to quantify the benefits of Qi work in the Trust. The Qi Team was a small team and were in post to provide training and to enable Qi work within the Trust. The Qi changes were logged onto a database and monitored for progress. It was noted that it can be challenging to quantify the benefits from a financial standpoint, but quality improvement in organisations was linked to the achievement of CQC outstanding ratings, particularly if a Trust wide approach was implemented.</p> <p>Quality improvement work was linked work with the People and Organisational Development team through the support of staff to learn the skills and sustain them, particularly in team working.</p> <p>In response to a question from Pat Drake, The Director of Strategy and Improvement advised that work was ongoing with the Company Secretary and Director of Nursing to align quality improvement, control and planning to focus the right resources on the right challenges. This would link into the performance framework.</p> <p>Kath Smart advised that she had undertaken the level 1 Qi training, and noted that not all quality improvements produced a cash benefit, as there was a wide range of where quality improvements would be made.</p> <p>A discussion took place regarding the opportunities presented with the Vital Signs Programme contract due to end in July 2021. It was proposed by the Director of Strategy Improvement that following this contract that a focus be taken to strengthen knowledge and engagement of Qi in the Trust. The Director of People and Organisational Development reflected that the Trust had developed its own approach to Qi in relation to culture and people with the use of 'We Care' values and the 'DBTH' model and suggested that more would be taken from that in the future to align cultural change taking place.</p> <p>It was agreed that in line with the review of Board sub-committees that Fiona Dunn and Marie Purdue would review which Committee was best suited to be in receipt of Qi feedback/reports, as both F&P and QEC received reports.</p>	
	<i>Action: Fiona Dunn and Marie Purdue would review which Committee was best suited to be in receipt of Qi feedback/reports, as both F&P and QEC received reports.</i>	FD/MP

	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the information in the Qi Overview Report. 	
FP20/09/ C4	<p><u>IT Contract Management (Enclosure C4)(Presentation)</u> KA and LC</p>	
	<p>The Chief Information Officer Ken Anderson and IT Contracts and Purchasing Manager, Lisa Cowpe were welcomed to the meeting to present the IT Contracts Register Review which identified that the IT Contracts Register was not fit for purpose and the process was a reactive one. From the 120 contracts the Trust holds, it was identified that there were 89 that had expired with a further 19 due to expire within the next 12-months.</p> <p>A proactive approach was undertaken to revamp the IT Contracts Register which included the introduction of triggers, contract management reviews and the review of contracts in line with procurement rules. A dashboard was created to allow for robust monitoring of contracts. The next steps were to ensure that all contracts were compliance to Contract Procedure Rules; a fully proactive approach was in place in regards to IT Contract Management and that there ultimately be a reduction in the total contract value by 10% within two-years.</p> <p>Kath Smart asked, in relation to some issues previously identified during an internal audit, if there had been an identification of savings made through consolidation and standardisation. Lisa Cowpe advised that there had been a small value saved by the aggregation of contracts by the same suppliers and instant savings from contracts that had not been renewed. It was noted that the review of IT contracts was approximately half-way to completed. The Chief Information Officer added that discussions had taken place with suppliers to identify additional benefits that the Trust had paid for but had not utilised or received and therefore partnership working was enabled through this. Some suppliers had offered advice and guidance on how to fully utilise their service in different ways.</p> <p>The Committee commended the work that had taken place so far and Pat Drake requested that once the IT Contracts Review was complete, a report be provided on the benefits realisation of the IT contract review.</p>	
	<p><u>Action: Once the IT Contracts Review was complete, Ken Anderson would provide a report on the benefits realisation of the IT contract review.</u></p>	JS/KA
	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted the update provided on IT Contracts Management. 	
FP20/09/ C5	<p><u>Utilities Contract (Enclosure C5)</u></p>	
	<p>The Director of Finance noted that the Trust had been on a fixed price utilities contract for several years and had now moved to a capped price. As the paper was not presented to the Committee, due to other priorities as outlined earlier in the meeting, it was agreed that the item would be deferred until the next meeting.</p>	
	<p><u>Action: The Utilities Contract item would be deferred until the October Committee meeting.</u></p>	JS
	<p>The Committee:</p>	

	- <i>Agreed to defer the item until the October meeting.</i>	
FP20/09/ D1	<u>Workforce Report – August 2020 (Enclosure D1)</u>	
	<p>The Director of People and Organisational Development presented the Workforce Report for August 2020.</p> <p>Covid19 related absence had reduced significantly during July and August 2020, however during September this had risen as a result of either symptomatic staff or symptomatic household members of staff. A drive through swabbing facility had been reintroduced at Bassetlaw Hospital to meet increased demand. Exception reports on staff testing was reported to NHSI/E. From 11 staff/staff household members that had tested positive during September 2020, one was of a BAME background.</p> <p>During the pandemic, union representatives reached an agreement to pause the management of sickness absence cases, however this would be recommenced in October 2020.</p> <p>Kath Smart noted that with the isolation of secondary school pupil groups in Doncaster, she had seen the impact this had on staff as many questions had been raised on social media on what the protocol was when their children had been sent home from school to isolate. Kath noted that there had been a perception on social media that results of Covid19 tests had been delayed. It was confirmed that in mid-September there had been a delay in staff receiving their test results as the in-house tests had been sent to Sheffield, but had not been tested in a timely manner as the tests had not been flagged as a priority. This had since been rectified and some staff had reported their results had been received within twenty-four hours.</p> <p>A discussion took place regarding annual leave following a query from Pat Drake about whether the amount of annual leave staff had left to take had become a challenge. It was noted that staff had been encouraged to take their annual leave, however it was agreed that an update would be provided on the usage of annual leave for 2020/21.</p> <p>It was noted that the reported nursing support vacancy of –44wte included the student workforce that had been utilised during the pandemic to undertaken band 3 and 4 support work.</p> <p>Newly-qualified staff had commenced in post in September. Newly-qualified midwives would commence in October and therefore this would be reflected in the month-6 report.</p> <p>The model hospital portal data had been updated with March 2020 data, however did not provide the Trust with real time information.</p>	
	<u>Action: A update would be provided on the usage of annual leave for 2020/21.</u>	KB
	<p><i>The Committee:</i></p> <p>- <i>Noted the Workforce Report for August 2020.</i></p>	
FP20/09/ D2	<u>Recruitment and Selection Quarter 1 Report (Enclosure D2)</u>	
	The report highlighted the number of posts advertised by staff group, Division and Directorate for the Q1 2020/21 period. There was a high volume of varied posts advertised across all	

	<p>Divisions. The Recruitment Team were working on the different data that can be retrieved from Trac.</p> <p>In response to a query from Kath Smart, it was agreed that a column would be added to the report to show the number of vacancies.</p> <p>The Director of People and Organisational Development advised the Committee that there had been an approximate saving of £15k-£20k had been achieved in the recruitment of senior roles in the previous 18-months. This was because the Recruitment Team had managed the recruitment process on behalf of the Trust as opposed to utilising the historic method of using head hunters. It was noted that positive feedback had been received from successful applicants that had also had experience of recruitment via head hunters.</p> <p>Following a question from the Chair about the benefits of using a recruitment agency that would not be achieved internally, the Director of People and Organisational Development advised that they potentially have a further reach in terms in contacts, however the Trust had increased its productivity of the use of social media and sites such as LinkedIn to create a network and attract candidates. A further difference identified was that the Trust relied on stakeholder panels in recruitment whereas recruitment agencies would undertake a psychometric test, however it was noted that this hadn't reflected negatively on internal recruitment.</p>	
	<p><i>Action: A column would be added to the Applicant Success report to show the number of vacancies.</i></p>	<p>KB</p>
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the information in the Recruitment and Selection Quarter 1 Report.</i> 	
<p>FP20/09/ E1</p>	<p><u>Corporate Risk Register and Board Assurance Framework (Enclosure E1)</u></p> <p>The Company Secretary provided the Committee with an updated draft of the original proposed Board Assurance Framework and Corporate Risk Register presented to, and approved at the Board of Directors meeting on 21 July 2020.</p> <p>The Committee were asked to note that whilst the review was ongoing, all risk associated with the Board Assurance Framework continued to be reviewed on DATIX.</p> <p>Step 1 of the refresh, to identify the new strategic risks had been completed, as had step 3, the completion of the front summary page and the development of the links to sub-Committees and Corporate Risk Register dashboards.</p> <p>Step 2, completion of the Board Assurance Framework template was ongoing, as was step 4, which was to complete the summary risk description dashboard.</p> <p>The Company Secretary informed the Committee that a session would be set up with Non-Executive Directors to demonstrate the flow through of the management of risks on the DATIX management system.</p> <p>It was noted that RISK ID 2472 (Ref COVID1 on DATIX) had been updated to include the stabilisation and recovery plans, however the risk level remained unchanged.</p>	

	<p>Kath Smart noted that the Risk Management Policy was due for review in January 2021. It was required that Finance and Performance Committee, Quality and Effectiveness Committee and Clinical Governance Committee be sighted on the review prior to sign off at Board.</p> <p>Kath Smart noted that it would be useful for the review of extreme risks be undertaken to ensure that appropriate updates had been provided. The Company Secretary advised that this would form part of the mid-year review.</p> <p>Kath Smart noted that the RISK1412-Risk of fire required a review. The Company Secretary noted this and advised that she was awaiting support from the risk management team to be able to transfer this to DATIX.</p>	
	<p><i>Action: The Risk Management Policy was due for review in January 2021. It was required that Finance and Performance Committee, Quality and Effectiveness Committee and Clinical Governance be sighted on the review prior to sign off at Board.</i></p>	FD
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the update and information in the Corporate Risk Register and Board Assurance Framework;</i> - <i>Noted that a review of risks continued on DATIX.</i> 	
FP20/09/ E2	<p><u>Draft Committee Annual Report (Enclosure E2)</u></p>	
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the changes and approved the Committee Annual Report.</i> 	
FP20/09/ F1	<p><u>Escalation (Verbal)</u></p> <p>No issues were identified for escalation to/from:</p> <ul style="list-style-type: none"> - F1.1 F&P Sub-Committees; - F1.2 Board Sub-Committees; - F1.3 Board of Directors. 	
FP20/09/ G1	<p><u>Sub-Committee Meetings (Enclosure F1):</u></p> <p>Kath Smart highlighted a large amount of invoices were recommended for write off, as outlined within the Cash Committee minutes, and asked for confirmation that this Committee would be sighted of them. The Director of Finance advised that they would be reported to either the Audit and Risk Committee or Finance and Performance Committee, following the Standard Financial Instructions.</p> <p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the minutes of the Capital Monitoring Group 16 July 2020;</i> - <i>Noted the minutes of the Cash Committee 10 July 2020.</i> 	

FP20/09/ G2	<u>Minutes of the meeting held on 28 July 2020 (Enclosure G2)</u>		
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the minutes from the meeting held on 28 July 2020.</i> 		
FP20/09/ G3	<u>Committee Work Plan (Enclosure G3)</u>		
	<p><i>The Committee:</i></p> <ul style="list-style-type: none"> - <i>Noted the Committee Work Plan.</i> 		
FP20/09/ G4i	<u>Any Other Business (Verbal)</u>		
	None.		
FP20/09/ G4ii	<u>Date and time of next meeting (Verbal)</u>		
	Date:	Tuesday 27 October 2020	
	Time:	09:00	
	Venue:	Video-Conference	

Audit and Risk Committee**Minutes of the meeting of the Year End Audit and Risk Committee
Held on Thursday 16 July 2020 via Microsoft Teams Videoconferencing**

Present: Kath Smart, Non-Executive Director (Chair)
Sheena McDonnell, Non-Executive Director
Neil Rhodes, Non-Executive Director
Mark Bailey, Non-Executive Director (**MCB**)

In attendance: Jon Sargeant, Director of Finance
Matthew Bancroft, Head of Financial Services (MB)
Dan Spiller, External Audit Manager, Ernst Young
Mark Bishop, Counter Fraud and Security Services Manager
Harriet Fisher, Internal Audit Manager, KPMG
Rob Jones, Internal Audit Manager, KPMG
Rob Fenton, Internal Audit Manager, KPMG
Fiona Dunn, Acting Deputy Director of Quality and Governance/Company Secretary
Karen Barnard, Director People & Organisational Development
Sean Tyler, Head of Compliance, Estates
Kirsty Edmondson Jones, Director of Estates and Facilities
Roz Wilson, Corporate Governance Officer (Minutes)
Ken Anderson – Acting Chief Information Officer

To Observe: Bev Marshall, Public Governor
Katie Shepherd, Corporate Governance Officer

Apologies: None

Action**ARC16/07/A1 Welcome and Apologies for Absence (Verbal)**

Kath Smart welcomed the members and attendees. No apologies for absence were noted.

Rob Jones and Harriet Fisher from KPMG were welcomed to the committee as the new Internal Audit Managers who will replace Clare Partridge and Rob Fenton.

ARC16/07/A2 Conflict of Interest

No conflicts of interest were declared.

ARC16/07/A3 Request for any other business

There were no request for other business.

ARC16/07/A4 Action Notes from Previous Meeting (Enclosure B4)

The following updates were provided;

Action 1 – Work on Declarations of Interest has progressed and a full update paper to come to October meeting. Progress had been made with aligning DOI with Consultants Job plan reviews.

Action 2 – Not due yet, October's meeting.

Action 3 – Action closed as now complete.

Action 4 – Action closed as now complete.

Action 5 – Trust Board Office devising standard process for Committees.

Action 6 to 15 – Action's closed as now complete

Action 16 – Agreed to be closed on ARC action log and will get to July's QEC for minuting and adding to the action log for management.

The Committee:

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

Action: Action Log to be updated and actions to progress with updates.

RW

ARC16/07/B1 2019/2020 EY Annual Audit Letter

Dan Spiller from Ernst Young provided an update on the report. The ISA260 positive conclusion hadn't changed since presenting at Year End ARC on 4 June 2020 and confirmed that this is the final report from EY for 2019/20

It was advised that the purpose of this annual audit letter is to communicate to the Council of Governors the key issues arising from the External Audit work which should be considered and then brought to the attention of the Trust.

The key control issue in the ISA260 report relating to the HR recommendations have been discussed with the Director of People, Organisation & Development under item B2 on this agenda.

Dan Spiller confirmed the tone of the report had been reviewed in response to the Chairs comment from June 2020.

Dan Spiller advised the Committee that the annual audit letter needs to be presented to the Council of Governors meeting and a Board meeting agenda.

Action: Hold the date email to be sent to Dan Spiller and Steve Clark for the Annual Members Meeting.

RW

Action: Annual Audit Letter to be added to the Board Agenda.

RW

The Committee:

- ***Noted and accepted the Annual Audit Letter from Ernst Young.***

ARC16/07/B2 ISA260 Report P&OD Recommendations

Karen Barnard discussed the internal control issue finding from the ISA260. The finding was focused on outstanding documentation such as staff resignations and new starter forms, and advised ARC that as the process was not centralised, documentation may have been held within Directorates.

ARC members expressed concern that for three consecutive years this standard has not been achieved, plus there may be cost implications on over and under payments.

It was noted the report indicated that following the previous External Audits the documentation has improved.

Karen Barnard outlined 2 of the main changes agreed are:-

- Managers ESR self-service for leavers - P&OD now have one member of staff who will request a copy direct from the manager for ESR, this will ensure that there is physical evidence on file for the staff member.
- Trust recruitment process - This will be moving to a total central recruitment process through TRAC and ESR. This will reduce paperwork between DBTH and SBS ensuring that all statutory paperwork and right to work checks are completed and retained centrally

Karen Barnard is planning for implementation late 2020.

It is to be noted that the Counter Fraud report logs discrepancies of paper work between SBS and the Trust and these changes in process will support the reduction of discrepancies.

The Committee:

- ***Noted and accepted the Update on ISA260 Report P&OD Recommendations provide by the Director of People and Organisational Development.***

ARC16/07/C1 Counter Fraud Annual Report 2019/20

Mark Bishop updated the committee on the Counter Fraud Annual Report and advised that the data provided in this report is a collective of the information provided to the Audit and Risk Committee's throughout 2019/2020. Mark Bishop asked the committee if they had any questions on the Counter Fraud Annual Report.

No questions were raised from the Committee.

The Committee:

- ***Noted and accepted the Counter Fraud Annual Report for 2019/2020.***

ARC16/07/C2 LCFS Progress Report Q1 2020/21

Mark Bishop went through and discussed the highlighted topics within the progress report.

COVID-19 high Risk areas within Counter Fraud were highlighted throughout the operational fraud plan.

NHS Counter Fraud are registered to receive intelligence from other Public Sector establishments. Notifications are fully reviewed and cascaded down throughout the DBTH Counter Fraud Collaboration.

Mark Bishop advised that the Counter Fraud Collaboration has been in place for 7 years now the collaborative continues to work effectively with each other and provides a compliant and resilient model for counter fraud work, ensuring the Trust has a permanent onsite LCFS and sufficient investigative resources at no additional cost.

Mark Bishop has regular meetings with the Director of Finance and supports investigatory work where necessary to support the Trust as part of the role of Counter Fraud Specialist.

Recently, Lincoln Partnership NHS Foundation Trust (LPFT) and Lincoln Community Health Services NHS Trust (LCHS) expressed a desire to join the collaborative counter fraud arrangement. This was due to be in place from the 1 July 2020 but due to COVID-19 this was put on hold to ensure resources were available to support the collaborative with any COVID related risks the Trust may face. This is really positive for the Trust and provides assurance that there are a number of Local Counter Fraud Specialists available within the Collaboration to support.

The Counter Fraud Newsletters have continued to be distributed throughout COVID-19.

Intelligence areas that were focused on during COVID-19 related to supplier frauds that were using the pandemic to falsely claim for goods that were never supplied this was a hotspot area for scammers.

The mortality process within Trusts was flagged as a potential fraudulent risk area and Mark Bishop informed the Trust of this information Discussions around an audit into death certificates can be picked up in the Financial Control Audit.

Action: Jon Sargeant to discuss an internal audit with KPMG regarding the signing of death certificates (Financial Control Audit). JS

Kath Smart commented the report gives good sense on what's happening and that the alerts for fraudsters to pick up areas to scam is highlighted promptly to the Trust. The signing of death certificates could also highlights Doctors working when sick which is why the Trust Annual Declarations of Interest need to reflect secondary employment as well as any interests.

