Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Board of Directors Meeting Held in Public
To be held on Tuesday 15 December 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	
	Members of the Board and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.				
A3	Actions from previous meeting	SBE	Review	A3	
B	**QUALITY AND EFFECTIVENESS**				**09:45**
B1	Chief Nurse Update	DP/LM	Note	B1	20
B2	Medical Director Update	TN	Note	B2	10
C	**PEOPLE AND ORGANISATIONAL DEVELOPMENT**				**10:15**
C1	Our People Update	KB	Note	C1	10
D	**FINANCE AND PERFORMANCE**				**10:25**
D1	Performance Update – October 2020	RJ	Note	D1	10
D2	Finance Update – November 2020	JS	Note	D2	10
BREAK 10:45 – 10:55					**10:55**
D3	Covid19 Update / Recovery of Elective Work – Looking Forward	RJ/DP	Note	Present	10
D4	EU Exit Update	RJ	Note	D4	10
E	**STRATEGY AND ASSURANCE**				**11:15**
E1	Chairs Assurance Logs for Board Committees:		Note	E1	5

	i) Quality and Effectiveness Committee – 24 November 2020	PD			
	ii) Finance and Performance Committee – 24 November 2020	NR			
	iii) People Committee – 1 December 2020	SM			
F	**GOVERNANCE AND ASSURANCE**				**11:20**
F1	Corporate Risk Register and Board Assurance Framework	FD	Note	F1	15
F2	People Committee Terms of Reference	FD	Approve	F2	5
G	**INFORMATION ITEMS (To be taken as read)**				**11:40**
G1	Chair and NEDs Report	SBE	Note	G1	5
G2	Chief Executives Report	RP	Note	G2	
G3	ICS Update	RP	Note	G3	
G4	Minutes of the Finance and Performance Committee – 27 October 2020	NR	Note	G4	
G5	Minutes of the Quality and Effectiveness Committee – 29 September 2020	PD	Note	G5	
G6	Minutes of the Management Board Meeting – 12 October 2020	RP	Note	G6	
G7	Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic	DP	Note	G7	
H	**OTHER ITEMS**				**11:45**
H1	Minutes of the meeting held on 17 November 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 19 January 2021 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	SBE	Note	Verbal	

business to be transacted, publicity on which would be prejudicial to the public interest.

I	**MEETING CLOSE**	**11:55**

***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: 17 November 2020

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Action Log

A3

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

KEY	
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. **Update 17/11/2020 –** Due to other operational priorities that had been postponed. It was agreed that this action be closed and revisited in the future.
2.	**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	**Close.** Included in the Chief Nurse Report.

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

3.	**P20/11/B1**	**Falls Trends Reporting at the Quality and Effectiveness Committee** It was agreed that a comprehensive review of falls trends would be provided to the Quality and Effectiveness Committee on 2 February 2021.	**DP**	February 2021	**Close.** This had been added to the Quality and Effectiveness Committee work plan.
4.	**P20/11/B1**	**Hospital Acquired Pressure Ulcers at the Quality and Effectiveness Committee** A focused report be provided on hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021.	**DP**	February 2021	**Close.** This had been added to the Quality and Effectiveness Committee work plan.
5.	**P20/11/C1**	**Completion of Personal Risk Forms at People Committee** The data on the completion of personal risk assessments would be provided to the People Committee on 1 December 2020.	**KB**	December 2020	**Close.** This had been added to the People work plan.
6.	**P20/11/C1**	**On-Call Accommodation Rooms** The Estates and Facilities Committee would take an action to review options for the improvements of the on-call rooms. The People Committee would ask for assurance regarding the accommodation strategy.	**KB**	December 2020	**Close.** This had been added to the Estates and Facilities Committee work plan and the People Committee work plan.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Nursing, Midwifery and AHP Report**		
Report to	**Board of Directors**	**Date**	**15.12.2020**
Author	**David Purdue, Chief Nurse** **Lois Mellor, Director of Midwifery**		
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 November 2020 The report includes the updated Board Assurance Framework for Infection, Prevention and Control, initially signed off in May 2020, following good practice to reassess our position following the second wave of Covid 19. The report also gives a 6 monthly report into our Maternity Services.
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.

BIR November 2020

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

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

Patient Safety

Serious Incidents

There have been five serious incidents in November. All of these have been investigated and learning from them has been shared with the areas involved and then widely across the Trust through Learning How We Care Newsletter through the internet.

The total number of serious incidents, for care issues, year to date (including HSIB cases) is 18.
A further two incidents are being investigated by HSIB but no not meet the serious incident criteria.

Falls

There were 143 falls reported in November which is an increase in month. Of these falls, 3 resulted in severe harm to the patient. 105 resulted in no harm and 35 had minimal harm. This takes the total number of patients falling, year to date to 875.

Learning from the falls has been shared widely with all teams. Action plans are in place for the areas where there has been severe harm to patients.

The falls strategy is being rewritten in response to the increases in falls, this includes enhancing the team and re-establishing virtual training sessions for staff.

Hospital Acquired Pressure Ulcers (HAPU)

There were 90 HAPU (category 2 and above) reported in November. Of these, four were category 3 HAPU and there have been no Category 4 HAPU.

This takes the total numbers of HAPU (category two and above) reported, year to date to 536.

The executive review panel has re-started, using virtual technology to extract learning from these cases.

Infection Prevention and Control

Clostridium difficile

There were three cases of Clostridium difficile in November. Two cases were hospital associated, hospital acquired (HOHA) and one case was community onset hospital acquired.

This takes the number of cases, year to date to 39, split as 28 cases of HOHA and 11 cases of community onset, hospital acquired Clostridium difficile (COHA).

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

e-Coli Bacteremia

There were 3 cases of eColi bacteremia in November, which are now having a PIR in the same way as Cdiff to establish learning. This takes the number of cases, year to date to 39.

MRSA bacteraemia
There have been no cases of MRSA Bacteremia since March 2020.

MRSA Colonisation
There has been no reported MRSA colonisation since August, leaving the total number of cases, year to date to seven.

Covid 19 Nosocomial Infection Rates

At the end of November the Trust were reporting 2 outbreak areas in the Trust. Learning from the outbreaks has been shared widely across the Trust. The importance of Hands Face Space, is reiterated in posters and banners across the sites. Capital works have been undertaken in key areas to improve the environments.
The Board Assurance Framework has been reassessed and is included within this report.

Patient Experience

33 formal complaints were received in November, with a year to date (1 April to 3rd December) figure of 227 formal complaints.

Complaints response performance continues to be of concern as remains below target however we have seen an increase in performance this month to 55.5%.

Top themes received were communication, staff attitude and behaviour and treatment. The main theme of all activity is communication (42 subjects), Treatment (36 subjects) and Covid-19 (26 subjects). Looking specifically at formal complaints (including those from MPs) Communication rated highest (32 subjects), followed by Treatment (24 subjects) and Nursing ADL issues (21 subjects).

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 and has now been commenced on the 1st December 2020. Work has continued on developing the new FFT card to allow better feedback about care. Audit and Effectiveness Department will be collating FFT data, and will be focussing on both the quantitative and qualitative aspects of the data.

AHP Update

2 of our optometrists, Ian Dawson and Hayley Head, have been successful in completing their IVT injection training, allowing them to run independent clinics. This extended role has historically been undertaken by nursing staff. There are only 5 optometrists in the country who undertake this role.

Serious Incidents - November 2020 (Month 8)

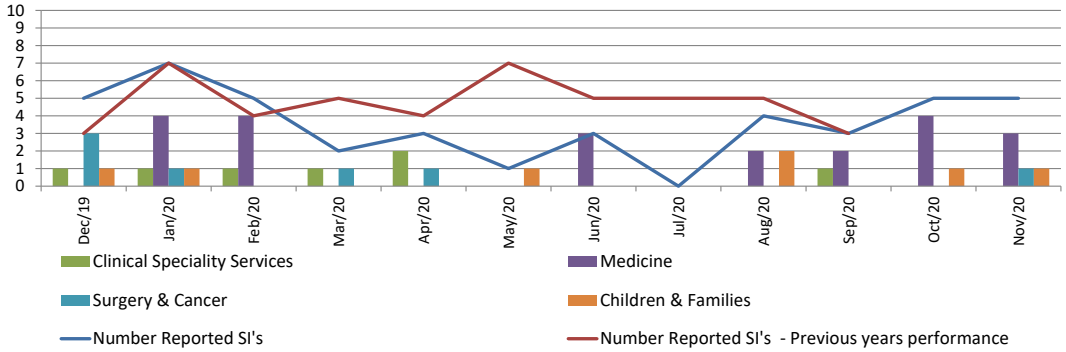
(Data accurate as at 04/12/2020)

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

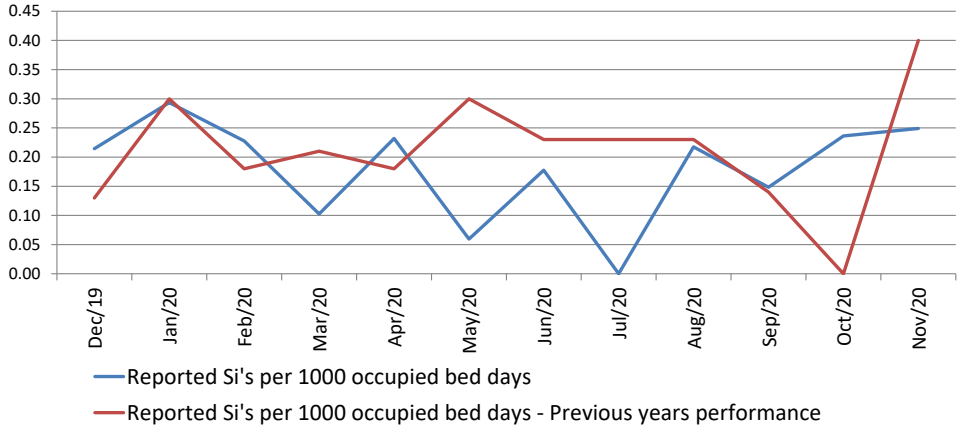
Overall Serious Incidents

Number Serious Incidents Reported

(Trust & Divisions)



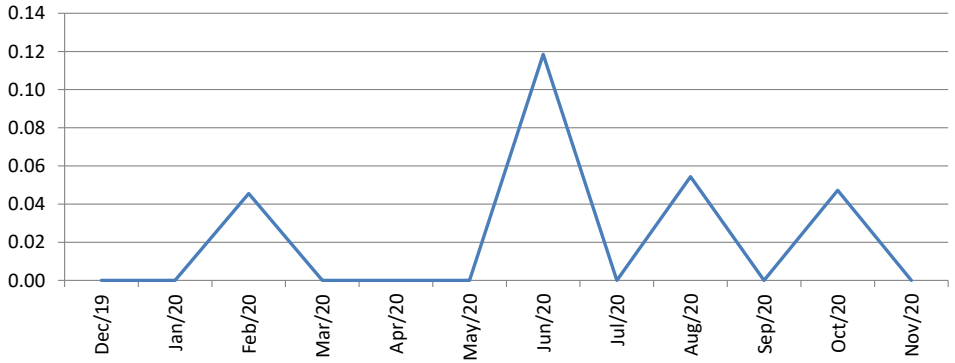
Serious Incidents per 1000 occupied bed days



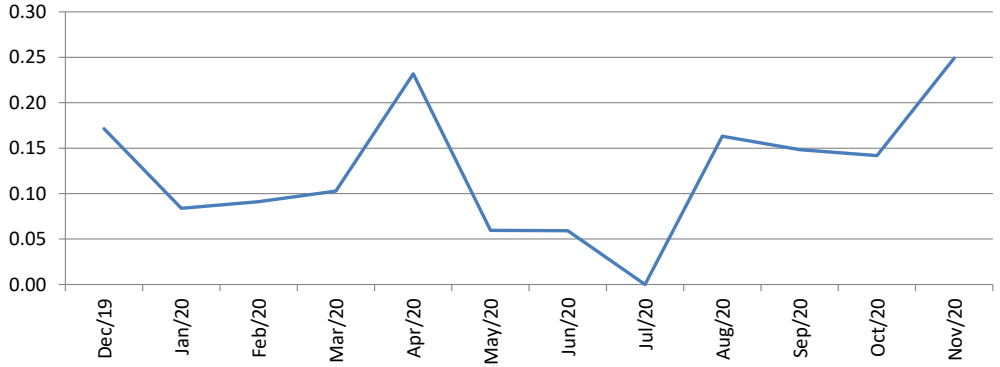
Current YTD reported SI's (April-Nov 20)	22	Number reported SI's (Apr-Nov 19)	38
Current YTD delogged SI's (April-Nov 20)	0	Number delogged SI's (Apr-Nov 19)	4

Themes

Serious Falls per 1000 occupied bed days



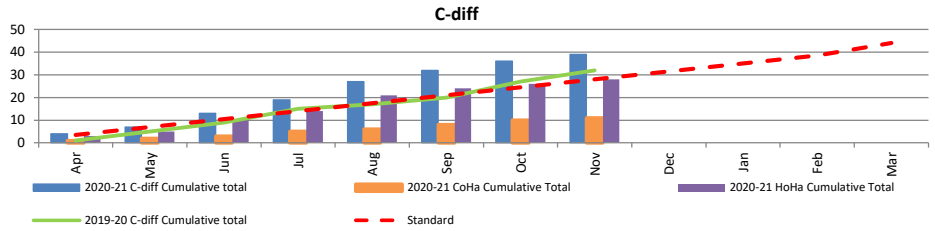
Care Issues per 1000 occupied bed days

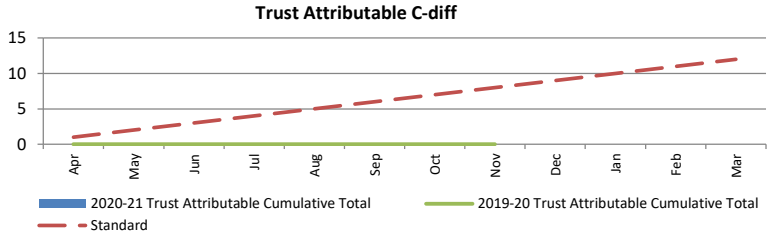


Infection Control C.Diff - November 2020 (Month 8)
(Data accurate as at 04/12/2020)

	Standard	Qtr 1	Qtr 2	Oct	Nov	YTD
2020-21 Infection Control - C-diff	44 Full Year	13	19	4	3	39
2019-20 Infection Control - C-diff	39 Full Year	9	11	7	5	32
2020-21 Trust Attributable	12	0	0	0	0	0
2019-20 Trust Attributable	12	0	0	0	0	0

	Qtr 1	Qtr 2	Oct	Nov	YTD
HOHA	10	14	2	2	28
COHA	3	5	2	1	11

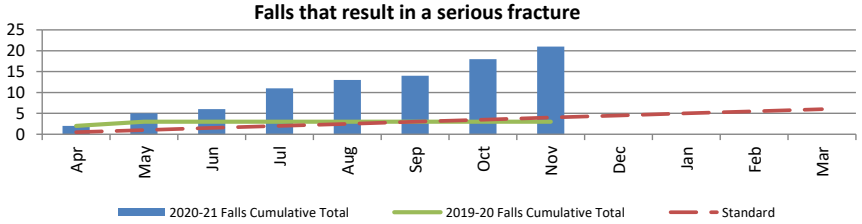




Pressure Ulcers & Falls that result in a serious fracture - November 2020 (Month 8)
(Data accurate as at 04/12/2020)

	Standard	Qtr 1	Qtr2	Oct	Nov	YTD
2020-21 Serious Falls (moderate/severe harm)	6 Full Year	6	8	4	3	21
2019-20 Serious Falls	10 Full Year	3	0	0	0	3

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



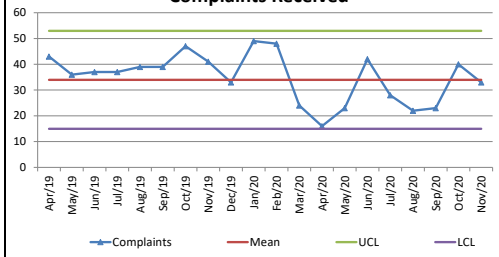
	Standard	Qtr 1	Qtr 2	Oct	Nov	YTD
2020-21 Pressure Ulcers	56 Full Year	192	175	79	90	536
2020-21 Pressure Ulcers (Cat 4)		0	1	1	0	2
2020-21 Pressure Ulcers (Cat 3)		17	10	7	4	38
2020-21 Pressure Ulcers (UNS/DTI Low Harm/Cat 2)		175	164	71	86	496

Complaints & Claims - November 2020 (Month 8)

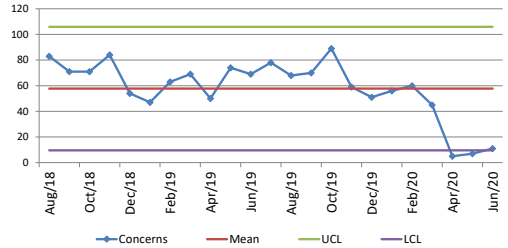
Data accurate as at 04/12/2020

Complaints

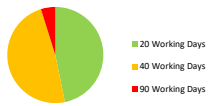
Complaints Received



Concerns Received



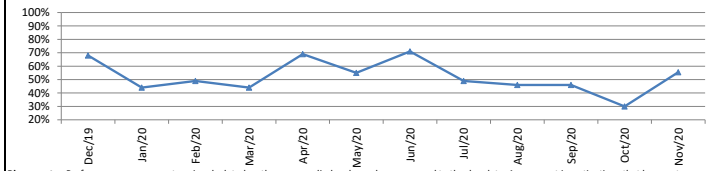
November 2020 Complaints Received Risk Breakdown



Year to Date Complaints Received Risk Breakdown

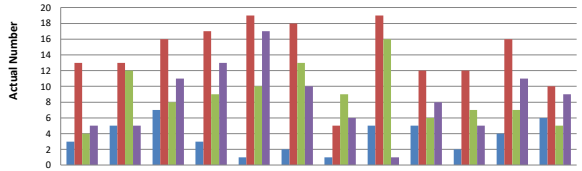
Complaints - Resolution Perfomance *(% achieved resolution within timescales)*
Complaints Closed - Outcome

Complaints Resolution Performance



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.

Closed Complaints - Outcomes



	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Complaints Upheld	3	5	7	3	1	2	1	5	5	2	4	6
Complaints Partially upheld	13	13	16	17	19	18	5	19	12	12	16	10
Complaints not upheld	4	12	8	9	10	13	9	16	6	7	7	5
Outcome not reported	5	5	11	13	17	10	6	1	8	5	11	9

Parliamentary Health Service Ombusdman (PHSO)

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

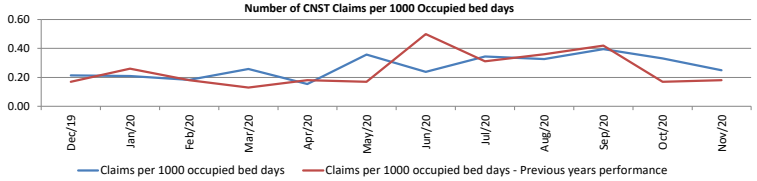
	Number referred for investigation YTD	Outcomes YTD	
2017/18	7	Fully / Partially Upheld	3
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0
		Not Investigated	3
		Outstanding	0
2018/19	9	Fully / Partially Upheld	4
		Not Upheld	3
		No further Investigation	0
		Not Investigated	0
		Case Withdrawn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

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	5					44
	2019/20	4	4	11	7	8	9	4	4					51
Liabilities to Third Parties Scheme (LTPS)	2020/21	2	1	2	2	1	0	1	2					11
	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

Number of CNST Claims per 1000 Occupied bed days



1. Introduction and background

The maternity service is going through an unprecedented transformation programme. This is driven by the NHS long term plan and the Better Births (2016). The programme is assisted by the Local Maternity System (LMS), the four Trusts (Sheffield, Barnsley, Rotherham & DBTH) work together to create services that deliver the national ambitions.

The main focus of the programme is improving outcomes for mother and their baby's reduce inequalities and improve the patient experience. The national ambitions are translated into local plans to deliver the improvements.

2. DBTH Work streams & key Stakeholders

Since 2019 an annual work plan has been developed to deliver the national ambitions. At DBTH the plans have been divided into work streams that mirror the LMS work plans as follows:

- Continuity of Carer
- Maternity Voices partnership (MVP) Involvement
- Improving Outcomes
- Personalised Care Plans
- Improving Choice of place of Birth

There are many stakeholders involved to develop, support and implement these plans these include:

- The women and their families
- DBTH – maternity, neonatal, paediatric, anaesthetic teams
- CCG's
- MVP's
- The Local Maternity System (LMS)
- Yorkshire & Humber Clinical Network
- The Neonatal Network (ODN)
- The Hosted network
- Education and Training providers
- The Royal College of Midwives (RCM)
- Royal College of Obstetricians and Gynaecologist (RCOG)

Lois Mellor
Director of Midwifery
3rd Dec 2020
Version 2

3. Delivering the Vision

LMS Transformation Programme Deliverables	Operational delivery
Contribute to a 20% national reduction of stillbirths by 2020, working towards a 50% reduction by 2025.[1]	CNST Safety Actions 10 actions revised in Sept 2020 submission May 2021 Saving babies Lives Version care bundle CQC Action Plan – requires Improvement currently
Contribute to a 20% national reduction of neonatal deaths by 2020, working towards a 50% reduction by 2025.[1]	Improving breastfeeding rates – reaccreditation for BFI gold in July 2021
Contribute to a 20% national reduction of maternal deaths by 2020, working towards a 50% reduction by 2025.[1]	Learning locally & Nationally – HSIB/MBRRACE/ LMS safety Forum / CEG Yorkshire & Humber Data Improving perinatal mental health offer, locally for women with mental health problems & through the LMS for severed mental health/ PTSD from childbirth (suicide was the leading cause of maternal death in last MBRRACE report)
Deliver improvements in choice and personalisation through personalised care plans (PCPs).[4]	Digital transformation of K2 system, woman have access to their notes on their phones + access to information
All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.[4]	Choice of 3 places of birth – Consultant Led, Midwife led Unit and Homebirth. Currently no midwife led unit.
Deliver improvements in choice and personalisation so that by March 2021 more women are able to give birth in midwifery settings.[4]	Health inequalities for BAME women (high Polish and Romanian population in Doncaster) Improving post-natal care offer, contraception. Physio/ patient information
Reduce the number of women smoking in pregnancy to less than 6% by end of 2022 in line with the Government Tobacco Control Plan.[1]	QUIT programme
Development and engagement of local Maternity Voice Partnerships (MVPs).	2 MVP's now starting, plan to work to co-produce changes to maternity services
Continuity of Carer 35% by March 2021 leading to 51% in 2021	2 teams in place trajectory to create 7 teams by Dec 2021

Lois Mellor
Director of Midwifery
3rd Dec 2020
Version 2

4. Measuring Quality - Y & H Maternity Dashboard

We collect dashboard data on a monthly basis, and this is shared in governance meetings. This dashboard mirrors the Yorkshire and Humber Dashboard which we submit quarterly data to. This allows us to measure our performance against other Trusts in the Yorkshire & Humber Network (range in brackets).

Areas for Improvement are:

1. Planned Homebirths 0.3% (0.1- 2.7%)
2. Emergency Caesarean Section 19% (14-20%)
3. 3/4th Degree tears – Normal vaginal birth 3.6% (0.3-4.3%)
4. Induction of Labour 40.9% (25.3-43.5%)
5. Breastfeeding Initiation 59.4% (44.4-86.7%)
6. Smoking at booking 19% (7.1 – 20.5%)
7. Smoking at delivery 13.9% (6.3-21.9%)

Plans and QI projects are in place to address all the above areas.

Areas we performing well

1. Stillbirth rate – Ante natal 2% (1.6-6.8%)
2. Stillbirth rate 1.5% (0-4.7%)

Health Service Investigation branch (HSIB)

We currently refer selected cases that meet set criteria to HSIB for external investigation, this commenced in December 2019. HSIB review the care provided to the mother and baby using the maternity records, current DBTH guidelines and interviews from staff. HSIB involve the families in the investigation and they receive a copy of the report.

Since December 2019 HSIB have investigated 8 cases, we have receive 5 completed reports. There have not been any trends or themes identified from the investigations. The last three reports have either had minimal or no recommendations for DBTH.

Lois Mellor
Director of Midwifery
3rd Dec 2020
Version 2

4.1 Midwifery Staffing

Midwifery staffing is assessed using an accredited workforce planning tool called Birthrate+. Data is collected over a minimum of a three month period for every woman who attends the service. An acuity tool is used to calculate the number of midwives required to deliver safe care to the women accessing the service.

A skill mix can be applied using Band 3 Maternity Support workers of up to 10%, and these can be utilised in the appropriate areas of the service (mainly post-natal and community). The table below shows the number of midwives in post at given points, a full BR+ assessment was undertaken in Nov and Dec 2019. The final report was received in May 2020, and the budget has recently been agreed in line with the BR+ recommendations.

Month	July 2019	August 2019	Oct 2019	Dec 2019	March 2020	BR+	August	Oct
Midwives WTE contracted	156.28	164.11	165.6	176.31	176.71	**188.9** (when skill mixed)	176.63 + 10 WTE future Band 5	184.63 + 4 WTE starting in Nov

There is a national shortage of midwives, despite this the service has continued to increase the number of midwives employed by the Trust. There is ongoing recruitment of midwives, and a national plan to increase the number of midwives in training.

4.2 Current Midwife to Birth ratio

The Royal College of Midwives set the current agreed midwife to birth ratio at 1:28 in 2003, and this has remained in place to date.

Recommended	Trust	DRI	BDGH
1:28	1:26.8	1:29.6	1:28.1

In order to safely staff two sites the midwife to birth ratio is lower within the Trust, and the planned workforce model meets the 1:28 requirement on each site. However due to vacancy and maternity leave the DRI ratio is decreased. This is because the DRI can carry the vacancy, whilst maintaining safety as it is the larger site.

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4.3 One to One care in labour

Safer staffing suggests that one midwife should care for one woman in established labour, and this monitored on the maternity dashboard. This is measured when a woman is 4 cms dilated until the placenta is delivered safely for the whole period. Due to the dynamic nature of the labour ward there are occasions when a midwife may be called to assist another woman (e.g. an emergency or a woman attending unannounced). This is managed by the Labour ward Coordinator on shift, after risk assessing the whole maternity unit. An escalation policy is in place to ensure that midwives will be moved to ensure that one to one care can take place. Any period (however small) is counted as non-compliance with this standard, and this is monitored on a monthly basis.

Month	Feb 2019	June 2019	March 2020	July	Aug	Sept	Oct
Doncaster	80.4%	> 84%	89.9% - 93.7%	95.5%	92.3%	92.13%	94.3%
Bassetlaw	92.5%	> 94%	90.7% – 98.7%	Consolidation in response to Covid 19			

4.4 Birthrate+ App

In June 2020 we implemented the Birthrate App that collects data real time every 4 hours to assist with managing the midwifery workload. This maps staffing levels vs acuity of the women in the service in line with the Birthrate+ tool. We have implemented it in all inpatient areas in maternity, and it give us real time data to assist in making decisions about the best untilisation of the midwives, and managing real time risks.

It also allows us to review staffing levels, management responses and red flag events retrospectively to assist in workforce deployment and planning.

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5. QI / LMS projects/ Research

Despite the pandemic the maternity service has continued to undertake QI events and projects that contribute to the improvement of the service. These projects are led by clinical staff working in the area, and supported by the QI Team.

QI/ Research	LMS Collaborative working
Born in Doncaster	Newly Qualified Midwife Recruitment
Transitional care	Preceptorship Programme
Active Birth – environment, aromatherapy etc.	Perinatal mental health offer
Thermoregulation for Neonates	PROMPT training offer scoping – DBTH as lead
Induction of labour 2	Band 3 MSW's
AN/ PN projects still ongoing	
1001 Days project (Early start)	

6. The Improvements

The maternity service has continued to make improvements and the following list is some of the most recent achievements.

Maternity Dashboards	New preceptorship programme for newly qualified midwives
Birth Statistics shared for each month on Facebook for the women	DBTH recognised by PROMPT team as excellent example of implementation and will be assisting national team
Induction of labour service ongoing development	Recruitment to Band 3 MSW posts to assist the midwives and create career progression
Flu immunisation programme in place for pregnant women in 2021	Active Facebook Pages with women's feedback and information sharing
Year 2 CNST scheme achieved	Ongoing Qi projects initiated by the clinical teams to make changes to the service
Duty of Candour backlog addressed	Significant midwifery recruitment
Discharge created on M1	

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Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes	On both sites (DRI and BDGH) there are both Yellow and Blue areas/routes. Yellow is designated for those patients who are suspected or confirmed as having COVID-19. The Blue areas are primarily for those patients who are not suspected of having COVID-19 symptoms. Those who walk into the department are booked in and triaged by the navigation nurse and are directed to either the blue or yellow pathway. This happens at both Bassetlaw Hospital and Doncaster Royal Infirmary. Updated 30.10.20 Pathways in ED updated to manage flow, separate Yellow and Blue pathways for ambulance patients, now only 1 resus as spacing and PPE allows for improved working. 1 flexible area available for Yellow or Blue depending on flows into both departments.  covid-19-flowchart (6) 021120.pdf	With changing guidelines from the Public Health England this has to be updated regularly by the DIPC.	Updated guidelines upload on the HIVE

• patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	Those patients who require admission to hospital are then transferred via the Yellow corridor to the Yellow part of the Acute Medical Unit (AMU) or the Assessment Treatment Centre (ATC). Patients who require admission but are not suspected of having COVID-19 are transferred via the Blue route both at DRI and BH. Yellow areas are differentiated from Blue areas by signage, floor and wall stickers. If a Patient is considered to be aerosol generating, (e.g. high flow nasal oxygen (HFNO), Non-invasive ventilation) they are transferred via the yellow route/lift. There is a standard operating procedure in place that stipulates the process for taking the lift out of operation immediately after the patient has been transferred. This allows for the settling of any viral particles for 20 minutes before allowing the designated cleaning team to respond by cleaning the lift and the corridor in order to reduce the risk of transmission of COVID-19.  SOP-DRI Yellow Transfer-Cleaning Te		
• compliance with the national guidance around discharge or transfer of COVID-19 positive patients	Those patients who have been treated for COVID-19 and who are medically fit for discharge are referred to the		Integrated Discharge Teams working collaboratively with

	Integrated Discharge Team as it has been recognised that there is some anxiety in community settings (care homes) when receiving patients that are being discharged. The integrated discharge team are working collaboratively with Clinical Commissioning Groups, care homes and other agencies to support those areas to facilitate a timely discharge. If patient discharged to own home, advice regarding continued self-isolation is provided. Covid positive beds are commissioned in Doncaster, 6 nursing, 10 residential. Awaiting Bassetlaw beds to come on line. All patients leaving hospital to go to care homes or to home with care are screened 48 hours prior to admission. Samples are to be labelled to facilitate timely processing for this group of patients.  DPH Letter to care homes on hospital dis	Those patients who have been confirmed as having COVID-19 are not always leaving the hospital in a timely manner due to community settings (care homes) refusal to accept patients back due to anxiety around the risk of transmission	clinical commissioning groups and care homes to facilitate timely discharge. Director of Infection Prevention and Control has been working with the CCG and have drawn up a standard operating procedure for action to be taken by care homes once patients are discharged that minimize the risk of transmission. DBTH IPC team working with Care homes to support in IPC practices and managing COVID positive patients minimising the risk of transmission.
• monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice	IPC team and ward teams undertaken regular auditing of PPE compliance and hand hygiene compliance. The DIPC/IPC team member, senior leadership colleagues monitor resources on walk around. PPE updates are provided at Enhanced Ops meetings daily and escalated as appropriate. Ward stock takes are undertaken by inventory management staff to ensure up to date stock levels are kept and to ensure that all	Nationally and locally there have been challenges with supply elements of PPE in the first wave. Supply has significantly improved over the summer months to adequate levels.	This is reviewed and escalated through the enhanced ops meeting daily. Daily stock takes are being completed across the Trust to ensure control is kept of PPE supplies. PPE supplies are held centrally at Doncaster Royal Infirmary. Staff have been trained in the

	areas have sufficient. Any issues with the environment are also picked up at walk arounds and escalated through the enhanced ops meeting to the estates department or directly with the department.		appropriate PPE to wear in specific circumstances. . The Director of Infection Prevention and Control with the assistance of the IPC Pandemic matron and laboratory and estates and facilities colleagues have considered contingency planning for critical shortages of PPE. Reusable products have been obtained and stored in case of critical shortages in the future.
• monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice	The IPC team have facilitated PPE training for staff from all departments. PPE Safety Officer role was developed and implementing in the previous phase of COVID-19 Pandemic to support appropriate use of PPE in clinical areas. Ad hoc training, advice and reassurance for staff is done daily by the IPC team on walks arounds of sites and visiting the clinical areas. IPC team undertake audits of PPE usage, including socially distancing.		

• staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase	Swabbing of staff is performed by competent and trained staff. Information on how to perform a swab is also available on the HIVE. Notification of test results is via electronic systems. Advice and guidance is provided by Microbiologists, IPC Team and the Occupational health Team. Central guidance on absence if displaying symptoms or isolating is issued (https://extranet.dbth.nhs.uk/safety-quality/infection-prevention -and-control-ipc/coronavirus-covid-19/qa/qa-work/) the purpose, to protect other staff and patients by reducing nosocomial transmission. Once notification has been received that a member of staff has symptoms, they are booked in for testing via the Sickness Absence telephone line. Appointment slots are either on the same day or the next day. The team of staff swabbing are accommodated in the Lodge at Bassetlaw Hospital. The lateral flow testing kits have arrived in the Trust (23/11/20). Plans are in the process for rolling out across the organisation.		
• training in IPC standard infection control and transmission-based precautions are provided to all staff	IPC team have facilitated training via Project echo/ Microsoft teams. Training is ongoing and responsive to what the departments and the organisation needs. IPC standard infection control and transmission-		

• IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training • all staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work • all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance	based precautions are provided to all staff, included in Mandatory training. IPC measures in relation to COVID-19 are included in staff induction and mandatory training, delivered via virtual platforms facilitated by a member of the IPC team/Consultant microbiologist. The importance of wearing face masks, hand hygiene and maintaining social distancing both in and out of work is reinforced face to face, over the telephone during the track and trace process and via the HIVE, and other written material (e.g Buzz). Staff providing direct care within 2 metres of any patient are wearing gloves, apron, Fluid Repellent Surgical Mask and eye protection. Guidance requires that this level of PPE is used for those patients who are suspected or confirmed of having COVID-19. DBTH staff are wearing this level of PPE for all patients regardless of their COVID-19 status. Where the patient is having aerosol generating procedures, the level of PPE is stepped up to long sleeved gown, FFP3 Respirators, eye protection, gloves and disposable aprons between patients. This level of PPE is for sessional use and is disposed of after each session. Aerosol generating procedures have	Nationally and locally there have been challenges with supply elements of PPE in the first wave. Supply has significantly improved over the summer months to adequate levels.	This is reviewed and escalated through the enhanced ops meeting daily. Daily stock takes are being completed across the Trust to ensure control is kept of PPE supplies. PPE supplies are held centrally at Doncaster Royal Infirmary. Staff have been trained in the appropriate PPE to wear in specific circumstances. . The Director of Infection Prevention and Control with the assistance of the IPC Pandemic matron and laboratory and estates and facilities colleagues have

	been clarified in the guidance and have been applied in the DBTH guidance flowchart (above). Staff are instructed in what PPE to wear and how to wear it. PHE donning and doffing of PPE videos are available for all staff to access and posters available in the clinical areas. All opportunity to train any numbers of staff in the appropriate use of PPE is taken. PPE is centrally held and distributed to clinical areas. Supplies are available at the point of use and are stored in clean, dry areas. 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. Wearing of PPE not supplied by the trust is not encouraged to ensure only quality PPE is worn..		considered contingency planning for critical shortages of PPE. Reusable products have been obtained and stored in case of critical shortages in the future.

• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	Changes to guidance are continually reviewed and updated by subject matter advisors and Trust staff are updated via the HIVE, closed Facebook/WhatsApp groups and through word of mouth by divisional leaders and the IPC team. Any changes in relevant guidance are discussed at enhanced ops and escalated as appropriate to the Exec Team.		
• changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Risks are reflected in risk assessments and through discussion at enhanced ops meetings and escalated to Exec team.		
• risks are reflected in risk registers and the board assurance framework where appropriate	Risks are reflected in risk registers and the board assurance framework accordingly, through enhanced ops escalation.		
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Patients are risk assessed on admission regarding their condition and also existing alert, policies and practices are followed. This has not been compromised throughout the COVID 19 pandemic.		
• that Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure	The DIPC approves all data submissions for escalation/reporting to execs in a timely manner.		

the correct and accurate measurement and testing of patient protocols are activated in a timely manner. • ensure Trust Board has oversight of ongoing outbreaks and action plans.	The DIPC escalates outbreak information to execs. There is an exec member of staff (or delegate) present at outbreak control meetings.		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:			
• designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	Ward teams use the principles of cohorting as per outbreak management, dedicated teams to care for group of patients to minimise the risk of cross contamination. For example Respiratory ward donning and doffing areas and additional training on PPE.		
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas	Trained hotel Service staff are assigned to COVID-19 areas. They are instructed in what PPE to wear and how to wear it. PHE donning and doffing of PPE videos are available for all staff to access. Project Echo IPC training sessions have been accessed by service department. PPE training sessions have been facilitated for any staff to attend either by booking a place but also by just dropping in. All opportunity to train any numbers of staff in the appropriate use of PPE are taken. 'Clinical Management Pathway for Suspected/Confirmed COVID-19 Patient' has been developed and is on the Hive. Those who have received training are assigned to COVID-19 isolation to cohort areas.		

• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Frequent cleaning regimes have been put in place in ward areas and also in non-ward/department areas for frequent touch services. This is done by service assistants but also by nursing staff. Terminal cleaning is undertaken in accordance with guidance on decontamination of the environment and Trust policy.		
• increased frequency at least twice daily of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Environments have been reviewed and clutter removed to enable enhanced cleaning to take place in those areas that have COVID-19 positive patients. Environments have also been reviewed by estates staff for modification to areas to reduce the risk of transmission of COVID-19 and other pathogens. The opportunity has been taken to start the Deep Clean programme to reduce environmental contamination of COVID-19 but also other pathogens. This is progressing very well. Formal Walk rounds are conducted Monday, Wednesday and Friday at Doncaster Royal Infirmary and at Bassetlaw hospital. Staff involved in this includes Consultant Microbiologist, IPC pandemic matron/IPC Lead nurse, IPC nurses, Associate Directors of nursing for the divisions. Environmental reviews are conducted on the walk-round.		

• cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	Peracide is used on all sites to decontaminate the environment and reusable equipment between patients. Any cleaning products are reviewed before circulating by the DIPC to ensure they are effective against enveloped viruses.		
• Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance	Peracide is used across the organisation which does not have a minimum contact time. Any product reviews address contact times.		
• 'frequently touched' surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails should be decontaminated more than twice daily and when known to be contaminated with secretions, excretions or body fluids	Frequent cleaning regimes have been put in place in ward areas and also in non-ward/department areas for frequent touch services. This is done by service assistants, by nursing staff and housekeeping staff.		
• electronic equipment e.g. mobile phones, desk phones, tablets, desktops & keyboards should be	All frequent touch points are cleaned by service assistants regularly, at least twice per day, nursing and		

cleaned a minimum of twice daily	housekeeping. This includes, phones, tablets, desktops and computers and keyboards.		

• rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	All areas are cleaned and decontaminated. Extra service assistants are in place to meet the demand.		
• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	All linen is treated in accordance with national guidance. Any linen used in areas where there are COVID-19 positive patients is treated as infectious. Disposable gloves and apron are worn when handling infectious linen. This is completed in the cohort areas or single room and taken to the ward disposal room for collection. Linen skips are taken to the bedside when required and are put away when not being used.		
• single use items are used where possible and according to single use policy	Single use items are used according to single use policy. Some items of PPE are sessionally worn and this in accordance with PHE/manufacturers guidance.		
• reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance	Reusable items are decontaminated with peracide in accordance with PHE/manufacturers guidance.		

• ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment • ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air	Environments have been reviewed and clutter removed to enable enhanced cleaning to take place in all areas. Environments have also been reviewed by estates staff. Individual area assessments are completed reviewing areas for ability of staff to socially distance, clean their hands etc. Good ventilation has been reinforced throughout the COVID-19 Pandemic. Where ventilation has not been optimal, estates work has been done to improve ventilation wherever possible and is ongoing. Extraction devices have also been fitted in some areas.		

• there is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants	The risk stratification of cases had been reviewed in accordance with PHE guidance. Peracide is in use as previously due to the nature of other microorganisms in addition to enveloped viruses such as COBID-19.		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship is maintained	Antibiotic stewardship information is on the Hive. Antibiotic audits are conducted by Consultant Microbiologists and antibiotic pharmacist.. Medicines management and antibiotic usage is provided to divisions and disseminated through governance processes. Microbiologist conduct a daily walk round on DCC/ITU to review all antimicrobials. Extended use of Procalcitonin (test carried out in the laboratory) for all confirmed COVID19 as a bio- marker for		

• mandatory reporting requirements are adhered to and boards continue to maintain oversight	bacterial infections. There is also a clinical management pathway with incooperated antibiotic policy for COVID-19 patients.  Pathway for Clinical Management of Susp Mandatory reporting is always completed and the Director of Infection Prevention and Control completes a report for board on a monthly basis.		
• **Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion**			
• **Key lines of enquiry**	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	Visiting has been restricted in all areas since the onset of COVID-19 pandemic. This is to reduce the risk of transmission of COVID-19 and to ensure that social distancing can be adhered to wherever possible. Recognising the impact that restrictions in visiting has on patients and staff, particularly at the end of a patients life, the Trust has been responsive in providing video calling via iPADS, facilitating letters to loved ones and initiating knitted hearts, one to stay with the person at the end of their life and one to stay with the relative of the patient. This has been facilitated by the End of Life Team. Visiting for Eol and patients with enhanced care needs is allowed at the discretion of ward managers. A further compassionate visiting protocol has been completed recognising the importance of family/carer support networks on the wellbeing of patients and minimising the risk of transmission of infection.  Compassionate Visiting Guidance.doc		

• areas in which suspected or confirmed COVID-19 patients are being treated in areas clearly marked with appropriate signage and have restricted access	Areas treating COVID-19 patients are clearly signed. Pull up banners have been purchased and are being used. Clear signage is in place to indicate blue and yellow areas, for example AMU (blue) and CT (yellow).		
• information and guidance on COVID-19 is available on all trust websites with easy read versions	COVID-19 information is on the HIVE with links to relevant guidance. Pictorial guides are available on the intranet.		
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Infectious status of the patient is communicated via handover to any receiving destination. COVID-19 status is also flagged on the Nerve centre and CAMIS. A protocol has been developed for appropriate screening and safe movement of patients who are or have been COVID-19 positive (see above DBTH flowchart) to ensure that patients are moved through appropriate pathways. COVID-19 status is available on electronic systems for receiving departments to see. This is also communicated on ICE when requesting tests. Staff in departments is obtaining COVID-19 status before sending for the patient, e.g. imaging department.		

• there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice.	There are pull up posters available to encourage hand hygiene and posters to reinforce hands face and space advice.		
4. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure: • screening and triaging of all patients as per IPC and NICE Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases.	Screening protocols have been recently updated in accordance with PHE guidance. Sceening occurs on day 0, day 3 and day 5 and day 28 if negative. Positive swabbing regime is done in accordance with guidance and further surveillance swabbing is completed to allow for optimum placement of patients on the wards.		
• front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate from Non Covid-19 cases to minimise the risk of cross-infection as per national guidance	Front door areas have appropriate yellow and blue areas in order for patients to follow appropriate pathways and to maintain segregation to minimise the risk of transmission. There is standard operating procedure relating to segregation and screening of those patients attending outpatients appointments.  SOP OPD final.doc		
• staff are aware of agreed template for triage questions to ask	Staff are aware of triage questions (as in the OPD SOP above) and are taking temperatures on admission to ensure that patients are potentially separated from others to reduce the risk of transmission of infection.		
• triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible	Triage is done by a member of nursing staff and escalated to medical staff as appropriate to ensure that the correct pathway for the patients is followed in a timely manner. In addition in Eds, Ambulance services communicate		

• face coverings are used by all outpatients and visitors • face masks are available for patients with respiratory symptoms	effectively with the departments to ensure risks are known at the earliest opportunity. The expectation that all outpatients and visitors wear face coverings. Where exemptions are identified, this is positively challenged by staff and if refusal on medical grounds is identified, distancing in reinforced. Stock levels are checked daily and stores held centrally. There are no supply issues with face masks for patients with respiratory illness and for those who are on the medium and high risk pathway.		

• provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care • ideally segregation should be with separate spaces, but there is potential to use screens, e.g. to protect reception staff. • for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative • patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	All patients who are on the medium and high risk pathways are asked to wear face masks, especially those with respiratory illness. This is reinforced with all staff regularly and is communicated on the HIVE. Seating has been reviewed to ensure that spacing is adequate. Screens have been put up in reception areas in addition. Anybody displaying any symptoms of COVID-19 are flagged and screened atteh earliest opportunity. Where this happens contact tracing is initiated and a tagging system put on Nerve Centre to ensure that tracing can occur and control is kept of this. Patients are either accommodated in side-rooms or in cohort areas as soon as symptoms are noted. There is OPD SOP as above.		
5. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure: • separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas • all staff (clinical and non- clinical) have appropriate training, in line with latest national guidance to ensure their personal safety and working environment is safe • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to Don and Doff it safely	Yellow corridors and lifts etc are in place as well as blue routes. Areas have separate exits and entrances where possible. In some areas there are barriers in place that can be put in place depending on the number of cases, whether there are AGPs etc. Restrictions are in place for communal areas dependent on the size of the space. All workplaces have had a workplace assessment completed to ensure COVID-19/IPC measures can be put in place. In addition individuals have had individual circumstances form completed and subsequent individual risk assessments where possible. PPE training sessions have been facilitated by the IPC team which includes safe donning and doffing. PHE training materials and videos are put on the HIVE for all staff to access. Ad hoc training on donning and doffing and the appropriate use of PPE is given on an ad hoc basis also. Support for staff in relation to skin integrity that may be compromised by wearing of PPE for long periods of time is given by the skin integrity team.  skin-integrity-ppe.pdf		

• a record of staff training is maintained • appropriate arrangements are in place that any reuse of PPE in line with the MHRA CAS Alert is properly monitored and managed	All staff training is recorded on OLM, paper copy is also kept where appropriate. Contingency plans have been explored to address potential shortages of PPE. This includes processes to be used as a last resort and is in accordance with PHE and Infection Prevention Society guidance. In house testing has been completed to ascertain levels of contamination and ways of decontaminating gowns. Reusable gowns have been sourced and stored in case of any future critical shortages.		

• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Recorded on Datix and discussed at enhanced ops meeting and risk assessed for safety. All DATIX incidents that are COVID-19 related are reviewed by IPC Pandemic Matron. Any subsequent advice is communicated via DATIX		
• adherence to PHE national guidance on the use of PPE is regularly audited	The IPC team conduct audits on the use of PPE and IPC practices. National audits completed re nosocomial infections. Usage of PPE is monitored by inventory management		
• hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as: o hand hygiene facilities including instructional posters	Hand hygiene pull up banners have been put in place to encourage hand hygiene. Posters and signage is in place to encourage hand hygiene and wearing of face coverings . All IPC measures and messaging included are reinforced on floor and wall signs, social media and on the HIVE. This includes advice on frequent touch decontamination of all areas and clear advice on wearing face coverings and facemasks by staff.		

o good respiratory hygiene measures o maintaining physical distancing of 2 metres wherever possible unless wearing PPE as part of direct care o frequent decontamination of equipment and environment in both clinical and non-clinical areas o clear advice on use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patient facing areas			

• staff regularly undertake hand hygiene and observe standard infection control precautions	Staff undertake hand hygiene using the WHO 5 Moments concept, using either alcohol hand rub and/or soap and water. Alcohol hand rub is available at the point of care. 52 sinks had been requested to put in place at exits and entrances across three sites (33 at DRI, 14 at BH and 5 at MMH). Hand hygiene pull up banners have been put in place to encourage hand hygiene. Hand hygiene audits are conducted by the IPC teams, and by ward teams. Hand hygiene audits are included in the IPC accreditation and as part of the quality dashboard and Hard Truths data. DBTH is in the process of signing up to the NHSE/I project into appropriate glove usage (First briefing is on 30th November 2020).		
• the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance	The use of hand dryers has been restricted in all areas throughout sites. Hands are dried with disposable hand towels from dispensers away form the risk of splash and contamination.		
• guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff areas	Hand hygiene posters are displayed in public areas in addition to staff areas.		

• staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE national guidance and other if they or a member of	Scrubs provided in some locations. Staff encouraged to change at work, not to travel in uniform and to launder uniform on its own as per uniform policy. Staff swabbing hub is in place. Drive through swabbing is facilitated at the Lodge in BDGH. A staff sickness absence telephone line regarding self-isolation and instruction for when staff can return to work. Telephone advice is given regarding the process for staff swabbing by the IPC admin team or by the Occupational Health Department. Enhanced psychological support has been established to provide a place for staff to leave the clinical areas and take some time out when dealing with difficult situations during the pandemic. Individual risk assessments are completed by line managers and Occupational Health Departments.		

their household display any of the symptoms • a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals) • positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported. • robust policies and procedures are in place for the identification of and management of outbreaks of infection	Surveillance mechanisms to understand the ongoing rates of infection are in place. Local and regional reports are shared from PHE. Daily situation reports are shared and daily meetings with regional partners are held to understand local and regional data. A local post infection review is done on cases which meet the PHE criteria for review. On identification of more than one case, a local investigation is carried out and if suspected of an outbreak is reported to PHE.  DBTH outbreak management.pdf There is a policy for outbreak management. Outbreak control meetings are convened to identify any measures to be put in place.		
6. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • restricted access between pathways if possible, (depending	There are yellow and blue pathways		

	and wards. Depending on the number of cases, these areas can flex up and down to accommodate. This is achievable due to estates modifications, doors on bays, building works.		

on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff			
• areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas	Physical barriers are in place using colour coded lift doors, signage, cautionary black and yellow tape barriers and doors. Restricted access is clearly identified.		
• patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	Patients who have suspected or confirmed COVID-19 are isolated in single rooms with ensuite facilities where possible. If single room availability is limited, then priority is given to those COVID-19 patients who have respiratory symptoms and/or are having aerosol generating procedure. A protocol has been developed to guide clinical staff in the appropriate placement of patients. Advice is given by the IPC team on placement f patients. The Estates departments have fitted extra doors on bays to increase the cohorting capacity across the Trust.		
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Where patients are cohorted, doors have been put on bays by estates and facilities staff to minimize the risk of infection. Walls have been put up to facilitate segregation of patients with and without COVID-19 to reduce the risk of transmission.		

• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Guidance on placement and IPC practices are given by the IPC team and senior divisional leaders. Those patients who do not have COVID-19 but have other conditions that require isolation, are isolated in accordance with Trust policy and in collaboration with the IPC team.		
7. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

There are systems and processes in place to ensure:		
• ensure screens taken on admission given priority and reported within 24hrs	Screens are taken on admission and in accordance with guidance for subsequent screening. A priority order for testing is in place in the laboratory. There are stickers for use to assist in priorty where urgent testing is required. The DNA Nudge machines are in place in the emergency departments across sites.	
• regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available		
• testing is undertaken by competent and trained individuals	Testing is completed by qualified Biomedical scientists in the laboratory and by clinical staff trained on the DNA Nudge system in clinical areas.	
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	Testing is undertaken promptly in accordance with PHE guidance. At a time of higher demand, extra laboratory capacity is provided by STH.	
• regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data)	Information services send alerts to Department manages to remind them of when patients require screening.	

• screening for other potential infections takes place	MRSA screening is completed on admission in accordance with national guidance and local policy. Screening for CDI is also undertaken in accordance with national guidance. Other micro-organisms screening is completed in accordance with guidance, e.g CPE		
8. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms	During the first wave the IPC team had been strengthened with the addition of an IPC Pandemic matron and six administration members of staff to ensure that calls and questions were answered promptly and consistently. Records of calls have been recorded. During the recovery stage between wave 1 and wave 2, the IPC Pandemic matron remains in post, however the additional administrative support has been reduced as staff returned to their substantive posts. All IPC guidance is put on the HIVE and is accessed via Trust policy. IPC nurses have been out and visible in the clinical areas supporting staff with IPC policies and practices, providing a seven day service where possible. Risk assessments are made where patients may have alert organisms and side rooms may be limited. Cohort nursing an option at these times.	
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	PHE guidance is reviewed daily by members of the IPC team and the Director of Infection Prevention and control and discussed at enhanced Ops and disseminated via the Hive and through face to face contact between	

• all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance	members of the IPC team and staff in the clinical areas. Waste from COVID-19 positive patients is treated as infectious clinical waste in accordance with current national guidance. Handled as category B waste. Linen is managed using the red bag system.		
• PPE stock is appropriately stored and accessible to staff who require it	PPE stock is centrally stored and sent out to wards and departments based on the level of PPE that is required in the clinical areas. Daily stock takes are completed to ensure that wards/departments have the necessary stock of PPE and the point of use. As an ICS we are working together to order PPE to ensure good stock levels are in place for future months. The ICS also work together on the supply of PPE with ICS wide stock takes and help each other with mutual aid.		
9. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported	Department/ward managers complete a risk assessment for individuals to ascertain the level of risk associated with their position in the organization. This is overseen by divisional leaders. Staff who are at higher risk have been redeployed during the COVID-19 pandemic to minimize risk of infection to those members of staff. Individuals have met (virtually) to discuss the risks associated with BAME group of staff and a way forward. Rainbow rooms are currently available for staff to take 'timeout' during their shift.		

• that risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic (BAME) and pregnant staff	Documented risk assessments are completed for all members of staff who may be at increased risk of transmission of infection. These are completed by Department managers and Occupational health.		
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained and held centrally	Members of staff have been Mask fit tested and appropriate respirators have been supplied to clinical areas and to individuals in some case. The Trust was assisted in mask fit testing by South Yorkshire fire and Rescue and Altrad/York Linings company. Records of training have been kept and certificates/passports have been supplied to staff so that they are clear on which type of respirator they have been Fit tested for. Mask fit testing has been undertaken by members of the training and education team and led by the QI Trust Lead. The training was registered on OLM.		
• staff who carry out fit test training are trained and competent to do so	Staff who carry out fit testing are trained to the HSE standard for fit testing.		
• all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used	All staff required to wear FFP3 masks are tested for a reusable respirator and issued one. Where testing is unsuccessful on this, FIT testing is done on alternative masks each time the model is discontinued and new		

• a record of the fit test and result is given to and kept by the trainee and centrally within the organisation • for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods	lines are added. Tests are recorded on OLM and a passport given to the individual so that they have a record of what they have been tested on. Tests are recorded on OLM and a passport given to the individual so that they have a record of what they have been tested on or if they have failed. A record of hoods being issued is held by Inventory management.		

• for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm	Where FIT testing is not successful, options of hoods are given. If this is not suitable, discussions are had with occupational health and HR to support redeployment.		
• a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health	All Occupational health discussions are recorded and copies given to the individual and for the personnel file.		
• following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record	See above (repeated point)		
• boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and	Records are kept via OLM and available from the education and training department and is available.		

provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board			
• consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance	Whereever possible staff allocation is consistent across pathways.	Large numbers of staff isolating means that this is challenging and staff are on occasion moved to cover in different areas.	Where this happens, staff do not have multiple moves in one shift or start work on one shift to be moved to another ward. Twice weekly Lateral flow testing should identify asymptomatic carriage and may result in less transmission of infection.
• all staff should adhere to national guidance on social distancing (2 metres) if not wearing a facemask and in non-clinical areas	This message is reinforced consistently via all communication channels.		
• health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone	Workplace assessments has resulted in ways of working to support COVID-19 secure workplaces. For example, working from home where this can be done, virtual meetings, putting in place screens. Increased availability of hand hygiene facilities.		
• staff are aware of the need to wear facemask when moving through COVID-19 secure areas.	All staff are aware of the need to wear facemasks when moving through COVID-19 secure areas and all areas to reduce the risk of transmission of infection.		

• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	There are systems in place to monitor staff sickness. Staff swabbing process is in place and visible on the Hive for staff to access. Testing is available via BH lodge in hours. Where staff become unwell at work, they are encouraged to have a test before they leave where they work in a clinical area. Lateral flow testing is expected to be rolled out over the coming weeks.		

• staff who test positive have adequate information and support to aid their recovery and return to work	Standard advice based on PHE guidelines are given to HCWs and when they can return back to work and on isolation precautions for their entire household. They are also requested to ensure their line mangers aware of the results, while pointing the staff towards health and wellbeing if needed. Occupational Health teams and IPC teams give advice and guidance following tracing with those individuals who test positive. Guidance is given for clinical areas and for those who have been in contact outside of the Trust premises.		

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Medical Director's update**		
Report to	**Board of Directors**	**Date**	**15 December 2020**
Author	**Dr Timothy Noble, Medical Director**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues
This report is to update the Board with various aspects of the work undertaken within the remit of the Medical Director's office and working towards the True North Objectives.
Key questions posed by the report
The Board is asked to note the updates in the Report with respect to Appraisals, Revalidations and Standards of Business Conduct.
How this report contributes to the delivery of the strategic objectives
The report highlights the journey to the True North Objectives.
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 asked to note the report

HSMR

As at 20/11/2020, the monthly and overall rolling HSMR continues to show a downward trend (at 102.76) in line with crude mortality although this does not as yet reflect the impact of the second wave. It is recognised nationally that HSMR is not yet able to adapt to the impact of the covid pandemic. We do however have careful scrutiny of nearly all deaths via the ME processes and any learning opportunities are realised.

Medical Examiner's office

The establishment of the Medical Examiners team at the beginning of the year has resulted in 86% of deaths being scrutinised, an increase from 63% last quarter. Excellent relationships have been built up with both Coroners and their registrars. The registrars have recognised that the ME team input into the death certification process is imperative and has significantly reduced the number of rejected MCCD'S. Data shows 98% of deaths have been registered within 5 days.

The team continues to receive very positive feedback from bereaved families who have really appreciated the time to discuss the care of their loved ones whilst they have not been able to regularly visit during the COVID-19 pandemic.

All medical staff have benefitted greatly from the ME service and have received daily support and advice. Legislation changed significantly during quarter 1 and this remains in place for the foreseeable future.

Appraisals

Two Revalidation Support Co-ordinators have been recruited to the Revalidation Office. Their role is to actively support and progress medical staff appraisals and coordinate the revalidation process. It is important to note that medical appraisals were stood down nationally by NHS England in March 2020 and only partially re-instated in October 2020, for those areas less pressurised during the pandemic. For those clinicians in less pressurised areas, we are seeing increased engagement. Discussion of wellbeing is actively encouraged during appraisals.

Completion 2020/2021	
Q1	33.3%
Q2	31.11%
Q3	12.35%
Q4	

Revalidation

In March 2020, NHS England nationally recognised the need for Trusts to use their resources to address the Covid pandemic and agreed to move all doctors' revalidation dates due during April 2020 and March 2021 on by one year.

DBTH proactively assessed individuals due for revalidations due during this period and made the decision to review those clinicians ready to proceed. Between 1st April 2020 and 8th December 2020, the Trust recommended **29** clinicians for Revalidation.

Standards of Business Conduct and Employees Declarations of Interest Policy

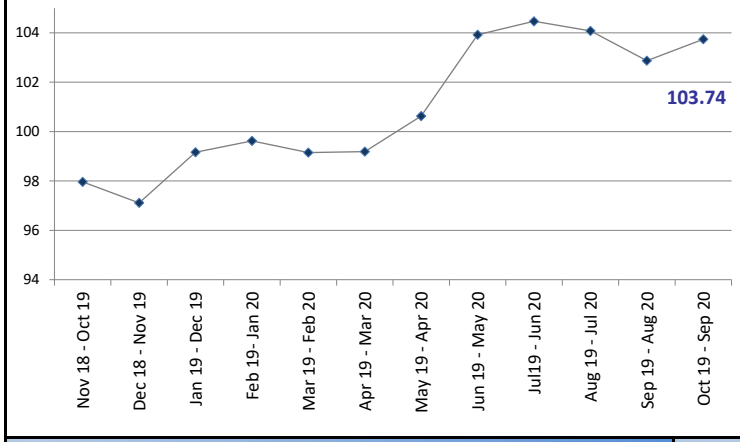
Completion is steadily improving and is currently at **63.3%**, on target to achieving 100% by 31st March 2021. A process is now well established to ensure any non-returns are addressed.

Audit and Effectiveness

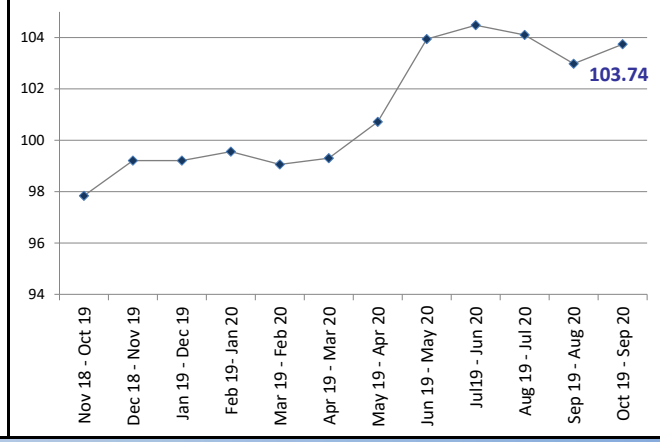
The current terms of reference for the Audit and Effectiveness Committee are being reviewed to ensure the outputs are focussed on closing the loop on activity undertaken by the committee.