The Committee:

Noted and accepted the LCFS Progress Report.

ARC16/07/C3 Revised Counter Fraud Operational Plan & Fraud Risk Assessment (Covid-19)

Mark Bishop provided an overview of the revised counter fraud operational plan that has been updated to recognise the impact of COVID-19 for the Trust and any fraud risks relating to COVID-19. Fraud risk assessments have been carried out in the recommended areas and remain in place until October 2020 the operational plan will then be reviewed with the Director of Finance.

Throughout the COVID-19 Pandemic contact has remained in place with the Internal and External Auditors although this has been done remotely it has allowed protocols to be reviewed.

The Committee:

Noted and accepted the Counter Fraud Plan and Risk Assessment

ARC16/07/C4 CORP/FIN 4 - Standards of Business Conduct and Employee Declarations of Interest Policy

Mark Bishop provided the committee with an updated version of the policy and advised this requires approval by the Committee.

There has been no major changes to the documents and it was noted that the wording has been changed so the policy remains current and with updated job

roles and responsibilities. The policy remains in line with the National NHS Guidance.

Jon Sargeant has reviewed the policy and is happy with the content and provides assurance the policy is fit for purpose.

Rob Jones from KPMG was also happy that the policy provides assurance on how the Trust will manage Declarations of Interests.

The committee agreed that the Comms team would support promoting the policy and the requirement for staff to complete the declaration.

Mark Bishop confirmed that the LCFS team have been trailing the use of ESR and the Declaration of Interest option but noted that work need to be carried out as it doesn't currently flag any conflicts that have been declared.

Action: Mark Bishop to send Kath Smart the paper work to sign off the policy approval.

**MB/K
S**

The Committee:

- ***Approved the policy.***

ARC16/07/D1 Internal Audit Progress Report

Rob Fenton from KPMG gave an update on the Internal Audit progress report. It is to be noted that the 2020/21 Internal Audit plan was approved by the Audit and Risk Committee (ARC) on 23 March 2020. Against the Internal Audit Plan 2019/20 4 reports have been finalised since the last Audit and Risk Committee meeting, all the reports have been included on this agenda.

Progress has been limited due to pausing most audit work during Q1 whilst the Trust responded to the pandemic.

The Legacy IT review from the 20/21 audit plan is underway.

It is noted that KPMG have 15 audit days remaining that have been deferred to 2020/21.

The Committee

- ***Noted the KPMG Internal Audit Progress Report***

ARC16/07/D2 Recommendation Tracker

Rob Fenton went through the recommendation tracker and noted the progress made. The tracker has been shared with the Executive Team within the Trust and are aware on the areas that need to be focused on.

	High	Medium	Total	High	Medium	Total
	2018/19			2019/20		
Recommendations with original action dates up to 30 June 2020	8	48	56	3	12	15
Recommendations Actioned	8	42	50	0	8	8
Recommendations in progress	0	6	6	3	4	7
Recommendations Incomplete	0	0	0	0	0	0
Total outstanding recommendations	0	6	6	3	4	7
Recommendations not yet due	0	1	1	0	5	5
The follow up review is based on risk. As a result, we follow up actions against High and Medium priority recommendations only.						

The table shows that there are 13 outstanding Medium priority recommendations six from 2018/19, seven from 2019/20 which had an original action date up to 30 June 2020. There are three outstanding high priority recommendations from 2019/20. KPMG sought to follow up the actions taken by management in response to these.

Rob Fenton praised the progress that had been made since the March Audit and Risk meeting.

There was a discussion around the Risk Management and how the Risk Register and Board Assurance Framework should be managed. Kath Smart confirmed that ARC has a key role in risk management compliance, whilst the Boars retains overall responsibility for the risk management strategy. She felt it would be positive to do a deep dive at ARC and gain assurance on the Risk Management Audit recommendations.

Fiona Dunn confirmed that significant work has gone into the Corporate Risk Register and Board Assurance Framework and the Executive Team have reviewed both documents and have a clear management in place. Datix has been reviewed and updated to support staff when submitting risks and updating them. Datix will then directly supply the information to report to the Committees and update the formal registers.

Action: It was agreed that ARC will have on October's agenda allocated time to support moving forward with the Corporate Risk Register and Board Assurance Framework and assurance of implementation of risk management audit recommendations. FD/
KS/
RW

Neil Rhodes advised the committee that he doesn't have a great understanding on Datix and other processes are not clear for the management of risks in the Trust.

Action: NED workshop to be developed to help with the understanding of the Trust Risk Management. FD

Mark Baily asked how we look at the priority of risk and is there a standard timescale to close the risks.

The Risk Management Policy is due for review and will include the new processes for Management of Board Assurance Framework and Corporate Risk Register, including timescales and priorities.

Kath Smart and Fiona Dunn have met and discussed the Risk Management Strategy and the escalation process. The Trust Risk Strategy isn't clear and is dated. This will be updated and definitions need to be documented fully in the strategy. This is on the Company Secretary workplan and will go to Board for approval.

The Committee:

- ***Accepted the update on the Recommendation Tracker.***

ARC16/07/D3 Updated Internal Audit Plan 2020/21

Rob Jones introduced himself and Harriet Fisher as the new KPMG team managing our contract and advised regulatory pressure has meant that changes to the team mid contract.

Kath Smart thanked Rob Fenton and Clare Partridge for their hard work and dedication to the programme over the past number of years.

Rob Fenton left the meeting at 11am.

Rob Jones discussed the revised audit plan for 2020/21. Due to the changes within the KPMG team and the impact of COVID-19 the plan required additional approval by the Audit and Risk Committee.

The plan indicates where COVID-19 has impacted on the audit plan, Kath Smart thanked KPMG for highlighting this in the report and commented that it seemed sensible and reactive to the changes in risk since the plan was signed

off in March. Rob Jones has already consulted with and presented the revised internal audit plan to the Executive Team

The Committee:

- ***Approved the revised Internal Audit plan for 2020/21***

ARC16/07/D4 Discharge Planning (Enclosure D4) – “Significant Assurance with minor improvement opportunities”

Rob Fenton discussed the audit report its outcome. Sheena McDonnell asked how did we get to significant assurance with outstanding priorities and why hasn't this been taken into consideration? Rob Fenton was asked should the rating be changed. Rob Jones responded to Sheena McDonnell's question that the KPMG cycle of follow up on recommendations has allowed the audit outcome rating to remain as significant assurance as throughout the cycle no major concerns have been noted.

Sheena McDonnell raised that she has concerns that recommendations are not being completed and dates moved and concerns that we are providing significant assurance on audits and having significant priorities outstanding.

Jon Sargeant will discuss the outstanding actions and evidence direct with David Purdue and provide dates for completion to the committee.

Action: Jon to discuss audit outcome and evidence with David Purdue and provide the completion date to the committee.

JS

The Committee:

- ***Noted the update on the Discharge Planning audit.***

ARC16/07/D5 P&OD HR Systems Team Review (Enclosure D5)

Karen Barnard presented this work which was a consultancy review. The P&OD created a business case and asked for an external piece of work to be done to support previous internal (DBTH) audit outcomes and would support finding adequate resolutions.

Kath Smart noted that the report has nine recommendations and they were all agreed in the management response do you have the capacity to carry out these recommendation? Karen Barnard advised that there are a number of new staff starting in August that will support the recommendations.

There are ongoing issues with SBS, and the Trust hold regular contract management meetings with the Payroll provider. Although the contract KPIs are being met, the number of errors that are being highlighted is a cause for

concern. Karen Barnard advised that a formal letter has been sent from the Trust to the Director of SBS and have served improvement notice as part of contract management procedures.

The Committee were advised that the SBS Contract ends 2021 and the Trust is due to start the tender process in 2020 and it was agreed that the tender specification needs to include the learning from moving to SBS back in 2016. SBS are aware that the Trust will be going out to tender.

Kath Smart queried the how Doncaster PLACE and the ICS featured in any of the plans. Karen Barnard advised that there are a number of local Trusts provide payroll services and other National NHS Trusts provide payroll services. However, at the minute, no other Trust was interested in partnering up. Karen Barnard advised that this work was looked at a number of years ago. Sheffield Teaching Hospitals are on the frame work and discussions with RDaSH who are not currently on the Framework have been had, DBTH is the same size as them but they would need to double their team to cope with the demand and the costs for RDaSH to provide the services are higher than other local Trusts. STH do have the capacity, discussions have been had and will be looked at through the Finance & Performance.

Karen Barnard provided the committee with assurance that the P&OD team are working on the recommendation outcomes from the audit.

Mark Bailey asked if the P&OD team are looking at automation services and is it within the work plan.

Sheena McDonnell commented on the report and agreed that this is a helpful report, we shouldn't underestimate the time and effort to achieve the recommendation as these will require wider teams to support the implementation. This is fundamental to colleagues and this must be right moving forward.

Sheena McDonnell asked, how we work to put a plan in place to include the information team. Jon Sargeant advised that this is a change in culture for all senior managers and we need to make sure the data we produce, needs to be parallel with the Information team.

Jon Sargeant discussed the positives with SBS from the Finance aspect of the contract, although SBS have issues ongoing with Invoicing within 7 days and the overpayments issues, it is to be noted that this has been captured in in the counter fraud reports and has been noticed by the NEDs.

Neil Rhodes asked is this action the right place to be managed, should it be on F&P or should it remain on ARC. Jon Sargeant advised if an outside payroll provider is required the business case would need to go through F&P for assurance for Board. In terms of the outsourcing of providers for overpayment

and documentation isn't always get completed and this is not always an SBS issues as the line managers need to be more timely with paperwork. We can't always penalise SBS when its DBTH fault at times. Now ESR is Self Service the culture needs to be monitored and the performance of managers then becomes a HR issue.

Action: ARC will follow up all recommendations made with KPMG.

KS/KB

It was noted that poor outcomes on the starters/leavers documentation on this audit over the past 3 years, Dan Spiller advised the committee that External Audit will be around in the Trust in October and November for the WOS and Charitable Funds Audit, EY have agreed to review the first 6 months and report on progress.

The Committee:

- ***Noted the update on P&OD HR Systems Team review***

ARC16/07/D6 WHO Checklist Report (Enclosure D6)

Rob Fenton advised that this audit was undertaken due to an outcome of a never event in March 2019.

This audit sought to observe and test whether the WHO checklist was being used across outpatient departments in line with the Trust guidelines, and whether staff involved understand their roles and responsibilities. It was noted that the WHO Checklist was not in use in all departments audited.

The Trust have implemented a theatre management system and WHO checklist would be completed before each patient goes in for Theatre.

Kath Smart expressed that she was disappointed that the WHO checklist wasn't physically available within the department even though there had been some never events in these departments.

Kath Smart asked Rob Fenton if he had assurance and commitment to make the changes. Rob Fenton confirmed that he had assurance as Simon Brown was moving forward with this.

Fiona Dunn advised the committee that David Purdue had asked KPMG for this audit to be done and this would go to Clinical governance on Friday to push the importance of the WHO checklist and ensure departments were using it.

Action: WHO Checklist would be added to the Quality and Effectiveness Committee work plan for an in depth review.

FD

The Committee:

- ***Noted the update on the WHO Checklist Audit Report.***

ARC16/07/D7 Referral to Access Report (Enclosure D7)

Kath Smart advised that there had not yet been a management response on this report, however, she wished for ARC to consider it today to ensure a timely response. This audit review was based on the RTT specific elements of DNA patients and focused on non-compliance of the policy.

Rob Fenton advised that the patient cohort was checked against the policy and areas of non-compliance were listed within the report due to lack of evidence of the appointment.

There was some evidence missing, and it was noted that users were unable access e-Camis remotely and not able to attend site. Rob Fenton was working with Information team to look at how this can be accessed.

Jon Sargeant advised that the audit outcome on this specific audit was disappointing as lots of work had been carried out although the recent admin review had impacted on this. Claire Jenkinson Deputy Chief Operating Officer was currently working on the referral to access and recent reporting flags what the Trust expected it to show.

Jon Sargeant advised that this report would be submitted to F&P once the management actions were finalised.

Tracy Crookes would review the recommendations, and Jon Sargeant advised that that it was believed that there was a miscommunication in the process.

The Committee:

- ***Noted and agreed the actions for the referral to access audit***
- ***Ensure report goes to F&P Committee once Management response is finalised***

Governor Observations

Bev Marshall advised that although there had been a lot of information presented at the meeting, it remained focussed and provided assurance.

Referral to Access was of interest to the Governors would be included in Bev Marshalls report to the Governors.

Bev Marshall asked if some time can be put aside to interact with the Governors on the outcomes of the audits. Kath Smart agreed to this and

would include the outcomes of all audits in her presentation to July's Council of Governors.

Bev Marshall asked if the patient experience committee been involved and Kath Smart advised she would get a response to this question.

Action: A response would be provided to Bev Marshall about whether the patient experience committee had been involved in the Referral to Access audit work

RW

**ARC16/07/E1
&E2**

Corporate Risk Register and Board Assurance Framework (Enclosure E1)

Fiona Dunn provided a verbal update on the Corporate Risk Register. The Board of Directors had asked that a review be undertaken of the Corporate Risk Register and Board Assurance Framework was reviewed to ensure that the risk were an accurate reflection and were linked to the True North objectives. Work had been carried out within Datix to ensure that this was able to record and update the risks sufficiently for correct reporting to the Committees.

The Board Assurance Framework was under review to be aligned to the Trust True North Objectives and these should be risks against Strategic Objectives.

The Divisional teams were reminded that any risk that scores over 16 must be reported to the Management Board for discussion and to be added to the Corporate Risk Register.

Mark Bailey asked if a review could be undertaken of any risk that had no action taken against them. Fiona Dunn advised that all of the risks were live risks from the Datix system and strategic Risks were being addressed through the correct committees.

Mark Bishop asked if the Counter Fraud Risk was on the Board Assurance Framework. Matthew Bancroft would check if the Finance Counter Fraud was a Corporate Risk.

Action: Matthew Bancroft would check if the Finance Counter Fraud was a Corporate Risk.

MBa

The Committee:

- ***Noted the update on the Corporate Risk Register and Board Assurance Framework.***
- ***Thanked Fiona Dunn for the work that had been put in to resolve these issues.***

ARC16/07/F1 LSMS Annual Security Management Report (Enclosure F1)

Sean Tyler presented the LSMS Annual Security Management Report to the committee and advised that the report covered all aspects of Security Management at a local level within the Trust, providing updates on completion of identified work and targets for 2019/2020. The Security Management work plan for 2020/21 was discussed late on the agenda. The report provided an update on the commencement of the Car Parking, Security and Smoking Enforcement Contract including the capital project to replace the current CCTV and car parking equipment included within contract.

The report also provided an update on the successful award of the new lone working device contract to Reliance Protect for the provision of two approved lone working devices for Trust staff.

Sean Tyler updated the committee the working relations with SABA had been improved during the COVID-19 pandemic as they had supported the Trust. Through this period.

Annual Conflict Resolution (CR) training compliance was reported at 79.39%, which demonstrated a decrease in compliance of just over 3% due to the cancellation of SET training because of the COVID 19 Pandemic.

The LSMS report was noted to be comprehensive and provided assurance to the committee that work had progressed with Lone Working devices and that the LSMS work plan was comprehensive to ensure that all aspects were covered in the quarterly reports.

The Committee:

- ***Noted the LSMS Annual Security Management Report.***

ARC16/07/F2 LSMS Work Plan (Enclosure F2)

Sean Tyler asked the committee if they were happy to take the work plan as read, the committee agreed.

Kath Smart asked for further information on the door access control. Sean Tyler advised that there had been a positive response for a security access, door access had been updated to electronic access based on the need from the work plan to ensure the site was safe, although it was to be noted that there was still further work to be undertaken.

Neil Rhodes asked about the Security contract and how was it currently working. Kirsty Edmondson-Jones advised that SABA had stepped up to support the Trust with all security issues and this reflected positively on the security contract. The past few months had presented challenges due to changes to car parking for staff but SABA had performed well.

The Committee:

- ***Noted the update on the LSMS work plan.***

ARC16/07/F3 Quarter 1 LSMS Security Management Report (Enclosure F3)

Kirsty Edmondson Jones advised the committee that the Estates team had conducted risk assessments on restrictions on patient visiting which feeds into the management of security door access. Kerry Williams had worked through the work plans for the site access doors and shutting them off to prevent patients entering areas they wouldn't be safe or permitted too, such as the yellow routes.

There were a number of lessons learnt from unexpected incidents involving staff harassment from a member of the public, who whilst on site filmed a number of staff during COVID-19. South Yorkshire Police had been supporting the Trust throughout and supported the first prosecution in the country against new COVID legislation.

Assaults on security staff had increased, and police had supported the Trust incredibly with the investigations. SYP and Notts Police provided structured policing plans, conducting twice weekly visits.

Kirsty Edmondson Jones expressed that the Trust have been fortunate to have a formal contract in place with SABA as the support could have been different if not. SABA had been very responsive when the Trust had made requests of additional staffing.

The next quarterly report would be provided to include lone working device usage.

Kath Smart asked about the lone working devices, and if there was there a risk assessment in place, and if there was there a list of staff requirements. Kirsty Edmondson Jones advised that there was and there would be areas that would need to be reviewed. The Trust had 177 devices, 1 device could be used amongst a team of 10 so the usage needed to be included this detail.

It was to be noted the Fire Safety Officer had made a positive impact on his training and received positive feedback on the staff Facebook page.

Following on from the assaults on contracted staff such as SABA security officers, it was noted that they were able to access the Trust wellbeing services.

Action: The quarter 2 LSMS Security Management Report would include a report on lone working usage.

KEJ

ARC16/07/G1 Standing Orders (SO's), Standing Financial Instructions (SFIs,) and Board Powers (Enclosure G1)

Jon Sargeant updated the committee on the work carried out on the updating on the standing orders, Standing Financial Instructions and Board Powers. The papers were presented to Audit and Risk Committee for approval and they would then be presented to Board for noting. There were a number of minor amendments to make to the document.

The Standing Orders state that Committees should give 14 days' written notice of Board meetings place and date.

Governors remain to have ongoing concerns over the timeliness of papers being sent out and this had since been picked up with the Chair to the Board.

Audit and Risk Committee was noted in the Standing order paper under 7.8(a) as being an established subcommittee of the Board.

Declarations of Interests was also noted in the Standing Orders paper under section 8 which supports the approval of the policy under section C4 on this agenda.

In the Standing Financial Instruction paper under section 2.3.2 the Secretary of State needs to be removed. Add sentence under the remit of the audit committee.

Action: Matthew Bancroft to make the amendments to the paper.

Approved and recommend to Trust Board once changes made.

Action: Matthew Bancroft to make the amendments to the Standing Orders (SO's), Standing Financial Instructions (SFIs,) and Board Powers which would then be noted at Board in July 2020.

MBa

The Committee:

- ***Approved and recommends the SO's, SFI's and Board Powers to the Board of Directors once the amendments have been made.***

ARC16/07G2 Single Tender Wavers (Enclosure G2)

Jon Sargeant discussed the Single Tender Wavers paper and advised the Committee that for the next meeting there would be an update on COVID procurement, this would also include the summary of contracts that were extended.

The Single Tender Wavers that were rejected would be discussed on a 1:1 basis with the individuals as there was a member of staff who repeatedly did not follow Trust guidance.

Kath Smart informed the Committee that she had been in contact with Richard Somerset (as the Procurement NED) in support of the work the team had carried out especially in relation to procurement of PPE. .

The committee asked for their thanks to be passed onto the Procurement Team for the hard work and the positive low numbers on the single tender waver spreadsheet.

The Committee:

- ***Noted the single tender waver paper.***

ARC16/07/G3 Losses and Compensation (Enclosure G3)

Matthew Bancroft noted the claims to be signed off.

Sheena McDonnell asked about the claim for the necklace and asked for assurance on the processes undertaken to ensure that this was a legitimate claim. Jon Sargeant advised the committee that this claim had been declined four times previously. On further investigation it was noted that the patient came in as an emergency and was not actually in a position to keep their possessions secure. A senior member of staff verified that this was a legitimate claim and was then signed off by two Directors.

The Committee:

- ***Noted the losses and compensation paper.***

ARC16/07/H1 Information Governance Assurance Framework (IGAF) 2020/21 (Enclosure H1)

Ken Anderson gave an insight to the framework and what was priority for the Trust. The Information Governance Assurance Framework (IGAF) was regarded as living document and refreshed regularly. It was to be noted that the previous document was incomplete and was not fit for purpose for the Trust. The current IGAF had a full breakdown of policies and procedures.

The IGAF would be submitted once approved by the Audit and Risk Committee.

Ken Anderson gave the committee assurance that the Trust Cyber Security was up to date and Firewalls were also all up to date. Jon Sargeant and Ken Anderson have advised the committee that the Trust was looking to

implement best practice within the Information Technology team within the next 12 months this would be to work to ISO2000 framework.

Neil Rhodes discussed the difference between Cyber Security and Information Security and asked, as the Trust was encouraging more remote working and staff having access to more sensitive information off site whilst remote working, what was in place to secure documentation. Ken Anderson advised staff were to be reminded of data protection whilst working remotely and it was noted that the mobile working policy would be reviewed to reflect individual agile working.

The Trust carries out annual penetration testing and had been given priority to patch testing.

There were discussions with the committee relating to a new software package that can protect servers during cyber-attacks. The Trust recently received a Cyber notifications from GCHQ – Severity Level was 10 and the Trust responded immediately and patching had been put in place which supported the mitigation of the risk.

Action: David Linacre to attend the meeting October to give a Cyber update to the Committee.

DL/KA

David Linacre provided Ken Anderson with the level of assurance he needed on the cyber security of the Trust as he was forward thinking and proactive and was always looking at software and preventing problems.

The Risk owner would be changed and the reporting structure reviewed in the document before submitting to Board for overall approval.

The engagement with the Caldecott Guardian needs to be moved forward now the new Medical Director was in post.

The Committee:

- ***Approved the Information Governance Assurance Framework (IGAF) and passed the document to Board of Directors for overall approval.***

Governor Observations

Bev Marshall asked the Committee to ensure that all discussions that had taken place at the meeting be put into place. The meeting had been very positive with a lot of information and there had been a lot of topics covered for assurance.

ARC16/07/I1 Issues for escalation to Board of Directors, QEC or F&P Committee

There were no items for escalation.

Action: *Kath Smart would produce the Chairs report for Board.*

KS

ARC16/07/J1 Information Governance Group – **6 April 20 & 1 June 20** Meeting Minutes Noted.

ARC16/07/J2 Health and Safety Committee Minutes November 2019 Meeting Minutes Noted.

ARC16/07/J3 Gifts and Hospitality Update During COVID-19 – noted.

ARC16/07/K1 Minutes of the meeting held on 4 June 2020

The committee:

- **Approved the minute as a final version. No amendments were noted.**

ARC16/07/K2 Any Other Business (Verbal)

No Any Other Business items were raised to the Chair.

ARC16/07/K3 Date and time of next meeting (Verbal)

Date: **22 October 2020**

Time: **09:30**

Venue: **The Board Room, Doncaster Royal Infirmary/ Video-Conference**

MB12/10/A – MB12/10/F

Management Board

**Minutes of the meeting of the Management Board held in on
Monday 12 October 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
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
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

In Attendance: Rosalyn Wilson, Corporate Governance Officer (Minutes)
Joanne Wright – General Manager – Clinical Specialities

Apologies: Jochen Seidel, Divisional Director, Clinical Specialities Division

ACTION

MB12/10/A1 Apologies for absence

The Management Board:

- ***Noted the apologies for absence.***

MB12/10/A2 Matters Arising / Action Log

Action 1 – The Recruitment of this post will be discussed further between Karen Barnard and Dr Tim Noble due to the recent unsuccessful recruitment process.

Action 2 – Deferred back to November 2020 due to today's agenda.

Action 3 – Awaiting update from KEJ as dialled off the call.

Action 4 to 7 - Agreed to be closed.

Action 8 & 9 – Richard Parker picking these up with ICS link.

Action 10 & 11 – See action 1, agreed to be closed.

Management Board

Noted the actions and confirmed the closed actions.

MB12/10/A3 Conflicts of Interest

None declared.

Management Board

- *Noted that there were no conflicts of interests to declare at today's meeting.*

MB12/10/A4 Request for any Other Business

None raised for today's meeting.

MB12/10/B1 Winter Plan (Presentation B1)

Rebecca Joyce (Becky) presented a verbal update on the Trust Winter Plan.

The verbal update included information on the following:

- Where are we now, including infections and admission
- The Trust priorities for the Winter period
- The Trust plan internal and external
- Mobilisation and the next steps.

Becky Joyce advised that the number of active COVID cases were doubling every five days. As of Friday 9 October the DBTH figures reported were equivalent to day 17 of wave one.

There are a number of factors that are different to wave one such as, workforce fatigue, winter flu season, loss of around 20 inpatient beds and shielding patients now back out into the community.

The Infection Prevention and Control team are facing a number of pressures but continue to emphasise on staff signing up to receiving the Flu vaccination this year.

The communication team have a number of updates ready to go on social media and through internal communication streams to continue to inform staff of the next steps.

Becky Joyce discussed the lessons learnt from wave one and how they will be incorporated into wave two.

Ken Agwuh, Director Infection Prevention and Control reported that there were a high number of Health Care workers who had tested positive for COVID with a number of outbreaks on the following wards; Orthopaedics, Ward 25 and S12 which will be reported to Public Health England today with a possible outbreak on ward 17.

Point of care testing was discussed as this will support a more fluid testing process and help prevent delays and improve flow.

Becky Joyce discussed the possibility of more frequent staff testing using the Saliva test kits. Dr Ken Agwuh is currently looking into this. The capacity of the onsite laboratory testing needs to be reviewed to ensure that the numbers can be accommodated.

Mr Pillay asked if staff who are currently off work isolating could be tested.

Karen Barnard advised yes; all staff who are isolating can be tested, along with all members of their household.

Eki Emovon asked if staff who have been shielding from wave one should return to work be wearing full PPR?

Richard Parker advised that staff who are returning to work following a period of shielding should complete a new risk assessment to allow management to identify the appropriate was forward and offer appropriate support.

Richard updated that there are currently good stocks of PPE and that 70% of PPE is now being manufactured in the UK.

Antonia Durham Hall advised that the Division of Surgery and Cancer have continued to keep elective going but due to staff sickness, concerns were raised that the team may not be able to keep up with the elective requirements.

Alasdair Strachan confirmed that Education and Research will continue providing training and research but would be constantly be reviewing so that trained staff can support the areas of need if required.

Omar Hussain noted the Nightingale Hospitals in the North have been asked to be on standby. Will Doncaster asked to contribute with manpower?

Richard Parker responded that SYB DCC bed capacity would need to be at an extremely high level before the Nightingale would be needed but that if it were to be required then each organisation would have to provide staff based dependant on number of patients. DRI has ICU equipment available and based on the statistics we should have adequate equipment on site to support our population.

Ken Agwuh asked senior leaders to communicate to all staff that PPE should be used effectively including masks, these should be worn at all times whilst on site and donned and doffed correctly.

Becky Joyce gave an update on the Elective pathway, the Trust Final Winter Plan, and Septembers Performance.

Becky Joyce thanked all Divisions for their hard work and dedication. It was recognised that this will be another difficult period, in a difficult year.

The positives from the update were:

- 3rd best for EL recovery across NEY
- Lower than North East Yorkshire average for OP recovery
- Yearend projection is good for 52 week breaches, within South Yorkshire and Bassetlaw cluster and one of the best Trusts Nationally
- Cancer performance – best in South Yorkshire & Bassetlaw and one of best in North East Yorkshire

For the next quarter the Trust has two aims; Safety and Sustainability. This will need some specific measures like a move of elective patients to Bassetlaw, Mexborough and Parkhill with a focus on virtual outpatient appointments.

The Trust plan for shielding would be reviewed in line with the ethical framework and keeping patients safe pre and post-surgery.

There are a number of services for example, ENT (ear Nose and Throat) that require additional support i.e. the need to adapt to virtual appointments and where Aerosol Generated Procedures are required to take place and see patients face to face.

Although the Trust remains in a strong position the winter period would likely put additional pressure on services with the possibility of a wave two COVID-19 but services are reminded that we are trying to retain as much elective work where safe to do so.

Richard Parker thanked all staff for their hard work and dedication over the last six months.

Attendees discussed in detail how the Trust would move forward with the People Plan and accepted the recommended next steps.

Management Board

- ***Noted the update on Trust Winter Plan and Elective.***

MB12/10/B2 Trust Finances (Verbal)

Jon Sargeant gave a verbal update on the Trust Financial position which included the financial regime, financial plan and financial controls and governance.

Planning guidance and updated financial arrangements for month seven to month 12 were released on the 15th September.

SYB ICS have now have three funding envelopes which are intended to ensure that the system can deliver a breakeven position and replaces the previous retrospective top up process.

- System top up for Providers - £73.9 Million
- COVID funding allocation for the system - £10.3 Million
- Growth Funding - £71.4 Million

Instructions from SYB ICS state that the overall system envelope of funds is expected to fund the Trusts financial plan.

System Top-up funding

- The system envelope includes £73.9m top-up funding, with the funding for providers reflecting the national calculation of the difference between the assumed expenditure requirements (based on 2019/20 plus inflation) and the commissioner block payments.

Growth funding

- The system envelope includes £10.3m of growth funding “to reflect underlying expenditure growth which may have occurred since the reference period which was used to set funding envelopes”.

COVID Funding

- The system envelope includes £71.4m of COVID funding which reflects a national distribution of available funding. This is designed to cover all COVID expenditure moving forwards, however there will be some exclusions which can be reclaimed outside of the fixed envelopes from M7-M12. The main areas that impact are Hospital discharge programme, PPE and COVID testing/swabbing.

Jon Sargeant discussed in detail the next steps for the remainder of 2020/21 financial year.

The main focus over the next couple of months would need to be on the financial controls as they are the policies and procedures and means by which an organisation monitors and controls the direction, allocation, and usage of its financial resources.

There would be robust systems in place for budget setting, essential spend, vacancy control, budget control and development plans, each General Manager would have the opportunity to meet with their Divisional Finance Business Partner:

- Setting budgets within the financial envelope as submitted to the ICS based on plans for the remainder of the financial year
- Focus on essential spend to deliver activity – focussing on delivering as much as possible within current resources (without incurring significant agency, additional sessions, bank) and reducing lost resource (e.g. sickness etc.)
- Review of vacancies and consider whether essential before submitting to VCF panel
- Robust budgetary control including:
 - Re-establishment of Grip and Control to review against agreed budgets (and aligned rotas where applicable).
 - Review of authorisation levels for all areas to ensure that this is appropriate.
 - Any cases for change to be signed off by the Divisional Management Team before submission to CIG.
 - Less reliance on Single Tender Waivers and return to good procurement practice.
 - Not attempting to use VCF panel as a shortcut to CIG.
- Developmental plans should be focused now on 2021/22 unless they help deliver this year’s targets within the agreed financial envelopes.

Richard Parker stressed the need to work within the new financial processes and to work with their Divisional Finance Business Partner to ensure the Trust operates in a safe and sustainable financial position for the remainder of the year.

Antonia Durham Hall asked if the set elective cases target isn't met would the assumption be the Trust will be fined.

Jon Sargeant responded that even if the Trust does meet the target there will still be a fine as the planned activity doesn't meet the national target but the amount would reduce depending on how much over the plan the Trust achieves.

Jon Sargeant and Richard Parker gave a verbal update on the new build for Doncaster Hospital. Unfortunately the Government HIP list didn't include the four larger Hospital new builds, funding for smaller projects were approved. There is a second stage within the process and eight more Hospitals are due to be identified. The NHSI and ICS agreed that the DBTH bid was written with assurance to stakeholders that it was value for money, the Trust now awaits a further outcome from the Government.

Jon Sargeant thanked staff for their hard work and engagement through difficult financial times.

Management Board

- ***Noted the update on Trust Finances.***

MB12/10/B3 People Plan and Committee Update (Verbal)

Karen Barnard gave a summarised update on the Trust People Plan and the newly formed People Committee.

The Board of Directors have now signed off the key elements of the People Plan actions and strategy. The first People Committee meeting will be held on 3 November 2020 and will be monthly for the first three months and will then be bi-annual.

Marie Purdue asked where Quality Improvement sits within the People committee Terms of Reference.

Karen Barnard advised that the detail will be picked up outside of the meeting.

The Trust has a new Equality, Diversity and Inclusion Lead starting in November 2020, staff engagement agendas will be priority to engage with the LGBTQ and BAME colleagues to get feedback on what support the Trust can give them.

The Flu programme is progressing well with thanks to the peer vaccinators who have vaccinated over 2000 staff so far.

There were in-depth conversations held with National and Regional teams regarding flu vaccination uptake. It was recognised that there would be difficulty to mandate compulsory vaccinations for staff the GMC and RCN have been asked to support the message.

Management Board

- ***Noted the update on People Plan and People Committee.***

MB12/10/B4 September 2020 Finance Update

Jon Sargeant reported that Septembers Finances were signed off and the Trust broke even, although there was an over spend of £2.8 Million which was made up of £900,000 Medic pay award back pay, £410,000 PPE and increased agency spend.

Jon Sargeant and Nick Mallaband to meet outside of the meeting to discuss recruitment/staff spend within the Medicine Division due to sickness.

The ICS have discussed having one Regional site for all Ophthalmology appointment/surgery and further discussions would take place at a later date.

DBTH are to continue as the Regional GI Bleed centre, Richard Parker asked for the rota to be reviewed for resilience.

Management Board

- ***Noted the update on Septembers Finance Position.***

MB12/10/B5 Quality Items to Discuss

Clinical Excellence Awards

A resolution has been found and the LNC backed the decision that all residual points that were not given in the first stage would be distributed to the high achievers and have been contacted by letter and staff who submitted an appeal have been responded to.

Richard Parker discussed the Trust Values and Expectations for the TMC committee due to behaviours from senior medics in the Trust. The TMC will continue to be reviewed to ensure the Trust Values are embedded.

Discussions were had regarding two PFDR notifications recently received. These have been picked up by David Purdue and will be managed through the Quality and Effectiveness committee as well as Clinical Governance.

Action: David Purdue to hold a meeting with Ms Slater, Deputy Coroner.

DP

Point of Care Testing for COVID19 would be arriving shortly.

Management Board

- ***Noted the update on Quality Items.***

MB12/10/C1 Minutes of the Meeting – 14 September 2020

Recorded as accurate.

Management Board

Noted and agreed the minutes from as a true copy.

MB12/10/D1 Any Other Business in Addition to Item A4

No other items raised to the chair to discuss.

MB12/10/D2 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.