Hospital Standardised Mortality Ratio (HSMR) - September 2020 (Month 6)

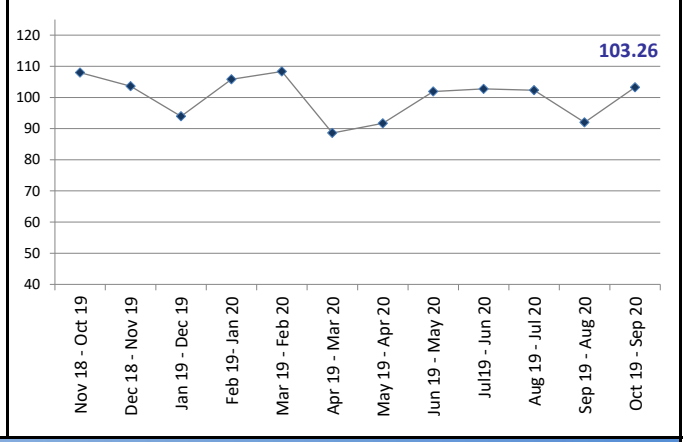
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

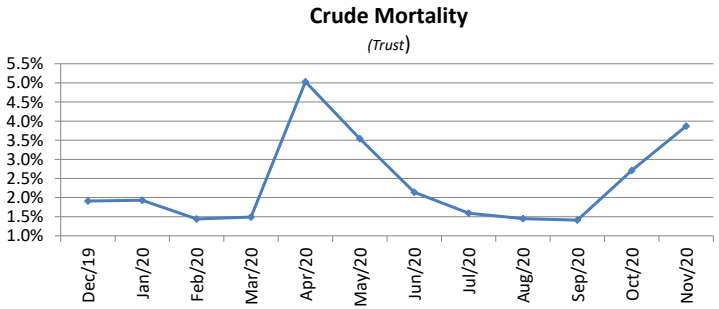


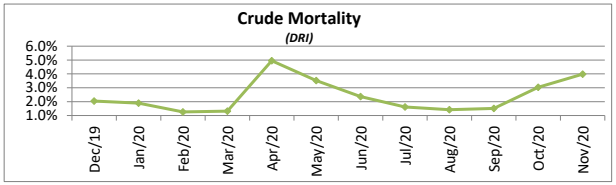
HSMR Trend (monthly)

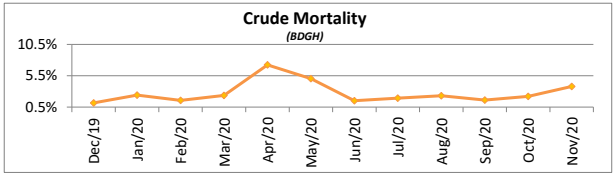
	2016	2017	2018	2019	2020
January	116.80	99.21	94.86	105.78	110.26
February	99.94	97.73	105.44	98.13	92.56
March	90.54	97.37	88.42	101.87	102.51
April	105.91	88.50	98.37	100.70	126.90
May	101.15	96.60	91.20	91.36	142.43
June	80.27	93.67	89.98	98.32	105.88
July	92.56	97.73	107.07	104.77	98.84
August	100.27	87.52	94.65	112.17	95.79
September	90.26	95.34	90.09	83.64	90.33
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) - November 2020 (Month 8)

(number of deaths/number of patient discharged)







	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Trust	1.91%	1.93%	1.44%	**1.69%**	**5.03%**	**3.54%**	**2.14%**	**1.59%**	**1.46%**	**1.41%**	**2.71%**	**3.87%**
DRI	2.04%	1.89%	1.26%	1.76%	4.95%	3.52%	2.37%	1.62%	1.42%	1.51%	3.04%	3.98%
BDGH	1.71%	2.42%	1.57%	1.75%	7.23%	5.05%	1.51%	1.92%	2.30%	1.61%	2.21%	3.79%

Title	Our People update		
Report to	Board of Directors	**Date**	December 2020
Author	Karen Barnard, Director of People & OD		
Purpose			*Tick one as appropriate*
	Decision		
	Assurance		✓
	Information		✓

Executive summary containing key messages and issues

The report this month provides an update related to absence and swabbing data, including lateral flow testing; Statutory and Essential training, appraisals, the Flu immunisation and Covid vaccination programmes, the staff survey and improvement to people practices.

An update is provided in terms of the absence figures up to October 2020. Covid related absence rates have been reducing recently, an example of the combination of absence types on any particular day is 147 (183 last month) covid positive, 29 (63) covid symptomatic, and 52 (103) asymptomatic (impacted by household members or track and trace (totalling 263 (366) colleagues absent for covid related reasons with a further 386 (346) colleagues absent for other sickness reasons).

Lateral flow testing is being rolled out to patient facing staff with 1473 members of staff having commenced testing and 23 having recorded positive tests at the time of writing this report.

With regard SET there has been a small reduction to 84.8%. 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 an increase of 8% to 32.38% of colleagues receiving an appraisal as at end of October 2020.

Flu immunisation programme – the Trust programme commenced on 21 September with 3989 front line colleagues having been vaccinated week ending 6 December 2020.

Planning for the Covid vaccination programme is underway but no confirmation as to when we will receive a delivery of the vaccine. A verbal update will be provided at the Board meeting.

The national staff survey closed on 27 November with 47.8% of colleagues having responded which continues to be slightly above the average for acute Trusts using Picker for their survey. The January meeting of the People Committee will receive the initial results from this survey along with recommendations related to the Trust's disciplinary policy following Imperial College Healthcare Trust sharing their revised policy. Members will recall the work undertaken following a member of their staff taking their own life whilst in the midst of disciplinary proceedings.

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.

OUR PEOPLE UPDATE

The key components of this report are:

1. Staff Absence
2. Staff Testing
3. Lateral Flow testing
4. National Flu Immunisation Programme 2020/21
5. Covid vaccination
6. SET Compliance
7. Appraisals
8. Staff survey
9. Improvements to People Practices

List of figures included with this report:

List of tables included in this report:

1. 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. It should be noted that non covid related sickness absence continues at a similar rate to previous years, with usual seasonal rise.

Figure 1 – Absence Graph, March – October 2020

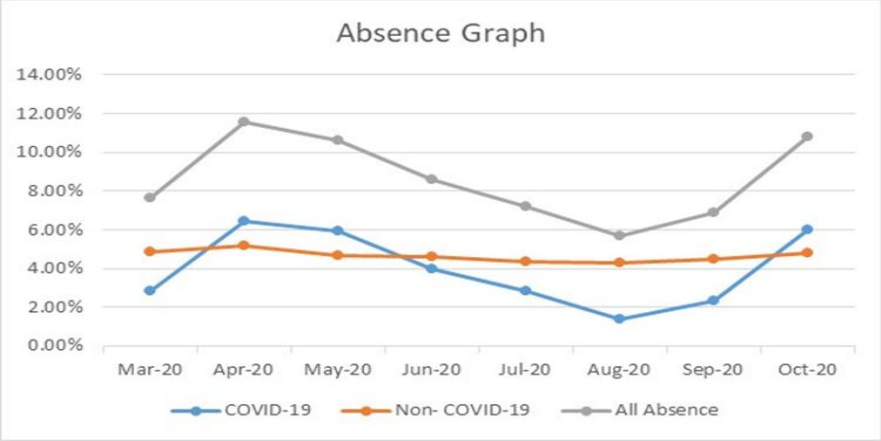
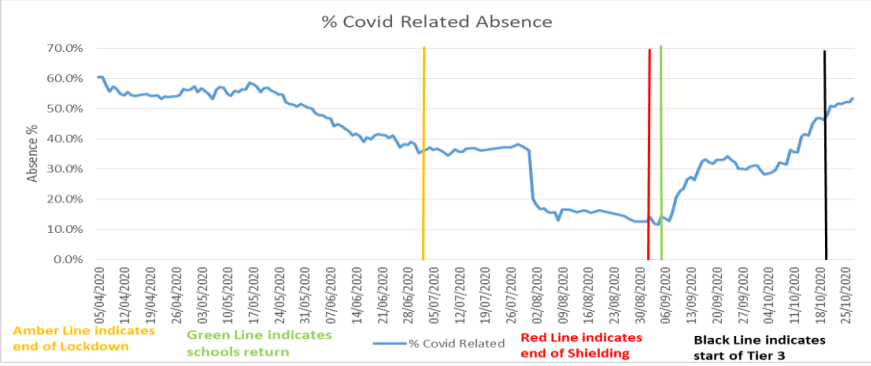


Table 1 – COVID Related Absence and Return to Work Figures

Absence Reason	Total Absences	Have not Returned	Have Returned	% returned
Carers COVID	162	2	160	99%
COVID-19 Confirmed	646	118	528	82%
COVID-19 Symptoms	581	3	578	99%
Medical Exclusion – COVID Shielding	207	39	168	81%
Medical exclusion Track & Trace W/O COVID symptoms	283	2	281	99%
Medical exclusion with Covid 19 confirmed	196	1	195	99%
Medical exclusion with Covid 19 symptoms	1754	19	1735	99%
Medical exclusion without Covid 19 symptoms	1490	45	1445	97%
Grand Total	**5319**	**229**	**5090**	**96%**

The above table details the numbers of staff who were absent during October and the proportion who have returned to work – not surprisingly the lower proportions of returning staff are those confirmed as being Covid positive and those who have been shielding. Whilst national shielding has ended as we are currently within tier 3 there are still some staff who are having to shield due to their underlying conditions.

Figure 2 –% Covid Related Absence



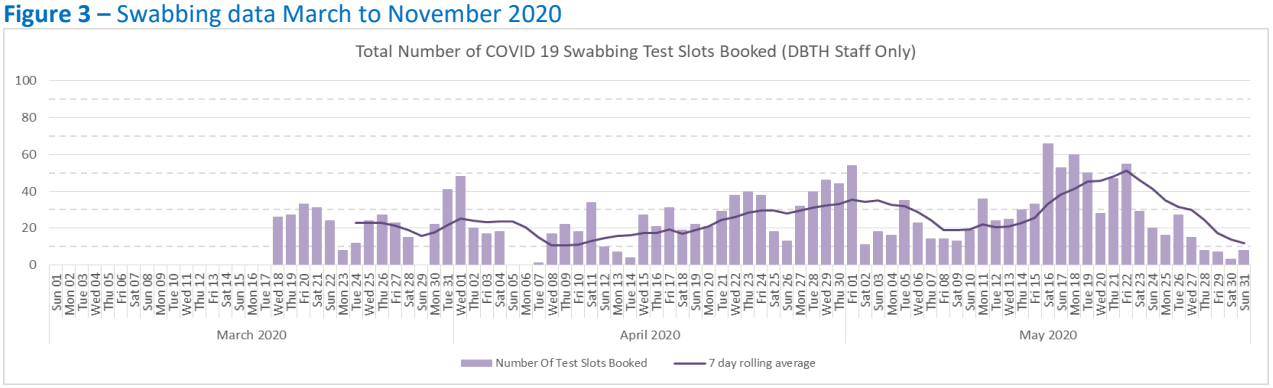
1. STAFF TESTING

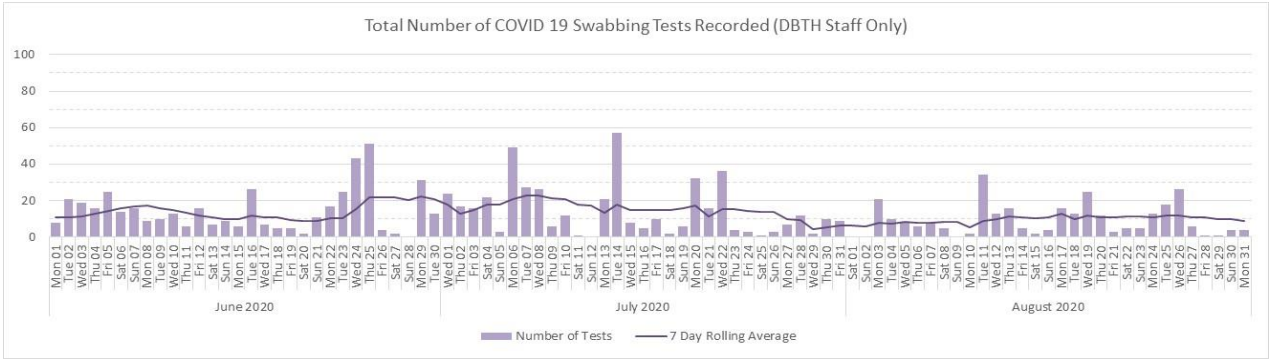
Table 2 – Staff Testing Figures

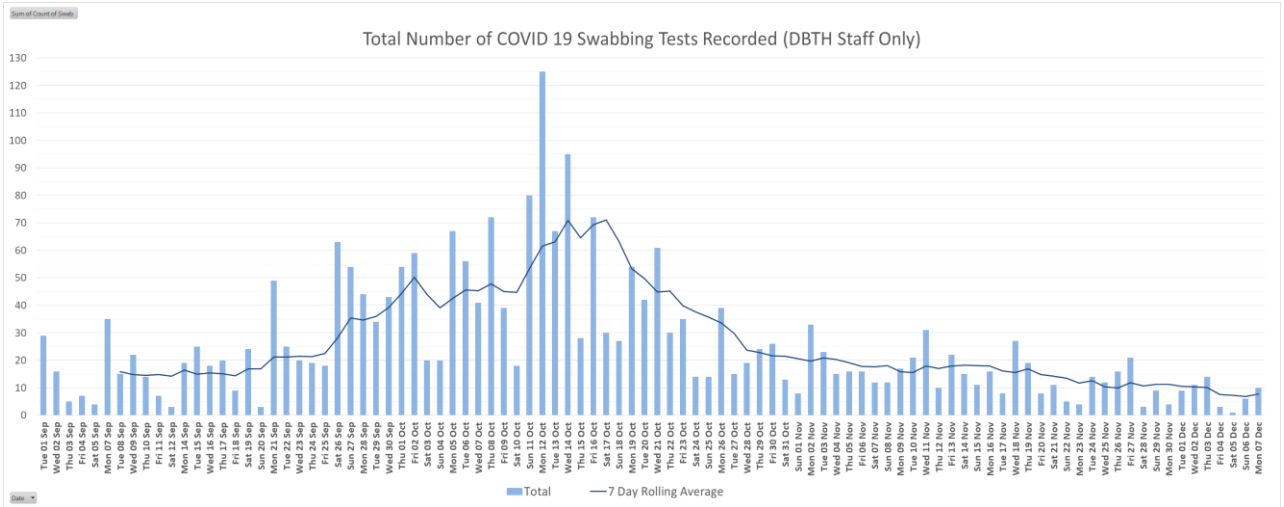
Date	March	April	May	June
Total	363	805	869	437
Date	July	August	September	October
Total	447	286	593	1352
Date	November	December	January	February
Total	439	54		

As can be seen above October has seen a significantly greater number of colleagues being tested for Covid 19 with a reduction in subsequent months.

Figure 3 – 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

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

Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	No Date	Total
⊞	7	17	7					10	12			53
⊞272 Children & Families Division	3	13	10	2				13	14	1	1	57
⊞272 Clinical Specialties Division	22	35	60	2			13	52	52	2		238
⊞272 COVID-19			1	3				4	6			14
⊞272 Directorate Of Strategy & Improvement								2				2
⊞272 Education and Research Directorate	4	4										8
⊞272 Estates & Facilities	6	24	41	8			1	39	17	4		140
⊞272 Executive Team Board	10	5	3					2				20
⊞272 Finance & Healthcare Contracting Directorat	1	1			1			2	6			11
⊞272 IT Information & Telecoms Directorate		2							1			3
⊞272 Medicine Division	24	161	97	39	5	2	11	200	144	24	1	708
⊞272 Nursing Services Directorate	2	5	5					1	8	2	1	24
⊞272 People & Organisational Directorate								2				2
⊞272 Performance Directorate		2	13					4	15			34
⊞272 Surgery and Cancer Division	26	70	149	33	7		3	82	74	12		456
Total	105	339	386	87	13	2	28	413	349	45	3	1770

Table 4 – Positive Staff by Ethnicity

Row Labels	2020/03	2020/04	2020/05	2020/06	2020/07	2020/08	2020/09	2020/10	2020/11	2020/12	No Date	Total
	7	18	9	1				13	13			61
A White - British	65	264	319	76	13	2	22	354	307	40	2	1464
B White - Irish		2						4	2			8
C White - Any other White background	5	4	3	2				7				21
C3 White Unspecified		2										2
CP White Polish			1							2		3
CY White Other European							2					2
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
GF Mixed - Other/Unspecified									3			3
H Asian or Asian British - Indian	11	11	18					9	2		1	52
J Asian or Asian British - Pakistani	1	1		2			2	1		1		8
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						4			17
M Black or Black British - Caribbean		2										2
N Black or Black British - African	2	2	3	1				2	4			14
P Black or Black British - Any other Black background		1						2	1			4
PC Black Nigerian	2	2										4
R Chinese								4				4
S Any Other Ethnic Group	2	2										4
SC Filipino		13	4	1					2			20
SE Other Specified	1											1
Unspecified	1	1	1					1	2			6
Z Not Stated	1	2	3	2				7	7	2		24
Total	105	339	386	87	13	2	28	413	349	45	3	1770

2. LATERAL FLOW TESTING

As required by NHSE/I we have introduced lateral flow testing for patient facing staff – the first batch received by the Trust has been issued to colleagues with a second batch received on the 7 December 2020 which is now being distributed. At the time of writing this report 1,473 members of staff have undertaken the test with 23 (1.07%) testing positive. These colleagues are then required to self-isolate whilst they are tested using the PCR test. A verbal update will be provided at the Board meeting.

3. NATIONAL FLU IMMUNISATION PROGRAMME 2020/21

The flu immunisation programme commenced in on 21 September 2020 – to date we have vaccinated 3989 front line colleagues and 4685 colleagues in total. We continue to encourage colleagues to have the flu vaccine in a timely manner in anticipation of the covid vaccine being available shortly. The flu vaccine will continue to be available during December through clinics within Occupational Health.

4. COVID VACCINATION

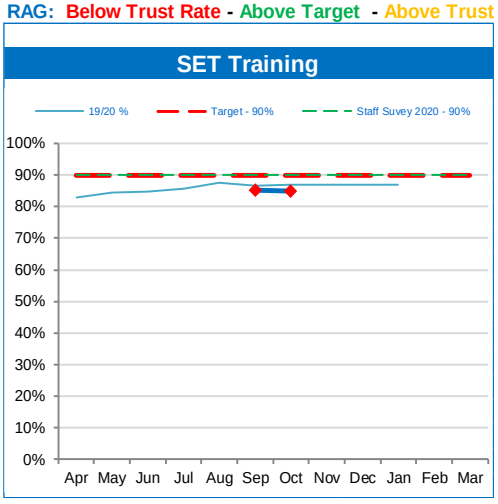
At the time of writing this report we are preparing to receive the covid vaccine and have plans developed to deliver the vaccine to staff on the DRI and Bassetlaw sites – the delivery of the vaccine on the Mexborough site is dependent upon the ability to move the vaccine once received due to the storage requirements of the Pfizer vaccine. As this is fast moving a verbal update will be provided to the Board on 15 December 2020.

5. SET COMPLIANCE

The overall compliance for SET as at end of October 2020 was 84.8% 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.

Figure 4 – CG & Directorate SET Training, September 2020 (Q2) and as a %

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



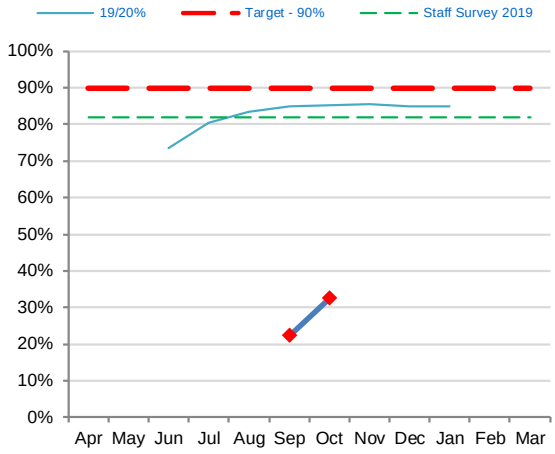
	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**84.80%**
272 COVID-19	**37.66%**
Chief Executive Directorate	**90.05%**
Children & Families Division	**84.06%**
Clinical Specialist Division	**87.66%**
Directorate Of Strategy & Improvement	**93.48%**
Education and Research Directorate	**96.57%**
Estates & Facilities	**82.80%**
Finance & Healthcare Contracting Directorate	**94.24%**
IT Information & Telecoms Directorate	**92.73%**
Medical Director Directorate	**84.09%**
Medicine Division	**82.30%**
Nursing Services Directorate	**86.38%**
People & Organisational Directorate	**86.08%**
Performance Directorate	**93.32%**
Surgery & Cancer Division	**81.51%**

6. 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.

Table 5 – AFC 12 months (NHSI))



	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**32.38**
Chief Executive Directorate	**43.75**
Children & Families Division	**59.55**
Clinical Specialist Division	**33.93**
Directorate Of Strategy & Improvement	**57.14**
Education and Research Directorate	**14.08**
Estates & Facilities	**24.77**
Finance & Healthcare Contracting Directorate	**70.63**
IT Information & Telecoms Directorate	**32.39**
Medical Director Directorate	**0.00**
Medicine Division	**13.14**
Nursing Services Directorate	**23.46**
People & Organisational Directorate	**46.15**
Performance Directorate	**77.73**
Surgery & Cancer Division	**29.35**

7. STAFF SURVEY

The 2020 staff survey closed on the 27 November 2020. As at 1 December 2020 47.8% of Team DBTH have responded – this is slightly better than the acute average for Trusts using Picker for their survey. The results are expected late December and will be shared with the People Committee at its January meeting. Response rates vary from 66% to 96% in corporate areas and from 33% to 55% within Divisions and Estates & Facilities.

8. IMPROVEMENTS TO PEOPLE PRACTICES

Members of the Board will recall the letter received last year from Baroness Dido Harding regarding the above that resulted following the tragic death of a nurse at Imperial College Healthcare NHS Trust who took his own life whilst being subject to disciplinary proceedings. Subsequently that Trust has worked to review their disciplinary policy and have shared that across the NHS. Prerena Issar, Chief People Officer of NHSE/I has written to all Trusts asking us to review our disciplinary policies in light of this work that has been undertaken and to publish our policy by March 2021. An assessment of our policy against the revised policy from Imperial College Healthcare will be received by the People Committee at its meeting in January 2021 followed by discussions with our staff side colleagues in relation to any recommended amendments to our current policy.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**INTEGRATED QUALITY & PERFORMANCE REPORT (IQPR) / Performance Exception Report**		
Report to	**Board**	**Date**	**15/12/2020**
Author	**Rebecca Joyce – Chief Operating Officer** **Julie Thornton – Head of Performance**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues
The Integrated Quality & Performance Report (IQPR) for the Trust is split into two parts: 1. At A Glance Charts – showing performance against the set of indicators 2. Performance Exception Report – this analysis is provided by operational teams where targets have not been met. The report is split into 3 main areas:- • Elective • Emergency • Cancer Covid 19 has had a significant impact on performance across the Trust. Due to high levels of COVID occupancy throughout the Trust, which ranked amongst the highest in the country, all non-urgent surgical activity being stood down, which has impacted on all activity & RTT related targets. Outpatient and diagnostic activity has been less impacted by Wave 2. A challenging performance picture is presented in this report. Headlines from the report include: **Elective** • The Trust did not meet its Phase 3 Elective activity standards due to COVID related pressures, with the notable exception of CT.

- 52 Week Breaches – In October 2020 the Trust reported 393 breaches due to Covid 19 delays. This exceeded the in-month Phase 3 plan of 363 breaches. This continues to compare well to the position nationally.

- For RTT in October 2020 the Trust delivered 64.9% performance within 18 weeks, below the 92% standard, but showing an improving trend month on month and almost 10 % ahead of peer/ national benchmarks.

- Diagnostics – in October 2020 the Trust achieved 58.8% against a target of 99%. This is a slight improvement from last month but below the regional and national peer position.

Emergency

- 4 Hour Access – in October 2020 the Trust delivered 76.0% achievement against national target of 95%, showing a declining performance and slightly below peer and national benchmarks.

- Ambulance delays show poor performance against the standards, reflecting considerable issues in flow related to exceptional COVID 19 and occupancy pressures.

- Length of stay for non-elective patients has increased, alongside a growth in super stranded patients. Focused work with partners is ongoing to improve complex discharge pathways.

- For stroke, all standards were delivered with the exception of direct admission within 4 hours to the Stroke Unit (52.4% against a standard of 75%).

Cancer

- In September 2020 the Trust achieved 2 out of 3 31 day nationally reported measures

- In September 2020 the Trust achieved 1 out of 3 of the nationally reported 62 day measures. However, the position has continued to improve since the September reported position.

- There has been consistent improvement in volume of patients with open pathways over 104 days, with 5 reported in September. Performance remains the best in South Yorkshire and Bassetlaw.

Key questions posed by the report

Are the committee sufficiently assured by the actions taken to ensure that the operational performance of the trust for 2020/21 delivers the various performance targets?

How this report contributes to the delivery of the strategic objectives

This report relates to strategic aims 2 and the following areas as identified in the Trust's BAF and CRR.

- F&P 6 - Failure to achieve compliance and delivery aspects of the SOF, CQC and other regulatory standards.
- F&P 19 - Failure to achieve income targets arising from issues with activity

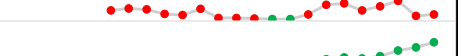
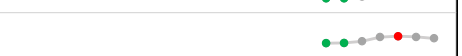
How this report impacts on current risks or highlights new risks

Update on the risks relating to the delivery of 2020/2021 operational performance

Recommendation(s) and next steps

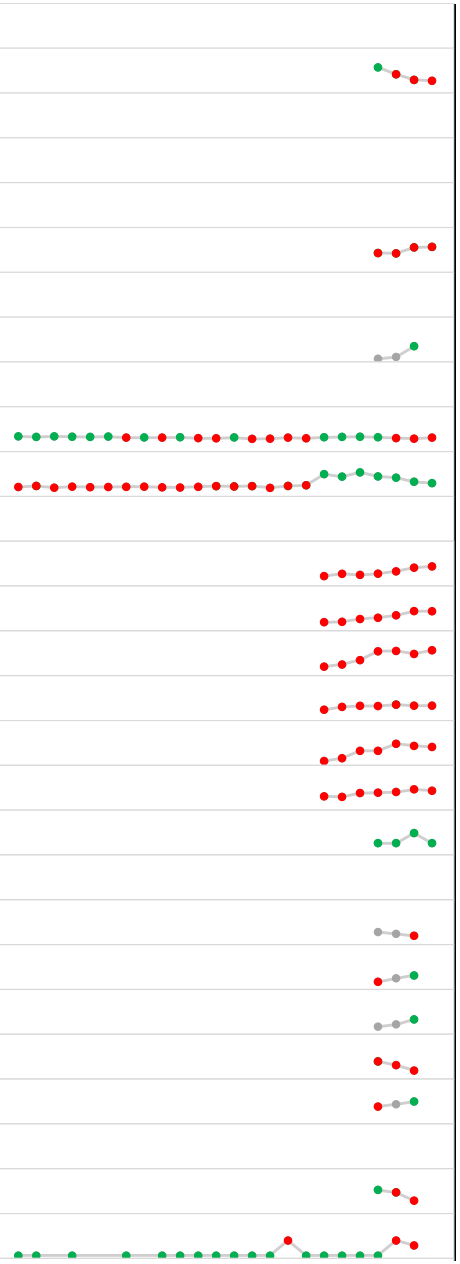
The Committee is asked to note and comment as appropriate on the attached.

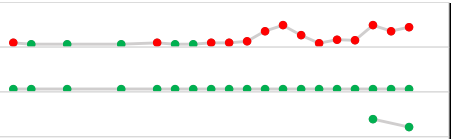
Category	Indicator	Benchmarking Month Reported	Peer Benchmark	National Benchmark	Latest Month Reported	CURRENT MONTH			YEAR-TO-DATE			YEAR END FORECAST			Trend Graph (Nov-18 - stated month) This is calculated based on rolling 24 month data with performance below expected control limits highlighted in 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)	Oct-20	78.6%	77.6%	Oct-20	95%	75.9%	-19.10%	95%	87.8%	-7.17%				
	Max time of 18 weeks from point of referral to treatment- incomplete pathway	Sep-20	55.3%	55.8%	Oct-20	92%	64.9%	-27.09%	92%	62.5%	-29.49%				
	RTT 52 Week Breaches to date	-	-	-	Oct-20	0	393	393	0	393	393				
	Waiting list size (from 1/4/19) - 18 Weeks referral to treatment -Incomplete Pathways	-	-	-	Oct-20	29935	33925	-3990	29935	33925	-3990				
	% waiting less than 6 weeks from referral for a diagnostics test	Sep-20	62.1%	67.0%	Oct-20	99%	58.8%	-40.21%	99%	46.9%	-52.06%				
Performance (Cancer)	31 day wait for diagnosis to first treatment- all cancers	Sep-20	93.8%	92.1%	Sep-20	96%	96.0%	0.00%	96%	98.3%	2.34%				
	31 day wait for second or subsequent treatment: surgery	Sep-20	90.7%	86.8%	Sep-20	94%	100.0%	6.00%	94%	98.5%	4.48%				
	31 day wait for second or subsequent treatment: anti cancer drug treatments	Sep-20	99.7%	99.0%	Sep-20	98%	90.9%	-7.10%	98%	98.1%	0.14%				
	31 day wait for second or subsequent treatment: radiotherapy	Sep-20	100.0%	95.9%	Sep-20	-	-	-	-	-	-				
	62 day wait for first treatment from urgent GP referral to treatment	Sep-20	85.1%	93.9%	Sep-20	85%	74.9%	-10.13%	85%	82.1%	-2.86%				
	62 day wait for first treatment from consultant screening service referral	Sep-20	75.0%	84.3%	Sep-20	90%	91.7%	1.67%	90%	71.6%	-18.36%				
	Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	-	-	-	Sep-20	-	5	-	-	151	-				
Performance (Activity)	A&E Attendances	-	-	-	Oct-20	-	12999	-	-	89048	-				
	Non Elective Activity - Discharges	-	-	-	Oct-20	4245	4268	23	29715	31017	1302				
	Daycase Activity (Contracted levels achieved)	-	-	-	Oct-20	1445	3362	1917	10113	14641	4528				
	Other Elective Activity (Contracted levels achieved)	-	-	-	Oct-20	281	592	312	1964	2613	650				
	Outpatient new activity (Contracted levels achieved)	-	-	-	Oct-20	6872	10183	3312	48101	56855	8755				
	Outpatient Follow Up activity (Contracted levels achieved)	-	-	-	Oct-20	14705	21356	6651	102937	117485	14548.25				
Performance (Ambulance Handover Times)	Ambulance Handovers Breaches -Number waited <= 15 Minutes	-	-	-	Oct-20	78.9%	40.8%	-38.15%	78.9%	59.0%	-19.87%				
	Ambulance Handovers Breaches -Number waited >15 & <30 Minutes	-	-	-	Oct-20	22.2%	34.5%	-12.32%	22.2%	35.9%	-13.68%				
	Ambulance Handovers Breaches-Number waited >30 & < 60 Minutes	-	-	-	Oct-20	0.0%	16.2%	-16.19%	0.0%	3.5%	-3.50%				
	Ambulance Handovers Breaches -Number waited >60 Minutes	-	-	-	Oct-20	0.0%	9.6%	-9.65%	0.0%	1.8%	-1.77%				
Performance (Stroke)	Overall SSNAP Rating	-	-	-	Mar-20	B	A	-	B	A	-				
	Proportion of patients scanned within 1 hour of clock start (Trust)	-	-	-	Aug-20	48.0%	50.0%	2.00%	48.0%	50.5%	2.48%				
	Proportion directly admitted to a stroke unit within 4 hours of clock start	-	-	-	Aug-20	75.0%	52.4%	-22.62%	75.0%	63.0%	-12.02%				
	Percentage of all patients given thrombolysis	-	-	-	Aug-20	90.0%	100.0%	10.00%	90.0%	100.0%	10.00%				

	Percentage treated by a stroke skilled Early Supported Discharge team	-	-	-	Aug-20	24.0%	75.0%	51.00%	24.0%	80.9%	56.85%				
Peformance (Theatres & Out Patients)	Out Patients: DNA Rate	-	-	-	Oct-20	8.7%	11.5%	-2.73%	8.7%	10.0%	-1.27%				
	Out Patients: Hospital Cancellation Rate	-	-	-	Oct-20	4.5%	17.7%	-13.21%	4.5%	25.9%	-21.36%				
	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	-	-	-	Oct-20	95.0%	57.8%	-37.22%	95.0%	58.8%	-36.16%				
	Clinic Utilisation	-	-	-	Oct-20	95.0%	76.9%	18.08%	95.0%	79.2%	15.78%				
	ASIs 7 Days +	-	-	-	Oct-20	0	9	-9	0	22	-22				
	Missing Outcomes 14 Days +	-	-	-	Oct-20	0	1629	-1629	0	1629	-1629				
	Theatre Booking - 3 weeks prior	-	-	-	Oct-20	-	59.8%	-	-	53.7%	-				
	Theatre Booking - 4 weeks prior	-	-	-	Oct-20	95.0%	52.1%	-42.87%	95.0%	46.2%	-48.80%				
	Theatre Booking - 5 weeks prior	-	-	-	Oct-20	-	47.3%	-	-	41.0%	-				
	Theatre Utilisation	-	-	-	Oct-20	87.0%	75.1%	-11.93%	87.0%	74.7%	-12.32%				
	Cancelled Operations on the day (For non-clinical reasons)	-	-	-	Oct-20	1.0%	0.60%	0.40%	1.0%	0.45%	0.55%				
	Cancelled Operations-28 Day Standard	-	-	-	Oct-20	0	1	-1	0	17	-17				
	ERS Advice & Guidance Response Time	-	-	-	Sep-20	2WD	34WD	-32WD	2WD	18WD	-16WD				
	Infection Control Hosptial Onset C.Diff	-	-	-	Oct-20	TBC	2	-	TBC	26	-				
	Infection Control Community Onset C.Diff	-	-	-	Oct-20	TBC	2	-	TBC	10	-				
	Infection Control Combined Onset C.Diff	-	-	-	Oct-20	TBC	4	-	TBC	36	-				
	Infection Control MRSA	-	-	-	Oct-20	0	0	0	0	0	0				
	HSMR (rolling 12 Months)	-	-	-	Oct-20	100	102.76	-2.76	100	102.76	-2.76				
	HSMR : Non-Elective (rolling 12 Months)	-	-	-	Oct-20	100	102.88	-2.88	100	102.88	-2.88				
	HSMR : Elective (rolling 12 Months)	-	-	-	Oct-20	100	91.52	8.48	100	91.52	8.48				
	Never Events	-	-	-	Oct-20	0	1	1	0	2	2				
	Sis	-	-	-	Oct-20	-	5	-	-	21	-				
	VTE	-	-	-	Jan-20	95.0%	95.0%	0.00%	95.0%	95.3%	-0.28%				
	Pressure Ulcers - Category 3	-	-	-	Oct-20	5	9	-4.01	35	36	-1				
	Pressure Ulcers - Category 2 / UNS / DTI	-	-	-	Oct-20	0	70	-70	0	409	-409				

Patients	Falls with Severe Harm / Lapse in Care / SI	-	-	-	Oct-20	0	3	-3	0	12	-12				
	Falls with Moderate or Severe Harm	-	-	-	Oct-20	3	1	2	3	5	-2				
	Complaints Resolution Performance (% achieved closure in agreed timescales with complainant)	-	-	-	Oct-20	90.0%	30.6%	-59.44%	90.0%	30.6%	-59.44%				
	Complaints Upheld / Partially Upheld by Parliamentary Health Service Ombudsman	-	-	-	Oct-20	-	0	-	-	0	-				
	Claims CNST (patients)	-	-	-	Oct-20	TBC	7	-	TBC	7	-				
	Claims LTPS - staff	-	-	-	Oct-20	-	1	-	-	1	-				
	Friends & Family Response Rates (ED)	-	-	-	Mar-20	-	-	-	-	2.56%	-				
	Friends & Family Response Rates	-	-	-	Mar-20	-	-	-	-	21.49%	-				
	Emergency Readmissions within 30 days (PbR Methodology)	-	-	-	Sep-20	7.0%	5.6%	1.42%	7.0%	7.7%	-0.74%				
	DTOC	-	-	-		3.0%	-	-	3.0%	-	-				
	Super Stranded Patients	-	-	-	Oct-20	71	81	-10	71	349	-278				
	Average Length of Stay (Elective & Non-Elective)	-	-	-	Oct-20	-	4.35	-	-	3.62	-				
	Bed Occupancy <92%	-	-	-		92%	-	-	92%	-	-				
	Mixed Sex Accommodation	-	-	-	Oct-20	0	0	0	0	0	0				
	Sepis 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	-	-	-	Oct-20	90.0%	87.6%	-2.44%	90.0%	89.7%	-0.30%				
	NICE Guidance % Non & Partial Compliance	-	-	-	Oct-20	TBC	26.3%	-	TBC	24.8%	-				
	% 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	-	-	-	Oct-20	100.0%	87.5%	-12.52%	100.0%	87.5%	-12.52%				
	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	-	-	-	Oct-20	100.0%	90.0%	-10.05%	100.0%	73.0%	-26.96%				
	Patients on Review/Missing List have a risk stratification category	-	-	-		-	-	-	-	-	-				
	Patients on Planned Waiting List have a risk stratification category	-	-	-	Oct-20	20%	-	-	20%	5.2%	-14.81%				
	Category 1a Elective Patients Treated within 24 hours	-	-	-	Oct-20	100%	-	-	100%	-	-				
	Category 1b Elective Patients Treated within 72 hours	-	-	-	Oct-20	100%	87.2%	-12.82%	100.0%	86.7%	-13.29%				
	Category 2 Elective Patients Treated within 4 Weeks	-	-	-	Oct-20	100%	41.2%	-58.83%	100.0%	54.9%	-45.10%				
	Category 3 Elective Patients Treated within 3 Months	-	-	-	Oct-20	80%	-	-	80%	-	-				
	% Elective In Patient Activity compared to same period last year	-	-	-	Oct-20	-	66.6%	-	-	44.8%	-				
	% Elective Day case Activity compared to same period last year	-	-	-	Oct-20	-	66.1%	-	-	44.3%	-				
	% MRI Activity compared to same period last year	-	-	-	Oct-20	-	89.6%	-	-	63.9%	-				
	% CT Activity compared to same period last year	-	-	-	Oct-20	-	95.0%	-	-	89.6%	-				
	% Endoscopy Activity compared to same period last year	-	-	-	Oct-20	-	30.9%	-	-	22.9%	-				
	% Out Patient Activity compared to same period last year	-	-	-	Oct-20	-	66.0%	-	-	56.9%	-				
	Patients admitted as an emergency while on the waiting list (for the same speciality)	-	-	-	Oct-20	-	67	-	-	276	-				
	Patient death (in hospital) on waiting list - cause of death linked to condition waiting for	-	-	-		-	-	-	-	-	-				
People	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%				
	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	-	-				

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Introduction

This report provides exception reports regarding the Trust's performance against the following national indicators:

1. **Elective**

a) Activity – Performance Against Phase 3 National and Local Targets
b) 52 Weeks
c) Referral to Treatment Times
d) Diagnostic Performance
e) Cancelled Operations on the Day for Non Clinical Reasons (Theatre & Non Theatre)
f) Cancelled Operations – Not Rebooked within 28 Days

2. **Emergency**

a) 4 Hour Access
b) Ambulance Handover
c) Length of Stay & Super Stranded Patients
d) Stroke

3. **Cancer Performance**

a) Performance against 31, 62 day standards
b) Cancer Performance - Specialty – September 2020
c) Cancer Performance Exceptions – 31/ 62 days
d) 104 Day Breaches

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2. Elective

a) Activity - Performance Against National & Local Targets

The following table summarises performance against the national Phase 3 standards and the locally agreed trajectories. Delivery has been significantly impacted in October due to the high COVID 19 occupancy throughout the Trust:

Point of Delivery	**National Target (% of activity from same time period 2019/20**	**Local Target (NHSE/I submission)**	**Sept 2020** (final)	**Oct 2020** (flex)	**Nov 2020**	**Dec 2020**	**Jan 2021**	**Feb 2021**
Outpatient New	100%	74%	69.4%	58.2%				
Outpatient Follow Up	100%	73%	65.9%	66%				
Elective	90%	62%	58.7%	64.5%				
Day Case	90%	82%	71%	70%				
CT	100%	95%	92.7%	98.4%				
MRI	90%	95%	75.3%	89.6%				
Non Obstetric Ultrasound	100%	78%	66.7%	82.2%				
Colonoscopy	100%	120%	TBC	TBC				
Flexi Sig	100%	5%	TBC	TBC				
Gastroscopy	100%	98%	TBC	TBC				
Non-Elective	N/A	N/A	94.8%	75.9%				

***Activity recorded at flex positon – achievement is subject to change up to 6 weeks after month end

Issues driving performance and the related improvement plan are summarised below:

Point of Delivery	**Issues Affecting Performance**	**Improvement Plan**
Outpatients	• Reduced capacity for all face to face activity due to COVID Safe Working • Increased short notice cancellations / DNAs – unable to backfill • Respiratory down to 50% capacity & pain down to 40% due to staffing (moved to support wards)	• Specialties developing plans to further increase their capacity if not back at 100% • Increasing IT provision to support more telephone and video consultations. • General Surgery to increase outpatient activity in place of surgical

		work • Redeployed staff utilised for pre-call in Ophthalmology to reduce DNA rate
Elective/ Day case	• Step down of all non-urgent elective activity due to OPEL 4 guidelines • Plan to treat out of area category 2 patients as part of mutual aid arrangements	• Planning taking place now to step up elective activity as soon as safe.
Diagnostics (inc. Endoscopy)	• MRI Reduced capacity due to contracted van days • Reduced capacity due to COVID Safe Working	• Increase in additional van days has seen an improvement in throughput • Action plan received from service for Non-Obstetric Ultrasound Recovery

b) 52 Weeks

As part of Phase 3 letter, the focus on prolonged pathways has gained greater focus. Due to COVID Wave 2 the Trust is now behind trajectory following the step down of routine operating. Plan v actual performance is summarised below:

2020	NHS E Phase 3 Plan	Actual
April	N/A	10
May	N/A	25
June	N/A	77
July	N/A	157
August	N/A	278
September	N/A	345
October	363	393
November	406	
December	477	
January	619	
February	825	
March	718	

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Improvement Plan
Specialties contributing the greatest number of breaches are: • T&O (182)	• Restoration planning taking place now to ensure rapid re-mobilisation of elective activity when COVID Wave 2 / Winter Pressures allow • Joint work with CCG on long waiters to consider alternative pathways Monthly trajectories will not now be achievable in the short term. Further

• Urology (46) • Oral Surgery (43) • Ophthalmology (41) • ENT (26) The T&O position reflects the high volume of routine surgical waiters.	re-modelling to be undertaken when non-urgent elective activity re-commences.

c) RTT – Performance Against National Target – 92%

RTT performance has been significantly impacted by COVID 19. The table summarises 18 weeks performance which has been impacted by COVID 19 through 2020 but is showing an improving trend:

Specialty	Waiting List	RTT Percentage	Longest Wait (weeks)
Breast Surgery	376	96.3 %	49
Cardiology	1459	75.6 %	55
Clinical Hematology	132	96.2 %	50
Dermatology	1462	91.1 %	76
Diabetic Medicine	404	87.1 %	47
ENT	3940	52.8 %	72
General Medicine	2226	73.6 %	61
General Surgery	3025	65.7 %	75
Geriatric Medicine	103	89.3 %	59
Gynaecology	1486	86.3 %	48
Medical Ophthalmology	495	68.9 %	58
Nephrology	124	98.4 %	32
Ophthalmology	3203	60.1 %	74
Oral Surgery	2028	45.9 %	72
Orthodontics	134	33.6 %	55
Paediatric Cardiology	94	87.2 %	39
Paediatrics	370	93.2 %	37
Pain Management	357	88.2 %	45
Podiatry	179	69.8 %	54
Respiratory Medicine	595	81.8 %	73
Rheumatology	371	84.6 %	52
Trauma & Orthopaedics	8048	57.9 %	79
Upper Gastrointestinal Surgery	164	39.0 %	66
Urology	2321	53.3 %	88
Vascular Surgery	684	80.7 %	72
Grand Total	33925	64.9 %	N/A

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A summary of breakdown by CCG and over the last 3 months is outlined below:

Incomplete Pathways	October 2020	September 2020	August 2020
Total (Trust)	33925	33067	31583
% under 18 Weeks (Trust)	64.9%	60.7%	54%
Total (Doncaster CCG)	20788	20293	19278
% under 18 Weeks (Doncaster CCG)	66.4%	63%	56.9%
Total (Bassetlaw CCG)	7114	6789	6443
% under 18 Weeks (Bassetlaw CCG)	70.1%	66.8%	60.3%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Summary of Improvement Plan
• From 26.10.2020 all non-urgent 'in patient' activity stood down due to revised OPEL level • Admin & clinical staffing issues across divisions & Central Patient Administration • Elective activity exceeded the locally agreed target; outpatient and day case activity was below local target for October 2020. • Reduction in referrals by 42% in comparison to October 2019.	• Clinic Utilisation group continues to identify opportunities for the safe expansion of outpatients. • Staff stood down from theatres due to OPEL level 4 requirements redirected to clinic activity where possible. • Due to the COVID impact, activity plans / forecasts will be remodelled • Planning taking place to step up further activity when safe to do so

d) Diagnostics – Performance Against National Target – 99%

Performance against the 6 week target shows a marginally improved picture compared to September (58.8% compared to 54.4%). This relatively static position is driven by continued work on the routine backlog in larger services including Non Obsetric Ultrasound and a number of the other small modalities. MRI and CT are performing well, albeit not yet back to 99% standard. Breakdown is provided below:

Exam Type	<6W	>=6W	Total	Performance	Longest Waits
MRI	1091	73	1164	**93.73%**	38
CT	1331	163	1494	**89.09%**	42
Non-Obstetric Ultrasound	3453	3192	6645	**51.96%**	41
DEXA	239	187	426	**56.10%**	34
Audiology	146	398	544	**26.84%**	47
Echo	238	152	390	**61.03%**	25
Nerve Conduction	102	8	110	**92.73%**	35

Sleep Study	6	6	12	**50.00%**	
Urodynamic	45	77	122	**36.89%**	44
Colonoscopy	219	332	551	**39.75%**	42
Flexible Sigmoidoscopy	48	97	145	**33.10%**	37
Cystoscopy	444	202	646	**68.73%**	43
Gastroscopy	324	501	825	**39.27%**	37
Total	**7686**	**5388**	**13074**	**58.8%**	

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

	Waiters <6W	**Waiters >=6W**	**Total**	**Performance**
Trust	7683	5385	13068	58.79%
NHS Doncaster	5009	3589	8598	58.26%
NHS Bassetlaw	2004	1354	3358	59.68%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	**Improvement Plan**
• Challenges remain with Non Obstetric Ultrasound (NOUS). Due to vacancies, staffing levels are at 70% & further reduced capacity due to COVID safe working. • DNAs for diagnostics continue at high levels impacting throughput. • Due to COVID SAFE guidelines most modalities not able to provide pre-covid activity levels. However, all modalities demonstrating improving throughput. • Referrals remain static for most modalities and continue to follow 2019/20 trends.	• A specific action plan has been developed for NOUS to including patient calls prior to appointment to reduce DNAs. • Communications to patients regarding importance of attending or cancelling appointments. • Recruitment to staff vacancies is underway. • Waiting patients continue to be risk stratified. • Ongoing review of mobile imaging capacity to adjust capacity according to demand.

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

The table below summarises performance against the national standard of 1%, with a breakdown of reasons for cancellations.

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CCG	Total Activity	No of Cancellations	% Achievement
Trust	**3810**	**23**	0.6%
Doncaster	2510	10	0.4%
Bassetlaw	884	12	1.36%
Other	416	1	0%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	No of Breaches	Improvement Plan
Insufficient Time (clinical reasons)	2	All cases planned using individual consultants pre-agreed nominal timing for each procedure – all captured on Bluespier & all overruns discussed at theatre strategy group
Equipment	1	Under investigation *
Staffing	5	Staffing pressures due to Covid 19
Missing Notes	4	Under investigation *
Other Urgent Case	3	Under investigation *
No DCC/Elective Bed	4	Current bed pressures due to Covid 19
No Instruction Given	1	Under investigation *
Booked on Wrong List	1	Under investigation *
Patient Attended Wrong hospital	1	Under investigation *
No Interpreter Available	1	Under investigation *

A new process being established via Task & Finish Group led by Clinical Specialty Services Division to better investigate and address root causes from this process.

f) Cancelled Operations – Not Rebooked within 28 Days – Performance Against National Target

In October 2020 there was one operation cancelled that was not rebooked within 28 days. The patient was not rebooked within 28 days due to issues relating to case-notes, alongside a lack of elective capacity due to Covid-19.

Month	Site	Specialty	TCI Date:	28 Day Breach Date	New Date	Cancellation Reason	CCG
October 2020	MMH	Medical Ophthalmology	29/9/20	28/10/20	24/11/20	Missing Notes	02X00

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3. Emergency

a) 4 Hour Access – Performance Against National Target – 95%

Performance against the 4 hour performance has declined through October as the following data shows:

Hospital	% Achievement	Attendances	No of Breaches	% Streamed from FDASS
Doncaster	67.47%	8113	2639	13.02%
Bassetlaw	86.61%	3630	486	4.6%
Mexborough	100%	1272	0	0.08%
Trust	75.99%	12999	3125	12.08%

Issues driving performance and the related improvement plan are summarised below:

Issues Affecting Performance	Improvement Plan
• Covid 19 has continued to impact on both departments due to social distancing and patient cohorting in line with Infection Prevention & Control (IPC) guidance. • Ongoing challenges across both sites with batching of ambulances - having a significant impact on patient flow through the department resulting in delays and breaches. • Breaches due to long bed waits, particularly for medicine due to IPC cohorting requirements • Compared to October 2019, the Trust saw a decrease of 17.5% in attendances across all streams. However as a Trust we continue to see increase in resus activity. • Compared to October 2019, performance has decreased from 90.3% to 75.99%.	• Building work at DRI now complete on the new Early Senior Assessment area. Works to continue during November to increase waiting room capacity. • Further meetings with YAS to address batching. • ICS wide planning for the introduction of 'Think 111' (due for implementation December 2020).

b) Ambulance Handover

The following tables summarises performance against national standards, which shows a challenging position in month. The national standards are:

- Within 30 Minutes: 100%
- Less than 15 minutes: 78.4% (TBC for 2020/21)
- Between 15 – 30 minutes: 21.6% (TBC for 2020/21)

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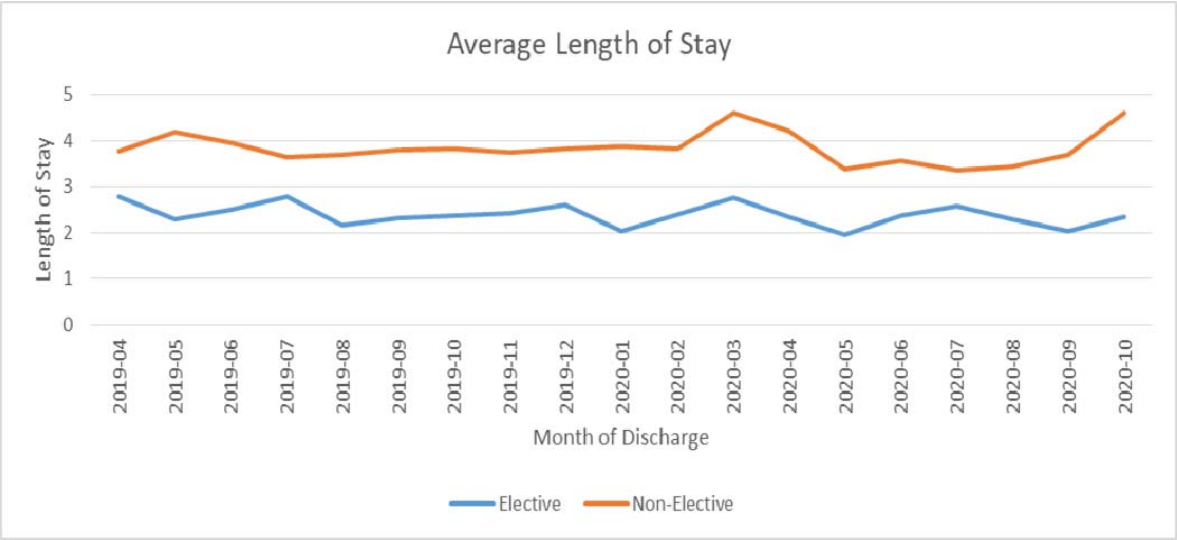
Month	Hospital	No of Arrivals	% less than 15 minutes	% between 15 & 30 minutes	% over 30 minutes	Longest Wait (hrs & minutes)
October 2020	**Doncaster**	2095	44.7%	28.2%	28.6%	1hr 16 minutes
	Bassetlaw	808	30.6%	50.9%	18.6%	3 hrs 30 minutes*
	Trust	2903	40.8%	34.5%	25.8%	N/A

Issues driving performance and the related improvement plan is summarised below:

Main Issues Affecting Performance	Summary of Improvement Plan
• *Increased number of medical bed waits affected ambulance handover times, due to the capacity within the department and the need to adhere to IPC processes on the wards due to cohorting of covid 19 patients. • Both sites performance still being affected by the 'batching' of patients	• 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 ongoing with escalation to the CCG and weekly discussions taking place.

c) Length of Stay & Super Stranded Patients

The following graphs indicate average length of stay & numbers of super stranded patients (those waiting over 21 days). In month there has been an increase in length of stay for non-elective patients and a growth in super stranded patients:



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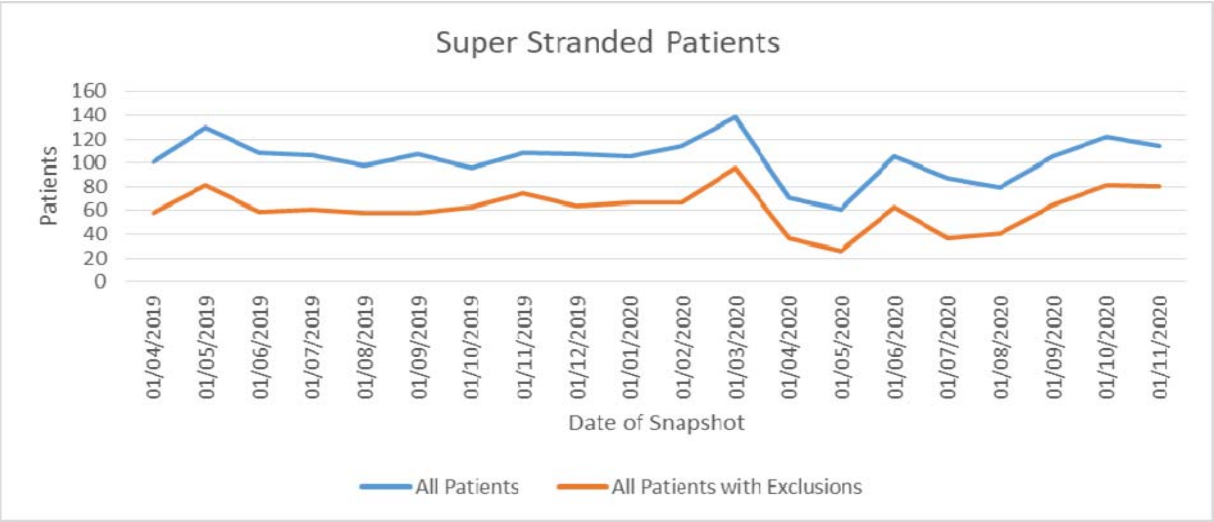

*The exclusions are as follows, based the data available on each snap shot date;

- 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

Issues driving performance and the related improvement plan is summarised below:

Issues driving performance	Improvement Plan
Average LOS Delays related to discharges to care homes and timely swabbing in line with estimated dates of discharge **Super Stranded Patients** 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 October is 60. The majority of super-stranded patients reported were not medically fit for discharge, however the following themes were identified during this period: • Patients with positive covid swabs unable to return to their own residential home. • Neuro rehab patients requiring rehabilitation i.e. waits associated with referrals to Magnolia Lodge – escalated with RDASH colleagues.	Ongoing work in Bassetlaw and Doncaster with partners to ensure rapid pathways for patients with complex discharge needs. • The Home First Project Board for Doncaster is now set up as part of the provider alliance and chaired by DBTH. • Changes have been made to improve flow to bed based solutions. • In month there have been issues with flow out to bed bases due to all 3 units being closed to admission for periods of over 10 days. • The government guidance for CCGs and Councils to provide positive beds has been enacted at Doncaster with 6 beds for nursing and 10 beds for residential care in place. Bassetlaw has identified 2 potential homes to provide 6 beds but are waiting for CQC inspection. • Swabbing is now 48hrs prior to discharge but as internal capacity has increased is now not a delay. • Access to fast track care is currently under strain and additional resources are being identified by

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d) Stroke – Performance Against National Target – (Direct Admission within 4 hours) – 75%

All SSNAP KPIs compare favourably to the national average with DRI Stroke Unit 'A' rated on SNNAP for the last three quarters. The remaining area of focus is timeliness of direct admission to the Stroke Unit with data for **August 2020** outlined below:

Direct Admission within 4 Hours	Bassetlaw CCG	Doncaster CCG	Barnsley CCG	Rotherham CCG	Other CCG	Total
Yes	9	12	0	1	0	**22**
No	2	17	1	0	0	**20**
Total	**11**	**29**	**1**	**1**	**0**	**42**
Performance	81.8%	41.4%	0.0%	100.0%	N/A	**52.4%**

Issues driving performance and the related improvement plan is summarised below:

Issues	Breaches	Improvement Plan
Stroke Unit Bed Availability	TBC	Review & update operational policy – include new patient pathways, protocols & SOPs (due December 2020_
Stroke Staff Availability	TBC	
Delay in Transfer from ED	TBC	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	TBC	• Qii project to include all stakeholders • Some delays due to CT reconfiguration as well as COVID. • Improvements implemented in ensuring stroke CT requests are acted upon following pre alert phone calls. • Stroke Consultant skills at CT interpretation have developed considerably through training
Delay at CT Scan	TBC	
Patient Presentation: secondary / late diagnosis of stroke.	TBC	• Development of intra-cranial haemorrhage pathway to improve early stroke diagnosis • Service are piloting RAPID (rapid processing of perfusion & diffusion) Artificial Intelligence for identification of Large Arterial Occlusions and ease of image sharing with STHFT. • DRI has access to acute MRI to facilitate thrombolysis of wake-up Strokes.
Covid 19	TBC	*All timescales delayed due to Covid 19. Timescales to be set in line with return to BAU.

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3 Cancer

The following sections summarise cancer performance for August against 31 and 62 standards, alongside a breakdown by specialty.

a) Cancer Performance (Trust) September 2020 – 31 and 62 day Standards

Standard	Target	Performance
31 Day Classic	96%	96%
31 Day Sub – Surgery	94%	90.9%
31 Day Sub – Drugs	98%	100%
62 Day – IPT Scenario Split	85%	74.9%
62 Day 50/50 Split	85%	73.7%
62 Day – Local Performance (local measure only)	-	77.9%
62 Day – Shared Performance only 50/50 Split (local measure only)	-	40.9%
62 Day Screening	90%	91.7%
62 Day Consultant Upgrades (local measure only)	85% (local)	93.1%

b) Cancer Performance (Specialty) September 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%		89.7%	89.7%	100%	
Gynaecology	100%			80%	88.9%	100%	100%
Haematology	100%	100%	100%	44.4%	40%		100%
Head & Neck				37.5%	12.5%		100%
Lower GI	100%	66.9%		40%	40%	50%	100%
Lung	100%						88.9%
Sarcoma	100%						100%
Skin	100%	100%		95.9%	95.8%		
Upper GI	100%			61.5%	88.9%		100%
Urological	71.4%			68.6%	72.7%		
Performance	96%	90.9%	100%	73.7%	74.9%	91.7%	93.1%

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Cancer performance by CCG is as follows:

	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	97.9%	100%	100%	72.1%	88.9%	100%
Bassetlaw CCG	95.7%	83.3%	100%	75.5%	100%	88.2%

c) Cancer Performance Exceptions (31/62 days) – September 2020

Tumour Group	Breached Standard 31 Day /62 Day	No of Breaches	Summary of Breach Issues
Urology	31 Day & 62 Day	12	6 x Complex diagnostic pathway 6 x Covid 19 reasons
Lower GI	31 Day & 62 Day	9	8 x Covid 19 reasons 1 x Patient choice
Haematology	62 Day	3	3 x Pathway delays
Head & Neck	62 Day	5	2 x Complex diagnostic pathway 1 x Covid 19 reason 2 x Pathway delays to diagnostics

d) 104 Day Breaches – September 2020

The table summarises the over 104 day waiters. The Trust is showing positive progress month on month:

	Actual				Predicted 104 Day Open Suspected Cancer Pathway Breaches		
	Jun-20	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**
Cancer Waiting Times Open Suspected Cancer Pathways 104 Days +	65	47	15	5	3	2	TBC

A patient by patient level approach is taken to drive down individual delays. Overall lessons to improve performance are summarised below:

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Overarching Issues Affecting Performance	Summary of Trust Wide / Corporate Improvement Plan
• Drop in August performance specifically linked to backlogs within Endoscopy Service with focus on Upper GI Endoscopy delays due to COVID-19 Guidelines • Increase in Breast referrals which lead to unexpected lack of capacity • Social Distancing guidelines led to a reduction in capacity in certain clinical areas • 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.	• Reinstatement of endoscopy capacity (on track) • Patient choice on location offered around COVID test pre-diagnostic • Meeting with Primary Care to discuss quality of breast referrals – number of patients not examined by GPs prior to referral (timescale: Q3) • Recruitment process underway for additional Histopathologist. (Q3/Q4) 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 adopted (3 to 14 days subject to patients' general medical condition)

D2

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Financial Performance – Month 8 (November 2020)**		
Report to	**Trust Board**	**Date**	**15 December 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 surplus for month 8 (November 2020) was £0.1m before any fines relating to the Elective Incentive Scheme (EIS). The position would have been a £0.7m deficit after potential fines of c. £0.8m in month. The in-month financial position is c. £1.6m favourable to plan before potential fines and £0.8m favourable to plan after fines. The favourable variance in month against plan continues to be driven by activity being lower than Divisional plans, business cases/commitments not being spent in month, vacancies and non-clinical income being above plan (mainly relating to non-recurrent education funding received in month). However there has continued to be an increase in the pay and non-pay expenditure run rate with an increase in spend of £0.8m from month 7 to month 8. Capital expenditure spend in month 8 is £2.7m which is £1m behind the original £3.7m plan. YTD capital expenditure spend is £13.3m, including COVID-19 capital spend of £1.5m. This is £4.4m behind the £17.7m plan as a result of the original phasing of the HSDU scheme in the Critical Infrastructure plan (£2.8m), a delay in progressing the Critical Infrastructure projects (£1.0m) and a delay in progressing some of the IT schemes (£0.6m).
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 surplus for month 8 (November 2020) was £0.1m before any fines relating to the Elective Incentive Scheme (EIS). The position would have been a £0.7m deficit after potential fines of c. £0.8m in month. The in-month financial position is c. £1.6m favourable to plan before potential fines and £0.8m favourable to plan after fines.
- The Trust's YTD position is a £21k deficit before potential fines and a £1.9m deficit after potential fines. The YTD position is c. £2.7m favourable to plan before potential fines and £0.9m favourable to plan after fines.