MB12/10/E Date and Time of Next Meeting (Verbal)

Date 9 November 2020

Time 14:00 via Microsoft Teams

MB12/10/F 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 24 September 2020 15:00hrs
Via Starleaf Videoconferencing**

Present:

Chair	Suzy Brain England – Chair		
Public Governors	Peter Abell	Linda Espey	David Northwood
Via Starleaf	Dennis Atkin	David Goodhead	Pauline Riley
	Philip Beavers	Geoffrey Johnson	Lynne Schuller
	Hazel Brand (Lead Governor)	Lynne Logan	Mary Spencer
	Mark Bright	Beverley Marshall	
Staff Governors	Duncan Carratt	Sophie Gilhooly	Sally Munro
Partner Governors	Rob Coleman	Alexis Johnson	Susan Shaw
	Tina Harrison	Victoria McGregor Riley	Clive Tattley

In attendance:

Board Members	Richard Parker OBE – Chief Executive Karen Barnard - Director of People and Organisational Development Jon Sargeant – Director of Finance Dr Tim Noble – Medical Director Alasdair Strachan – Director of Education and Research Fiona Dunn Acting Deputy Director of Governance and Quality / Company Secretary Pat Drake, Non-Executive Director and Senior Independent Director Sheena McDonnell – Non-Executive Director Neil Rhodes – Non-Executive Director Kath Smart – Non-Executive Director Emma Shaheen – Head of Communications and Engagement Kirsty Edmondson Jones – Director of Estates and Facilities Ken Anderson – Acting Chief Information Officer
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In attendance:	Rosalyn Wilson – Corporate Governance Officer (Minutes) Katie Shepherd – Corporate Governance Officer (IT Support)
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Apologies:

Governor	Mike Addenbrooke	Ainsley MacDonnell	Mandy Tyrell
Apologies	Karl Bower	Susan McCreadie	
	Kay Brown	Vivek Panikkar	

Board Member	Mark Bailey – Non Executive Director
Apologies	David Purdue – Deputy Chief Executive and Director of NM&AHP Rebecca Joyce – Chief Operating Officer

CC24/09/A1 **Welcome and Apologies for Absence (Verbal)**

Suzy Brain England, Chair to the Board welcomed the existing, new and returning governors to today's Council of Governors public meeting. The outcome of the elections listed below:

ELECTED for Public Bassetlaw

- Peter ABELL – Returning Governor
- Lynne SCHULLER
- Mary SPENCER

ELECTED for Public Doncaster

- Mark BRIGHT - Returning Governor
- Lynne Julie LOGAN -Returning Governor
- Dennis ATKIN
- Pauline RILEY

ELECTED for Public Rest of England

- Jackie HAMMERTON – was a Partner Governor
- Maria JACKSON-JAMES

ELECTED Staff: Non Clinical

- Duncan CARRATT - Information Services Manager - Returning Governor

ELECTED Staff: Other Healthcare

- Sophie GILHOOLY - Physiotherapist

ELECTED Staff: Nursing & Midwifery

- Sally MUNRO - TAU Sister

APPOINTED Partner Governors:

- Tina Harrison – Director of Curriculum Support Personal Development, Behaviour & Attitudes at Doncaster College and University Centre
- Phil Holmes - Director of Adults, Health and Wellbeing (DASS)
- Jo Posnett - Interim Deputy Head for Dept of Allied Health

CC24/09/A2 **Declaration of Governors' Interests (Enclosure A2)**

The Trust Board Office advised the Chair that amendments had been made to the Governors Declarations of Interest register to remove Governors whose terms had ended and to include the newly elected Governors whose declarations will be captured throughout the induction process.

It was noted that the master register provided under agenda item A2 requires an amendment, due to change in elected governor. Amendment required for Public Governor –Bassetlaw; Dr Chandrakant Mutalik (Public Governor – Bassetlaw) to be replaced with Lynne Schuller due to Dr Chandrakant Mutalik standing down the appointment.

The Council:

- ***Noted and confirmed the Declaration of Governors' Interests.***

CC24/09/A3 Actions from previous meetings (Enclosure A3)

There were no outstanding actions on the Public Council of Governors action log.

CC24/09/B1 Minutes of Council of Governors (Enclosure B1)

The Council of Governors were asked to accept the minutes from the previous meeting as a factual copy. There were no amendments to be made.

The Council:

- ***Noted and confirmed the minutes from the previous meeting to be an accurate copy.***

CC24/09/B2 Any Other Business (Verbal)

There were no items of any other business raised.

CC24/09/B3 Items for escalation to the Board of Directors (Verbal)

There were no items for escalation to the Board of Directors.

CC24/09/C1 Trust Constitution – Enclosure C1)

Fiona Dunn presented a draft of the revised Trust Constitution which had been previously circulated to the Council of Governors for comment during the revision process.

The Trust is required to have a constitution which sets out how it is constituted, how it makes decisions and to whom it is accountable. It is based on NHSE/I core constitution statutory guidance issued in 2014. Some of the provisions are required by law while some are discretionary.

The Constitution is required to be reviewed in full every three years. The last review was in January 2018.

Fiona Dunn summarized the changes made to the Constitution and advised that they were minor, generally clarification type changes as the nature of this document is that it is not designed to cover every eventually. The review undertaken was to modernize the terminology and to ensure the constitution still remains fit for purpose for the organisation.

Fiona Dunn confirmed that none of the amendments made in this review related to any change in powers of duties or role of the council of governors.

Fiona Dunn confirmed that this draft of the Trust Constitution had been approved by the Board of Directors on 15 September and was seeking approval of the revision by the Council of Governors.

Suzy Brain England asked the Council of Governors if they had any questions on the revised Constitution.

Mark Bright commented, on page 71, the Governor appeals process and asked if this is this now reflected in the standing orders.

Fiona Dunn advised that once the Trust Constitution is approved then governor standing orders will be reviewed and aligned with the Trust Constitution.

There were no more questions raised by the Council of Governors.

The Council of Governors:

- ***Approved the Trust Constitution.***

CC24/09/D1

Annual Report and Accounts 2019/2020 for Annual Members Meeting (Enclosure D1)

Suzy Brain England explained to the Council of Governors that due to COVID-19 the Annual Members Meeting cannot go ahead in the normal way of a face to face meeting but will go ahead using virtual Video Conferencing.

Suzy Brain England asked the Council of Governors to receive the Annual Report and Accounts for 2019/2020.

The Council of Governors:

- ***Accepted the Annual report for 2019/2020.***

The Council of Governors were given the opportunity to ask the Executive Directors questions, although the External Auditors, Ernst Young were not present, they will be attending the November Council of Governors meeting.

Hazel Brand asked why the quality accounts are not in this year's annual report.

Richard Parker advised that the Trust was given revised guidance in March by NHSE/I that due to COVID19 pandemic, the reporting requirements were reviewed. The quality accounts reporting will still go ahead but the completion date is extended to 31 December 2020.

Kath Smart advised that the Audit and Risk Committee were working to the revised timetable for the quality accounts. .

Emma Shaheen advised that the quality accounts should be available for the Governors at the November Meeting.

Bev Marshall made an observation as a governor that this year's annual report records a good year for the Trust and that the CQC report is in there too. Bev Marshall expressed his thanks to all the staff who had worked hard to reflect the outcome.

Hazel Brand and Susan McCreadie asked Suzy Brain England and Richard Parker to express a huge thank you to all staff for carrying on through the COVID-19 pandemic and commended the Trust on the support to staff throughout.

Richard Parker expressed his thanks to all staff at all levels from first wave and then into the potential second wave and on behalf of the Executive Team.

Although COVID-19 is impacting on the Trust all staff continue to work on supporting the Trust Vision to be CQC outstanding.

Suzy Brain England updated the Council of Governors that the Trust 'Thank You' events had unfortunately had to be paused following a decision made at the Board of Directors. Due to the implementation of the updated government guidelines it was felt that the events could not take place safely and until COVID restrictions are lifted the events are on hold, as staff and their families safety is a priority.

Fiona Dunn provided a demonstration for the Council of Governors on how to access the Annual Members Meeting due for later that evening.

There were a number of questions raised regarding the Annual Members Meeting:

Q) Can the numbers of participants be circulated to the Governors post release?

A) Yes . these will be circulated with the minutes.

Q) Will the presentation be available after the Annual Members Meeting finishes?

A) The presentation will be available on the Trust website via a link to YouTube site.

Q) Do we know the areas that people access the meeting?

A) Unfortunately not, can only see quantity of viewers not locality.

Q) Should Governors be publicising this?

A) Yes they should.

Alexis Johnson advised that once he receives the information he would support the Deaf Trust in Doncaster to publicise this for the Trust amongst the deaf community using Side Kick which is a social media platform they use.

The Council of Governors

- ***Received and approved the Annual Report of Accounts 2019/2020.***

CC24/09/D2 Date and time of next meeting:

Date – 11 November 2020

Time – 15:00 – 18:00pm

Venue – Microsoft Teams - Videoconferencing

CC24/09/D3 Meeting Close 16:30.

Title	POLICY AND GUIDANCE FOR THE PROCUREMENT OF GOODS, SERVICES AND WORKS (Procurement Policy)		
Report to	Board of Directors	Date	17 November 2020
Author	Richard Somerset, Head of Procurement Claire Burns, Deputy Head of Procurement		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information	X	

Executive summary containing key messages and issues
<p>This Procurement Policy sets out the framework within which all procurement in the Trust must be undertaken.</p> <p>This policy is designed to ensure that the procurement of all goods, services and works required by The Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (the “Trust”) is handled in a transparent, timely, cost efficient and effective manner with due regard to procurement best practise, the Trust’s overall Corporate Strategy, Procurement Strategy and individual User Departments’ Plans. It includes all stages in the process, from identifying need, considering options, obtaining the required solution, contract monitoring, through to final disposal or cessation.</p>
Key questions posed by the report
<p>The Board is asked to note the policy that was approved by the Finance and Performance Committee to help procurement work with Trust stakeholders to adhere to its standards and set out the framework within which all procurement in the Trust must be undertaken.</p>
How this report contributes to the delivery of the strategic objectives
<p>Making sure the Trust adheres to SFI’s, EU law and obtaining value for money at all times.</p>
How this report impacts on current risks or highlights new risks
<p>The methods used for acquiring goods and/or services are designed to protect both the Trust and the individual from risk. Full corporate governance must be observed in all procurement decisions; all staff must recognise that, in order to address all relevant legislation and risk issues, sufficient planning and timescales are essential to effective procurement.</p>



Recommendation(s) and next steps

Note the policy to enable procurement to publish to the wider Trust.



POLICY AND GUIDANCE FOR THE PROCUREMENT OF GOODS, SERVICES AND WORKS (PROCUREMENT POLICY)

This procedural document supersedes: CORP/PROC 8 v.1 – Policy and Guidance for the Procurement of Goods, Services and Works (Procurement Policy)



Did you print this document yourself?

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

Executive Sponsor(s):	Jon Sargeant, Director of Finance
Author/reviewer: (this version)	Claire Burns – Deputy Head of Procurement Jon Sargeant – Director of Finance
Date written/revised:	30 September 2020
Approved by:	Board of Directors
Date of approval:	
Date issued:	
Next review date:	September 2023
Target audience:	Trust Wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2	5 October 2020	<p>Updated throughout the document: Director of Procurement amended to Head of Procurement. Deputy Director of Procurement amended to Deputy Head of Procurement.</p> <ul style="list-style-type: none"> • Page Numbers in contents table have been updated. • 5.3.3 References and terminology have been updates to reflect current guidance i.e. ICS and Local Place Plan • 5.3.4 Updated to reflect the years 2020 – 2023 • 6.5.4 Addition of Competitive Procedure without Competition and addition of Frameworks to timescales • 6.5.5 Update to pricing and quality evaluation approach. • 6.8.1 Signing of Contracts updated to reflect the Delegation of Power Policy. • 6.9.2 Removal of references to Approved List of Contractors. • 21 References – Addition of GDPR. 	Claire Burns/ Jon Sargeant
Version 1	24 April 30 September 3302018	<ul style="list-style-type: none"> • New policy, please read in full. <p>20 September 2017: Held before publishing as some changes were made in September 2017 i.e:</p> <ul style="list-style-type: none"> • New Format • Evaluation table inserted within section 6.5.5. • Teaching Hospital Inserted • Oracle & SBS information replaced Agresso 	Jon Sargeant Andrea Smith

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1. INTRODUCTION

This Procurement Policy sets out the framework within which all procurement in the Trust must be undertaken.

This policy is designed to ensure that the procurement of all goods, services and works required by The Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (the “Trust”) is handled in a transparent, timely, cost efficient and effective manner with due regard to procurement best practise, the Trust’s overall Corporate Strategy, Procurement Strategy and individual User Departments’ Plans. It includes all stages in the process, from identifying need, considering options, obtaining the required solution, contract monitoring, through to final disposal or cessation.

The methods used for acquiring goods and/or services are designed to protect both the Trust and the individual from risk. Full corporate governance must be observed in all procurement decisions; all staff must recognise that, in order to address all relevant legislation and risk issues, sufficient planning and timescales are essential to effective procurement.

2. PURPOSE

2.1 Purpose

This policy aims to ensure that the Trust obtains the necessary goods, services and works to the required level at the most economically advantageous price, taking account of whole life costs. To fulfil this obligation the Procurement department will provide the following services:-

- Develop, promote and support a corporate framework to enable all staff to obtain services and supplies to the required quality in the most efficient manner;
- Monitor the Trust’s spend on goods, services and works to identify where corporate or other arrangements can be developed to improve quality and/or reduce costs;
- Lead on all procurement related tasks in respect of high value/high risk procurements;
- Monitor procurement related risk across the Trust;
- Develop and sustain mechanisms to improve supplier performance and promote continuous improvement;
- Co-ordination of procurement activity including the development and delivery of training for procurement staff and other relevant staff;
- Provide advice and support to facilitate procurement activities across the Trust;

- Provide advice to all staff on the appropriate procurement process;
- Support staff in developing Business Cases where suppliers will be required to deliver the outcomes of the Business Case;
- Ensure the Trust adheres to the requirements of the UK Public Procurement Regulations, EU Public Procurements Directives, National Law and the Trust's internal Standing Financial Instructions and Delegation of Powers;
- Promote and support the use of e-Procurement tools;
- Work with suppliers to support improvements in their social, environmental and ethical practices;
- Take into account patient safety as part of the decision-making process.

The policy is to ensure that effective procurement, and the benefits that flow from it, are delivered. This will be achieved via leadership, knowledge, expertise, strategic positioning, technical systems and facilitation of the procurement process.

This policy also offers guidance and instruction when dealing with external suppliers to ensure best procurement practice is maintained. It provides personnel with clear understanding and guidelines on the processes to follow when dealing with commercial contacts.

2.2 Scope

This policy applies to all procurement activity (clinical and non-clinical) within the Trust. This policy applies to all full-time and part-time personnel within The Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust including staff on temporary or honorary contracts as well as bank staff and students. This policy also covers individuals working on behalf of the Trust, such as Independent Contractors, Sub-Contractors and representatives from other Partner organisations.

The Trust will ensure that the application of all or part of this policy does not have the effect of discriminating, directly or indirectly against staff or potential suppliers on grounds of race, colour, age, nationality, ethnicity, gender, sexual orientation, marital status, religious belief or disability.

The policy should be read in conjunction with those policies listed at Section 7 (Associated Documentation).

3. DUTIES AND RESPONSIBILITIES

Roles	Responsibilities
Board of Directors	The Board of Directors will assure itself that the Policy is being implemented effectively and is responsible for ensuring that the strategic context of the Policy is appropriate and that it meets the needs of the Trust.
Chief Executive	The Chief Executive has overall responsibility for the Trust's Procurement compliance and to ensure that the appropriate management systems are in place and working effectively.
Management Board	It is the responsibility of the Trust's Directors and members of the Management Board to ensure that they are familiar with the contents of the Policy and that identified persons within the directorates have lead responsibility for ensuring the Policy is available and adhered to at all times.
The Director of Finance	The Director of Finance is responsible for ensuring the implementation of the Policy and for co-ordinating any corrective action necessary to further the Policy. This includes maintaining an effective system of internal financial control, and ensuring that detailed financial procedures and systems relating to Procurement are maintained.
The Head of Procurement	The Head of Procurement is responsible for the delivery of the Procurement Strategy, Procurement systems and governance. The Head of Procurement is accountable for the Procurement policy and implementation.
The Procurement Team	The Procurement Team will work with Divisional Managers, Department Heads, Matrons, Clinical and Non-Clinical Leads and Heads of Specialities to improve adherence to good procurement practices and to ensure compliance with the Policy.

	<p>Responsibilities of respective category managers will include:</p> <ul style="list-style-type: none"> • Conducting procurement activities in accordance with Standing Financial Instructions and relevant governing legislation; • Liaising with and managing all company representatives; • Managing the evaluation and assessment of clinical devices, consumables and services. Working collaboratively with clinical and non-clinical colleagues to ensure that a fair evaluation and assessment is undertaken. • Managing communications between the Trust's clinical and non-clinical areas and the Procurement Team and the introduction of new products and services. Acting as the interface between the Trust's clinical and non-clinical areas and the Procurement Team in order to ensure that the best procurement practice is maintained. • Managing supplier engagement with particular emphasis on contract and performance management of suppliers via regular review meetings with input from clinical and non-clinical colleagues.
<p>Departmental/Divisional Managers (Budget Holders)</p>	<p>Ward/Department/Service/Divisional Managers at all levels are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this policy. They are also responsible for ensuring staff are updated in regard to any changes in this Policy.</p> <p>Ward/Department/Service/ Divisional Managers will be expected to incorporate general awareness of this policy into local induction procedures; noting when such awareness was given, ensuring that a copy is made available to all staff in their respective areas (or by referring staff to the intranet location, as mentioned above).</p>

Trust Employees	It is the employee's responsibility to comply with this and any other associated policies.
Supplier Representatives	<p>Representatives visiting Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust are expected to comply with the Supplier Representatives Policy, as well as observing the Code of Practice for the Pharmaceutical Industry drawn up by the ABPI, as well as the Trust's Medicines Code and ABHI for other goods and services.</p> <p>Companies are to be made aware that if this policy is breached by a Commercial Representative, then it is the duty of the Head of Procurement/ Deputy Head of Procurement advise the Supplier representative that they may be removed or barred from site and/or reported to the parent company and/or the appropriate commercial/professional organisation where Codes of Practice have been breached i.e. ABPI for Pharmaceutical and ABHI for other suppliers, as relevant.</p>

4. PROCEDURE

Procedures setting out how Procurement activities are to be undertaken are described within the following appendices:

- Appendix 1 – Standards of Business Conduct Declaration Form

5. PROCUREMENT PROCEDURE

5.1 Responsibilities and Authority

All requests to procure goods, services and works must be appropriately authorised under the Trust's Scheme of Delegation defined by the Board of Directors and held by Budget holders.

The following information summarises the various stages of a procurement process. The detail and application will vary depending upon the actual procurement activity, but it is good practice to consider all the following stages when planning any procurement activity.

All procurement decisions must be considered on their own merit, options evaluated and the most appropriate procurement route used. All decisions must also be consistent with the requirements of the Trusts Standing Financial Instructions and Delegation of Powers. The key test will be what is most likely to deliver Best Value for the Trust and its service users.

This information is for guidance and information and if there is anything at all you are unsure of procurement staff will help manage the requirements with you to ensure a best value solution is procured.

5.2 Effective Competition

Goods, services and works must be acquired through open competition unless there are convincing reasons why this cannot be achieved.

5.2.1 Requirement for Competitive Action

Competition avoids any suggestion of favouritism and discourages supplier monopoly. It also contributes towards achieving best value. The form of competition should be appropriate to the value and complexity of the requirement. The only exception to this is for requirements below £5,000 ex VAT where the resource costs involved in obtaining competitive quotes are likely to exceed any savings that may be secured by competition. Separate contracts for the same product or service should not be put in place with the intention of avoiding the correct procurement route for the requirement.