FINANCIAL PERFORMANCE

Month 8 – November 2020

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

P8 November 2020

1. Income and Expenditure vs. Plan

Performance Indicator	Monthly Performance		YTD Performance		
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
I&E Perf Exc Impairments & top up	(121)	(1,610) F	5,371	2,419 A	1,489
Income	(38,118)	(716) F	(282,951)	(280) F	(37,402)
Donated Asset Income	(18)	A	(149)	A	(18)
Operating Expenditure	36,493	(934) F	277,601	(2,586) F	37,427
Pay	24,379	(1,194) F	191,045	(2,214) F	25,573
Non Pay & Reserves	12,114	260 A	86,556	(372) F	11,854
Financing costs	1,486	41 A	10,833	84 A	1,446
I&E Performance excluding top up	**(139)**	**(1,610) F**	**5,222**	**2,419 A**	**1,471**
Retrospective top up		0 A	**(5,201)**	(5,201) F	
I&E Performance including top-up before fines	**(139)**	**(1,610) F**	**21**	**(2,782) F**	**1,471**
Fines	836	836 A	**1,881**	1,881 A	
I&E Performance including top-up & Fines	**697**	**(774) F**	**1,902**	**(901) F**	**1,471**

F = Favourable A = Adverse

2. CIPs

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance to budget £'000	Plan £'000
Local	109	(52) F	337	(223) F	
Medical Workforce	5	1 A	5	1 A	
Procurement	94	(67) F	100	(47) F	
Other	6	90 A	6	176 A	
Total	**214**	**(28) F**	448	**(92) F**	**0**

3. Statement of Financial Position

All figures £m	Opening Balance	Closing balance	Movement in year
Non Current Assets	**213,162**	**219,355**	**6,193**
Current Assets	63,216	89,526	**26,310**
Current Liabilities	-130,077	-92,900	**37,177**
Non Current liabilities	-16,657	-15,201	**1,456**
Total Assets Employed	**129,644**	**200,780**	**71,136**
Total Tax Payers Equity	**-129,644**	**-200,780**	**-71,136**

4. Other

Performance Indicator	Monthly Performance		YTD Performance		Annual
	Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000
Cash Balance		65,510		65,510	21,924
Capital Expenditure	3,726	2,687	17,675	13,294	33,718

5. Workforce

	Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
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		Expenditure	
Over-achieved	F	Overspent	A
Under-achievement	A	Underspent	F

1. Month 8 Financial Position Highlights

Summary Income and Expenditure – Month 8

	Mth 8			YTD	
	Plan £000	Actual £000	Variance £000	Actual £000	Variance Variance
Income	**-37,402**	**-38,118**	**-716**	**-288,152**	**-280**
Pay					0
Substantive Pay	23,518	22,251	-1,267	175,201	-2,563
Bank	647	934	288	5,427	430
Agency	834	562	-271	5,579	-195
Recharges	574	631	57	4,837	114
Total pay	**25,573**	**24,379**	**-1,194**	**191,045**	**-2,214**
Non-Pay					**0**
Drugs	871	765	-106	5,232	-173
Non-PbR Drugs	1,511	1,635	125	11,633	51
Clinical Supplies & Services	2,549	2,724	175	16,949	64
Other Costs	5,820	5,699	-121	43,135	-671
Recharges	1,104	1,290	187	9,606	357
Total Non-pay	**11,854**	**12,114**	**259**	**86,555**	**-372**
Financing costs & donated assets	**1,446**	**1,487**	40	10,573	84
Deficit Position as at month 8 before fines	**1,471**	**-138**	**-1,609**	**21**	**-2,782**
Risk re fines	**0**	**836**	**836**	**1,881**	**1,881**
Deficit Position month 8 after fines	**1,471**	**697**	**-774**	**1,902**	**-901**

The Trust's surplus for month 8 (November 2020) was £0.1m before any fines relating to the Elective Incentive Scheme (EIS). The position would have been a £0.7m deficit after potential fines of c. £0.8m in month. The in-month financial position is c. £1.6m favourable to plan before potential fines and £0.8m favourable to plan after fines.

The Trust's YTD position is a £21k deficit before potential fines and a £1.9m deficit after potential fines. The YTD position is c. £2.7m favourable to plan before potential fines and £0.9m favourable to plan after fines.

The favourable variance against plan continues to be driven by activity being lower than Divisional plans, business cases/commitments not being spent in month, vacancies and non-clinical income being above plan (mainly relating to non-recurrent education funding received in month).

However there has continued to be an increase in the pay and non-pay expenditure run rate with an increase in spend of £0.8m from month 7 to month 8. The main variances include:

- an increase in pay expenditure of c. £0.2m relating to increased nursing spend (mainly related to COVID pressures and medical staffing pressures (especially in the Medicine Division);
- an increase in non-pay expenditure of c. £0.6m due to increased clinical supplies and drugs costs. This was mainly driven by an increase in COVID testing and increased activity in audiology, endoscopy, haematology, rheumatology and non-elective in Medicine. There has also been a significant increase in water costs related to additional cleaning in year which is under further review.

The Trust's month 8 financial position includes revenue costs of c. £0.7m relating to COVID (£0.7m in October, £9.3m YTD). The position also includes a provision for outsourcing of £0.7m (awaiting guidance from NHSI/E) and a provision for annual leave of £0.9m relating to the expectation that the Trust will have increased liability relating to carried forward leave as a result of COVID.

The clinical income position reported at month 8 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. Elective and outpatient activity reduced in month 8 from month 7, driven by COVID pressures.

Point of Delivery	Nov-20	Oct-20	Sep-20	Aug-20	Jul-20	Jun-20	May-20	Apr-20
Daycase	-50.12%	-53.21%	-59.12%	-69.01%	-72.40%	-77.19%	-81.63%	-84.05%
Elective	-51.31%	-50.98%	-56.15%	-64.22%	-67.00%	-68.75%	-67.80%	-76.99%
Non-Elective	-19.23%	-19.36%	-20.22%	-27.51%	-30.52%	-34.44%	-38.09%	-42.36%
OP First	-62.13%	-64.15%	-67.15%	-74.02%	-76.90%	-79.65%	-81.79%	-81.43%
OP Follow Up	-65.79%	-67.61%	-70.90%	-77.61%	-79.25%	-81.14%	-82.09%	-79.31%
OP Procedure	-62.21%	-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 8 non clinical income was c. £0.7m above plan. This is mainly due to the receipt of non-recurrent education income of £0.4m, increased testing income of £0.3m and the continuation of the recent trend of higher RTA income (£0.1m).

In month 8 the Trust has delivered £214k of CIP versus a plan of £187k, this is a positive variance of £27k. The savings mainly relate to IT contracts, further savings in procurement, price negotiation in the use of a mobile MRI van and agency usage in theatres.

Capital expenditure spend in month 8 is £2.7m. This is £1m behind the original £3.7m plan. YTD capital expenditure spend is £13.3m, including COVID-19 capital spend of £1.5m. This is £4.4m behind the £17.7m plan as a result of the original phasing of the HSDU scheme in the Critical Infrastructure plan (£2.8m), a delay in progressing the Critical Infrastructure projects (£1.0m) and a delay in progressing some of the IT schemes (£0.6m).

The cash balance at the end of November was £65.5m (October: £64.1m). Cash remains high due to the Trust receiving two months' worth of the block income in April. Clarification on when the extra month's income received in advance will be clawed back has yet to be agreed nationally. The increase in cash in month is mainly due to receiving income in advance from Health Education England, which is partly offset by the Trust paying PDC for the first half of 20/21.

2. Recommendations

The Board is asked to note:

- The Trust's surplus for month 8 (November 2020) was £0.1m before any fines relating to the Elective Incentive Scheme (EIS). The position would have been a £0.7m deficit after potential fines of c. £0.8m in month. The in-month financial position is c. £1.6m favourable to plan before potential fines and £0.8m favourable to plan after fines.
- The Trust's YTD position is a £21k deficit before potential fines and a £1.9m deficit after potential fines. The YTD position is c. £2.7m favourable to plan before potential fines and £0.9m favourable to plan after fines.

D4

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**EU Exit Preparations**		
Report to	**Board of Directors**	**Date**	**15 December 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 17 November 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;
- Confirms the Trust's submission of an assurance report to NHSE/I, reporting full compliance with required preparations.

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

- Expert leads will continue to work with peer groups and partners;
- Divisional leads will ensure that EU Exit remains on their management agendas;
- The Senior Responsible Officer and Emergency Planning Officer will continue to attend local partnership meetings, including the Doncaster wide SRO meeting and weekly refreshes from North and East Yorkshire NHSE.
- The Senior Responsible Officer and Emergency Planning Officer will continue to join the National webinars as and when they are provided.
- The Emergency Planning Officer will ensure that systems are in place to respond to National Situation Reporting requirements, as and when these are published.
- The Emergency Planning Officer will put together an information pack for colleagues on call over the festive period to enable responsiveness to any EU Exit queries.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE TRUST EU EXIT PREPAREDNESS

15 December 2020

Rebecca Joyce
Chief Operating Officer and Senior Responsible Officer (SRO) for EU Exit
December 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 17 November 2020.

2.1 National Negotiations

At the time of writing, the UK Government remained in talks with EU leaders on the details of any agreements. The possibility of a 'No Deal' exit remained.

2.2 National and Local Intelligence and Guidance

2.2.1 National

National guidance issued since the last report to the Board of Directors has been limited to:

- Letters regarding Medicines – reiterating that medicines should not be locally stockpiled and that prescriptions should not be increased. This information was circulated to DBTH medics.

- Guidance on Workforce – an analysis showed that the Trust was already acting on recommendations contained within this guidance.

National webinars have been hosted by Keith Willett on 25 November and 9 December 2020 with the purpose of ensuring that the NHS is prepared for the end of the Transition Period.

The webinars reiterated the requirement for organisations to be ready to respond – led by an identified SRO and supported by colleagues (inc Executive Team members and Expert Leads). The Trust's continued work to support this is noted below.

The webinar on 9 December 2020 highlighted National issues on:

- Potential issues re: cost recovery for overseas visitors;
- Pricing inflation if no trade deal was in place;
- Reciprocal Healthcare uncertainties;
- Some concerns about the providers near Kent ports – (Also currently experience high Covid-19 cases).

The meeting of the Trust's EU Exit Governance Group held on 9 December 2020 (see below) confirmed that the Trust was aware of these issues and that local mitigations were in place where required.

2.2.2 Local

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

The Emergency Planning Officer has attended the Doncaster SRO Brexit Group and receives weekly updates from Regional NHSE/I.

It has been reported that the risk relating to transport issues arising from Lorry queues at Hull and Immingham ports has been reduced on the Regional risk register - due to mitigations including transport management around the sites and the creation of lorry parks,

2.3 EU Exit Governance Group

The Trust's Governance Group has met three times since the last report to the Board of Directors to discuss the Trust's preparedness and any emerging issues.

At the most recent meeting held on 9 December 2020:

- Expert Leads for key risk areas confirmed that they remained ready to react to any challenges that may arise in their specific areas of leadership arising from EU Exit; and

- Divisional Representatives provided assurance that they had considered the impact EU Exit on their services and that governance arrangements were in place to ensure that areas continued to consider risks.

The meeting was extremely positive and the Trust is confident of its preparations.

Standard agenda items for the EU Exit Governance Group include the recording of any expenditure directly arising from EU Exit (none to date), and consideration of the risks on the EU Exit Risk Register.

2.4 EU Exit Risk Register

Since the time of the last report all risks have been added to Datix.

The Trust does not currently have any high level risks resulting from EU Exit.

2.5 Reporting

2.5.1 *Internal Reporting*

Internally, update reports on the Trust's preparations have been provided to the Trust's Senior Leadership Team, to Management Board and to the Board of Directors.

2.5.2 External Reporting

Assurance Return – 4 December 2020

Providers and Commissioners were requested to provide an assurance response to NHS England on key risk areas by 4 December 2020.

The Trust responded that it was fully compliant with actions required.

The working paper outlining the areas and the Trust's considerations in support of its response is attached at Appendix A for information.

Situation Reports

A 'light touch' return on organisational preparedness is to be introduced – as close to the transitional leave date as possible. It has been suggested that, in order to minimise the burden on individual organisations, the questions will be added to an existing Situation Report.

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 Moving forwards

To ensure that the Trust continues to monitor and address risks arising from EU Exit:

- Expert leads continue to work with peer groups and partner meetings;

- Divisional leads will continue to discuss any impacts of EU Exit in their areas;

- The Senior Responsible Officer and Emergency Planning Officer will continue to attend local partnership meetings, including the Doncaster wide SRO meeting and weekly refreshes from NHSE/I North and East Yorkshire.

- The Senior Responsible Officer and Emergency Planning Officer will continue to join the National webinars as and when they are provided.

- The Emergency Planning Officer will ensure that systems are in place to respond to National Situation Reporting requirements, as and when these are published.

- The Emergency Planning Officer will create an information pack for colleagues on call over the festive period to enable responsiveness to any EU Exit queries.

4 Recommendation

The Board of Directors is requested to note the update.

Appendix A

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

EU Exit: End of Transition Period readiness checklist – 4 December 2020

Ref	Question	Yes / No	Detail	Notes
Operational communications				
Comms1	Has your EU Exit SRO briefed your board and professional/ SME leads on guidance in relation to the end of the transition period as shared at the recent 4th November End of Transition webinar?	Yes	Board report dated 17 November 2020.	
Comms2	Are processes in place to ensure that any new guidance issued is reviewed and cascaded as appropriate through your organisation and actioned?	Yes	SPOC mailbox monitored by Emergency Planning Officer.	
Organisational readiness for a response				
Ready1	Does your EU Exit SRO have established links to your organisation's COVID-19 / incident response team to ensure there is an effective and timely escalation process through a single point of contact?	Yes	SPOC mailboxes for both Covid-19 and EU Exit. Monitored by Emergency Planning Officer.	Divisional EU Exit issues to be picked up at the Covid-19 Enhanced Operational Meetings.

Ready2	Does your organisation's incident response team have capacity in place to manage concurrent Covid, winter and EU Exit issues with plans in place to respond out of hours if required over a sustained period of time?	Yes	ICC set up and managed on a rota basis, with support from SMOCs.	
Ready3	Have you identified local end of transition leads for workforce, supply, data, research and medicines?	Yes	Leads have been in place since late 2018.	
Supply and procurement				
Sup1	Have BAU and national contingency arrangements for potential supply issues (including those in relation to clinical trials) been communicated and do procurement leads know how to access support?	Yes		
Sup2	Has your organisation “walked the floor”/put a process in place to identify and escalate supply issues that are not addressed nationally?	Yes		
Sup3	Are you assured that your organisation is not stockpiling over and above your BAU levels? This includes medicines and ensuring prescriptions do not cover longer durations than usual.	Yes		
Sup4	Has your organisation conducted a risk assessment of its contracts that are not listed on the centrally managed lists, and identified mitigating actions where significant risk has been identified?	Yes		

Sup5	Have radio pharmacies in your area worked with their suppliers to ensure arrangements are in place for continued supply of radiopharmaceuticals and has the impact of expected changes to delivery schedules been considered?	Yes		
Clinical Trials				
CT1	Have your research and development departments reviewed guidance and technical notices issued from the DHSC and available at https://www.gov.uk/transition.	Yes		
Estates and Facilities				
E&F1	Has your organisation reviewed its business continuity plans in relation to EU Exit and Estates and facilities services, and put in place contingency plans including for Laundry and Sterile Services?	Yes	Estates and Facilities Services Existing estates business continuity plans reviewed to ensure that they are not adversely affected by EU Exit. Laundry and Sterile Services We have been given assurance by both Synergy (Laundry Services) and Steris (Sterile Services) that they have and EU Exit Business Continuity Plans in place to assure a smooth transition. Please see information Synergy Laundry Services Synergy - Brexit Hard Exit Plan.docx	

			Steris Sterile Services STERIS BREXIT CUSTOMER LETTER 2	
E&F2	Are maintenance plans up to date and where applicable an alternate supply of any critical components identified?	Yes	Key estates suppliers contacted for assurance of continued supply post EU Exit. Suppliers advised that stock holdings have been increased as a contingency to ensure availability of critical stock. Critical stock levels held in internal stores also increased as a further contingency.	
E&F3	Have suitable replacement menus been considered in conjunction with local dieticians to service all dietary needs including vulnerable patients/groups should there be supply chain disruption of any food items?	Yes	We have been given assurance Sodexo have an EU Exit Business Continuity Plan and Taskforce in place to assure a smooth transition. Please see information below EU-exit-one-pager-for-clients-supply chai	

Workforce				
Work1	Has your organisation identified the number of EU staff that are employed/ contracted including bank and agency staff, and established a process to support them in applying for EU Settled Status?	Yes		
Data				
Data1	Has your organisation responded to NHSX's October questionnaire on Data transfers and storage, cascaded from regional ICC to EU Exit SROs and do you have assurance that actions are in place to address any gaps identified?	Yes		
Finance				
Fin1	Can you quantify financial risks specific to the end of transition period? Please provide details on likelihood of that risk.	Yes		
Wider Health and Care system				
SYS1	Have you discussed EU Exit impact across the local health system and through LHRP?	Yes		
SYS2	Do you have an integrated system-based approach, including primary care contractors to manage these risks?	Yes		
SYS3	Are you assured any non-NHS provided services you commission or subcontract are ready for the end of transition period?	Yes		

KEY

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

E1

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Chair's Assurance Report for Board of Directors December 2020

Quality and Effectiveness Committee – 24 November 2020– Pat Drake

Key assurances were provided for most of the agenda items but the second wave of the pandemic had clearly prevented completion of full reporting in a number of areas.
The Divisional Director assurance item was stood down due to the pressures being experienced in the clinical areas.

#	AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
1	Actions from previous meetings	The Chair noted progress on actions and was assured that all were being appropriately tracked.			
2	ReSPECT Deep Dive	Assurance was provided and the committee noted a full and comprehensive presentation there remains some areas to be fully implemented given current pressures it was agreed that a follow up on the care of the dying patient would be scheduled for April 2021. A further "Respect" audit to be undertaken and presented at Aug 2021.	Follow up – April 2021 Further audit presentation August 2021	SN	
3	Quality Framework and True North – (QI)	Significant discussion took place following a detailed presentation and assurance was provided on the status of current policies. A further update to be provided at the April meeting. It is anticipated that formal agreement will take place in June 21.	April 2021 June 21	DP/MP/TN	
4	Stabilisation & Recovery	90% of assessments being completed and no issues were noted in the QPIA.			
5	Quality Assurance Report	The clinical Audit report was received but some amendments were required. The 2021 report to come in June 21. Assurance was provided on the prevention of future deaths action plan. Further work to be undertaken and trends analysis for Falls and Pressure Ulcers The IPC framework provided assurance and is to be noted for the Board. The Annual Mental Health Report also to be escalated for noting at the Board.	Feb 21	DP	

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

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

#	AGENDA ITEM / ISSUE	COMMITTEE UPDATE	NEXT ACTION	LEAD	TIMESCALE
6	Trust Winter Plan	Currently 30-33% of inpatients have COVID and there is a 95-98% bed occupancy. Patient testing continues to be addressed and there are no issues currently with PPE. Discharges can be challenging but work is ongoing. This is a standing agenda item.		DP	
7	Safer Staffing tool	The process is to be completely reviewed and with some areas of reporting going to the new People Committee	Feb 21	AT	
8	Patient Engagement and Experience	Assurance was provided on the Picker Inpatient survey, however the minor actions have been delayed due to the current pandemic. Survey will be undertaken again in June 2021. Reporting of Volunteer work would now go to the People Committee.	June 21		
9	Research and Effectiveness Assurance Report	Assurance provided but reporting arrangements to be agreed at the appropriate subcommittee.	Feb 21 Pat Drake to meet with Sam Debbage Dec 20.		
10	Corporate Risk Register & Board Assurance Framework	The Chair was partially assured by the Corporate Risk Register. The Refresh plan previously submitted to Board continues to be implemented and a status update was provided for assurance. No new risks have been identified since the last report and the current risk heat map in remains unchanged. QEC were asked to note that there had been no change in the risk level during quarter three2020/2021		FD	
11	CQC and Regulatory Visits	Assurance was provided that the current position is in line with current reporting. All Divisions are currently completing the plans and submitting the evidence for assurance and continues to be shared with CQC for oversight. In November 2020, the CQC reviewed the Trusts compliance against the “Patient FIRST Framework” for emergency departments. The CQC were assured with their findings. No reports are issued only verbal feedback.			

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS – 15 December 2020
CHAIR'S ASSURANCE REPORT
FINANCE AND PERFORMANCE COMMITTEE – 24 November 2020

Overview

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

The Committee received the operational performance and financial performance reports and a paper discussing the financial plan for months 7-12. There was a short update on contract negotiations with Sodexo.

A significant slice of time was then able to be devoted in a workshop conversation to the development of the ICS and proposals for risk share. Strong contributions were received from all attendees.

Performance/operational delivery

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

Finance

We noted the detail of the monthly financial report, which 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 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. Overall the I&E financial position in month was positive with the in-month financial position c. £1.1m favourable to plan before any fines relating to the Elective Incentive Scheme (EIS) scheme. However the in-month financial position is only c. £0.1m favourable to plan after potential YTD fines. Whether or not fines will be applied is yet to be confirmed by NHSI/E. The favourable movement in month is driven by activity being lower than Divisional plans, spend not being incurred for business cases/commitments, a reduction in COVID spend and vacancies in support functions. Whether this lower level of spend than expected will continue through the remainder of the year will depend on a number of factors including the impact of COVID Wave 2.

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

Items for escalation to Board

There were no items for escalation to board

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 Covid 19 update	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	January meeting
Financial performance and financial plan	The Committee noted the report as set out.	Progress update at next F+P	DoF	January meeting
Catering Contract	F+P received an update in relation to the progress of negotiations with our catering contractor.	Progress update at next F+P	DoF	January meeting
ICS/Risk share and financial regime workshop	In depth exploration. Director of Finance to retain overview and report on any developments.	Update at next F+P		January meeting
Corporate Risk Register	Due to be next considered at December meeting (bi-monthly).	A comprehensive schedule will be presented to the January meeting.	TBS	January 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.			

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

BOARD OF DIRECTORS – 15th December 2020
CHAIR'S ASSURANCE REPORT
People Committee – 1st December 2020

Overview:

The meeting had 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, Director of Education and Research, Deputy Director of People and OD, Head of Leadership and OD, Company Secretary, Trust Board Officer. We also had two of the three Governor observers, despite the short notice following their appointment to the people committee.

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	A number of actions were completed and closed as they were included on the December agenda. Further items not due for completion until 2021.	None		
Terms of Reference	The committee discussed an updated version of the terms of reference and agreed to some changes such as research and innovation was referenced and that will go to QEC, and updates to the purpose. This will go to the Board for approval in December We also considered the terms of reference for the training and education reporting committee.			
Allocate software Dive	A deep dive was carried out into the allocate software the committee were assured with the comprehensive nature of the tool that is used across the trust. Further work to ensure rosta's are robust and aligned to financial elements.			

Recruitment Activity/IA audit update	An update on recruitment activity undertaken in quarter two was discussed and consideration given to what KPI's we may wish to see in relation to recruitment. We agreed that it would be good to see progression in relation to diversity and time taken to recruit, we also discussed the ambition to operate with no vacancies and what we might need to do to close the gap. An update was provided on the progress against IA actions with those due noted as fully complete.			
Workforce Assurance Report	The workforce assurance report was presented which was missing some data such as appraisals due to a national problem with reports from ESR. The committee considered bank and agency spend, staff absence, vacancy levels, and rostering. We received verbal assurance that personal risk assessments were taking place with our BAME colleagues, although not in sufficient numbers currently which requires some further exploration.	Will be a regular report to People Committee	KB	Jan 2021
Education Assurance Report	The committee were assured of the oversight in relation to the CPD funding and its use to support the development of additional skills among colleagues. There are some risks to spend and access to some education due to Covid though.	Will feature as a regular report to People Committee	SD	Jan 2021
Health and Wellbeing – Vivup data review	The committee was assured about the range of activity in place to support the wellbeing of colleagues across the trust, including regular wellbeing communication with tips and tools, access to the employee assistance programme and additional psychological support where necessary. We are currently working towards achieving the Be Well@Work gold award.	Further updates to be provided at future meetings.	JC	On the workplan
People Plan KPI's	The committee was provided with a series of suggested KPI's which will highlight progress in relation to the people plan. The committee were assured that this was a good start and were asked to reflect on whether	Further updates to be provided at future meetings.	KB	TBC

	there was anything missing or anything further to be added that will demonstrate or ambition in relation the people plan.			
Staff survey update	The annual staff survey had been distributed and although response rates were lower than last year we were still above average for acute trusts at 48% (latest figure) When we receive the results we will also be able to identify areas where lower responses where received which may indicate lower levels of engagement.	Results to be provided to the people committee when available in sufficient granularity to consider areas where some focus may be required.	JC	Jan 2021
ED FTSU update	The committee were provided with a verbal update stating that the programme board set up to make progress in relation to the ED action plan had met for the first since the last people committee. A series of listening events were commencing the following day. Further updates to come to the people committee	Further updates to be provided at the next meeting	KB	Jan 2021
FTSU Assurance report	The committee received assurance in relation to the numbers of FTSU cases received and the action plan to ensure there is a focus on this important area over the next 12 months. There are some open cases that have not progressed in a timely way and updates on progress will be required at a future people meeting.	Self-assessment to come to the people committee	PH	March 2021
Corporate Risk Register and Board Assurance Framework	A verbal update was provided setting out the future approach to ensure risks are identified which relate to the business of the people committee.		FD	Jan 2021

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

F1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Corporate Risk Register**		
Report to	**Board of Directors**	**Date**	**15 December 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 continues to be implemented. This has included the cleansing of risks and the recording and management of risks at source (on DATIX), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board.

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

- Review and rationalisation of current risks identified on DATIX
- Review training of DATIX risk management
- Ensure risks are discussed at Directorate speciality meetings – standard template & reports agreed
- Transparency of CRR for all staff via DATIX dashboard
- Adaption of the DATIX risk module to allow escalation and outcome capture for all users – end to end escalation being fully auditable.
- Fields changed in Risk module to monitor outcomes and actions

- Review of risk management policy to be aligned with changes – Jan 2021
- Alignment of corporate risks (strategic & operational) to the BAF

CORPORATE RISK REGISTER- (CRR)

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

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

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 December 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.

No new risks have been escalated for consideration on the CRR.

TOP 3 RISKS

COVID Pandemic
Workforce
Finance

Action required

Continuous review of existing risks and identification of new or altering risks through improving processes.

Link to key strategic objectives indicated within the Board Assurance Framework.

Assurance

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

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

Appendix 4 (Level 4 detail)

Corporate Risk Register Summary December 2020

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**	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 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. There a number of issues causing it: - 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 Updated: 25/10/18 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.	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 stanadrds**	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**	22/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation**	Failure to ensure that estates infrastructure is adequately maintained and upgraded in line with current legislation, standards and guidance. 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 (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	Nov-20	⟺

Appendix 4 (Level 4 detail)

Corporate Risk Register Summary December 2020

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**	03/01/2021	Information Technology	Not Applicable (Non-clinical Directorate)	**Failure to protect against cyber attack**	Failure to protect against cyber attack - leading to: (i) Trust becoming non-operational (ii) Inability to provide clinical services (ii) Negative impact on reputation The top 3 DSP risk areas have been recognised as: (1) Insider threat (accidental or deliberate) (2) New / zero day vulnerability exploits (3) Failure to wholly implement patch management	Anderson, Ken	**Extreme Risk**	**15**	Moderate Risk	Nov-20	⟺
2349	**?**	01/06/2020	Chief Operating Officer	Not Applicable (Non-clinical Directorate)	**Failure to specifically achieve RTT 92% standard**	(i) Regulatory action (ii) Impact on reputation iii) Delayed access for Patients (iv) Potential clinical risk for patients identified via NECs audit (assessed as low)	Joyce, Rebecca	**Extreme Risk**	**15**	Moderate Risk	May-20	⟺
16	**F&P8**	01/06/2020	Directorate of People and Organisational Development	Not Applicable (Non-clinical Directorate)	**Inability to recruit right staff and ensure staff have the right skills to meet operational needs**	Inability to recruit right staff and have staff with right skills leading to: (i) Increase in temporary expenditure (ii) Inability to meet FYFV and Trust strategy (iii) Inability to provide viable services	Barnard, Karen	**Extreme Risk**	**16**	High Risk	May-20	⟺
1854	**Q&E13**	06/01/2021	Medical Services	Emergency Department / A & E / Acute	**Initial ED BDGH triage assessment processes**	C- Sub-optimal quality of the initial triage and clinical assessment processes and clinical oversight of the waiting area. E- Unwell children and adults may not be provided with the full assessments required to provide high quality care. E- Potential of harm to patients.	Carville, Kate	**Extreme Risk**	**16**	Moderate Risk	Nov-20	⟺
2426		29/12/2020	Information Technology	Not Applicable (Non-clinical Directorate)	**Multiple software systems end-of-support**	Installed software versions have gone past the date of supplier support and there has been insufficient internal resources to upgrade and dependencies with multiple software systems being incompatible with the supported software, have prevented these upgrades. This leads to vulnerabilities within our infrastructure. For example, unpatched systems are significantly more vulnerable to cyber attacks. A single compromised device threatens all devices. There is a further vulnerability the Trust faces where we cannot draw on the expertise of the supplier to fix faulty software in a timely manner or at all.	Linacre, David	**Extreme Risk**	**20**	High Risk	Sep-20	⟺
2147	**F&P21**	29/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**REF 29 - Edge Protection DRI**	Due to the lack of edge protection on flat roofs across the site at DRI there is an increased risk of falls from height, which could result in death or serious injury	Loukes, Simon (Inactive User)	**Extreme Risk**	**15**	Moderate Risk	Nov-20	⟺
1807	**F&P20 / Q&E12**	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**Risk of critical lift failure**	Risk of critical lift failure leading to: (a) Reduction in vertical transportation capacity in the affected area (b) Impact on clinical care delivery (c) General access and egress in the affected area	Edmondson-Jones, Kirsty	**Extreme Risk**	**20**	High Risk	Nov-20	⟺
1412	**F&P12**	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**Risk of fire**	Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance. Note: a number of different distinct risks are conatained within this overarching entry. For further details please consult the EF risk register. leading to : (i) Breaches of regulatory compliance could result in Enforcement or Prohibition notices issued by the Fire and Rescue Services (ii) Claims brought against the Trust (iii) Inability to provide safe services (iv) Negative impact on reputation No change to risk - work ongoing.	Edmondson-Jones, Kirsty	**Extreme Risk**	**20**	High Risk	Nov-20	⟺
1855	**Q&E14**	06/01/2021	Medical Services	Emergency Department / A & E / Acute	**Staffing for registered children's nurses in ED BDGH**	C- Lack of paediatric nurses in ED E- Breach in safe staffing levels E- Patients at risk of harm. Potential staff injury/sickness	Carville, Kate	**Extreme Risk**	**16**	High Risk	Nov-20	⟺
2144	**F&P22**	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**EFA/2018/005 - Assessment of Ligature Points**	Following the death of a patient using a ligature attached to low level taps in a bathroom (not at DBTH), a subsequent coroners regulation 28 highlighted that there was confusion nationally regarding how ligature points should be assessed and removed. EFA/2018/005 - advises that Trust's should review and update ligature risk assessments, anti ligature policies and associated forms/toolkits. Until this is work complete there is a potential risk of unidentified ligature points existing within Trust properties, which have the potential to lead to an adverse incident occurring.	Timms, Howard	**High Risk**	**12**	Low Risk	Nov-20	⟺

Appendix 4 (Level 4 detail) **Corporate Risk Register Summary December 2020**

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**	25/01/2021	Estates and Facilities	Not Applicable (Non-clinical Directorate)	**REF 31 - Unable to Test Fire Dampers - DRI East Ward Block**	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. No change to risk - work ongoing.	Timms, Howard	**High Risk**	**12**	Moderate Risk	Nov-20	⟺

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Board Assurance Framework Update**		
Report to	**Board of Directors**	**Date**	**15 December 2020**
Author	**Fiona Dunn, Company Secretary**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		X

Executive summary containing key messages and issues

The Board Assurance Framework is an updated draft from the original proposal agreed at the Board of Directors in July 2020.

Board is asked to note that whilst the review is ongoing all risks associated with the BAF continue to be reviewed on DATIX.

BOARD ASSURANCE FRAMEWORK – PURPOSE

The Board Assurance Framework provides the Board of Directors with a record of the strategic risks relating to the delivery of its strategic objectives and the internal controls to prevent these risks from occurring. It is a means of focusing the attention of the Board on the management of its strategic risks and a record of assurances in place.

BOARD ASSURANCE FRAMEWORK – REFRESH UPDATE

The Board Assurance Framework refresh includes alignment to the Trust's True North objectives, strategic risks and to formalise Board ownership.

Information on the plan to refresh of the Board Assurance Framework was provided to the Board of Directors' meeting in July 2020.

This paper therefore serves to give an update as to the progress in the BAF and CRR review process following workshops identifying the strategic risks linked to the Trusts True North objectives that would stop the Trust from achieving its vision to be the safest Trust in England.

Key questions posed by the report
Does the update plan address the future BAF reporting requirements for Board
How this report contributes to the delivery of the strategic objectives
The attached Board Assurance Framework template captures and reports on the Strategic Risks to the achievement of the Trust's Strategic objectives.
Link to Board Assurance Framework
The attachment is the updated version of the refreshed Board Assurance Framework presented to Board of Directors in July 2020
Link to Risks on Corporate Risk Register / New Risks
The report highlights all Strategic Risks to the achievement of the Trust Strategic objectives.
Recommendations
Board is asked to note the attached BAF update plan

Board Assurance Framework (BAF) Review and Refresh Update

The Board Assurance Framework attached is an updated draft from the original proposal agreed at the Baard of Directors in July 2020.
Board is asked to note that whilst the review is ongoing all risks associated with the BAF continue to be reviewed on DATIX as per current risk management policy.

BOARD ASSURANCE FRAMEWORK & CRR– REFRESH UPDATE

The Board Assurance Framework is currently being refreshed both in presentation and content to ensure alignment to the Trust's True North objectives, strategic risks and to formalise Board ownership.

Information on the plan to refresh of the Board Assurance Framework was provided to the Board of Directors' meeting in July 2020.

This was approved and an initial work shop was held with the Executive Team in July to start to identify the key strategic risks, particularly in light of changes post COVID that would stop the Trust from achieving its vision to be the safest Trust in England.

Identifying these true strategic risks for the BAF would then allow separation of many operational risks from the existing BAF which would then be included on the Corporate Risk Register (CRR) where appropriate. Ideally the BAF should not contain operational risks unless they pose a significant threat to the organisational objectives.

Further work is being undertaken to gain an understanding of the Trust's risk appetite and tolerance to be included on the new BAF template along with recognition of new measures and assurance routes via the sub committees of the Board.

The ultimate aim of this BAF refresh is to utilise it as a tool to drive the future Board agenda. December's agenda items have already been aligned with the new strategic aims sections.

Further work continues to review the administration processes of the Board with all work streams closely linked to ultimately help in the continued drive of an effective Board.

Board are asked to note that the CRR and BAF "refresh" plan agreed at the Board in July continues to be implemented.

Refresh Plan Status - Update:

Step 1: BAF: New strategic risks identified - COMPLETE
- New strategic risks for the Four True North strategic Aims identified.

Step 2: Complete of BAF template - ONGOING
- Identify Controls and assurance (mitigation & evidence of making impact)
- Understand impact of risk and rationale for rating
- Agree risk appetite for this risk (further workshop to be organised for team)
- Understand any operational risks that may impact and cross reference.

Step 3: Complete front summary page with links to subcommittee & CRR dashboards - COMPLETE
- Front page to include high level Heat map of risk and overall movement of change for each strategic risk (risk reference only – Level 1)

- Heat map of risks linked to BAF and on CRR to feed next level summary dashboard (Level 2) identifying risks at description level with risk movement. This dashboard to be used for sub Committee high level oversight.

Step 4: Complete summary risk description dashboard (as above) & detail risk summary – ON GOING

- Design and population of risks to new CRR template dashboard summary (level 2)
- Design and population of risk detail template (level 3) to link to level 2 dashboard.

Step 5. Review of Risks on CRR.

- Complete review and refresh of operational risks on Corporate risk register

Step 6 Review of Risk Management Policy – IN PROGRESS

Further operational steps:

- Complete review and rationalization of risks on DATIX post COVID impact
- Implementation of a refreshed risk management training and oversight programme.

Assurance

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

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

Appendix Level1

Board Assurance Framework – Risks to achievement of Strategic Aims

OUR VISION : To be the safest trust in England, outstanding in all that we do

True North Strategic Aim 1	True North Strategic Aim 2	True North Strategic Aim 3	True North Strategic Aim 4
To provide outstanding care and improve patient experience	**Everybody knows their role in achieving the vision**	**Feedback from staff and learners in top 10% in UK**	**In recurrent surplus to invest in improving patient care.**
Breakthrough Objective: Achieve measurable improvements in our quality standards & patient experience	**Breakthrough Objective:** Achieve a 5% improvement in our staff having a meaningful appraisal linked to our vision	**Breakthrough Objective:** The Trust is within the top 25% for staff & learner feedback	**Breakthrough Objective:** Every team achieves their financial plan for the year

Current Risk Level Summary

The entire current BAF based on the 5 P's was last reviewed in December 2020 reviewed alongside the corporate risk register.

The key risks to outstanding patient experience remains workforce, the key risk to financial sustainability is underperformance against income plan, cost improvement plan and the underlying financial sustainability and the key risk to operational excellence remains RTT 18 and the 52 week breach position. Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the September Trust Board .
There has been no change in the risk level during quarter 3 2020/2021.

Heat Map of individual SA risks (2019 -2020 BAF)

	No Harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2		2 Q&E8, Q&E3	1 Q&E4	2 A&R1, F&P10	2 F&P18, Q&E10
Possible 3		1 Q&E7	3 Q&E5, Q&E2, F&P14	4 Q&E11, F&P5, F&P9, Q&E6	2 **F&P11**, F&P19
Likely 4			2 F&P12, F&P15	7 Q&E9, **F&P1**, F&P3, F&P6, F&P13, F&P8, Q&E1,	4 F&P4, F&P20,Q&E12, F&P12,
Certain 5					COVID 2472

Overall change per Strategic Aim (SA)

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2019/20	No of risks/SA	Change
SA1	new	⟺	⟺			⟺
SA2	new	⟺	⟺			⟺
SA3	new	⟺	⟺			⟺
SA4	new	⟺	⟺			⟺
COVID	⟺	⟺	⟺	↑	several	⟺

Appendix Level1

<table>
<tr><th colspan="4">COVID19 Major incident</th></tr>
<tr><td>Risk Owner: Trust Board
Committee: Q&E, F&P,</td><td>COVID19 - Addition to SA1</td><td colspan="2">Date last reviewed : Dec 2020</td></tr>
<tr><td>Strategic Objective
To deliver safe & effective service to patients and staff during a 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.</td><td>Risk Appetite:
The Trust has a high appetite for risks that impact on patients and staff during a worldwide pandemic.</td><td>Initial Risk Rating
Current Risk Rating
Target Risk Rating</td><td>5(C) x 5(L) = 20 extr
5(C) x 4(L) = 20 extr
3(C) x 3(L) = 9 low</td></tr>
<tr><td>Risks:
Impact on safety of patients
Impact on patient experience
Potential delays to treatment
Impact on patient harm
Impact on reputation
Adverse impact on Trust's financial position
Impact on staff & Inability to provide viable service</td><td>Rationale for risk current score:
Previous unknown pandemic:
Patients, staffing, resources etc
Data modelling predictions based on “best” guess principles from previous flu epidemics
Unknown timescale of outbreak</td><td colspan="2">Future risks:
Unknown if second phase outbreak/pandemic
Opportunities:
Change in practices, new ways of working by</td></tr>
<tr><td>Controls / assurance (mitigation & evidence of making impact):
Pandemic incident management plan implemented.
Governance & Performance Management and Accountability Framework
<s>Gold & Silver Command pandemic management structure (Strategic & Tactical) in place 24/7</s>
Individual work streams identified to deliver a critical pathway analysis
Regular data modeling and analysis of trends and action to address shortfalls.
Continued liaison with leads of operational work streams to identify risks to delivery.
National reporting & monitoring eg PHE, NHSI/E, WHO etc
Summary of Post Implementation Review undertaken
Includes stabilization & recovery plans
NEW – includes response to COVID wave2 plans</td><td>Individual work streams identified to plan:
Temporary Site Reconfiguration
Reduction in Planned Care – Outpatients & Surgery
Vulnerable Patients
Emergency Pathways (Adult)
Increasing Critical Care Capacity
Consolidation of maternity and Delivery of Children’s Services
Trauma Consolidation
Diagnostics and Pharmacy
Care of Deceased Patient
People Planning, Education and Research
Ethical Decision Making
Infection Control and Prevention Support
IT and Digital, Estates, Finance & Procurement
Partnerships, Communication and Engagement
Recovery Phase</td><td colspan="2">Assurance (evidence of making an impact):
See evidence of plans in link (Overall Plan)
Risk log (see link)
High Level COVID Narrative
Post implementation review
Gaps in controls / assurance (actions to achieve target risk score):
Overall delivery of work streams pandemic plans – link CRR Risk ID2472 on DATIX</td></tr>
</table>

Appendix Level1

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 1 – To provide outstanding care & improve patient experience.			
Risk Owner: Trust Board **Committee: QEC**	**People, Partners, Performance, Patients, Prevention**	**Date last reviewed : Dec 2020**	
Strategic Objective To provide outstanding care and improve patient experience **Breakthrough Objective** Achieve measurable improvements in our quality standards & patient experience	**Risk Appetite:** The Trust has a **low appetite** for risks TBC **Measures:** • Ward/department quality assessment scores • Evidence of "closing the loop" • Focus on key safety risks – IPC Outbreaks, Patient experience - waits, falls • Clinical effectiveness	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	5(C) x 5(L) = 16 extr 5(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low
Risks: • Risk of patient harm if we do not listen to feedback and fail to learn • Risk of not using available quality assurance data to best effect in order to identify areas to improve or manage patient care. • Risk to safety and poor patient experience as a result of failure to improve the estate and infrastructure.	**Rationale for risk current score:** Impact: • Impact on performance • Impact on Trust reputation • Impact on safety of patients • Impact on patient experience • Potential delays to treatment • Possible Regulatory action	**Future risks:** • **Risk references:** Q&E9, F&P6 being reviewed **Opportunities:** • Change in practices, new ways of working	
Controls / assurance (mitigation & evidence of making impact): • BIR Data targets & exceptions • Clinical effectiveness measures • Quality framework outcomes ○ Quality control to Quality Assurance • Quality Improvement outcomes	**Comments:** • Need to ensure Trust Values are effective • Need to develop quality/patient safety strategy	**Assurance (evidence of making an impact):** Output from Board sub committees **Gaps in controls / assurance (actions to achieve target risk score):** Uncertainty re COVID recovery outcomes Uncertainty re SYB ICS changes	

Appendix Level1

<table>
<tr><th colspan="3">OUR VISION : To be the safest trust in England, outstanding in all that we do</th></tr>
<tr><th colspan="3">True North Strategic Aim 2 – Everybody knows their role in achieving the vision</th></tr>
<tr><td>Risk Owner: Trust Board
Committee: People</td><td>People, Partners, Performance, Patients</td><td>Date last reviewed : Dec 2020</td></tr>
<tr><td rowspan="2">Strategic Objective
Everybody knows their role in achieving the vision

Breakthrough Objective
Achieve a 5% improvement in our staff having a meaningful appraisal linked to our vision</td><td>Risk Appetite:
The Trust has a low appetite for risks TBC</td><td rowspan="2">Initial Risk Rating 5(C) x 5(L) = 16 extr
Current Risk Rating 5(C) x 4(L) = 16 extr
Target Risk Rating 3(C) x 3(L) = 9 low</td></tr>
<tr><td>Measures:
• Staff survey results – appraisals and ability to improve
• Examples of changes from local QI/innovation</td></tr>
<tr><td rowspan="2">Risks:
• Risk of disconnect between ward and Board leading to negative impact on staff morale and patient care
• Failure of people across the Trust to meet the need for rapid innovation and change</td><td rowspan="2">Rationale for risk current score:
Impact:
• Impact on performance
• Impact on Trust reputation
• Impact on safety of patients & experience
• Possible Regulatory action
• Recruitment and retention issues
• Increased staff sickness levels
• Deterioration in management-staff relationships</td><td>Future risks:
•</td></tr>
<tr><td>Risk references:
F&P8 – to be changed to ownership by the People Committee
QE6 – to be changed to ownership by the People committee
QE1 – to be changed to ownership by the People Committee

Opportunities:
• Change in practices, new ways of working
• Increase skill set learning</td></tr>
<tr><td>Controls / assurance (mitigation & evidence of making impact):
• Monitoring uptake of appraisal through accountability meetings
• Staff survey action plans to ensure appraisal conversations are meaningful as defined by the staff survey
• Listening events held on regular basis
• Use of team brief
• Extended management board sessions</td><td>Comments:
Considerations – capacity & capability of workforce including our leaders</td><td>Assurance (evidence of making an impact):
Feedback from the appraisal season

Gaps in controls / assurance (actions to achieve target risk score):
• Regular feedback on appraisal discussions through Staff FFT
• Impact on COVID of appraisals not taking place during the season</td></tr>
</table>

Appendix Level1

OUR VISION : To be the safest trust in England, outstanding in all that we do			
True North Strategic Aim 3 – Feedback from staff and learners in top 10% in UK			
Risk Owner: Trust Board **Committee: People**	**People, Partners, Performance, Patients**	**Date last reviewed : Dec 2020**	
Strategic Objective Feedback from staff and learners in top 10% in UK **Breakthrough Objective** The Trust is within the top 25% for staff & learner feedback	**Risk Appetite:** The Trust has a **low appetite** for risks TBC **Measures:** • Learner feedback • Staff survey results on development • Clear organisational strategy co-developed with our people	**Initial Risk Rating** **Current Risk Rating** **Target Risk Rating**	5(C) x 5(L) = 16 extr 5(C) x 4(L) = 16 extr 3(C) x 3(L) = 9 low
Risks: • Failure to provide appropriate learner environment that meets the needs of staff and patients • Failure to enable staff in self actualization • Failure to deliver an organizational development strategy that allows implementation of trust values	**Rationale for risk current score:** Impact: • Impact on Trust reputation • Impact on safety of patients & experience • Possible Regulatory action • Recruitment and retention issues • Increased staff sickness levels • Deterioration in management-staff relationships • Financial impact for the Trust	**Future risks:** • **Risk references:** F&P8 – to be changed to ownership by the People Committee QE6 – to be changed to ownership by the People committee QE1 – to be changed to ownership by the People Committee **Opportunities:** • Change in practices, new ways of working • Future new build	
Controls / assurance (mitigation & evidence of making impact): • Introduction of People committee and sub committees • Work programme to implement the People Plan • Staff survey results and action plan • PPQA feedback • GMC trainee survey	**Comments:** • Requires good OD plan "fit for purpose" • Staff survey impact • Need good data • Recruitment & retention	**Assurance (evidence of making an impact):** Feedback from staff and learner networks Junior doctor forum **Gaps in controls / assurance (actions to achieve target risk score):** COVID response impacted on development work	

Appendix Level1

<table>
<tr><th colspan="4">OUR VISION : To be the safest trust in England, outstanding in all that we do</th></tr>
<tr><th colspan="4">True North Strategic Aim 4 – In recurrent surplus to invest in improving patient care</th></tr>
<tr><th>Risk Owner: Trust Board
Committee: F&P</th><th>People, Partners, Performance, Patients</th><th colspan="2">Date last reviewed : Sept 2020</th></tr>
<tr><td>Strategic Objective
In recurrent surplus to invest in improving patient care
Breakthrough Objective
Every team achieves their financial plan for the year</td><td>Risk Appetite:
The Trust has a low appetite for risks TBC

Measures:
• Measures as reported through finance report
• Quality of business cases – TBC</td><td>Initial Risk Rating
Current Risk Rating
Target Risk Rating</td><td>5(C) x 5(L) = 20 extr
5(C) x 4(L) = 20 extr
3(C) x 3(L) = 9 low</td></tr>
<tr><td>Risks:
• The varied degree of commercial awareness within the organization and its impact on the effective financial business of the Trust
• Uncertainty of future financial planning and business expectations (post COVID BAU effect)</td><td>Rationale for risk current score:
Impact:
• Impact on performance
• Impact on Trust reputation
• Impact on safety of patients & experience
• Possible Regulatory action
• Financial impact for the Trust
• Reduction in hospital activity and subsequent income</td><td colspan="2">Future risks:
NHS Sector financial landscape Regulatory Intervention
• Block income arrangement
• National guidance is developing to understand how the financial regime will impact Trusts over the coming months.

Risk references:
• F&P1

Opportunities:
• Change in practices, new ways of working</td></tr>
<tr><td>Controls / assurance (mitigation & evidence of making impact):
Performance management regime in place reporting to Board
F& P Committee, ARC assurance committees
Budget Setting and Business Planning Processes (including capital) to be all approved for all areas.
Income /Activity capture and coding processes embedded and regularly audited</td><td>Comments:
• Require agreed and achievable workforce plans based on evidence
• Identification of “new normal”
• Potential changes to commissioning agendas
• Significant activity drop due to Covid</td><td colspan="2">Assurance (evidence of making an impact):
To be transferred from DATIX & reviewed

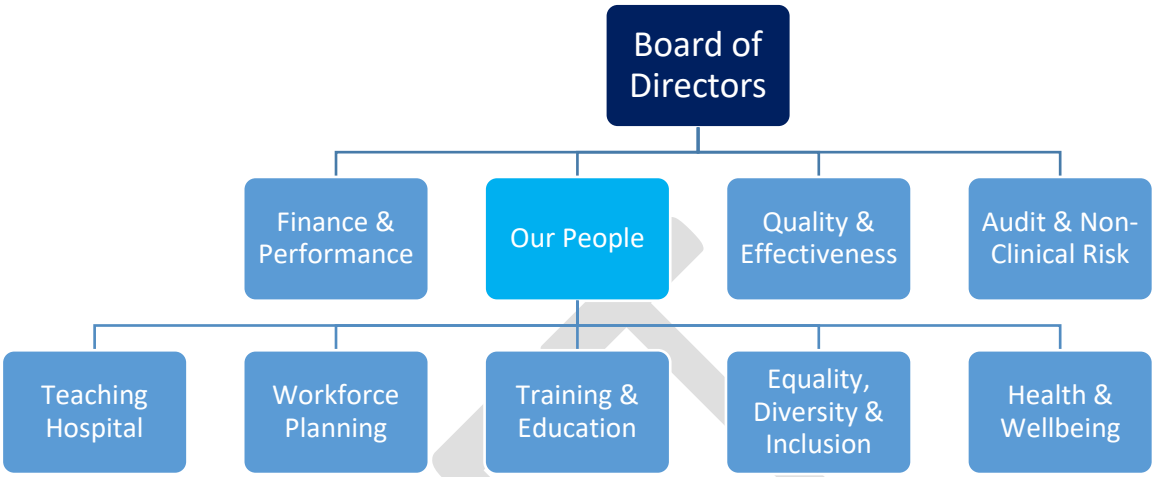
Gaps in controls / assurance (actions to achieve target risk score):
To be transferred from DATIX & reviewed</td></tr>
</table>

F2

People Committee

Terms of Reference

Name	People Committee ("the Committee")
Purpose	The Committee will carry out its duties as an assurance Committee of the Board of Directors (''the Board") in reviewing systems of control and governance specifically in relation to people matters; specifically but not limited to the delivery of the People Plan, including: • The delivery of the Human Resource services, workforce planning, people systems, organisational effectiveness and new ways of working • Equality, Diversion and Inclusion • Belonging to DBTH - ensuring all our people (including our transitional workforce) have a voice to provide feedback which is listened to and acted upon; to be the employer of choice • People and organisational development; succession planning, stronger teams, living and learning, inclusive leadership; culture development • The health and wellbeing support offer – Freedom to Speak Up. It is supported by the Audit and Non-clinical Risk Committee which provides the oversight arm of the Board, reviewing adequacy and effectiveness of controls. The work of the Committee is aligned to the Trust's Strategic Objectives and is organised to provide assurance on the progress towards the True North Objectives: • To provide outstanding care and improve patient experience • Everybody knows their role in achieving the vision • Feedback from our people and learners in top 10% in UK • In recurrent surplus to invest in improving patient care.
Responsible to	The Board. The Chair of the Committee is responsible for reporting assurance to the Board on those matters covered by these terms of reference through a regular written report. The minutes of the Committee shall also be submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the Board of Governors, or may require executive action. The Committee will present a written annual report to the Board summarising the work carried out during the financial year and outlining its work plan for the future year.

Relationship to other Committees	The Committee will receive information and assurances from the Trust's internal management and operational Committees as required. This includes the Workforce Planning Committee, Training and Education Committee, EDI forum, Health and Wellbeing Committee and Teaching Hospital Board as shown below. 
Delegated authority	The Committee is a Committee of the Board and holds those powers specifically delegated to it by the Board and set out in these terms of reference. The Committee is authorised to investigate any activity within its terms of reference. It is further authorised to seek any information it requires from any employee of the Trust and all employees are directed to co-operate with any request made by the Committee. The Committee may make a request to the executive for legal or independent professional advice and request the attendance of external advisers with relevant experience and expertise if it considers this necessary. The Committee will operate at a strategic level as the executive is responsible for the day to day delivery of Trust services and management of its workforce.
Duties and work programme	(1) To review reports relevant to the Committee that relate to the following matters: - the delivery of the National and Local People Plan - promoting an honest, open and just culture through Freedom to Speak Up and Equality, diversity and Inclusion fora, - the CQC Essential Standards of Well Led as part of the internal assurance process, - workforce and recruitment plans - workforce performance such as vacancy levels, sickness rates and roster performance; impact of efficiency plans on the workforce - our people and learner engagement, experience and retention - organisational development plans, - leadership and team development, - training, education and development - our people and leader wellbeing,

	- employee relations and - HR systems and processes - and provide assurance to the Board in respect of their delivery. (2) To consider and review any items identified by, or escalated to the Committee relating to Enabling Strategies that are monitored through the corporate objectives and reported to the Board of Directors. (3) Through the Teaching Hospital Board the committee will ensure that Research and Innovation and external links with Universities and Colleges are driving forward our ambition to become a University Teaching Hospital. (4) Through the various sub committees the People Committee will ensure that the People Plan is being delivered across the Trust and that workforce plans are in place to deliver the services across the Trust. (5) To undertake thematic reviews and deep dives into workforce related issues. (6) To ensure that the Trust has reliable, up-to-date information about what it is like being a member of Team DBTH and a learner within the Trust (7) To approve terms of reference and membership of reporting sub-Committees and oversee the work of those sub-Committees. (8) To hold the Divisional Directors to account for the implementation of the People Plan There may be occasions when business of the meeting may need to be completed by the membership only.
Chairing arrangements	The chair and vice chair will be nominated from among the non-executive members of the Committee.
Membership	• Minimum of three members, appointed by the Board from amongst the Non-executive Directors (other than the Chairman of the Trust). • Director of People and Organisational Development • Chief Nurse • Medical Director
In attendance	• Director of Education & Research • Deputy Director of People & Organisational Development • Deputy Director of Education & Research • Head of Leadership & Organisational Development • Company Secretary • Corporate Governance Officer (Minutes) • Other Trust staff as appropriate / requested • Three Governor (Observers) ideally from each constituent part of the Council of Governors.

Secretary	Company Secretary (supported by Corporate Governance Officer).
Voting	Matters will generally be decided by way of consensus. Where it is necessary to decide matters by a vote then each member will have one vote. The Chair will have a casting vote.
Quorum	Three members, including the chair or vice-chair.
Frequency of meetings	Bi-Monthly.
Papers	Papers will be distributed a minimum of three clear working days in advance of the meeting, but ideally a week before.
Permanency	The Committee is a permanent Committee.
Sub-Committees	• Workforce Planning Committee • Training & Education committee • Teaching Hospital Board • Equality, Diversity & Inclusion Forum • Health and Wellbeing Committee.
Date agreed by the Committee:	December 2020
Date approved by the Board of Directors:	2020
Review date:	March 2021

G1

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Chair and NEDs' Report**		
Report to	**Board of Directors**	**Date**	**15 December 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 November 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 and NEDs' Report – December 2020

Governor Development

This month I hosted NHS Providers' governor development session on how the Council of Governors undertakes its business. The session explored how the Trust's Council of Governors operates, including a comparison with other trusts. The group also took the opportunity to reflect on the impact of recent changes to practice and considered the possibility of future improvements.

Recruitment

In last month's report I shared with you our plans to recruit to two developmental Associate Non-executive Director posts. Unfortunately, following a series of pre-interviews and a final interview panel we did not appoint and we are currently exploring other opportunities to improve the diversity of our board.

Introductory Meeting

Earlier this month I met with Kirby Hussain, recently appointed as Equality, Diversity & Inclusion Lead. Kirby has a wealth of experience in this field, from within the NHS, Local Authority and prison service. The Trust's strategic direction sets out the Trust's values, embedded with our desire to eliminate all forms of discrimination and promote equality.

Kirby shared with me his previous experience and although it is still very early days the difference he is hoping to make at the Trust to continue to drive the equality and diversity agenda.

Race Equality Code/ Race Code Assessment

The Trust has agreed to be an early adopter of the brand-new Race Equality Code. We believe this shows to external partners and internal colleagues that we are serious about being an inclusive organisation where everyone gets the opportunity to thrive.

To kick start the adoption of the code, we are undergoing a diagnostic process in order to highlight beneficial changes we might make to the way that we act and operate.

The next stage of the early adoption of the code will be to cascade this information to the governors, non-executive directors and senior leadership team.

NHS Providers

As a trustee on NHS Providers Board I attended a briefer board check in meeting in December. We received the usual briefing from Chis Hopson, Chief Executive and his directors and also took the opportunity to provide a steer to inform the development of a revised strategy. The external environment has changed significantly since the current strategy was agreed and at November's board meeting it was agreed to draft a new four year strategy, covering the period 2021/2 – 2025/6.

1:1 meetings

This month I have had the opportunity to meet with Ken Anderson, David Purdue and Becky Joyce. I have continued with my regular meetings with Richard, the Non-executive Directors and the Lead and Deputy Lead governor. I have also met with my fellow chairs, Dr David Crichton of Doncaster CCG and Dame Linda Pollard of Leeds Teaching Hospitals.

Finally, to close my report I would like to share with you my very best wishes for the festive season and to say a special thank you to those colleagues who will be working during this time. I recognise that for some, Christmas can be a difficult time of year, this year will be no different and many of you will have been affected, personally or professionally by the pandemic. As the year draws to a close reflect on what has passed but look forward with hope for a brighter 2021.

South Yorkshire & Bassetlaw ICS

I took part in a number of discussions with regional colleagues in support of my role as Chair of the Acute Federation/Committees in Common and chaired the most recent meeting. After 18 months in the role, I will be handing the Chairmanship to the Chair of Barnsley Hospital, Trevor Lake, from 1 January 2021.

NED Report

Kath Smart

Since the last Board meeting Kath has attended her Board sub-committee meetings, Finance & Performance and Remuneration Committee, she also joined her first People Committee meeting.

She also hosted the Council of Governor briefing from NHS Providers regarding the governor role representing members and the public, and along with other NEDs she has attended NED briefings with the Trust Chair.

Kath has chaired a recent interview panel for a Respiratory Consultant and has had a

meeting with the Chair of Audit from RDaSH to build partnership relationships.

Finally, as part of her buddying arrangements with Becky Joyce, they visited Bassetlaw Hospital and met with the Emergency Department Team and newly repatriated Maternity Services. It was positive to meet with staff hearing especially how delighted the staff were to be back at Bassetlaw.

Pat Drake

Since Pat's last report she has attended the Finance & Performance and People Committees. She has also chaired the Quality & Effectiveness Committee, which in part focused on the development of a new quality strategy.

Pat has had a 1:1 with the Chair and also established contact and met with her opposite number, the clinical NED at Rotherham Doncaster and South Humber NHS FT. The meeting was very productive and a further date has already been planned.

During this second wave of Covid Pat has taken as many opportunities as possible to thank staff and teams for their hard work. She has also met with the Medical Director, Deputy Chief Nurse, Deputy Director of Nursing - Patient Experience, Deputy Director of Nursing - Patient Safety and the Deputy Director of Education.

Maintaining buddy relationships with governors continues to be a priority for Pat.

Sheena McDonnell

This month has seen Sheena prepare for and chair the second People Committee meeting, where governor representatives were welcomed for the first time. Work in preparation for January's meeting is already underway.

Sheena was also involved in reviewing applications for the Associate Non-executive Director posts which unfortunately did not result in an appointment. As a result the process is currently under review to see if there is an alternative way to approach this opportunity.

Along with other NED colleagues and the Chair, Sheena has participated in NED updates to keep appraised of the business of the trust.

Sheena participated in the Quality & Effectiveness Committee this month along with other NED colleagues. Sheena is preparing to handover the chairing of the Fred and Ann Green and Charitable Funds committee to Mark Bailey so discussions to ensure that is transferred seamlessly have taken place.

Sheena attended a briefing session on the impact of Covid on the mental health of colleagues in the NHS which was very insightful.

Finally, Sheena attended a governor's workshop on how the Council of Governors undertakes its business, facilitated by NHS Providers.

Mark Bailey

During the last month Mark has attended the Quality and Effectiveness and People Committees. He has also undertaken planning work for the Trust's Charitable Funds Committee. He has taken the opportunity to observe the most recent Patient Experience and Engagement Committee which included an implementation overview of the revised process for responding to and learning from complaints.

In support of a New Year refresh of the Trust's digital strategy and priorities, sessions with the Acting Chief Information Officer and Director of Finance continue around the options to exploit digital technologies to assist our teams in patient care and safety. Mark has also supported the Children & Families Division in the appointment of a new consultant in Community Paediatrics.

Regular update calls with the Chair and NED colleague continue alongside 1:1 buddy meetings with Executive Directors and Governors.

Neil Rhodes

Since Neil's last report he has chaired November's Finance & Performance Committee. He continues to meet with Becky Joyce and Jon Sargeant on a 1:1 basis, linked to his committee business and attends regular NED updates with the Chair.

As Deputy Chair, Neil attended NHS Providers Chair & Chief Executive Network session on 3 December. On this occasion attendees received an update from Sir Simon Stevens, NHS Chief Executive, Professor Keith Willett, the National Director for Emergency Planning & Incident Response and a strategic update from NHS Providers Chief Executive, Chris Hopson. Incorporated within the meeting was NHS Providers Annual General Meeting.

Finally, Neil joined NHS Providers governor development session where the group, facilitated by Mark Price and hosted by Suzy, discussed the way in which our Council of Governors conduct their business. Views were shared on how this compared with other NHS trusts and the group explored ways to improve and adapt their ways of working.

Chief Executive's Report
December 2020

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

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

Throughout November, and into this month, we have seen the number of admissions related to Covid-19 stabilise, this means that pressures are decreasing slowly although the picture still remains challenging.

As a result of the Tier 3 restrictions we are beginning to see falling community infection rates, but crucially we cannot be complacent and I would urge everyone to continue to be vigilant and follow Government advice and guidance. This will be particularly important as we head towards the Christmas and New Year period.

On Monday 8 December, we saw a significant breakthrough in the efforts to control the pandemic as the first person in the UK received the Covid-19 vaccine, the NHS is now making a huge effort to quickly and effectively ramp up the vaccination programme.

Twinned with regular screening (which I have outlined below), these two developments signal a huge shift in our fight against Covid-19, and hopefully we will see a return to normality in the not too distant future.

Since March, colleagues have done a remarkable job in tackling this disease, responding to this unprecedented health crisis with dedication and determination. Now that we have much more cause for optimism, I want to urge you all to continue to adhere to guidance and to keep up the resolve you have shown throughout 2020.