The Trust's product based catalogues should always be used before obtaining quotations from any other source of supply. Nonetheless, where improved best value can be achieved by competition, taking into account the resource costs involved, then this may be adopted at the Procurement Department's discretion by agreement with the budget holder. The Procurement Department, in consultation with internal customers, is responsible for identifying markets and procurements most likely to offer best value and for encouraging suppliers to compete for Trust business.

5.3 Achievement of Overall Best Value

5.3.1 Best value

This policy works to the principles of procuring goods and services in a best value manner. It is the responsibility of all staff to work towards securing best value for the Trust and best value is not simply limited to procurement activity. All staff should be aware of the need to achieve best value and in a procurement process it is one of the key outcomes that we can demonstrate the Trust has achieved the best value provision available.

Best Value can be defined as:-

“To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development.”

5.3.2 Whole Life Costs (whole life contract value)

Whole Life Cost takes into account all aspects of cost over time, including initial purchase cost, maintenance, associated costs (i.e. consumables attached to a piece of equipment) through to disposal, whenever they occur. All members of staff involved in the procurement process are responsible for ensuring that best value is achieved through the procurement process and throughout the whole procured lifecycle of goods, services and works.

5.3.3 Working Together Programme (WTP)

Working Together is a partnership involving five Trusts in South Yorkshire. Together, we work on a number of common issues that will allow the Trusts to deliver benefits that they would not achieve by working on their own. The aims of this innovative partnership are to strengthen each organisation’s ability to:

- Deliver safe, sustainable and local services to people in the most appropriate care setting;
- Meet commissioner intentions to improve the health and wellbeing of the people being served in the most efficient and effective way;
- Make collective efficiencies where the potential exists.

The Partnership has been underway in earnest since January 2013 and already we have achieved some real benefits for patient care, use of resources and sharing good practice. The first collective procurement of goods has resulted in a significant saving which will be retained by the Trusts to reinvest in patient care, with further projects in the pipeline.

The Trust will continue to work in this partnership to secure savings, and best practice processes and staff need to be aware that any change instigated by any of the Trusts will be reviewed for implementation in the Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust for as long as the partnership exists. This group will develop further to achieve the aims of the Integrated Care System (ICS) and Local Place Plans

5.3.4 Zero Inflation Pledge

The Trust is committed to combating inflationary increases from its supply chain in line with the guidance from the Department of Health and to ensure the Trust is working towards its own efficiency targets. We do not expect to receive a price increase from any supplier that is either based on a general annual price increase or a price increase that cannot be substantiated without evidence of why the increase is needed. Procurement will lead on this work with all high value / strategic suppliers but all staff should be aware that in their dealings with suppliers they

should re-enforce this message and not agree to any type of increase without consulting procurement in the first instance. The initial requirement is to agree a zero inflation pledge from suppliers for the 20/21 and 21/22 financial years, with a review to be undertaken after April 2022.

To help enable suppliers to meet this pledge we will work with suppliers and staff to identify opportunities to identify cost reduction initiatives such as reducing the number of deliveries, standardising on products, early payment discounts, switching to alternative items. Procurement will lead on this work but all staff should be aware of the ongoing work in this area.

5.3.5 No Purchase order No Payment

The Trust has an electronic Purchase to Pay process (P2P) using the SBS Oracle platform. All requisitions are created electronically by end users and generated into Purchase Orders (POs). These orders are then fulfilled by the supplier and they provide an invoice to SBS, referencing the order number and the details of the purchase, which allows us to pay the supplier as we can identify through the system that this is a valid invoice. The Trust operates a strictly controlled P2P process, every requirement for goods or services should have an order raised in advance. It is a breach of SFI's if an individual commits funds by contacting suppliers without an order with appropriate approval. There are also potential legal issues as the supplier used may not have a contract with the Trust already or by approaching a supplier directly we may be non-compliant to UK or European Law. We may also be potentially signing up to onerous terms and conditions or other conditions such as ongoing maintenance or servicing.

Suppliers increasingly expect to receive a Purchase Order as a sign of good business practice. We absolutely hold the same view. We want our suppliers to be paid in a timely manner for the excellent work they do in supplying the Trust with the important goods, services and works we require.

A No Purchase Order No Payment Policy allows the Trust closer control over spend before it is committed, ensures that spend is appropriately approved and ensures that only the right suppliers and their products are used. Matching invoices to POs and confirming the receipt of goods and services provides a more robust audit trail and also helps in mitigating the potential risks from fraud.

All staff must ensure that an appropriate Electronic Purchase Order for all non-pay expenditure is created by the authorised budget holder prior to any commitment being given to a supplier. In the vast majority of instances this will be in the form of a requisition created in the SBS Oracle system which is then either turned into an order by the system via the use of existing catalogue codes or sent to procurement for further work before becoming an order released to a supplier. Failure to ensure a procurement supported Purchase Order is created may result in disciplinary procedures depending on the nature of the breach.

Procurement will engage with all suppliers to advise of the No Purchase Order no Payment policy and will continue to monitor and work with suppliers to ensure they paid for the service they provide, in line with our requirements, by obtaining orders prior to supply.

5.4 Corporate Social Responsibility (CSR) and Procurement

5.4.1 CSR

The Trust ensures that a positive impact is felt locally when undertaking procurement exercises by following the principles that are set out in the Public Services Social Value Act 2012 and by having a robust approach on corporate social responsibility (CSR). As one of the largest spending organisations in Doncaster, The Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust has a role to play in addressing social impact and cohesion across the borough.

There are a number of benefits that can be obtained by having a positive approach to social value and CSR which range from the creation of employment and training opportunities to the economic benefits gained of retaining the Doncaster pound within the Doncaster area.

The Public Services Social Value Act 2012 puts a duty on public sector organisations to ensure that they consider how services can improve social, economic and environmental well-being of the region and consider, then demonstrate, that some degree of social value has been sought and achieved during procurement activities.

The Trust recognises and values the added benefits that local businesses and organisations can provide us and the wider community. All procurement activity will, where appropriate, be structured to maximise the potential for skills training, apprenticeships and job creation within Doncaster.

Local companies providing goods, services and works to the Trust will be encouraged where appropriate to undertake the following:-

- Improve skills and job opportunities for local people across Doncaster;
- Include a requirement to support local employment and skills outcomes where relevant to the purpose of a contract;
- To gain greater intelligence through consultation, feedback and analysis of outcomes to further develop initiatives to improve employment and skills through procurement activity.

European and national legislation limits our ability to favour local businesses, but there are numerous ways that we legitimately support local businesses that include:

- Working pro-actively with partners to support local businesses through media and workshops to explain how to do business with the Trust, and obtain their feedback in order to improve documentation and processes;
- Providing information about future procurement activity, and advertising tenders on the contracts finder portal
- Packaging contracts in a manner, where possible, that does not preclude the following from tendering:

- local and regional companies
- small and medium sized enterprises
- newly formed businesses
- the voluntary and community sector

Additionally Procurement will maintain sustainable and socially responsible procurement that considers the implications of CSR in all tender evaluations.

5.4.2 Environmental Impact

ENVIRONMENTAL PROCUREMENT POLICY STATEMENT

Introduction

This Statement develops the existing procurement policy to minimise adverse impacts on the environment to detail specific aims and objectives that will enable the Trust to act as a role model by carrying out its purchasing activities in an environmentally responsible manner.

This Statement:

- Applies to all staff involved in the procurement process and relates to all goods, services and works procured.
- Is consistent with the Chartered Institute of Purchasing and Supply (CIPS) Environmental Purchasing in Practice Guidance and with the United Kingdom's commitment to sustainable development.
- Will be reviewed and revised as necessary, at least annually.

It is Trust policy to minimise adverse impacts on the environment by carrying out its purchasing activities in an environmentally responsible manner.

All staff should be aware of the need to consider environmental and sustainability issues in any procurement but some key considerations must include:

- Sourcing local goods and suppliers wherever possible taking into account the requirements of legislation and the Trust's SFI's;
- Selecting goods with low environmental impact, e.g. All white goods purchased should be energy rated B or better;
- Using suppliers and contractors who adhere to a strict environmentally friendly practice similar to that of DBH
- Insisting, when tender contracts are developed that suppliers provide a range of goods and services that are in keeping with DBH environmental policies;
- Wherever possible, purchasing fair trade goods.

5.4.3 Responsibility

Overall responsibility for integrating environmental considerations into the procurement process is taken by the Head of / Deputy Head of Procurement. All staff involved in the procurement process, as defined in the Scope of this Policy, are required to follow the principles of the policy.

5.4.4 Aims

The Trust aims to continually improve its environmental performance by:

- Working towards the adoption of best practice in relation to all current statutory regulations that impact on procurement and specifying that suppliers do the same.
- Reducing waste through re-use and recycling and by using refurbished and re-cycled products and materials where such alternatives are available.

5.4.5 Objectives

The Trust will strive to preserve natural resources and reduce pollution by pursuing the following objectives:

- Encouraging and persuading suppliers to investigate and introduce processes and products that reduce the impact on the environment. Wherever possible, within the EU Procurement Directives, purchases will be made from suppliers that can demonstrate that they have action plans and results in terms of environmental improvement, rather than those that merely have a general environmental policy.
- Specify wherever possible environmentally-friendly products or services, defined according to their environmental performance and the production process used.
- Incorporating environmental considerations into Trust procurement processes.

Communicating openly with staff in relation to environmental policies and best practice and co-operating with others in the public and private sectors at home and abroad to develop and promote environmentally sound procurement practices.

5.4.6 Equalities Considerations

It is Trust policy that appropriate equal opportunities considerations be incorporated into the production of specifications, evaluation of tenders and contractor performance management. The aim is to ensure that suppliers work to eliminate the potential for unlawful or unfair discrimination to occur in relation to their employment practices and through the provision of goods, services and works to the Trust. Specifications and/or conditions of contract used by the Trust will make clear contractors' obligations. For new efficiency projects Equality Impact Assessments will be undertaken.

5.5 Ethical Standards

It is the intention of the Trust that all suppliers must be treated fairly and equitably and Trust staff engaged in the procurement process must always act with integrity and honesty.

5.5.1 NHS Employees' Responsibilities

All members of staff must comply with the Trust **Standing Financial Instructions (SFI's)** and the Trust's Reservation of Powers to the Board and Delegation of Powers. Additionally, all members of the Procurement Department are expected to abide by the Chartered Institute of Purchasing and Supply's Professional Code of Ethics.

5.5.2 Conflicts of interest

When dealing with suppliers, potential conflicts of interest can sometimes arise. Spouses or other relatives may be employed by the supplier company or possess shareholdings or other stakes; personal friendships may grow up over time. Such potential conflicts should be reported to your manager as soon as they are identified. They will not normally prevent our trading with the company concerned, but it may be in everybody's interests to arrange for the expenditure to be handled by someone else. Sometimes, former employees may be potential suppliers - indeed their knowledge of our operations may make them particularly suitable. It is important that they do not receive or expect to receive special consideration. If their 'inside knowledge', for instance of our cost structures, appears to give them an unfair competitive advantage, it may be desirable to take steps to ensure fair competition among all suppliers.

Employees should avoid as far as possible dealing with our suppliers in their private affairs, particularly if this is likely to put them under some obligation to the supplier. Where such arrangements are unavoidable, it is essential that they ensure that they are not offered any sort of deal which is not commonly available, and which could be construed as a reward for actions taken in the course of their employment.

5.5.3 Relationship Management

Purchasers, and other Trust staff, contractors and management consultants involved in the procurement process, must always be honest, fair and impartial in their dealings with suppliers. Relationships with suppliers must always be conducted on a professional basis, with proper regard to ethics and propriety (refer 5.5.5).

5.5.4 Declarations of Interest

It is Trust policy that all Trust staff must declare and record any personal interest that might influence, or be seen by others to influence, their impartiality in arriving at a purchasing decision. Those who have business or personal relationships with, or friends/relatives employed by, outside organisations bidding for Trust contracts must inform their line Manager at the outset of the procurement.

Within Procurement processes, it may be appropriate for those stakeholders involved within that process to complete a Declaration of Impartiality Form. However, the requirement for this will be decided by the relevant Category Manager, Head of Procurement/Deputy Head of Procurement at the development stage of the requirement, whereby it will be necessary to identify who may be involved in that process and whether any conflict of interest may apply.

5.5.5 Personal Gain and Gifts

This should be read in conjunction with Trust Standing Financial Instructions and the Trusts Standards of Business Conduct and Employees Declarations of Interest Policy.

It is Trust policy that staff involved in procurement activity, or others who may be perceived to be in a position of influencing purchasing decisions, may not solicit or accept contributions of any kind from existing suppliers, those currently bidding for Trust contracts, or suppliers who could conceivably be bidders for future contracts.

Staff must refuse gifts, benefits, hospitality or sponsorship of any kind which might reasonably be seen to compromise their personal judgement or integrity, and to avoid seeking to exert influence to obtain preferential consideration. All such gifts must be returned and hospitality refused.

The confidentiality of information received in the course of employment should be respected and never used for personal gain.

Trust staff may only accept small “desk top” gifts such as diaries, pens and calendars. Records of any other gifts offered, whether or not they were accepted, must be kept. It is a disciplinary matter for Trust staff to accept gifts or consideration as an inducement or reward for:

- Doing or refraining from doing something
- Showing favour or disfavour to any person or organisation

Staff must declare and register gifts, benefits, or sponsorship of any kind, and any offers of such, in accordance with time limits agreed locally, whether refused or accepted, as instructed via the Standards of Business Conduct and Employees Declarations of Interest Policy Form.

5.5.6 Hospitality

Modest hospitality (e.g. lunch, sandwiches) may be accepted from a supplier, provided it is infrequent, in the course of a normal working day and that a situation is not reached where impartiality may be influenced, or be perceived by others to be influenced. Invitations from suppliers or potential suppliers to attend social functions must not be accepted without receiving the prior written consent of the Chief Executive. Records of all hospitality offered and whether or not accepted must be kept by each directorate manager.

Industry representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable, actual costs that may have been incurred. If none is required, there is no obligation, or right, to provide any such hospitality, or indeed any benefit equivalent value.

Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting.

Where meetings are sponsored by external sources, this must be disclosed in the papers relating to the meeting and in any published proceedings.

It is Trust policy that offers from suppliers of 'corporate entertainment' (e.g. tickets to sporting or entertainment events or travel) must always be politely refused.

5.6 Openness and Accessibility

5.6.1 Freedom of Information Act

The Freedom of Information Act 2000 identified NHS Trusts as 'public authorities' and therefore subject to the provisions and obligations of that Act. This means that from 1st January 2005 any person who makes a valid request for recorded information held by the Trust will be entitled to receive it – unless all or part of that information can justifiably be withheld as a result of the exemptions contained in the Act.

5.6.2 Press Releases by Contractors

A supplier may wish to make a press announcement or issue an article (perhaps including photographs) about a contract they have been awarded. Before agreeing to such an announcement, the member of staff approached must provide full details to the Trust Communications Department, who will consult with the Director/ Deputy Head of Procurement/Deputy Head of Procurement on the appropriateness of granting any approval.

5.7 Other Procurement Related Areas

5.7.1 Order Processing

All purchase orders will be placed via the Trust's SBS Oracle ordering system. For clinical consumables stored in ward areas, authorised products will be ordered via the Materials Management scanning system undertaken by the Logistics Department.

5.7.2 Tendering

Where a specific Trust contract is required all competitive tendering will be managed by a member of the Procurement team using our approved tendering software system. The system is a fully electronic e-tendering solution which helps ensure openness, transparency and compliance with Public Contracts legislation.

5.7.3 Contract Management

Records of all Trust contracts for goods, services and works will be maintained using the Trust's contract management system.

5.8 Equipment-Specific Procurements

- 5.8.1** Trials of equipment will only be undertaken within a clear framework for the evaluation process, identifying the key criteria that are to be assessed. This framework must be agreed in advance with the Procurement Director/ Deputy Procurement Director or specific Category Manager and only after a source of funding has been formally agreed. Unmonitored equipment trials may compromise existing contracts and may open the Trust to a Procurement Challenge, with legal consequences, if not notified to the Procurement Department. Please see the Medical Devices Management Policy for full information.
- 5.8.2** Confirmation that the supplier is listed on the National Master Indemnity Agreement should be sought prior to the trial of all medical equipment. If they are not, a separate NHS Indemnity Form (A or B) must be completed by the supplier and the Trust, prior to the trial, to minimise the Trust's liability, should the equipment malfunction and cause harm or misdiagnosis. This is in addition to the standard disclaimer form required for all trials.
- 5.8.3** Where the decision has been made to procure equipment, weighted evaluation criteria will be agreed in advance by the evaluation team, which must consist of a member of the Procurement team and where required a member of the Finance team, in order to enable the selection process. A clear distinction will be agreed between 'qualitative', 'quantitative' (where appropriate) 'technical' and 'financial' aspects. This will enable the whole-life costs to the Trust of owning the equipment to be assessed in conjunction with the suitability of the equipment for its intended purpose.

5.8.4 Contracts will only be let once relevant budget holders have confirmed their acceptance of all capital and revenue consequences for the procurement, including those for maintenance and consumables.

5.9 Product Rationalisation and Standardisation

There will be an ongoing programme of product rationalisation and where appropriate, standardisation. This will maximise the best value the Trust can obtain through the consolidation of requirements. Product standardisation can also reduce clinical risk through eliminating unnecessary variation in the ranges of clinical products used for the same procedures and reducing training requirements. The Trust will utilise its existing committees to identify, review and implement any changes as well as using wider collaborative review groups within Working Together etc.

5.10 Audit of Procurement Activity

The Procurement Director/ Deputy Procurement Director has overall responsibility for ensuring that the procurement of all goods, services and works is executed within agreed procurement policy and procedures.

Regular and appropriate independent audits will be carried out on procurement activity.

Audits may include (but are not limited to):

- Purchase Orders raised through electronic ordering;
- Purchases made outside the Procurement department (for example, through delegated systems);
- Procurement activity in line with SFI's;
- High value business-critical projects;
- Single Tender Waivers;
- Compliance with EU Procurement Regulations and UK Public Contracts legislation.