It has been a long and hard nine months since this disease entered, uninvited, to our daily lives but if we continue to show the same resolve I am confident that we will soon see a return to normality. Please continue to do what you're doing and let's move down the Tiers and make our towns Covid-19 free zones.

Covid-19 testing for our staff

In November, we began the roll-out of routine staff testing for Covid-19. Using Lateral Flow Devices, colleagues are asked to screen themselves twice a week, to ensure that we are reducing any potential for asymptomatic carriage of the illness into our hospitals.

Our teams have worked incredibly hard to launch this ambitious testing regime, and as of the time of writing more than 1,000 front-line colleagues are now using the devices, reporting their results using a bespoke Trust system developed in-house by our Digital Transformation team.

The purpose of routine testing is to break the chain of infection. While identification of colleagues with the illness is key, so is the continued observation of the various safeguards we have put in place, and as such we will continue to impress the importance of upon hands, face and space for just a little while longer.

DBTH flu vaccination programme

Our programme of flu vaccination began on 21 September. Since then, every single member of Team DBTH has had the opportunity to have the jab, and we are encouraging everyone who is medically able to have it, to do so at their earliest convenience.

I am happy to report that, since September and despite the challenges and pressures presented by the second-wave, we have vaccinated over 4,700 colleagues (79%), the second highest vaccination rate in the Region.

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

Shining Stars to light up DBTH at XMAS

Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital are now shining with starlight in tribute to the efforts of NHS heroes throughout the year and in loving memory of those lost to Covid-19.

In all, on 3 December over 60 stars of all shapes and sizes lit up across the buildings which make up Doncaster and Bassetlaw Teaching Hospitals. In order to comply with current Covid-19 restrictions, the switch-on was undertaken during a virtual event hosted on the organisation's Facebook page late last week (3 December), by Trust Chair, Suzy Brain England OBE. Over 12,000 local people having tuned in since.

The festive campaign has only been made possible with the support of over 60 local businesses, organisations and families, who have given £300 to £1,500 to sponsor a star. The headline sponsor, DFS, have committed £10,000, and in the process have helped the Trust to raise over £30,000 which will be directly reinvested into patient care, treatment and facilities, as well as some Christmas gifts for those staying at the hospital over the seasonal period.

Sponsors for this campaign include a number of generous local families, individuals and schools, as well as the following businesses and organisations: Greencore, Polypipe, DAC Beachcroft, Ye Olde Bell, Tusker Direct, University of Sheffield, RJ Electricals, OLS Ltd, Star Commercials, Doncaster Chamber, the Fred and Ann Green Legacy Fund, Doncaster College, Prospect Hill Post Office, Doncaster Council, National Fluid Centre, NHS Doncaster and Bassetlaw Clinical Commissioning Groups, XPO Logistics, NMC Group, HIRD, AMH Accountancy, Quayside Childcare, Pacy and Wheatley, SYS Ltd, Instastop, NHS Professionals, The Crucible Trading Company, Companionate Care Team, Marketing Labs, Slimming World Dearne Valley, National Kidney Federation and Transave.

I would also like to thank HIRD for donating the cherry pickers required for hanging the various decorations, and DKW Ltd for all of their hard work in helping to make this project possible.

To sponsor a virtual star visit https://visufund.com/nhs-christmas-stars

If you have any questions about how you can support DBTH, you can contact the Fundraising and Communications Team on 01302 644244 / dbth.charity@nhs.net

Use health services appropriately this Christmas

As is the case each holiday period, but especially this year NHS services will be extremely busy and I ask local people to familiarise themselves with the local services available through the holiday period.

Throughout the end of December, many GP surgeries and pharmacies will be running reduced opening times, with a select few remaining open during this period. Health professionals throughout Doncaster are asking local people to collect any repeat prescriptions they need ahead of time, ensuring a safe and healthy festive break.

December is traditionally one of the busiest months for our Trust, and with added Covid-19 pressures, this will only make things more challenging.

With only a few days left until Christmas, I understand that many will be making plans and arrangements for the festive period. As such, I'm asking local people to make their health part of these preparations – collecting their prescription medicines as needed, as well as understanding what services are available should they, or a family member, become ill or injured.

Please remember to only use the Emergency Department when it's just that – an emergency. However, if you do feel ill during Christmas, you can still seek advice by calling NHS 111, booking an appointment at the Doncaster Same Day Health Centre and if it's really urgent, calling 999.

Appointments at the Trust:

- The month, we have appointed a new Equality, Diversity and Inclusion Lead, Qurban Hussain (known as Kirby to friends and colleagues).

Awards shortlist

The Trust has been shortlisted for a number of awards this month including:

- The Health IT Award at the Health Business Awards
- Excellence in People Development at the Doncaster Chamber Awards. Alisha Whitehead and Tracey Johnson have also been shortlisted for the Apprentice of the Year at the Chamber Awards. Congratulations to them both.

Have a merry Christmas and a happy New Year

In so many ways, 2020 has been a challenging 12 months, however, it has further highlighted the strength of support in our communities for the NHS, as well as demonstrating what a fantastic team we have at our Trust.

On behalf of everyone at Doncaster and Bassetlaw Teaching Hospitals, I want to wish you all a very merry Christmas and a happy New Year.

CHIEF EXECUTIVE REPORT

December 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)

☑ **Reduce inequalities**	☑ **Join up health and care**	☐ **Invest and grow primary and community care**	☑ **Treat the whole person, mental and physical**
☑ **Standardise acute hospital care**	☑ **Simplify urgent and emergency care**	☑ **Develop our workforce**	☑ **Use the best technology**
☑ **Create financial sustainability**	☑ **Work with patients and the public to do this**		

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of November 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

December 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 November 2020.

2. Summary update for activity during November 2020

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

Following the planned reinstatement of the COVID-19 Alert Levels, areas within South Yorkshire and Bassetlaw moved into Tier Three (T3), the 'Very High alert' level on 2 December.

To support the new tiered approach, the Government released its COVID-19 Winter Plan, providing an important roadmap for the UK as it moves into the next phase. This includes allowing up to three households between 23 – 27 December to mix indoors in order to form a 'Christmas bubble'. This is anticipated to result in a small rise in new cases nationally. The delayed effect is likely to be felt somewhere between 9-15 January. However, because SYB will be re-entering into T3 restrictions, it is hoped that this will result in fewer cases of new infections compared with regions in lower tiers.

In terms of moving out of T3, it is expected that regular reviews will take place, alongside access to updated guidance. These measures will greatly support local leaders to understand the core criteria for exit. This is an important development for SYB, as one of the most challenged and pressurised systems in the North East and Cumbria and Yorkshire and the Humber, to make the necessary adjustments to enable us to start moving into Tier Two at the earliest possible opportunity. Health and care leaders are keen for local communities to continue exercising caution during the festive break in order to protect the gains made during the second lockdown.

Evidence from SYB Sitrep data confirms that there is a trend of gradual reductions in the spread of COVID-19, and as a result, fewer hospitalisations across the patch. Whilst considerable pressure remains across the system, there is growing confidence that a peak in COVID-19 infections during wave 2 has been reached.

A gradual and sustained decline in new cases is being reported across SYB, which is further reassurance of how Local Outbreak Plans, increased testing and the timely interventions of primary mental health and acute care are playing a vital part in protecting our communities.

By the end of the last week in November, all places in SYB were expecting to have COVID-19 infection rates of 300 or less per 100,000 – a significant shift compared with a few weeks ago. Indeed, numbers of new cases in SYB are expected to continue falling for the next few weeks.

Unfortunately, there is also a continued small increase in care home deaths. We continue to work very closely with social care partners to provide the most appropriate and responsive support to suppress the rise across these vulnerable groups.

2.2 National Update

The Spending Review 2020 committed an extra £55bn (billion pounds) to tackle COVID-19 with £3bn to the NHS, £3bn to local councils, £4bn for levelling-up projects and £250 million towards rough sleeping schemes.

£1 billion of the funding will enable the NHS to nationally tackle longer waits for care by carrying out up to 1 million additional tests, scans and operations. About £500 million will make it possible to tackle the backlog of adult mental health referrals and fund new specialist services for children and young people, as well as extra support for people with severe mental illness and faster access to psychological support for conditions such as depression and anxiety.

Around £1.5 billion will be used to support existing pressures in the NHS. About £325 million will be invested in NHS diagnostics next year, which could replace more than two-thirds of older screening equipment.

2.3 Regional Update

The North East and Yorkshire and Humber ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss the ongoing Covid-19 incident and the planning that is taking place to manage the pandemic and where support should be focused. Discussions this month focused on planning for the Covid-19 vaccination programme, escalation protocols across partnerships and preparations for asymptomatic testing of the health and care workforce. The leaders are also starting to look at ICS development across the four ICSs.

2. 4 COVID-19 vaccination programme

There continues to be rapid progress with planning for the mass vaccination programme across SYB. There are a number of complex logistical and workforce challenges to overcome in the next few weeks – but everything is going in the right direction.

Sites have been agreed within the Primary Care Networks (PCNs) as teams prepare to support the COVID-19 vaccination programme. It is anticipated that primary care providers will be ready by mid to late December to start vaccinating the most vulnerable groups in communities. Exact timings of course depend on when the vaccines get the go-ahead.

The next few weeks will focus on setting up a vaccine hub to act as a large-scale vaccination site along with the smaller community sites. Detailed data modelling on workforce requirements to support the vaccine programme – both in terms of capacity and availability – is currently taking place.

A COVID-19 Vaccine Steering Group has also been set-up to oversee this process, and I would like to thank the two Senior Responsible Officers (SROs), Jackie Pederson (Chief Officer at NHS Doncaster Clinical Commissioning Group) and Kirsten Major (Chief Executive at Sheffield Teaching Hospitals NHS Foundation Trust) for progressing rapidly with this highly-complex logistical challenge.

2.5 Asymptomatic testing

The Rotherham NHS Foundation Trust is one of 34 early adopter trusts for Lateral Flow Testing (LFD). The learning outcomes from the pilot will be shared across the system and with North East and Yorkshire regional partners. NHS leaders have stated this is a significant moment for the NHS given LFDs importance to Test and Trace and keeping staff in work when they are negative.

Sheffield, Rotherham and Barnsley have joined Doncaster on the Government's list of Directors of Public Health (DPHs) receiving LFDs for targeted testing of asymptomatic groups in local communities. There will be a regular ongoing supply of tests available to DPHs to direct where they feel most appropriate; the initial delivery was for 10,000 tests followed by weekly deliveries up to the equivalent of 10% of the population. Bassetlaw comes under Nottinghamshire Local Resilience Forum where their DPHs are also coordinating the use of LFDs.

All Trusts in SYB have received rapid testing platforms and laboratory teams are validating their performance against the PCR testing that is currently undertaken.

2.6 NHS 111 First

In November, colleagues from across the system who have been working towards delivering the NHS 111 First initiative took part in an assurance process with NHS England and NHS Improvement (NHSE/I) colleagues from the national team. I am pleased to report as a result of the assurance meeting SYB received confirmation and approval to go live with NHS 111.

This signifies the state of readiness in SYB for the additional requirements for the NHS 111 initiative. The project team did an excellent job of illustrating (to national colleagues) our strong current position, whilst still emphasising that work needs to continue to strengthen our position further - especially in order to help patients navigate the Urgent and Emergency Care System during these unprecedented times.

I would like to thank colleagues in provider and commissioning organisations and the ICS PMO for their work in making this possible.

2.7 Flu vaccination programme

The SYB Flu Board has reported seeing big improvements on last year's performance with workforce vaccinations and the targeted community programmes are also performing very well.

The flu vaccination programme was extended to cover more vulnerable groups than in previous years in a bid to reduce the threats of COVID-19 affecting the most vulnerable groups. Additionally, this also helps to relieve pressure on acute trusts which are seeing far fewer seasonal flu cases as a result. The flu vaccine programme recently widened further to the over-50s age group which commenced from 1 December.

2.8 CCG annual assessment ratings 2019/20

NHSE and Improvement has published the 2019/20 annual assessment ratings for Clinical Commissioning Groups (CCGs) across England.

CCG ratings across South Yorkshire and Bassetlaw are as follows:

- Outstanding – Barnsley, Bassetlaw, Doncaster and Rotherham
- Good – Sheffield

I would like to acknowldege these achievements and for the excellent work of colleagues in CCGs during these challenging times.

2.9 Integrating care: Next steps to building strong and effective integrated care systems across England

At NHS England and Improvement’s November meeting in public, the Board set out its proposals for taking Integrated Care Systems further.

'Integrating care: Next steps to building strong and effective integrated care systems across England', focuses on the future of system working and establishing some form of legislative framework, which will clearly have implications for us all.

It builds on the vision set out in the NHS Long Term Plan for health and care to be even better joined up around people’s needs. It also sets a course for greater collaboration, with a strong emphasis on provider collaboration and the role of partnership working at place level with local authorities and the voluntary sector. There is also focus on decision making as close to people and communities as possible, improving population health and outcomes, tackling unequal access, and supporting broader economic and social development.

SYB already has a track record in working together to deliver significant improvements for people who live and work here. Over the last four years partnerships in neighbourhoods, places and as a system have evolved with arrangements across CCGs, Councils, Providers and VCSE partners and Healthwatch. During the COVID-19 pandemic efforts were combined wherever possible and SYB should be well placed to consolidate strong effective partnerships going forward.

The paper describes options for giving ICSs a firmer footing in legislation, which if passed would take effect from April 2022 (subject to Government decision). There are two potential options being considered (depending on the consultation) - a legal partnership board or a statutory integrated care authority.

NHSE/I is inviting feedback based on these proposals and in addition to individual organisation responses, we are intending to pull together a co-ordinated SYB partnership response on the consultation which ends on Friday 8th January 2021.

2.10 Working Win extended

The South Yorkshire support service helping people with mild or moderate mental health conditions and or physical health conditions to stay in work, known as “Working Win” has been extended until 31st March 2021.

The extended service will support people who are absent from work due to ill health or in-work and struggling. This includes people with health conditions who might be at risk of redundancy due to Covid-19 or otherwise struggling to remain in employment at the current time. The Working Win team will provide practical advice and support to help people manage their health conditions at work, to manage debt and maximise income and to seek alternative employment, where required.

In the extension period, Working Win is looking to support 450 people who are currently in a job but off sick and are struggling to remain in employment. The service will continue until March 31st 2021 with referrals open until 31st January 2021.

2.11 South Yorkshire and Bassetlaw Maternity System allocated national funding to support education

£29,400 in national funding has been allocated to support the greater standardisation of Maternity Support Workers (MSW) education in South Yorkshire and Bassetlaw.

Reducing the differences in skills and experience of those undertaking the role will help to ensure that women receive good quality care provision. The new consistency will also provide the Maternity Support Workers with high quality education and training to support them in the assessment of competencies, as well as ensuring they are paid correctly for the work they do as part of the maternity team.

The MSW Competency Framework will offer Maternity Support Workers staff greater flexibility in worker in other maternity systems across the country where the framework is also being put in place, helping to reduce variation and duplication in training. Developing the framework in South Yorkshire and Bassetlaw will take place over a four month period with midwife project leads appointed to undertake this work in each of the acute Trusts.

2. 12 Emergency Children's Surgery Pathway

Emergency children’s surgery in South Yorkshire and Bassetlaw has been brought together at Sheffield Children’s Hospital once again as all hospital trusts work together in response to the second wave of the Covid-19 outbreak. The pathway re-commenced on 2nd November 2020.

The temporary change impacts children up to the age of 16 who would currently receive emergency surgery at Barnsley, Doncaster and Rotherham hospitals. The exception is children who have very time-critical conditions, who will still be taken to their nearest hospital if it is safe to do so.

2.13 Partner Board appointments

Following robust appointment processes, Fatima Khah-Shah has been appointed to the role of non-executive director at Sheffield Childrens' NHS Foundation Trust and Annette Laban to the role of Chair at Sheffield Teaching Hospitals NHS Foundation Trust.

Fatima takes up her role, for an initial term of three years, on 1st December 2020 and Annette takes up her role on 1 January 2021. Both bring a wealth of expertise and knowledge to their roles and I look forward to personally welcoming them to the ICS in due course.

Annette will succeed Tony Pedder, OBE when he retires at the end of December after almost 10 years as Chair of one of the largest NHS Foundation Trusts in the country, overseeing many patient-focused initiatives and breakthroughs in clinical research and innovation which have benefitted patients across the whole region. I know all partner organisations would wish to acknowledge the superb leadership contribution provided by Tony over many years.

2.14 Awards and recognition

Congratulations to partners across SYB who have been shortlisted for the prestigious Health Service Journal (HSJ) Awards 2020:

NHS Workplace Race Equality Award:

- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) are shortlisted for 'Developing, Promoting and Implementing Equality Diversity and Inclusion - The RDaSHWay'

System Leadership Initiative of the Year:

- The combined efforts of Sheffield Clinical Commissioning Group (Sheffield CCG), Primary Care Sheffield, Sheffield Children's NHS Foundation Trust, Sheffield City Council and Sheffield Teaching Hospitals NHS Foundation Trust for the 'Sheffield Health and Care Covid-19 Testing Service'
- Sheffield CCG, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Sheffield Mind, Sheffield Flourish, Mental Health Voluntary, Community and Social Enterprise (VCSE), Saffron, Share Psychotherapy, South Yorkshire Eating Disorders Association (SYEDA), Sheffield Public Health and The University of Sheffield for the 'Sheffield Psychology Board: The Art of the Possible'

Primary Care Networks, GP or Community Provider of the Year:

- The joint approach from Peak Edge Primary Care Network, King Egbert School, Meadowhead School, Door 43, Chillipep, Sheffield Futures and Sheffield CCG for 'Peak Edge Neighbourhood School Transformation Project'

Primary Care Innovation of the Year:

- The Seven Hills 'Cold Visiting Service' (of Sevenhills Primary Care Network /Primary Care Sheffield) shortlisted for a new home visiting service in response to the COVID-19 so that vulnerable patients could continue to receive help.

Congratulations also to Dr John Corlett, of The Scott Practice (Doncaster), named as winner of the Lifetime Achievement award for the NHS Parliamentary Awards 2020.

3. Finance update

At Month 7 the system is £4.8m ahead of plan due primarily to Sheffield Teaching Hospitals (£2.6m) and Doncaster and Bassetlaw Teaching Hospitals (£1.2m). All organisations are reporting break even against plan with the exception of Sheffield Health and Social Care who are reporting a £0.5m year-end over-performance against plan which reduces the deficit to £3.4m.

The system plan forecast deficit has reduced from £6.9m to £6.4m. Further work will be required in December and January as to whether the system deficit can be mitigated.

There is significant forecast capital slippage which can offset a number of in year risks. Providers have been asked to submit three year capital plans and identify any opportunities to spend further capital in 20/21 by 18 December. This will enable a recommendation on capital slippage to be taken to the Health Executive Group in January.

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

Date: 1 December 2020

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

FINANCE AND PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance and Performance Committee
Held on Tuesday 27 October 2020 via StarLeaf Videoconferencing

Present:	Neil Rhodes, Non-Executive Director (Chair) Karen Barnard, Director of People & Organisational Development Pat Drake, Non-Executive Director Jon Sargeant, Director of Finance	
In attendance:	Fiona Dunn, Company Secretary Lesley Hammond, General Manager (Emergency) (Item FP20/10/B1) Jodie Roberts, Deputy Chief Operating Officer Lakshmi Ilavala, ED Consultant (Item FP20/10/B1) Katie Shepherd, Corporate Governance Officer (Minutes) (KAS)	
To Observe:	Bev Marshall, Governor	
Apologies:	Rebecca Joyce, Chief Operating Officer Marie Purdue, Director of Strategy and Transformation Kath Smart, Non-Executive Director	
		ACTION
FP20/10/A1	**Welcome and Apologies for Absence (Verbal)**	
	Neil Rhodes welcomed the Members and attendees. The apologies for absence were noted.	
FP20/10/A2	**Conflict of Interest**	
	No conflicts of interest were declared.	
FP20/10/A3	**Action Notes from Previous Meeting (Enclosure A3)** Action 1 – Winter Plan – This item was on the agenda, and therefore this action would be closed; Action 2 – Deep Dive: Emergency Department – This item was on the agenda, and therefore this action would be closed; Action 3 – Financial Plan Regime Update – This was completed on 29 September 2020; Action 4 – Quality Improvement Feedback Reporting – This would be discussed at the People Committee on 3rd November 2020;	

	Action 5 – IT Contract Management and Action 8 – Risk Management Policy – These items were added to the work plan and therefore would be closed; Action 6 – Utilities Contract – This item was on the agenda, and therefore this action would be closed; Action 7 – Annual Leave and Action 8 – Application Success Report – Non-Medical – Q1 by Staff Group - An update would be provided as part of Item C1 – Transfer of Business to the People Committee., therefore these actions would be closed;	
	The Committee: - ***Noted the updates and agreed, as above, which actions would be closed.***	
	Action: Katie Shepherd would update the Action Log.	**KAS**
FP20/10/A4	**Request for Any Other Business (Verbal)** There were no requests for any other business.	
FP20/10/B1	**Deep Dive: Emergency Department (Enclosure B1)**	
	Lesley Hammond and Lakshmi Ilavala were welcomed to the meeting and presented some of the key challenges that the Emergency Department (ED) faced and the key actions undertaken to mitigate them, including culture, four-hour access and ambulance handovers. It was agreed that the action plan for the Emergency Department would be reported to the People Committee following the engagement of Emergency Department colleagues regarding the freedom to speak up review. From 1 October 2020, the Trust had been awarded the contract to host the FCMS (file cost medical services) out-of-hours GP service within ED at Doncaster, where patients were streamed to. This work was undertaken as part of the provider alliance of Primary Care Doncaster, RDASH AND DBTH which allowed for closer working with shared governance processes and operational management to deliver urgent and emergency care. Although this commenced in-month, a positive change had been noticed. It was confirmed that RDASH had provided support over the past four-weeks to see if patients could be turned around quicker, which included early discharge planning to discharge patients quicker. From 18 November 2020, the Trust would work with Yorkshire Ambulance Service (YAS) to take forward proactively the 'talk before you walk' campaign, in which patients would be guided to dial 111 before presentation at ED. If attendance was required an appointment would be given alongside direct electronic transfer of patient notes direct to the Trust. Pat Drake noted that it would be beneficial to see in the long-term how the work to 'talk before you walk' would impact admission avoidance.	

	The estates infrastructure was a challenge and planned work had been put on hold for a further four-weeks due to the current challenges, however noted that the early senior assessment area opened on 26 October which would increase the number of cubicles by six once all building works were complete. A discussion took place regarding the challenges surrounding ambulance handovers and how this could be improved, however it was confirmed that improvements in this would be sought through partnership working. Bev Marshall wished to thank on behalf of the Governors that hard work that the Emergency Department Team undertake.	
	Action: The action plan for the Emergency Department would be reported to the People Committee following the engagement of Emergency Department colleagues regarding the freedom to speak up review.	**KB**
	The Committee: - ***Noted the information provided in the Emergency Department Deep Dive.***	
FP20/10/B2	**<u>Integrated Performance Report September 2020 (Enclosure B2)</u>**	
	The Deputy Chief Operating Office provided an update on performance for September 2020 which highlighted that the level 4 incident had been activated with the ICS region, alongside the South Yorkshire Tier 3 measures. The rate of Covid19 infection had continued to increase significantly alongside hospital admissions which presented significant pressure within the region. In response to a question from Pat Drake it was noted that the need for diverting ambulances had taken place from Doncaster, Barnsley and Rotherham at points over the previous days. The challenges were due to bed availability for both non-Covid19 and Covid19 patients as a prediction could not be made on the numbers through each pathway each day. The Trust achieved 82.5% against a national target of 95% for four-hour access, due to ongoing challenges including, but not limited to the batching of ambulances which impacts on patient flow. A discussion took place regarding the issues presented from this and it was confirmed that this issue had been escalated and meetings would continue through winter months to rectify this. The Trust achieved 60.7% against a national target of 92% for RTT, which was a slight improvement from the previous month. It was noted that if the decision was taken to step down elective work due to the increase in Covid19 positive patients, this would further impact RTT performance. The Trust reported 345 52-week breaches for September 2020, including of those carried over from previous months. A significant number of breaches were seen in the Trauma and Orthopaedics Department, and this was due to the step down of elective surgery throughout wave 1 of the Covid19 pandemic. It was noted however, that Trauma and Orthopaedics faced challenged with the achievement of RTT and 52-week prior to the Covid19 pandemic.	

	It was noted in response to a question from Neil Rhodes, that there had been much learning from wave 1 of the Covid19 pandemic, which included the reduction in time required in between aerosol generated procedures.	
	The Committee: - ***Noted the Integrated Performance Report – September 2020.***	
FP20/10/B3	**<u>Winter Plan (Enclosure B3)</u>**	
	The Committee were provided with the Covid19 Wave 2 Super Surge Plan, Covid19 Management Response Framework and the 2020 Winter Plan. A number of measures taken were discussed including an enhanced management and leadership response, enhanced communications strategy with partners and increased operational support of each site. It was noted that the financial impact of the winter plan would total £1.5m, which was agreed by the Board of Directors. The challenges identified were workforce fatigue due to the extended response to Covid19, higher demand of beds with a constraint on social distancing and the infection prevention and control challenge due to asymptomatic transmission and isolation. In response to a query from Neil Rhodes, the Deputy Chief Operating Officer noted that the biggest challenge was staffing, from both an absence perspective and personal resilience perspective. Neil Rhodes noted the challenges presented with maintaining elective activity whilst responding to Covid19 and winter pressures such as flu. Pat Drake noted that it was assuring that cancer patients had continued use of the Park Hill Hospital. *Jodie Roberts left the meeting.*	
	The Committee: - ***Noted the Covid19 Super Surge Plan,*** - ***Noted the Covid19 Management Response Framework – Wave 2,*** - ***Noted the Winter Plan 2020.***	
FP20/10/C1	**<u>Transfer of Business to People Committee (Verbal)</u>**	
	The Director of People and Organisational Development joined the meeting in accordance with the requirement to transfer the workforce business matters that would have previously been discussed at the Finance and Performance Committee meeting to the new People Committee. It was noted that there would be an overlap and instances where workforce matters relating to finance and performance would be reported to the Finance and Performance Committee. There would be a quality framework devised to identify the direct responsibilities and remit of each Board Committee. It was agreed that the responsibilities would be linked to the achievement of organisational objectives through a quality framework governance process.	

	The Committee/Board of Directors: - ***Noted the transfer of business to the People Committee.***	
FP20/10/D1	**<u>Financial Performance – September 2020 (Enclosure C2)</u>**	
	The Director of Finance provided an update on the financial performance for month-6 which highlighted: - The Trust's deficit for month 6 (September 2020) was £3.1m before the retrospective top up; with the year to date financial position at £5.2m deficit before the retrospective top up; - This was the last month of the retrospective top up process and the Trust would reset its budget and financial plan for the new national financial arrangements that would apply from month 7; - 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 restart of activity per Divisional plans and the Trust's share or regional PPE orders (£600k); - The cash balance at the end of September was £61.6m (August: £60.1m). Cash remained high due as the Trust received two months' worth of the block income in April. Clarification on when the extra month's income received in advance would be clawed back had yet to be agreed nationally however the Trust had been informed that it would receive at least 2 months' notice ahead of the claw back; - Capital works had been halted in ED due to the current Covid19 challenge. A discussion took place regarding the central management of ICS finances, and the challenges that this presented including the lack of sovereignty and lack of involvement on the decision making process.	
	The Committee: - ***Noted the financial performance for September 2020.***	
FP20/10/D2	**<u>Finance Submission / Update on ICS Position (Enclosure D2)</u>**	
	As presented to the Committee on the 29th September the interim national financial arrangements that were in place for M1-M6 have now come to an end and have been replaced with updated national financial arrangements for M7-M12 (with the detail of the new arrangements set out to the Committee last month). The financial gap before system funding presented to the Committee on the 29th September was £27,875k. Since then a number of adjustments were agreed by the Trust with the ICS as follows:	

	- Annual Leave – The ICS Provider Trusts agreed to include a risk for the potential increase in the annual leave accrual at year end (due to less staff able to take leave due to COVID). This was estimated as 3 additional days per employee, - Efficiency – Each organisation in the ICS agreed to include a 1% efficiency within plans to support closing the overall funding gap across the ICS. This was c.£2.1m for the Trust, - Independent Sector Adjustment – The national financial guidance sets out the expectation that Trusts were funded for the independent sector work undertaken last financial year. It also sets out that if this funding was not spent then it would likely be clawed back. This was previously included by the Trust at £2.4m. However following discussions with the ICS and NHSI/E, the national model assumes a slightly lower number had been funded (£2.2m) and therefore the risk had been reduced in our plan submission, - System Top Up, Covid19 and Growth allocations were not altered from the previous version presented to the Committee and thereby remain at the same values. This results in an overall deficit submitted for the Trust at £8.5m (excluding fines of c£2.1m). The financial plan submitted suggests a c£22m increase in expenditure run rate compared to M1-M5. The free meal offer to staff would recommence at a cost of c£250k per month. The EU Exit Governance Group would reconvene in November and there would be additional Financial staffing into that. The overall ICS gap had reduced significantly after adjustments to £6.9m.	
	The Committee: - ***Noted and supported the financial plan for M7- M12 submitted to NHSI/E and the changes made since the last version approved by the Committee;*** - ***Note the ICS financial position submitted to NHSI/E.***	
FP20/10/D3	**<u>Catering Contract (Verbal)</u>**	
	Jodie Roberts returned to the meeting. The Director of Finance provided the Committee with an update on the catering contract. A discussion took place regarding the ongoing negotiations with Sodexo and the Committee encouraged a partnership approach and to remain mindful of spending public money wisely.	
	The Committee: - ***Noted the verbal update on the catering contract.***	

FP20/10/D4	**<u>Payroll Tender (Enclosure D4)</u>**	
	The Director of People and Organisational Development advised that the current payroll contract was due to end in May 2021 and therefore a procurement exercise had been undertaken to identify a new supplier via the tender process. The outcome of the recommendation was to award the contract to Sheffield Teaching Hospitals. The new contract would generate a saving of over £400k over the lifetime of the five-year contract. The Chair noted that throughout the process it was clear that the requirement of quality within the contract took part of the tender process. In response to a query from Pat Drake, it was confirmed that the Trust had anticipated that the contract change may take place sooner. *The Director of People and Organisational Development left the meeting.*	
	The Committee: - ***Recommended the approval of the award of the payroll/pensions contract to Sheffield Teaching Hospitals to commence on 1 June 2021.***	
FP20/10/D5	**<u>Utilities Contract (Enclosure D5)</u>**	
	The Director of Finance advised the Committee that the Trust would commence into a new energy and utility service contract on 1 April 2021 for a period of 12 months to 31 March 2022 with an average spend of c£3m per year. It was noted that the Trust would make a saving with the contract as the company would buy energy in advance. It was noted that the risk was capped and the benefits achieved would increase over time.	
	The Committee: - ***Noted the Utilities Contract.***	
FP20/10/D6	**<u>CORP PROC 8 v 2 – Procurement Policy (Enclosure D6)</u>**	
	The Director of Finance presented the revised Policy and Guidance for the Procurement of Goods, Services and Works (Procurement Policy), which was designed to ensure that the procurement of all good, services and works required by the Trust would be handled in a transparent, timely, cost efficient and effective manger with due regard to procurement best practice. The Chair asked for assurance that contract monitoring procedures were in place to ensure that they were reported to, and approved through the right governance processes. The Director of Finance advised that following the success of the IT contract management review that was presented to the Committee the previous month, the same process would be rolled out to all other contract management areas by the Head of Procurement. The Director of Finance was awaiting the timeline for the implementation of this and it was agreed that an update would be provided to the Committee in April 2021.	