5.11 Procurement Training

Effective and relevant procurement training is a key element in the drive to increase the level of professionalism among all staff involved in the procurement process. The Procurement Department will commit to supporting and encouraging relevant developmental and legislative updates and training.

5.12 New Suppliers

All new supplier requests are to be approved by the Category Managers and then by the E Procurement Manager. There are two forms required for completion:

- a. New Supplier Details Form including bank details on letterhead
- b. Supplier Justification Form

It is the responsibility for the requester to ensure both forms are completed thoroughly. The supplier must complete the New /supplier Details form and the Requester to complete the Justification form. Once authorised, they will be sent to Shared Business Services (SBS) for set up. Both forms are available on the Trust Intranet Site: http://intranet/Corporate-Directorates/Finance-Information-Procurement/Procurement/Procurement_Forms.aspx

6. THE GENERIC PROCUREMENT PROCESS

6.1 Identifying the Need

In some cases there may not be a need to undertake a formal procurement process. For example;

- If goods are required, it may be that there is existing surplus elsewhere in the organisation;
- There may be existing corporate contracts already in place, if you contact procurement they will be able to advise if an arrangement is already in place. You can visit the Procurement website for further information;
- There may be other solutions / formats such as electronic processes which can be implemented that will deliver better value.

If it is necessary to undertake a procurement process, it should be planned taking account of the following stages in a good practice procurement process to ensure a best value outcome is achieved.

6.2 Preparation and Development of Requirements

In the majority of cases procurement will be able to provide support and assistance to most of the areas identified below on your behalf with some support, from you, in terms of understanding your requirement.

All major procurements should be adequately planned and consideration given to the resources required to achieve completion within the desired timescale.

The areas below are not a comprehensive list and not all will be required for each procurement but they should be considered at the outset.

- Research including an analysis of the market, benchmarking, linkages with other projects / systems, financial implications; any potential staff transfer issues and an option appraisal as a minimum;
- Specify what it is you want and why the need has arisen. In any exercise where you are seeking tenders or quotes, produce a written specification. The scope and detail of the specification will depend on the procurement exercise, but where appropriate describe the outputs or outcomes that are required not the inputs or details of the goods or services. e.g. state that you need a device to send and receive emails not that you need a computer with a minimum processing speed, specific software, keyboard and display.
- If what you require is already covered by an existing contract or arrangement, then the existing arrangement should be used.
- Ensure that finance is available. If the contract is for more than one year, is funding secured for subsequent years?
- Identify who will lead the process from your service area, who is responsible for making decisions?
- Establish effective lines of communication and appropriate consultation at the outset, and maintain these throughout the process between all relevant parties.
- Identify the most appropriate procurement “route” – which process is most appropriate and likely to deliver the best value outcomes?
- Do not underestimate the time needed to undertake the procurement process.
- Establish in writing the evaluation criteria – how will you evaluate the responses? In a tender exercise, it is a legal requirement, good practice and it helps organisations provide a better response if you clearly explain the evaluation criteria and process in the tender documents. Your evaluation criteria should be weighted to reflect the relative importance of the criteria. The evaluation criteria must be comprehensive and objective and must ensure that the subsequent contract award is based on the published criteria to avoid any legal challenge.
- Consider what controls there should be for managing and monitoring supplier performance. Do a set of Key Performance Indicators need to be developed? What process for continuous improvement and supplier suggestions for improving quality have been included for? What price increase/reduction mechanisms are included?
- Consideration should be given to the pricing mechanism; is the contract fixed price or variable. What method is to be applied for variable priced contracts (RPI / HCSI Index/ Other Pricing indices)?
- Will there be options to extend the contract? If so, by how long?

6.3 Aggregation

When defining the requirement a further consideration will be the contract value. The value of the contract will be a factor in determining which of the procurement processes identified below will be followed.

We must ensure that when deciding what is to be included in the contract that we do not separate out elements of the requirement simply to avoid having to undertake one the processes identified below.

Under EU and English law it is illegal for us to not aggregate our requirements to offer the market the total of our requirement. It is also important to understand that we may be able to secure a better value deal if we make ourselves more attractive to the market by increasing the potential contract value.

Procurement are able to advise on the issue of aggregation but will also ensure that we remain legally compliant.

6.4 Market Engagement

Market engagement could range from a simple direct contact with a relevant supplier for small value purchases to a full EU compliant procurement exercise. Things to consider at this stage include:-

- It is essential that the Trust's Standing Financial Instructions, Scheme of Delegation and EU Procurement Regulations (where applicable) are complied with.
- All contract opportunities over £50,000 will be advertised on the governments Contracts Finder website unless a valid reason for exclusion can be demonstrated.
- The EU Procurement Regulations include provisions to reduce timescales if certain criteria are met. These criteria include the publication of a Prior Information Notice (PIN), giving bidders electronic access to the tender documentation and placing the OJEU entries electronically. Procurement will undertake all the relevant elements of market engagement under these circumstances.
- The EU thresholds apply to the Trust's aggregated value of spend in respect of specific goods services and works. For example, if a service requires office paper totalling £50,000, it may appear that an EU tendering process is not required. However, if the contract length was for 4 years then this would mean the total contract value is £200,000 and is above the threshold.

6.5 Type of Procurement Process

Dependant on the likely expenditure to be involved the type of process to be undertaken will vary in complexity and time requirements. Below are the 3 main types of process which will be used and relate to the financial thresholds as detailed in the Trust's Standing Financial Instructions.

Before any of these options are considered Procurement should be contacted to identify if there is already an existing contract in place which would meet the requirement.

6.5.1 Quotation

This process will account for any procurement which will exceed the financial threshold identified in the Trust's Delegation of Powers (currently £5,000) and must be undertaken in line with the requirements of the Trust's Standing Financial Instructions.

The following principles must be applied.

- All quotations must be received in writing (can be via email) providing the value is below £25k.
- If price is not the only consideration then this must be recorded and should ideally be informed to the suppliers quoting.

6.5.2 Evaluation of Quotations

The valuation of quotations should be no more complicated than the requirement demands. However, there is no obligation to accept the lowest (or any) quotation if it does not offer best overall value for money in terms of whole life costs. The purchaser will make the award decision, ensuring always that the successful bid meets the specification in full and, where the lowest total price was not selected, fully record the reasons for selection.

6.5.3 Tender Below EU Threshold

This process will account for any procurement which will exceed the financial threshold identified in the Trust's Delegation of Powers (currently £50,000) and must be undertaken in line with the requirements of the Trust's Standing Financial Instructions.

Procurement must be involved in all stages of the procurement process and will administer the tender process on behalf of the Trust.

All tenders must be advertised on Contracts Finder (for contracts £50k to OJEU Threshold) and/or other relevant portals unless a valid reason not to advertise can be demonstrated.

All tenders will be sent out electronically via the Trust's preferred E-tendering portal.

The evaluation criteria must be identified and sent out as part of the tender documents.

No communication should be undertaken with potential suppliers unless required (i.e. an incumbent supplier is bidding for a contract) and then the tender process should not be discussed.

Before a contract is awarded the Trust may enter a voluntary standstill period, where practical, to allow for feedback and potential challenges to be heard. This standstill period will be for a minimum of 10 calendar days and must start and end on a working day.

6.5.4 Tender Above EU Threshold

This process will account for any procurement which will exceed the EU threshold for the advertising of contracts for goods and services in the Official Journal of the European Union (OJEU) which currently stands at £164,176 or over £4,104,394 for works contracts.

Due to the likely complex nature of the process Procurement must be involved at the earliest outset to advise of the processes to be followed. Identified below is information to help staff understand some of the requirements that need to be undertaken.

All potential requirements at this level must be advertised in accordance with EU legislation and both the contents of the advertisement and the processes to be adopted, including all timescales, are set by the legislation.

There are distinct processes (under EU Procurement regulations) that can be undertaken and Procurement will help decide which the best one to adopt is. These processes are:

Open - Where any potential bidder who asks for information will be sent a tender document and may bid against it. All open tenders received must be evaluated in accordance with the procurement documentation.

Restricted - Where only potential bidders who pass a Supplier Selection Questionnaire stage will be asked to bid for the contract.

Competitive Procedure with Negotiation – Where one of the processes above has not identified a supplier or where the requirements cannot be fully defined and a degree of communication and negotiation with potential suppliers is needed. It should be noted that this option has very stringent guidelines and methods of undertaking.

Competitive Dialogue – Where the requirements cannot be defined or are not known and potential bidders would be best placed to develop their bid based on formal dialogue with the Trust which will ultimately result in them responding with a formal bid document. It should be noted that this is a complex method which would only be considered after discounting all of the other processes.

Innovation Partnership -Innovation Partnership is where there is a need for the development of an product or service or innovative works and the subsequent purchase of the resulting supplies, services or works cannot be met by solutions already available on the market.'

Competitive Procedure with Negotiation - Under the Competitive Procedure with Negotiation, any economic operator (supplier) may request to participate in the exercise. The Trust makes an initial evaluation of the candidates based upon the grounds of exclusion and the selection criteria published in the contract notice.

Timescales

The timescales that have to be adhered to are dependent on which of the above process is adopted but as a general rule it will take a minimum of 3 months to instigate a process from start to finish and may well take between 6-12 months depending on the availability of key individuals within the Trust.

Before any framework or contract award can take place, there must be a pause in the process to allow a “standstill period” to be undertaken. In this time we must advise of all the unsuccessful bidders of why we have not chosen their bid against the successful and detail the scores of the winning bid against the scores we have given the unsuccessful bidder. We must also advise of the relevant characteristics of the winning bid and why this was better. If during this standstill period or any period up to this point, a supplier “challenges” our methods then we are unable to award the contract unless to do so would not be in the best interest of the public e.g. patient safety may be put at risk. We are not allowed to award the contract until such time as the “challenge” has been revoked or withdrawn.

6.5.5 Tender Evaluation

Tenders should be evaluated against pre-determined criteria, and the process documented. Be aware that all judgements and notes must be objective and capable of being evidenced should the documents be disclosed under the Freedom of Information Act or in the case of a legal challenge to the process undertaken.

The evaluation criteria will be different for each contract and should reflect the requirements needed. As a guide, below is a table which identifies a general guide to a cost quality split and under what type of circumstances they should be used. There is also, for reference, an example of some scoring rationale. Procurement will work with all staff to ensure that the evaluation criteria used are fair to all potential bidders and are relevant to the requirements of the contract.

Tenders will be scored against the criteria identified as part of the process and must be fully documented. Procurement has developed an evaluation template, shown below, to help assist and this can be tailored to each contract requirement. The evaluation process will be scored and a justification for the score should be given where possible. Evaluations can be undertaken by individuals or groups, but it should be noted that where a group undertake an evaluation you cannot use average scores (e.g. 2.5 or 3.6) unless these scores have been included in the initial criteria given to all bidders.

Evaluations may also include presentations or interviews, they can also include references or site visits as long as they are relevant to the requirements needed.

Evaluations must be completed for all bidders who submit proposals and prior to any contract award all suppliers must be notified of the outcome of the procurement exercise, this notification should provide details of where their bid ranked overall as well as feedback on individual elements of their proposal. Due to the potential for challenge of the decision all communication with the suppliers must be conducted through Procurement.

Sample evaluation criteria and ratios

Commodity Type	Description	Suggested Price/Quality Ratio
Routine	<ul style="list-style-type: none"> • Low Value/High Volume • Many Sources of Supply • Many Existing Alternatives 	90:10 to 80:20
Leverage	<ul style="list-style-type: none"> • High spend area • Many Sources of Supply • Commercial involvement can influence price. 	70:30 to 60:40
Strategic	<ul style="list-style-type: none"> • Strategic to Operations • Few Sources of Supply • Large Spend Area • Specification may be complex 	60:40 to 50:50 to 40:60
Bottleneck	<ul style="list-style-type: none"> • Few Sources of Supply and alternatives available • Complex specifications • If supply fails, impact on organisation could be significant. 	40:60 to 10:90

Scoring Methodology for Price

All tenders are scored by a finance lead and validated via moderation. They are done so on a comparative basis, with the lowest compliant tender (excluding any tenders that the Trust rejects as being abnormally low or non-compliant) receiving 100% of the available marks e.g. 40% if price weighted at 40%. All other tenders will be compared against that lowest tender using the formula:

$(A / B) \times \text{price weighting (e.g.40\%)}$

A = price of lowest compliant tender

B = price of the tender being scored

If it appears to the Trust that any tender may be abnormally low then the Trust may ask the Tenderer to explain its price or costs. If following the Tenderers explanations the Trust is not satisfied with the account for the low level of price or cost in the Tender, the Trust may treat the tender as non-compliant and reject it.

Scoring Methodology for Quality & Meeting the Trust Requirements

The meeting the trust requirements award criteria will be evaluated using the following statements to apportion a score to each of the non-price areas identified.

Grade label	Grade	Definition of Grade
Unacceptable	0	The tender completely fails to meet required standard or does not provide an answer
Weak	1	The tender significantly fails to meet the standards required, contains significant shortcomings or its inconsistent with other aspects of the Bid
Satisfactory	2	The tender meets the required standard in most material respects, but is lacking or inconsistent in others
Good	3	The tender meets the required standard in all material aspects
Excellent	4	The tender meets the required standard in all material respects and exceeds some or all of the major requirements

6.6 Post Tender Clarification

In open and restricted procedures all negotiations with candidates or tenderers on fundamental aspects of contracts, variations in which are likely to distort competition, and in particular on prices, are ruled out; however, discussions with candidates or tenderers may be held only for the purpose of clarifying the content of their tenders or the requirements of the contracting authorities, and provided this does not involve discrimination.

Within the new Regulations, there is also the requirement that “Conversations with tenderers must be documented to a sufficient degree”, therefore, the Trust’s e-tendering portal must always be used for clarification purposes of “essential elements”. Presentations and face-to-face clarification meetings are allowed but if oral communication could impact on the content or assessment of a tender it must be recorded in writing or in audio (e.g. video recording).

6.7 Debriefing Tenderers

It is good practice and, in certain circumstances, a legal requirement that unsuccessful Tenderers are offered a debrief to explain why their bid was unsuccessful. This will be undertaken by written communication only and will be managed by the Procurement Department with full input from the technical or clinical operational lead.

Unsuccessful Tenderers should be notified as follows:

- Those Tenderers who fail to reach an acceptable score at short-listing should be notified immediately after the short-listed Tenderers have been notified that they have progressed to the next stage;

- Following contract award, all remaining unsuccessful Tenderers should be notified immediately.

The objectives of debriefing Tenderers are to:

- Assist suppliers to improve their performance;
- Offer Tenderers some benefit for the time and cost of preparing tenders;
- Establish a reputation as a fair, honest and ethical customer.

All de-brief communications must be carefully planned and carried out by experienced and trained personnel. All information supplied must be able to be fully justified in the event of a formal complaint and/or legal action and details should be recorded and held on file.

6.8 Contract Award

For a contract to be awarded there must have been an offer and acceptance of this offer. The offer or the acceptance do not have to be in writing and can be given verbally or by the actions of either party to the contract. In principle the responses to the quotation or tender are offers and the Trust's evaluation of them will lead to a formal acceptance of one or more of them.

All staff must be aware that they could potentially enter a contract without formally accepting an offer and should be careful when communicating with suppliers by any means. If you are in any doubt then please contact Procurement who will be able to advise further.

All contract awards must be undertaken by Procurement who can ensure that they are entered into legally and that certain tracking and statistical information is captured for use by the Trust.

Authorisation of a contract award must only take place by those authorised in the Trust to do so. This authorisation is detailed in section 5 of the Scheme of Delegation. It should be noted that although the Scheme of Delegation identifies who is able to enter into a contract, in the eyes of the law any member of staff could enter into a contractual obligation, which would be binding on the Trust. Any resultant contract could result in a financial penalty incurred by the Trust as well as disciplinary proceedings being brought against an individual member of staff.

Be prepared for requests for debriefing unsuccessful bidders and the post completion reviews. Any debriefs must be co-ordinated and attended by Procurement staff. In the main non procurement staff will need to give a written account of the scoring they have given in the evaluation phase but may on occasion be required to be present with face to face debriefs with suppliers.

Any contract award process must be fully documented, be transparent, be undertaken to the highest standards of probity, and open to scrutiny.

The Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will only award contracts using NHS Terms and Conditions of Contract. If in doubt, please contact the Head of Procurement / Deputy Head of Procurement.

Under English law, a contract is an agreement between two or more parties that is enforceable by law. There is no fundamental difference between a “purchase”, an “agreement” or a “contract”.

A contract can be deemed to have been made by word of mouth or implied by the action of the parties, even though no formal written contract exists. If the contract contains the essential elements of a legally binding agreement then neither party can escape from its contractual obligations and responsibilities except by mutual consent.

Consequential costs when contracts go wrong can far exceed the “contract value” in some circumstances. Care is required to ensure that contracts are not entered into prematurely or by accident.

Only the Procurement Department has authority to commit contracts and all contracts must be in writing.

6.8.1 Signing of Contracts/Licenses/Agreements

All Trust procurement activity must be routed through the Procurement department; the only exception to this is the Pharmacy department, which is permitted to procure drugs without seeking the advice of Procurement.

An order for goods, services or works may result in a contract, license or agreement to be signed by both the Trust and the supplier. All contracts must be agreed by the Head of Procurement /Deputy Head of Procurement. Contracts will be authorised in accordance with the Delegation of Power Policy, Consignment stock agreements are to be signed by the department manager to accept that the stock is correct.

6.9 Contract Management

The key to maintaining a successful contract and contractual relationship is in contract management. The level and type of contract management will vary depending on the nature of the contract, but can range from regular meetings with the supplier through to more Formal Contract monitoring against targets and performance indicators.

Contract monitoring procedures should provide sufficient review of performance and the feedback should be used to inform other subsequent procurement exercises. Such reviews will highlight the lessons to be learned and assist in continuous improvement in future contracts. It is therefore essential that appropriate reporting is established and utilised for this purpose.

Within any procurement process, performance and quality needs to be addressed in respect of the goods, services or works being procured. For example, all relevant performance indicators, targets, monitoring and reporting procedures should be incorporated into the specification and evaluation processes. The Best Value requirement of delivering continuous improvement should also be addressed. It is also important to plan ahead to develop a process for dealing with the expiry or re-tendering of the contract.

6.9.1 Pricing

Staff and suppliers are reminded that commercial information is confidential. This must be borne in mind especially when discussing rival firms and their products and prices. Guidance is given in the Trust's Standards of Business Conduct. Representatives need to be aware that hospital costs should include VAT, where applicable. Local price comparisons should not be disclosed to representatives as they will contain confidential information.

All procurement, pricing and contract-related enquiries should be directed to the Head of Procurement/Deputy Head of Procurement. The Category Managers can provide accurate usage reports and will carry out price comparisons.

6.9.2 Contractor Management

Contractors are responsible for ensuring compliance with all Health and Safety procedures and legislative requirements. Contractors working on premises, which are leased out, to another Trust must, in addition to the Trust procedures, set out in this policy, follow any relevant policies on Health and Safety Management that the occupying Trust has in place. Non-compliance with any of these policies may result in termination of the contract. The Contractor must also ensure that they do not interfere with the day to day operation of the departments/site.

The Contractor will also ensure that his activities will not endanger members of the public or Trust employees working in the location of the works. The Contractor will ensure all his employees on the Trusts site have either Reset Certification Scheme (RCS) ID badges or ID badges which includes company name, employees name and photograph. The Trust's Representative who is responsible for a given project/work will under normal circumstances be the first person to contact in respect of any necessary Permits and any issues associated therewith.

On arrival at site the Contractor must follow the Trust's Policy and Procedure for the Management of Contractors together with the agreed methods of work. Prior to starting work the Contractor must attend an agreed location in order to sign in and obtain the relevant identification, information relating to the Contractor and their location of work must be entered onto the RCS system. All Contractors working on behalf of DBTH will be expected to have attended Contractor Induction.

A list of Contractors used by the Trust is kept on file electronically and is accessible on all Trust sites. This list is to be reviewed on a regular basis by the Deputy Director of Estates and Facilities and Estates and Facilities Managers, which will include the regular assessment of each

Contractor employed under contract through the Contract Management process. This will be updated with any changes to contractors via the relevant procurement processes.

Approved Contractors will be used at all times, but irregular circumstances may allow the use of Contractors not on the approved list. In such circumstances Contractors are to be financially assessed and credentials provided for the competence to complete work of the chosen nature and then finally approved by the Deputy Director of Estates and Facilities before they are engaged to carry out work on site. A Single Tender Waiver will be required to enable this short term solution and a contract raised.

Factors that should be taken into account when selecting a Contractor would include availability, cost, competence, reliability, Health, and Safety performance.

6.9.3 Reset Certification

The RCS is a requirement at all DBTH sites, with the exception of those that fall under irregular circumstances.

The RCS allows us to verify competence of a company or individual working for the trust and also gives us a comprehensive log of attendance to site via the RCS Access system.

All companies providing services to the Trust must register with the RCS Company.

Any employees that will be working on the DBTH sites must be RCS Individual cardholders to allow checking of competence and to use the RCS Access systems.

Where installed, RCS Access touch screens will be used in conjunction with the RCS Individual card, this allows individuals to log on and off site, notify where they are working and what they are doing and also acknowledge risk assessments and warning notices.

If any other sub-contractors or self-employed individuals provide services to the Trust these must also be registered with RCS. They can register and subscribe themselves as companies or individuals.

For more information on the RCS visit rcscard.co.uk or contact RCS Support on 0114 240 9952.

Method of Work Agreement

Once a contractor has been chosen, a method of work including risk assessment and method statement must be agreed between the Trust Representative and contractor. This must be undertaken at least a **minimum of Five days prior to work commencing on site**. Failure to comply with this may result in a delay to the Contractor commencing works

6.10 Other Considerations

When considering the options highlighted above it may also be relevant to think about other general considerations in relation to the procurement process. These may include:-

All procurement processes must be carried out with integrity, to the highest ethical standards, and be well documented to provide an “auditable trail”. The documentation should include a record of decisions, who made them and the rationale for the decisions. The process and documentation must be robust and be able to withstand scrutiny. The Freedom of Information Act enables any person to access a wide range of documents. Always produce documents on the assumption that companies and the public can view them unless they are excluded from publication by a specific exemption. Please be advised that this includes any e mail communication.

The procurement process undertaken must be based on a clear evaluation of the options, and the agreed process followed throughout unless there are genuine grounds for revising the process. If this case arises then Procurement will advise on the appropriate course of action.

Consultation with interested parties should be an intrinsic part of major processes to ensure that the required services or goods are specified and procured. Consultation should be undertaken at all levels including service recipients and potential providers.

Good practice, depending on the nature of the procurement process, will also include, researching existing or potential markets, identifying and addressing the legal and corporate requirements associated with the process, considering whether there may be Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) implications and risk analysis and risk management.

Ownership of intellectual property rights – identify who should own the intellectual property rights to software, documentation, trademarks, designs and other copyright material.

Support for the Trust’s emergency planning and business continuity processes – ensure that contracts include the requirement to provide support in all related activity where appropriate.

Support for the Trust’s standard payment terms, which are 30 days from the date of invoicing, and how the method of payment can affect the price that we pay.

Consider how assets are to be treated – if transferred, on what terms, and ensure that any assets transferred can be transferred back to the Trust with minimum financial impact should the contract be terminated or expire.

It is important to identify any possible accommodation issues at an early stage. Advice must be sought on the terms on which Trust owned accommodation can be made available to any successful bidder. This will include an assessment of the cost of provision and the risk to be retained and transferred.

Ensure that all third parties who can impact on, or influence, the contracting process are identified at an early stage. For example, if the Trust leases assets from a third party their consent will be required to assign those leases. An action plan for engaging and securing agreement with such parties must be included in the initial considerations.

If the contract includes a possible staff transfer build in compliance with all legislative, national and Trust requirements for staff transfers and address potential future transfer issues.

Consider all aspects of the contract in advance. Examples would include:

- maintenance or running costs
- the cost and availability of consumables
- initial and on-going training requirements
- licensing requirements
- the use, disposal or transfer of assets and the end of the contract, etc.

There is a legal requirement to carry out adequate vetting of contractors' personnel (including police checks in specified service areas) when staff will be accessing potentially sensitive or vulnerable service users, information or premises.

6.11 Ordering

All goods and services ordered by the Trust should be accompanied with an official purchase order, unless an alternative system is put in place via procurement and the users. Orders should not be given to suppliers verbally or via any other means but users should order via the electronic procurement systems used by the Trust or complete a requisition which is then sent to procurement that will raise the order on behalf of the Trust. The procurement department will ensure any requisition received will be checked to ensure the goods/services are sourced from the most appropriate supplier at the most cost effective price. This will include obtaining quotes from our approved suppliers as well as the wider market place to ensure best value is achieved.

Procurement will also offer advice on any requirement and can assist the end user in identifying the price, source and ordering method of any given product/service before an order is placed.

7. EQUALITY AND DIVERSITY

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

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

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2)

8. MENTAL CAPACITY

This is a non-clinical policy, therefore, not relevant.

9. BRIBERY ACT

The potential for Fraud, Corruption and Bribery exist throughout all stages of a procurement process and in the pre and post phases of a procurement exercise. This procedure and the Standing Orders and scheme of delegation exist to reduce this potential and failure to adhere to the requirements of these documents increases the individuals, and the Trusts, exposure to fraud, corruption and bribery.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please see further information at <https://extranet.dbth.nhs.uk/fraud/>

or contact the Local Counter Fraud Specialist on telephone 01302 642999 / 07831 148760 or by email: mbishop@nhs.net

10. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

The implementation of this policy requires no additional financial resource.

11. MONITORING AND AUDIT

Compliance with this policy will be monitored by internal Audit and will form part of the audit regime of contracts. The setting of timescales will be agreed as part of the annual audit plan and full internal audit should be carried out at least once every three years. The results of these audits will be controlled and reported by the internal auditors to the audit committee as part of the general audit reporting. Any required review or action will be determined by the audit committee.

Procurement will also undertake its own audit of compliance using historic spend data and contract management information controlled by Procurement. This monitoring will be undertaken quarterly against all of the Trusts expenditure and any non-compliant expenditure will initially be reported to the business area for investigations and understanding.

12. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Financial Oversight Committee.
Executive Team

13. APPROVAL OF THE DOCUMENT

This document was approved by:

Financial Oversight Committee.
Executive Team

14. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years unless such changes occur as to require an earlier review.

Head of Procurement / Deputy Head of Procurement are responsible for the review of this document.

15. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Quality Governance Team via policies email	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform Quality Governance Team if a revision and which document it replaces and where it should be located on the intranet. Ensure all documents templates are uploaded as word documents.
Communication Team	Quality Governance Team	Email	Within 1 week of ratification	Communication team to inform all email users of the location of the document.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments /Matrons	Author	Meeting/Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments /Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies Instruct them to inform all staff of the policy including those without access to emails

16. TRAINING/ SUPPORT

Procurement Policy training to be delivered by Procurement as required. There will also be training for evaluators as part of any tender evaluation process.

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

17. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

17.1 Process for Monitoring Compliance and Effectiveness

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Monitor the amount of Single Tender Actions submitted with the aim of seeing a reduction and in order to evidence compliance with SFIs.	Audit Committee	Quarterly	Report provided for each meeting.

17.2 Standards/Key Performance Indicators (KPI's)

KPI's will be agreed with the Director of Finance at the start of each financial year to ensure the Procurement department continue to support the financial strategy of the Trust.

18. DEFINITIONS

Sponsorship Examples:

- A member of staff;
- Buildings or premises;
- Costs associated with meetings
- Equipment;
- Gifts, gratuity and hospitality (e.g. Entertainment).
- Hotel and transport costs (including trips abroad);
- Meeting Rooms;

- NHS Research;
- Pharmaceuticals (see Medicines Code);
- Provision of free services (speakers);
- Staff training;

For further information regarding declaration of sponsorship refer to Standards of Business Conduct.

OJEU

OJEU stands for the Official Journal of the European Union. This is the publication in which all tenders opportunities and contract awards from the public sector which are valued above a certain financial thresholds must be published. This is enacted in EU and UK legislation.

THE PACKAGING AND PACKAGING WASTE DIRECTIVE (94/62/EC)

The Packaging and Packaging Waste Directive is a single market measure, with environmental goals. The Directive applies to all packaging placed on the market within the EU, and all packaging waste - whether disposed of at industrial or commercial sites, or from private homes.

19. DATA PROTECTION

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

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

20. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Trust Standards of Business Conduct and Employees Declarations of Interest Policy – CORP/FIN 4
- Trust Standing Orders – CORP/FIN 1 (A)
- Trust Standing Financial Instructions – CORP/FIN 1 (B)
- Trust Waste Management Policy – CORP/HSFS 17
- Trust Data Protection Policy – CORP/ICT 7
- Trust Risk Identification, Assessment and Management Policy – CORP/RISK 30
- Trust Appraisal Policy – CORP/EMP 32
- Trust Medical Devices Management Policy – CORP/PROC 4
- Trust Fraud, Bribery and Corruption Policy and Response Plan – CORP/FIN 1 (D)

21. REFERENCES

- Association of British Healthcare Industries
- Contracts Finder
- <https://gdpr-info.eu/>
- Data Protection Act Chapter 29
- Environmental Protection Act 1990
- Environmental Protection (Duty of Care) Regulations 1991
- Environmental Protection (Polychlorinated Biphenyls and Other Dangerous Substances) Regulations 2000
- Health Service Circular 1999/143 – Review of NHS Procurement
- Management of Health and Safety at Work Regulations 1992
- Official Journal of the European Community
- Procuring for Carbon Reduction (P4CR)
- Records Management: NHS Code of Practice – Part 1
- Records Management: NHS Code of Practice – Part 2
- Tenders Electronic Daily (TED)
- The Association of the British Pharmaceutical Industry
- The Chartered Institute of Purchasing and Supply Code of Conduct
- The Control of Substances Hazardous to Health (Amendment) Regulations 2004
- The Environment Act 1995
- The Environmental Information Regulations 2004
- The Packaging and Packaging Waste Directive
- The Public Contracts Regulations 2015
- Trading Standards

DIRECTIVE 2004/18/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL. This is the European Union's legal directive which is legally binding on all public sector organisations. A copy of the legislation is available from:

- <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32004L0018:EN:HTML>

Public Services (Social Value) Act 2012.

- <http://www.legislation.gov.uk/ukpga/2012/3/enacted>

NHS: Resisting cost inflation pressures

- <https://www.gov.uk/government/publications/nhs-resisting-cost-inflation-pressure>

Securing best value for NHS Patients. This proposal identifies the requirements for Trusts to procure goods and services which attain Best Value

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/156122/CCR-consultation-Final.pdf

Lord Carter review in to productivity and efficiency in the English NHS acute sector

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

**APPENDIX 1 – STANDARDS OF BUSINESS CONDUCT AND EMPLOYEES
DECLARATIONS OF INTEREST POLICY**

Standards of Business Conduct and Employees Declarations of Interest Policy

Details of the policy can be found on the Trust Intranet – please check the intranet for the latest policy.

See CORP/FIN 4

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Procurement Policy - CORP/PROC 8 v.2	Finance / Procurement	Claire Burns	Existing Policy	September 2020
1) Who is responsible for this policy? Name of Division/Directorate: Finance and Healthcare Contracting				
2) Describe the purpose of the service / function / policy / project/ strategy? To provide a framework for all procurement undertaken in the Trust				
3) Are there any associated objectives? Legislation, targets national expectation, standards: Meets European and UK Competition Law				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] – NO				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] - 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] -				
7) Are any of the following groups adversely affected by the policy? NO				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27</i>				
Date for next review: September 2023				
Checked by: Jon Sargeant			Date: September 2020	



BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Friday 23 October 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
- In attendance:** Simon Brown – Associate Director of Nursing, Clinical Specialities Division (Item P20/10/C2)
Ray Cuschieri – Deputy Medical Director
Fiona Dunn – Company Secretary
Marie Purdue – Director of Strategy and Transformation
Emma Shaheen – Head of Communications and Engagement
Katie Shepherd – Corporate Governance Officer (Minutes)
- Public in attendance:** Peter Abell – Public Governor – Bassetlaw (Item P20/10/A1 - P20/10/G1)
Dennis Atkin – Public Governor - Doncaster
Hazel Brand – Lead Governor/Public Governor – Bassetlaw
Mark Bright – Public Governor – Doncaster
Sophie Gilhooly – Staff Governor – Other Healthcare
Marc Goddard - Healthcare Development Manager, Wound & Infusion Care UKI, ConvaTec (Item P20/10/C2 - P20/10/G1)
Gina Holmes - Staff Side Chair
Phil Holmes – Partner Governor – Doncaster Metropolitan Borough Council (Item P20/10/A1 - P20/10/C6)
Geoffrey Johnson – Public Governor – Doncaster (Item P20/10/A1 - P20/10/C6)
Steven Marsh – Public Governor Bassetlaw (Item P20/10/A1 - P20/10/C6)
Susan McCreddie – Public Governor – Doncaster
Victoria McGregor Riley – Partner Governor – Bassetlaw CCG (Item P20/10/A1 - P20/10/C6)
Lynne Schuller – Public Governor – Bassetlaw
Sue Shaw – Partner Governor - Nottinghamshire County Council (Item P20/10/A1 - P20/10/C6)
Mary Spencer – Public Governor - Bassetlaw
Clive Tattley – Partner Governor - CVS Bassetlaw
- Apologies:** Dr T J Noble - Medical Director

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

P20/10/A1 Apologies for absence (Verbal)

The apologies for absence were noted.

P20/10/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.***

P20/10/A3 Actions from Previous Meetings (Enclosure A3)

All three outstanding actions were complete and therefore were closed.

The Board:

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

P20/10/C1 ICS Update (Enclosure C1)

Following the presentation of the paper, Pat Drake asked if movement had been made in the implementation of a governance process in the ICS. It was noted that there had been a governance review with the informal look at the outcome to take place. Further workshops would be undertaken to review the detail of what the future arrangements would be. It was noted that centred work on the formal structure of the ICS had been commissioned, to reflect some known issues and challenges including what had worked well and what could be improved and how. The Chair provided assurance of the level of involvement taken in this review, and would provide feedback in due course.

It was noted positively by Sheena McDonnell that the ICS had undertaken work to support equality, diversity and inclusion with the implementation of key actions, and asked what involvement the Trust had in the establishment of a BAME steering group. The Director of People and Organisational Development advised that the Trust had committed to be part of the BAME nurse development programme, implemented a step up programme to encourage colleagues to run similar programme groups for wider group participation and appointed an Equality, Diversity and Inclusion Lead who would commence on post in November.

The Board:

- ***Noted the update from the ICS.***

P20/10/C2 Learning Disability Strategy (Enclosure C2)

Simon Brown outlined that in response to the four standards within the National Learning Disability Improvement Standards for NHS Trusts, launched in June 2018 by NHSI, the Trust had created a Learning Disability Strategy for 2020 – 2023. The four standards were:

- Respecting and protecting rights,
- Inclusion and engagement,
- Workforce,
- Learning disability services standard (aimed solely at specialist mental health trust's providing care to people with learning disabilities, autism or both).

The strategy had been considered at the Quality and Effectiveness Committee and any comments received had been used to amend the strategy accordingly. Pat Drake, asked that the Learning Disability Strategy be cross-referenced with the recent CQC report to identify if anything supplementary was required in addition. It was confirmed that this had been done.

In response to a question by Mark Bailey regarding evidenced outcomes, it was noted that the actions detailed in the strategy had been undertaken in part already and that it would be evidenced in colleagues aware of patients and being able to recognise individual needs. Colleagues should feel empowered to support patients with a learning disability to improve patient pathways and reduce complaints.

Kath Smart welcomed the strategy and asked how the achievement of 'Objective 7: Be compliant with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards' would be achieved. Simon Brown advised that this training was already part of Safeguarding Training to colleagues, and with the addition of Learning Disability Ambassadors, targeted training would commence which would include Annette's story.

Sheena McDonnell commended the strategy and noted that the presentation to the Quality and Effectiveness Committee provided assurance of the actions.

The Director of NMAHPs advised that the review of mental capacity act training formed part of the CQC assessment and following this the Trust formed pocket guides for colleagues to be aware of key things. Safeguarding training was under review and this included mental capacity act and deprivation of liberties training.

The Chair thanked Simon Brown for his presentation and the collective Board approved the Learning Disabilities Strategy for 2020 – 2023.

The Board:

- ***Approved the Learning Disability Strategy 2020 - 2023.***

P20/10/C3 Covid19 Wave2 Plan (Verbal)

The Chief Operating Officer presented to the Board to Covid19 Wave 2 Plan, which outlined that South Yorkshire had entered into wave 2 of Covid19 at a faster rate than in wave 1. Critical Care was proportionally lower than in wave 1 with the current rate at 3%. The peak during wave 1 was 6.5%. The challenges faced were workforce fatigue due to the extended response to Covid19, higher demand on beds with a constraint related to social distancing and the infection prevention and control challenge due to transmission and isolation issues. Substantial learning from wave 1 had informed planning for the winter period with positive features of preparations for wave 2 including: there were four-month' supply of PPE in the UK, the majority of which was manufactured in the UK which provided improved resilience. The Trust had also invested in additional critical care capacity which would provide further bed resilience throughout the winter period.

Trust priorities remained the same to provide safe care to patients in the order of emergency, urgent, cancer and routine planned care (according to chronological date). The health and wellbeing of colleagues would remain a priority whilst ensuring the Trust achieved quality standards whilst spending money wisely.

Neil Rhodes noted his confidence in the plan following the presentation and asked for reassurance of long-term resilience in the command structure and asked for clarification of what would trigger the step up of elective activity. The Chief Operating Officer advised that the current response was an enhanced operational response as opposed to the command and control structure used in wave 1. Additional leadership would be provided but it was confirmed that wave 2 would not currently be managed as a national Level 4 incident but a local one. The Executive Team would meet three times a week to provide rapid escalation as required. The Senior Managers on Call would change their work pattern to provide evening cover until 20:00. Leadership had been strengthened on the Bassetlaw site. The final Winter Plan would be presented to the Finance and Performance Committee on 27 October 2020 for formal oversight. The winter plan budget within the financial plan was £1.5m.

The Director of People and Organisational Development advised that the Information Team had looked at absence trends to identify if there was any correlation between the number of positive Covid19 patients in hospital or in the community. The outcome would be presented to the People Committee on 3 November 2020. Staff absence had increased over recent weeks. The wellbeing offer for colleagues had been revamped and leaders and managers would be supported to support their staff. The TLC line had been reconvened.

In response to a question from Mark Bailey regarding whether the use of the Nightingale Hospitals would take place during wave 2 and if there was movement on regional work, the Chief Operating Officer advised that collaborative work was taking place to provide joined up elective services. There were no current plans to open the Nightingale Hospital at Harrogate as there was no indication that the number of patients requiring ITU support would exceed that of the first wave, however this eventuality had been planned for.

Pat Drake noted that at the last Finance and Performance Committee a discussion took place regarding surge in ED attendance and whether this was due to challenges within Primary Care and access for the public to see GPs. In response to a question about the Primary Care Networks role in providing enhanced care packages to those with chronic conditions, it was noted that primary care were dealing with similar challenges to acute care in adapting to new ways of working, and that a local resilience forum had been recommenced to ensure that there was senior level interaction between partners. Further work was required to support the enhanced care packages for those with chronic conditions. A new bay would open on 26 October 2020 in the Emergency Department at Doncaster which would provide extra cubicles for patients.

In response to a concern raised by Kath Smart regarding the protection of colleagues via the use of asymptomatic screening, it was noted that as the region moved into Tier 3 of the Covid19 response, the Trust would gain access to mass testing analysers which would allow the process of 1,800 non-invasive saliva Covid19 tests per day with a results turnaround of 2 hours. This would be alongside the increased PCR testing and point of care testing on all sites which would allow for immediate action to isolate positive colleagues and patients.

Following a question regarding the support to care homes by Pat Drake, the Director of NMAHPs confirmed that the Trust had two senior individuals that had supported care

homes within all four localities in Doncaster and had provided proactive education virtually and support in the assessment of any outbreaks to ensure that it was managed efficiently.

In response to a query from Sheena McDonnell regarding Occupational Health capacity, the Director of People and Organisational Development advised that Occupational Health support through the pandemic had relied heavily on staff redeployment and the Trust continued to review how this would be managed. It was noted, however, that the support that the Occupational Health team provided regarding the personal risk assessment forms in wave 1, would be managed by respective managers and leaders through ongoing wellbeing conversations.

The Chair was assured that learning from wave 1 had informed the planning for winter and wave 2 of the Covid19 pandemic, and wished to extend the Board's thanks to all colleagues working hard to support patients and the community.

The Board:

- ***Noted the update on the Covid19 Wave2 Plan.***

P20/10/C4 Winter Plan (Enclosure C4)

This was discussed as part of Item P20/10/C3.

The Board:

- ***Noted the update on the winter plan.***

**P20/10/C5 NHS Core Standards for Emergency Preparedness, Resilience and Response (2020-21)
(Enclosure C5)**

Kath Smart, Chair of the Audit and Risk Committee advised that the Committee had received this document on 22 October 2020, which outlined the detailed arrangements for business continuity and remote working. The Committee were assured and recommended the paper to the Board for approval.

The Chief Operating Officer advised that this annual statement was provided to assure colleagues of the Trust's emergency preparedness, resilience and response and noted that this had been incorporated in the Covid19 Wave 2 response.

The Board:

- ***Approved the NHS Core Standards for Emergency Preparedness, Resilience and Response (2020-21).***

P20/10/C6 EU Exit Update (Enclosure C6)

The UK would leave the EU as planned on 31 December 2020, however noted the significant risk for the Trust whilst dealing with other pressures such as the Covid19 pandemic and winter pressures. Other considerations include the risk of delays at ports which could result in a build-up of lorries at ports and on the surrounding road networks. It was unknown what impact this would have on suppliers. The EU Governance Group would reconvene from November 2020 to discuss the Trust's preparedness and any emerging issues. It would continue to be reported to Board throughout November and December.

The Board:

- **Noted the EU Exit Update.**

P20/10/D1 Nursing, Midwifery and Allied Health Professional Update (Enclosure D1)

Following a number of falls in month, a review of the current falls risk bundle had commended and would be rewritten to simplify the process. Pat Drake requested that information on trend patterns be provided within the falls report, in addition to the discussion points on learning from falls.

Action: Information on trend patterns would be included in the Falls section of the Director of Nursing, Midwifery and Allied Health Professionals update to Board. DP

The Board:

- **Noted the information in the Nursing, Midwifery and Allied Health Professional Update.**

P20/10/D2 Medical Director Update (Enclosure D2)

The Deputy Medical Director was in attendance on behalf of the Medical Director. And provided an update to the Board. HSMR data for May, June and July demonstrated an increase, which was related to Covid19. The monthly HSMR was influenced by associated comorbidities as well as the ratio of deaths to discharges.

The Medical Examiner appointments have now been completed and this had enhanced the process of scrutinising deaths. The Medical Examiner team had provided independent scrutiny of over 90% of deaths that occurred within the Trust and were approaching the achievement of the 100% target.

Further guidance had been received from the Risk Stratification Assurance Body in regards to ensuring that elective waiting lists and performance were managed at system as well as Trust level to ensure equal patient access and effective use of facilities. The Trust had therefore uploaded the validated and risk stratified admitted patient waiting list so that it could be reviewed at a regional level.

A discussion took place regarding the completion of the 'interest declaration form' by medical staff as current compliance was 37.5%. Neil Rhodes highlighted that this was a poor level of compliance by medical staff when other staff groups were 90%+ compliant. It was agreed that the Medical Director would need to address this to improve the position. Pat Drake advised that the Divisional Directors could support this.

In response to a question from Sheena McDonnell regarding the approach to medical staff appraisal and if wellbeing formed part of that discussion, the Deputy Medical Director advised that a decision was taken not to utilise the revised documentation for medical appraisals, on the basis that it was a good opportunity to consider achievements. The Chair emphasised that appraisals were not only an opportunity to discuss CPD and revalidation but an opportunity to ensure that each colleague was aligned to working towards the Trust values and achievement of objectives, and wellbeing discussions were an important part of this. The Chief Executive echoed that all staff had moved to a process where values and objectives form part of the appraisal discussion.

Sheena McDonnell noted that it did not appear that there was much use of telemedicine in the outpatient performance report, given the conversations regarding innovation. The Trust had undergone a significant change since the start of the Covid19 pandemic, in the use of technology and discussion were ongoing how this could further develop.

Action: Action was required from the Medical Director to improve the compliance of the completion of the 'interest declaration form' by the medical staff group. A plan to achieve an improved position would be included in the Medical Director Report for November 2020. TN

The Board:

- **Noted the information in the Medical Directors Update.**

P20/10/D3 Performance Update – August 2020 (Enclosure D3)

The Chief Operating Officer provided the highlights of the performance report for August 2020. There were ongoing pressures with 4-hour access, however the Trust reported an achievement of 88.6% against a national target of 95%, which was higher than national the national average. Improvements were made on RTT and Diagnostics as elective activity had increased, however further improvements were required. The 52-week wait position was challenging with 278 reported breaches in August 2020, which was ahead of the trajectory submitted to NHS England. Cancer performance remained positive. It was noted that the Integrated Quality and Performance Report included new metrics related to Covid19 activity, but included trends over time against performance from the previous year.

The Board:

- **Noted the Performance Update.**

P20/10/D4 People and Organisational Development Update (Enclosure D4)

The Director of People and Organisational Development presented the Workforce Report for month-4 which highlighted that there had been an increase in absence rates and a detailed analysis would be presented to the People Committee on 3 November 2020. Due to the time lag of colleagues receiving their Covid19 test results, the opening of the swabbing station at weekends would be reviewed. Good progress had been made with the uptake of the flu vaccination by colleagues. There had been a small improvement of the number of appraisals undertaken, which would continue throughout September and October. Following the successful international recruitment of nurses in early 2020, there would be a further two cohorts of international nurses to commence in post in the new year.

Following the disappointing numbers sent to the Trust following the 'Bring Back Staff' campaign during wave 1 of the Covid19 pandemic, the Trust would take part in a second campaign. It was noted that the ICS received 20% of all staff returning to NHS trusts during wave 1 of the Covid19 pandemic, which was higher than the national average, however the Trust received very low numbers.

Following a request from the Chair on what efforts were in place for the recruitment of substantive service assistants, the Director of People and Organisational Development advised that it was a challenge to recruit to the posts requires due to the timing of shifts, but efforts would continue. It was noted that the Trust would look at how it could safely

reduce the time lag between the pre-employment checks and new starters commencing in post.

Kath Smart noted that pre-Covid19 there had been a focus on statutory and essential training and appraisals following the CQC visit, and although training and paused and restarted with the majority of training taking place via eLearning, asked that as the Trust moves operationally into wave 2 of the Covid19 pandemic, how the regulators would view the potential drop in compliance. The Director of NMAHPs advised that statutory and essential training would continue and for staff and they would be encouraged to undertake eLearning.

Following a question from Mark Bailey regarding the use of trainee nurses in wave 1, it was confirmed that placements had increased from 161 to 237 so discussions would take place with universities to understand the breakdown of students. An ask would be that the placements were staggered as due to current operational challenges the Trust may have the ability to supervise the numbers it previously had. It was confirmed that there were no current plans to utilise trainee nurses in wave 2 as they had been during wave 1 of the Covid19 pandemic.

The Chief Executive suggested that there be a presentation to the People Committee on the absence data to provide an understanding on the different types of absence.

Action: Further analysis of absence data would be presented to the People Committee to identify the different types of absence. KB

The Board:

- **Noted the information in the People and Organisational Development Update**

P20/10/D5 Finance Update – September 2020 (Enclosure D5)

The Director of Finance provided an update on the financial position for month-six, which outlined that the Trust's deficit before the retrospective top-up was £3.1m, as had been the case in previous months. The year-to-date financial position was 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 would reset its budget and financial plan for the new national financial arrangements that commence from month-7.

The Trust reported a cash balance of £61.6m at month end, which remained high as the Trust received two months' worth of block income in April 2020. Clarification on when the extra months income received in advance would be requested back was yet to be agreed nationally, however the Trust would receive at least two-month' notice ahead of any movement.

Capital expenditure was reported as £1.3m spend in-month which was £3.3m behind the £4.6m plan.

Neil Rhodes noted the increasing dependency on the ICS and other colleagues, and asked for clarity on how the increase in elective activity would impact finances moving forward. It was noted that the Trust would undertake its business in line with patient and colleague safety and spending public money wisely so that the Trust would be in a strong position in

2021/22. The Chief Executive noted that the priority for the Trust was to improve patient experience, achieve the highest level of quality and care and effective use of public money.

Following a request from the Chair for clarity on further estates work required and whether this had been accounted for in the plan, it was confirmed that the Trust was awaiting further information of when the funding for wave 1 capital expenditure would be received. It was expected that information would be received within the next month. Any further capital works were to assist with infection, prevention and control measures and were much smaller works than in wave 1.

The Board:

- ***Noted the information in the Finance Update – September 2020.***

P20/10/D6 Patient Story (Enclosure D6)

The Director of NMAHPs introduced the patient story of a lady called Annette who sadly died in 2014, which led to an independent investigation by Niche Health and Social Care Consulting Ltd, commissioned by RDASH with involvement from the Trust, Doncaster CCG and Doncaster Council. The main purpose of the independent investigation was identify lessons from this case to effectively prevent recurrence. The report found failings across all organisations involved and highlighted key areas for improvement, including:

- 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.

It was noted by the Board that this was a historical case and significant changes had taken place since this case, including, but not limited to the introduction of flow balance charts and different colour lids on water jugs to indicate fluid balance, the introduction of e-observations and Nerve Centre.

The Trust had worked closely with the family of Annette, and had agreed to share their story on film and the effects that it had on them, for learning purposes.

In response to a query from Kath Smart regarding the implementation of a flagging system in January 2020, which would enable all patients with a learning disability to be easily identified by Trust Acute Learning Disability Nurses, the Director of NMAHPs advised that this system worked well from feedback from the Acute Medical Unit. Other measures implemented were that it was clear how patients wished to be communicated with. Learning Disability Ambassadors worked at weekends and out-of-hours to support throughout.

The Chair extended the Boards thanks to the family of Annette for sharing their story and working together with the Trust to improve care.

The Board:

- *Noted the information provided in the Patients Story.*

P20/10/G1 Corporate Risk Register (Enclosure G1)

The Board were assured that the Corporate Risk Register had been considered appropriately at the Board Committees.

The Board:

- *Considered and noted the information in the Corporate Risk Register.*

P20/10/G2 Chairs' Assurance Logs for Board Committees (Enclosure G2)

Finance and Performance Committee – 29 September 2020

No questions were raised.

Quality and Effectiveness Committee – 29 September 2020

No questions were raised.

The Board noted the update from the:

- *Finance and Performance Committee on 29 September 2020*
- *Quality and Effectiveness Committee on 29 September 2020*

P20/10/H1 Information Items (Enclosures H1 – H6)

-H6

The Board noted:

- *The Chair and NEDs Report;*
- *The Chief Executives Report;*
- *Minutes of the Finance and Performance Committee – 28 July 2020,*
- *Minutes of the Quality and Effectiveness Committee – 28 July 2020;*
- *Minutes of the Management Board Meeting – 10 August 2020 and 14 September 2020;*
- *Minutes of the Public Council of Governor Meeting – 23 July 2020.*

P20/10/I1 Minutes of the Meeting held on 15 September 2020 (Enclosure I1)

The Board:

- *Received and Approved the Minutes of the Public Meeting held on 15 September 2020.*

P20/10/I2 Any Other Business (Verbal)

New Build Update

The Chair of the Board advised that although the new build hospital for Doncaster had not been announced as part of the hospital infrastructure plan, the Trust would continue its endeavours for a potential new build hospital and would identify which protocols would be

followed to ensure that should the opportunity arise, the Trust was in a position to participate.

P20/10/13 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/10/13(i) Hazel Brand

The Lead Governor asked on behalf of the Council of Governors:

Does the Board expect that patients would be updated as to when their treatment would be planned to commence? And would there be monitoring in place and reports available?

The Chief Operating Officer advised that all patients whose treatment was delayed were contacted initially via text, and would receive further communications regarding their care. The Trust would continue to work with the Primary Care Network to jointly review some patients care plans. The monitoring of patients was done so via the Ethical Framework Committee as part of its recovery efforts and checks were undertaken on patients regularly to see how they are. Performance data was reported as part of the Integrated Quality and Performance Report each month.

There was a perception that the Trust was not doing as much working from home, where possible, as in other Trust's in South Yorkshire and wondered what the Trust Policy on this was? And following the report regarding NHS workers requiring time to recharge their batteries, what additional measures would be implemented?

The Director of People and Organisational Development advised that colleagues had been asked to return to site to ensure that there remained a team connection, however as South Yorkshire had moved into Tier 3 regulations, a focus had been taken on the 'work from home' guidance, but would include that there must be regular presence on site where required to support front line services. Working from home was encouraged where colleagues can appropriately fulfil their role.

It was advised that colleagues were encouraged to take annual leave to recharge, but that the offer for staff to carry over their annual leave was an option, as some colleagues were reluctant to take time off as they were unable to take holidays away from home. Wellbeing conversations formed part of the line manager's role to ensure that all colleagues were well.

The Chief Executive noted that not all colleagues have the opportunity to undertake their role away from site and therefore the primary responsibility was to ensure that they were supported to do their roles. The 'work from home' guidance would take effect but noted that there was a 24/7 requirement for additional administration and support functions.

The Chair thanked the Council of Governors for the higher levels of participation seen in all governor activities via virtual technology, and noted that the Trust would showcase its use of virtual technology at the Governwell Annual Conference.

It was noted that since the Annual Members Meeting video was made public there had been over 12,000 hits.

The Lead Governor wished to thank all colleagues for their hard work during wave 1 of the Covid19 pandemic and continued efforts through wave 2.

The Board:

- *Noted the comments raised, and information provided in response.*

P20/10/I4 Date and Time of Next meeting (Verbal)

Date: Tuesday 17 November 2020

Time: TBC

Venue: Star Leaf Videoconferencing

The Board:

- *Noted the date of the next meeting.*

P20/10/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.*

P20/10/J Close of meeting (Verbal)

The meeting closed at 12:20.



**Suzy Brain England
Chair of the Board**

**Date
2nd November 2020**