	Action: An update would be provided to the Committee on the centralisation of contract monitoring for the Trust.	**JS**
	The Committee: - ***Approved the CORP PROC 8 v 2 – Procurement Policy***	
FP20/10/E1	**<u>Corporate Risk Register (Enclosure E1)</u>**	
	The Company Secretary provided the Committee with an updated draft of the original proposed Corporate Risk Register presented to the Board of Directors meeting on 23 October 2020. There was a requirement of contingency of the actions that were in place and therefore asked if an example could be provided of two of the F&P risks to understand what would be submitted once the process was complete. The Chair advised that this Committee would consider the corporate risk register on a bi-monthly basis following this meeting, which would put the meeting in line with other Committees. The Company Secretary shared her screen to demonstrate that the Committee would Finance and Performance Committee specific risks, and that Board would receive the full corporate risk register. Neil Rhodes noted that he had shared an example of a different risk register format which would remove the gaps in assurances, but introduce the mitigating actions and narrative situation report. This data could be exported directly from Datix into Excel and would therefore remove the need for manual entry from the Company Secretary. The Company Secretary advised that this suggestion was workable, and following the full review the only amendment required would be the narrative satiation report. The Company Secretary would liaise with Information Services to have a report written so that data can be extracted directly into the new format from Datix to avoid additional input. The Director of Finance noted that the datix report would be a live document and would need to be embedded into the way in which the Trust works and suggested the creation of a standing operating procedure or policy to ensure that middle and junior management understood the risk and how it should be managed.	
	Action: The Committee would consider the corporate risk register on a bi-monthly basis instead of monthly.	**FD**
	Action: The Company Secretary and Neil Rhodes would liaise with Information Services to have a report written so that data can be extracted directly into the new format from Datix to avoid additional input.	**FD**
	The Committee: - ***Noted the update and information in the Corporate Risk Register;*** - ***Noted that a review of risks continued on DATIX.***	

FP20/10/F1	**<u>Escalation (Verbal)</u>** No issues were identified for escalation to/from: - F1.1 F&P Sub-Committees; - F1.2 Board Sub-Committees; - F1.3 Board of Directors.		
FP20/10/G1	**<u>Sub-Committee Meetings (Enclosure F1):</u>** There were no sub-committee meeting minutes to note.		
FP20/10/G2	**<u>Estates and Facilities KPI Q2 Report (Enclosure G2)</u>**		
	The Committee: - ***Noted the Estates and Facilities KPI Q2 Report.***		
FP20/10/G3	**<u>Minutes of the meeting held on 29 September 2020 (Enclosure G3)</u>**		
	The Committee: - ***Noted and approved the minutes from the meeting held on 29 September 2020.***		
FP20/10/G4	**<u>Committee Work Plan (Enclosure G4)</u>**		
	The Committee: - ***Noted the Committee Work Plan.***		
FP20/10/G4i	**<u>Any Other Business (Verbal)</u>**		
	The Committee: - ***Noted the items of any other business.***		
FP20/10/G5	**<u>Date and time of next meeting (Verbal)</u>**		
	Date: Time: Venue:	**Tuesday 24 November 2020** **09:00** **Video-Conference**	

Minutes of the meeting of the Quality and Effectiveness Committee Held on Tuesday 29 September 2020 via StarLeaf Videoconferencing

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

In attendance:
Abigail Trainer, Deputy Chief Nurse
Cindy Storer, Acting Deputy Director of Nursing & Midwifery and AHP
Karen Humphries, Clinical Governance & Professional Standards Co-ordinator
Fiona Dunn, Acting Deputy Director Quality Governance / Company Secretary
Sam Debbage, Deputy Director of Education and Research
Jochen Seidel, Divisional Director – Clinical Specialities – Item B1
Simon Brown, Associate Director of Nursing, Clinical Specialities – Item B1
Lisette Caygill, Education Quality & Governance Manager – Item E4
Rosalyn Wilson, Corporate Governance Officer (Minutes)

To Observe:
Clive Tattley, Partner Governor

Apologies:
Lesley Barnett, Deputy Director of Quality and Governance
Marie Purdue, Director of Strategy and Transformation
Dr Alasdair Strachan, Director of Education and Research

ACTION

Q26/09/A1 **Welcome and Apologies for Absence (Verbal)**

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

Q26/09/A2 **Conflict of Interest**

No conflicts of interest were declared.

Q26/09/A3 **Action Notes from Previous Meeting (Enclosure A3)**

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

The Committee:

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

Q26/09/A4 **Request for Any Other Business (Verbal)**

There were no other items of business requests.

Q26/09/B1 **Clinical Specialties – Service Update (Enclosure B1)**

Prior to the Divisional presentation Pat Drake thanked the ream on behalf of the committee for their hard work and commitment to patient care and safety during the first wave of COVID19.

Jochen Seidel Divisional Director for Clinical Specialities gave an update to the committee on the work that has been carried out since the last presentation to QEC.

The key points from the presentation were noted, especially the positive work within the Outpatients clinic since COVID-19 and the alternative practices that have been adapted such as appointments in the form of Video Calls and the identified none urgent patients to have telephone consultations. Jochen Seidel recognised that some consultants were reluctant to carry out patient diagnosis by telephone these remain face to face.

As part of the Quality Improvement with patient complaints the Division now involve staff to respond to patient complaints to give staff the opportunity to respond to how particular actions make patients feel. Simon Brown gave the committee and example on responding to a patient complaint and involving staff.

Sheena McDonnell thanked team for all hard work and effort to get services up and running again following the latest government guidance.

Sheena McDonnell asked what progress had been made against staff survey action plan.

Simon Brown responded by giving a live example; theatre staff have been able to do more staff engagement events and a recent survey monkey on how staff felt had been circulated to gauge feedback on how staff had been feeling due to the recent pressures of COVID19 pandemic and redeployment. The Division have now developed 'you said we did' following the outcome of the survey.

Mark Bailey asked whether there was scope to do more remote radiology?

Jochen Seidel responded that between 75-80% colleagues can now access remote reporting from home which has reduced the travel time when on call and the response time on reporting. This has also had a positive outcome on the on call rotas and less gaps.

The Division is also looking at a number of areas to increase skilled radiographers.

The Committee:

Thanked the Division for the presentation and noted the update.

Q26/09/B2 **Complaints Deep Dive – (Enclosure B2)**

David Purdue provided an update on the work carried out on the Trust complaints process and noted that members of the public and patients were involved in providing feedback on the complaints process.

The key points from the presentation were:

- Complaints are now RAG rated and split into two categories. ACQ (Advice, Concern or Question) and Complaints.

  - **RAG** Rating Red – 90, Amber – 40 and Green 20.
  - Rated – Green, response within 20 days
  - Rated – Amber, response within 40 days
  - Rated – Red, response within 90 days

Complaints that relate to staff attitude are presented to the Patient Engagement and Experience Committee. There has been an increase in quality checking by the Chief Executive or Deputy Chief Executive before responses are sent to the patients.

The Parliamentary and Health Service Ombudsman (PHSO) carried out a review of their complaint response framework which was presented to Parliament in September 2020. The Trust mapped the new complaints process against the PHSO review. This gave DBTH assurance that many of the PHSO recommendations, identified as good practice, had already been implemented.

Sheena McDonnell asked, how the complaints process meets with the Trust True North strategies and how do patients know how to raise a complaint and where to they can get the information?

David Purdue responded that the complaints process is available in the bedside information pack on all ward areas and that the Patient Advice and Liaison Service (PALS) services is advertised on all welcome boards on ward areas. It was noted that Bassetlaw doesn't have a PALS office onsite but this is being reviewed.

David Purdue also advised that Divisions are now taking more responsibility on responding to the patient complaints. Any complaints that are rated red are reviewed carefully to ensure the response is clear and any learning is shared at the Divisional Clinical Governance meetings..

Action: A separate report will be submitted to QEC on learning from complaints. DP

David Purdue updated the committee that he is restructuring his senior team to enable better engagement with communities. This will compromise of a Deputy Director of Patient Safety and Deputy Director of Patient & Public Engagement.

Sheena McDonnell highlighted to David Purdue that the Trust website required updating as currently it states "due to COVID-19 the Trust is not dealing with complaint".

Action: David to speak to Communications Team to get this resolved. DP

Action: January 2021 to come back and present and update after 6 months of the process being implemented. DP/LB

The Committee:

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

Q26/09/B3 Maternity Improvements – (Enclosure B3)

David Purdue gave an update on the Maternity Services Quality Report.

Maternity services had a comprehensive review of their governance and leadership by the Royal College of Obstetricians and Gynaecologists (RCOG) in 2016 and has subsequently been inspected by the Care Quality Commission both in 2018 and 2020.

Action plans from the 2018 CQC recommendations and the RCOG report continue to be monitored via the Obstetrics & Gynaecology (O&G) subgroup at the Clinical Commissioning Group and by the Children and Family's Board internally.

In May 2018 a CQC inspection report was published, and the maternity service was rated as Requires Improvement at DRI and Good at BDGH. A further action plan was created to address the areas of improvement raised during the inspection which were:

- Less than 90 % of women receiving 1:1 care in labour
- Non-compliance with mandatory training
- Not meeting target for safeguarding training
- Induction of labour policy not followed
- Staff had not received their appraisals
- Disconnect between ward staff and service leads
- Low morale
- Policies past the review by date

In March 2019 the action plans were combined and all outstanding actions were reviewed. There were 9 outstanding actions on the RCOG action log and 20 outstanding on the CQC action plan.

From March 2019 to September 2019 progress was made against the actions plans until in September 2019 the QRM meetings were stepped down.

By Oct 2019 the two actions remained outstanding from the RCOG and CQC action plans.
These actions were combined with the LMS action plan, and form part of the ongoing Maternity Transformation programme.

<u>September 2019 CQC inspection</u>
The Must Do's and Should Do's from the CQC inspection are monitored on the CQC & LMS action plan that David Purdue highlighted the outstanding actions below:

Currently from the Must Do's is:

- Retesting of the Entonox levels once BDGH return on 1st Nov 2020

Should do's:

- Assurance that surgical safety checks audits completed robustly – working with theatres to complete
- Carbon Monoxide testing currently on hold by PHE due to Covid-19 so cannot audit compliance
- Trigger list of Consultant attendance due to be ratified on 22nd Sept 2020 at Guidelines group

DBTH Maternity Services senior leadership team was redesigned to ensure the right level of senior leadership. David Purdue is Chief Nurse and
Lois Mellor is Director of Midwifery.
Lois will attend QEC to present on Midwifery elements in the future.

David Purdue will bring an updated paper to QEC before it goes to the Board of Directors regarding the progress on the action plan.

The Committee:

- ***Noted the update on Maternity Services Improvements.***

Q26/09/C1 **Breakthrough Objectives – Deferred to November 2020**

Q26/09/C2 **Stabilisation and Recovery – (Enclosure C2)**

Dr Noble gave an update on the Risk Stratification Assurance Body (RSAB) paper. This highlights the current levels of risk stratification within the Trust and the agreed approaches to be taken for both admitted and non-admitted patients.

As of 11 September 2020, 66% of admitted patients had been clinically reviewed and allocated a risk stratification category. The RSAB agreed on 17 September 2020 that for reporting & monitoring purposes, non-admitted patients (out patients) would mirror the admitted patient approach in terms of prioritisation categorisation.

It was agreed that with the exception of two week wait patients, no timescales would be put on urgent and routine patients. The categorisation used is purely for identification and prioritisation.

Pat Drake asked Dr Noble if there had been any incidents on not getting the priority categorisation right?

Dr Noble advised that there had been no evidence of any incidents.

In line with changing national and local guidance and processes, the monthly Integrated Quality & Performance Report was amended for the July 2020 data to include the new KPI's which had been agreed operationally and via the Risk Stratification Assurance Body.

Pat Drake requested the RSAB report to be a standing agenda item and that the RSAB be a continuous report.

Action: RSAB to be added to the QEC agenda as a standing item. RW

Quality Performance Impact Assessments (QPIA) (Stabilisation and Recovery)

Dr Noble advised the committee that the progress the Trust has made with Outpatient reconciliation remains consistent and no cause for concern.

It was noted that discussions between David Purdue and Dr Noble needed take place to discuss the patients who had been offered treatment but had declined due to COVID19 and have asked for treatment to commence post pandemic.

Pat Drake asked for a process to be put in place to capture these patients.

David Purdue advised that you can pause the patient but not the clock, this depends on the patient's clinical condition.

Pat Drake suggested that that this needs a solution.

Action: David Purdue and Dr Noble to review and develop a process for these patients who have declined treatment during the Pandemic. DP/TN

Q26/09/C3 **Quality Assurance Report - (Enclosure C3)**

Dr Noble discussed the paper in detail with the main points for noting:

- The Trust requirements to have Laser Protection Advisor support in place for the Laser protection supervisors that are based in ENT, Urology and Theatres, this is provided by Sheffield Teaching Hospitals.
- The optical radiation policy was updated within the Trust on the 1st April 2020 with its next review date 2022.
- CDIF (Clostridium Difficile) trajectory was missed due to the new rules, antibiotic usage has been in line with Trust Policy for the treatment of COVID symptoms, though only 3 patients were COVID positive.
- The paper refers to a number of actions that have taken place to address the current CDIF levels.

Revalidation for Doctors

The Trust received guidance earlier in the year regarding Doctors revalidation being able to be suspended during COVID-19 pandemic. The Trust has continued to support the revalidation process for Doctors whose records had been completed. This included records where there was sufficient appraisal material including patient feedback and 360 colleague feedback. The Trust was therefore able to make a recommendation to the General Medical Council for revalidation for these cases.

Pat Drake raised a question regarding the poor attendance at the IPC Committee. A review of the terms of reference should be carried out to ensure that the right staff are attending the committee.

Action: David Purdue to speak to Ken Agwuh about the TORs as it's a well-attended meeting but are they the right people. DP/KA

Pat Drake asked Dr Noble if he had any concerns with the NICE guidance on Nutrition.

Dr Noble advised of the ongoing reviews of Trust compliance with 2006 NICE guidance for Nutrition and Hydration for hospital inpatients and for this to be presented in September 2020 managed through Clinical Governance Committee.

Dr Noble advised the committee there are now working groups set up to ensure that the divisions are providing smart responses on closing down risks. Actions that are not SMART will be further reviewed at the Patient Safety Group as a number of the action are Trust wide, so Divisions cannot close the action.

Sheena McDonnell asked if there was an issue with Mammography?

David Purdue responded by saying that the department is currently being covered by agency staff.

Q26/09/C4 **Patient Safety Learning (Enclosure C4)**

Cindy Storer gave an update on the new patient safety learning report, this paper will inform and assure the Quality and Effectiveness Committee of the work being undertaken to ensure patient safety at DBTH.

In addition to the National Patient Safety Strategy, the Healthcare Safety Investigation Branch (HSIB) are undertaking maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018), taken from Each Baby Counts and MBRRACE-UK.

HSIB have confirmed there are no trends or recommendations from their findings. The areas in blue will be for discussion at Maternity governance for any further learning.

QI work continues in maternity which includes transitional care (joint project between maternity and neonates) and active birth (reducing intervention in labour) and Born in Doncaster (mapping children from where they are born to pick up on demographics/ inequities in health).

Mark Bailey praised the report and the themed story. Mark asked whether the nine themes reported on would be recurrent.

Cindy Storer advised that themes were shared between South Yorkshire and Bassetlaw Trusts for learning, and that within the report there is an example that had been shared due to the nature of the patient incident.

Pat Drake thanked Cindy Storer for the development of the patient safety report and requested this be reported quarterly to QEC.

Action: to be added to the QEC work plan quarterly. RW

The Committee:

- ***Noted the update on Patient Safety Learning***

Q26/09/C5 **Mortality Governance Report Q1 - (Enclosure C5)**

Dr Noble gave an overview of the report and noted that over recent months the return of Structured Judgement Reviews (SJRs) had been slow within the Trust, this had been mainly due to the Coronavirus pandemic. However, governance teams are now required to review their processes to ensure that an SJR is returned within 4 weeks of the request.

Action: Divisional Clinical Governance to add to agenda for discussion. KH/TN

SJR training has now been arranged for October and November 2020. This is to ensure each division has appropriate numbers of trained staff.

The Medical Examiner role has continued throughout the COVID-19 Pandemic although there is one vacancy to fill for a Medical Examiner Officer that is expected to be filled by mid-October.

Referrals to the Coroner are now sent electronically and inquests are now held remotely at the request of the Coroner, this is working well.

Pat Drake thanked the team for the hard work over the last six months.

The Committee:

- ***Noted the Quarter 1 report on Mortality Governance.***

Q26/09/C6 **Trust Winter Plan (Verbal)**

David Purdue gave a verbal update on the Trusts focus on Discharge Planning through the Winter period and work with RDaSH on a pathway for using the bed based system which was based on the nationally agreed discharge policy.

The Quality Improvement team recently undertook a four day QI event on discharge planning.

Doncaster Council's Single Point of Contact will review on a weekly basis patients who remain on wards when they have nowhere to go.

David Purdue advised that the extra steps that were initially in place had been removed and wards had been given the autonomy for managing patient discharges.

Pat Drake asked what the process and procedure is for COVID19 positive patients who require discharge if living in a care home.

David Purdue responded that if the patient can isolate in their own home they can return but if not they would remain in hospital until they have a negative result.

The Trust Winter Planning is being undertaken by Rebecca Joyce, Chief Operating Officer and is being reviewed and managed within the Executive Team meetings that are held weekly.

The Committee:

- ***Noted the update on Trust Winter Plan.***

Q26/09/C7 Safer Staffing (Enclosure C7)

Before Cindy Storer gave an update on safer staffing Pat Drake asked David Purdue if the skill mix of 55/45 is a concern for the Trust and if this needed to be escalated as a concern at the Board of Directors.

David Purdue responded that he is currently reviewing the off duty and the skill mix should be 60/40 and this doesn't include the TNA's.

To note – Pat Drake was assured by this response.

Cindy Storer discussed the report with detailed information relating to the Nursing and Midwifery Workforce; highlighting issues which may impact upon the Trusts ability to provide appropriate staffing levels and skill mixes. It also updated on the implementation of Care Hours per Patient Day (CHPPD), which has been a required national return since 01 May 2016 and the data submitted to UNIFY.

It is to be noted that senior leaders are also completing clinical shifts so they are visible to staff on the wards.

Student Nurses recruitment of the initial 67 students recruited who qualified in September 2020, this includes the aspirant nurses who worked over the peak of the COVID-19 (pandemic), 62 have accepted jobs with a further 2 late applications taking the final total to 64 newly qualified nurses. In addition, the newly qualified recruitment includes 10 midwives, 1 OPD and 5 children's nurses, taking the total to 78 practitioners.

The two cohorts of international nurses are working in the Trust and have now all passed the DBTH Objective, Structured, Clinical Examination (OSCE) equivalent, supported by the education team.

To communicate the Trust commitment to safe staffing, a twice yearly, safe staffing newsletter was launched and sent to all nurses and midwives in January and July 2020, to coincide with the SNCT data collection. This is available for all staff on the Quality and Safety page of the Hive https://extranet.dbth.nhs.uk/safety-quality/

Sheena McDonnell raised that staffing should be key for Matrons on every shift to ensure that staffing isn't over 10%.

Maternity staffing remains good as Maternity Services are currently on single site until November 2020 when Bassetlaw is back live.

The Committee:

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

Q26/09/D1 Inpatient Survey Action Plans - (Verbal)

Pat Drake confirmed that the Inpatient Survey Action plan would be deferred to the November committee meeting as the planned workshop had not taken place.

Action: Inpatient Survey Action Plans to be added to November agenda. RW

The Committee:

- ***Noted the Inpatient Survey Action Plans update*.**

Q26/09/D2 Mental Health Strategy Update - (Enclosure D2)

Simon Brown – Associate Director of Nursing, Clinical Specialities Division was welcomed to the meeting to present the draft update on the Learning Disabilities (LD) Strategy.

As a trust it is recognised that patients with a learning disability have far greater health needs than the general population. Patients with learning disabilities are more likely to die younger, have greater health inequalities and poor access to care provision which can lead to premature deaths.

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

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

Sheena McDonnell asked if the Learning Disability Strategy should be linked to the Trust Mental Health Strategy to support benchmarking and if there will be an easy read version available.

Simon Brown advised the Benchmarking had been done by NHSI in line with their strategy.

Karen Barnard advised the committee that the Trust workforce is being reviewed and how the Trust can recruit more staff who have a learning disability and how they can be supported.

Training is being reviewed to support staff who care for patients with a learning disability and to develop their skills to promote patient wellbeing whilst been cared for in a Hospital setting.

Once the Learning Disability strategy is signed off at the Board of Directors the Trust will develop a LD Steering Group who will report into the Mental Health Strategy Forum and then through to QEC for Assurance.

Action: Fiona Dunn to work with David Purdue to pick up the rotation of the strategies and the frequency they will present to QEC. FD/DP

David Purdue advised that any patient living with a LD is flagged onto the Hospital Patient system and the LD liaison team on both sites are aware if these patients present to A&E or become an inpatient within the Trust.

The Committee:

- ***Noted the Mental Health Strategy Update on Learning Disabilities.***

Q26/09/D3 **Patient Story - (Enclosure D3)**

David Purdue gave a verbal update on this patient story and the reasoning behind today's presentation.

There was an independent review commissioned by Katherine Singh, Chief Executive from RDaSH (Rotherham, Doncaster and South Humber) due to the number of complaints received at DBTH, DMBC and RDaSH regarding this individual patient and the care received. .

Consent had been given by the parents of this patient and consented for her story to be told at QEC and the Board of Directors.

The Committee:

- ***Noted the Patient Story.***

Q26/09/E1 **Workforce Assurance Report – (Enclosure E1)**

Karen Barnard presented the Workforce Assurance report to the committee noting that from November the assurance report will be presented at the new People Committee.

A further submission has been made to NHS Improvement/England in respect of the number of risk assessments which have been completed. The Trust has reported that 95% of all staff have had risk assessment through the personal circumstance form; that 97% of higher risk staff have had a risk assessment undertaken and 95% of BAME colleagues have had a risk assessment undertaken.

Appraisals were put on hold during the height of the COVID19 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 local casework data following receipt of communications from Dido Harding, Chair of NHSI/E regarding the impact of disciplinary proceeding and suspensions on our teams.

The 'We Care' values are the cornerstone of the Trust and are integral to everything we do for our patients and our people (staff). The NHS People Plan highlights the importance of caring for the people that deliver the care for our patients.

The TLC service is a person centred welfare service that is designed to offer a friendly, supportive, listening ear for staff reporting in absent from work due to COVID related illness and issues like stress and anxiety.

The Committee:

- ***Noted the update on the workforce assurance report.***

Q26/09/E2 **People Plan (Enclosure E2)**

Karen Barnard advised the committee that the People Plan will be discussed at the New People Committee in November and progress is reported to the Executive team on a regular basis.

The actions provided by NHS employers where progress is and isn't being made is reviewed on a regular basis within the P&OD team. Although areas to focus on may not be obvious at the moment but when evident will be reported to the People Committee.

The Committee:

- ***Noted the people plan update.***

Q26/09/E3 **Education and Research Assurance Report (Enclosure E3)**

Sam Debbage, Deputy Director of Education and Research reported that SET training is currently paused due to COVID19. Figures reported in August, SET training is at 85%, one of the main challenges to deliver SET training is room availability due to social distancing requirements.

The SET training team are looking at ways to put GDPR and Governance on to E-Learning.

The Education team had been in contact with the 29 Secondary schools in Doncaster and nine in Bassetlaw to see what Health Education can be provided or what if any topics may be of interest.

There are a number of new apprenticeships available within the Trust as Sam Debbage asked for senior leaders to support learners with a positive experience whilst training and learning at an apprenticeship level, the funds that the Trust have for apprenticeships is due to expire soon.

Sheena McDonnell thanked the Education team for a positive update although the team continues with a number of obstacles due to COVID, also the positive steps to get a number of SET courses online for staff to complete these virtually.

The Committee:

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

Q29/09/E4 **Health Education England (HEE) Self-Assessment Report (SAR) – (Enclosure E4)**

Lisette Caygill, Education Quality & Governance Manager attended QEC to seek the approval of the Health Education England Self-Assessment Report (SAR) that requires the annual submission by **30 September 2020.** Lisette provided background and reasoning behind the paper, and was clear that all requirements had been met by the Trust and that HEE have raised no concerns.

One of the key challenges between April 2019 and March 2020 had been placement capacity for students due to service relocation and COVID.

Sheena McDonnell asked about the strategic objectives and how do we gather the feedback from leaners?

Lisette Caygill advised that feedback from learners is in the top 10%, pre COVID would have been GMC survey, will be re launched in Spring 2021.

The Committee:

- Agreed and approved the paper for submission.

Q29/09/F1 **Strategies – Covered in D2**

Q26/09/G1 **Corporate Risk Register & Board Assurance Framework (Enclosure G1)**

Fiona Dunn updated that all current live risks within the Trust are being reviewed within Datix. There is a clear plan in place to address risks and how these will be reviewed. The next step is to align all risks that relate to Quality and Effectiveness with the Board Assurance Framework.

Pat Drake acknowledge that progress has been made, although management of risk at Clinical Governance level needs to be improved.

Action: Dr Noble to address risk management at Clinical Governance with all Divisional Leads. TN

The Committee:

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

Q26/09/G2 **CQC (Care Quality Commission) and Regulatory Visits (Enclosure G2)**

Fiona Dunn advised that an up to date action plan had been submitted to the Relationship Manager at the CQC and the evidence to support the responses provided is being submitted. The Trust is also compliant with all 11 criteria following the IPC framework inspection and good practice was noted.

It is to be noted that DBTH has been assigned a new Inspection Manager and a meeting is due to take place on 02 October 2020.

CQC have announced that they will be undertaking an inpatient survey with

randomly selected patients who are an inpatient within various Trusts.

The Committee:

- ***Noted the update on CQC and Regulatory Visits.***

Q26/09/H1 **KPMG Internal Audit Report – WHO Checklist – (Enclosure H1)**

David Purdue updated the committee on the WHO Checklist audit that had been presented to the Audit and Risk Committee in July 2020 by KPMG (Internal Auditors). David advised that the action plan is being reviewed frequently and the teams that don't have a live Checklist will be supported to use the Trust designed checklist. This is being audited by the Quality and Governance team to ensure compliance.

Pat Drake asked for assurance that the recommendations are being reviewed and acted on.

David Purdue gave assurance to the committee that there is a clear action plan in place to ensure the recommendations are met against the action plan.

The Committee:

- ***Noted the update on KPMG Internal Audit WHO Checklist.***

Q29/09/H2 **KPMG Internal Audit Report – Delayed Transfer of Care – (Verbal)**

David Purdue gave a verbal update to the committee that all actions have been reviewed and responded to.

Pat Drake was assured by this update.

The Committee:

- ***Noted the update on KPMG Internal Audit Report – Delayed Transfer of Care***

Q26/09/I1 **Quality Improvement (Enc I1)**

Pat Drake asked for a paper to be provided to the November meeting on "Current Status and Future Plans" within the QI team.

Action: to be added to work plan and agenda for November. RW

The Committee:

- ***Noted the Quality Improvement Update.***

Q26/09/J1 **Governor Clarification**

Clive Tattley asked the committee if any thought had been given to the treatment pathway for Long COVID.

David Purdue responded that the Trust is planning for COVID and the specific pathways and will be communicated out to the relevant teams on how to manage hospital services throughout COVID.

Clive Tattle to contact Fiona Dunn to discuss other questions he would like responses to.

Q26/09/K1 **Sub Committee Minutes and Reports (Enclosure K1)**

- Clinical Governance Committee – July & Aug 2020
- *Risk Management Monthly Report (CGC July 2020)*

The Committee:

- ***Noted the subcommittee minutes and reports.***

Q26/09/L1 **Minutes of the meeting held on 28 July 2020 (Enclosure L1)**

The Committee:

- ***Approved the minutes from 28 July 2020 as a final version.***

Q26/09/L3 **Committee Work Plan for approval (Live working document)**

The Committee:

- ***Noted the current work plan and the work that continues to ensure it remains up to date.***

Q26/09/L4 **Items to escalate to Board of Directors**

There were no items to raise to Board of Directors.

Pat Drake advised the committee that the Patient story will be discussed at the Board of Directors meeting in October and highlighted through the Chairs log.

Q26/09/L5 **Date and time of next meeting (Verbal)**

Date: 24 November 2020
Time: 14:00
Venue: Microsoft Teams Videoconferencing

Q26/09/M **Meeting Close 17:20**

NHS G6
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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 Specialties 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

Publications approval reference: 001559

G7

Specialty guides for patient management during the coronavirus pandemic

Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic

9 April Version 1

The COVID-19 pandemic has presented a significant challenge for the NHS: the provision of high quality care for those experiencing serious symptoms of the virus needs to be balanced with the safe delivery of core non-elective services, such as maternity, a service strongly focused on safety and with very limited opportunities to reduce demand. This challenge will inevitably mean that some clinical staff are deployed to areas of hospitals they do not usually work in. At the same time, many midwives, obstetricians, anaesthetists and support staff are in self-isolation, temporarily reducing the available maternity workforce, with varying and sometimes significant impacts felt locally.

In such circumstances, it is right that NHS trusts, working together as part of local maternity systems (LMS), consider how best to maintain intrapartum services through a phased approach, to ensure that staff are deployed in the best way and women and babies continue to experience safe care.

This document sets out how safe services should be maintained and how decisions about reorganisation of services should be taken. The appendix provides a template for communicating changes in the services to local women and their families.

It has been produced in consultation with the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Anaesthetists, the Obstetric Anaesthetists Association and maternity service user representatives.

Separate guidance is available from RCOG and RCM on ante- and postnatal care and on antenatal screening.

Maintaining safe services

Maternity care, especially intrapartum care, is a core non-elective service that needs adequate staffing and access to facilities. The principle must be to maintain the safety and wellbeing of women and their babies. This means preventing avoidable perinatal mortality and morbidity (including issues relating to mental health and wellbeing). At the same time, services should aim to maximise choices for women within the constraints of the available staffing and facilities. They should continue to provide a personalised risk assessment for all women and agree with them a package of care.

Providing safe services also means balancing the response to COVID-19 with the continuing need to manage obstetric risk. Some trusts report that they are redeploying their maternity workforce, facilities and equipment (eg ventilators from obstetric theatres) to other parts of the hospital to help with the COVID-19 response. The board level safety champion is well positioned to work with the hospital's senior management team and maternity services to ensure an appropriate balance.

RCOG guidance provides staffing options for obstetrics and gynaecology services during the COVID-19 pandemic. At the very least a maternity service must be able to respond to emergencies; as a rough guide this means having a workforce similar to that generally seen at weekends. An additional multidisciplinary team will be required during the day to ensure the continued provision of elective caesarean sections. Trusts may consider seconding staff from other areas of the hospital, such as gynaecologists, to maintain the maternity service, with appropriate refresher training. In the event of critical staff shortages trusts' major incident teams should consider testing staff who are self-isolating, as well as relevant family members, for COVID-19, to expedite their return to work.

Trusts should consider the availability of all the professions that impact on their ability to provide a complete, safe maternity service:

- **Midwives** and **maternity support workers** are required to care for pregnant women and their babies and should only be redeployed within maternity care.
- **Obstetricians** should not be redeployed beyond the point where doing so would put the operation of an emergency service at risk, eg inability to maintain the emergency caesarean section and operative vaginal delivery service. Access to clinically indicated elective caesarean section also needs to be maintained to avoid further increases in emergency work.
- NHS England and NHS Improvement guidance advises trusts to ensure that services supported by **anaesthetists** that cannot decrease clinical activity (eg emergency surgery, obstetrics) are safely staffed, Again, this means not beyond the

point where doing so would put the operation of an emergency service at risk, including inability to maintain an epidural service for women in labour.

- **Neonatal** services may be reorganised locally in line with the national neonatal critical care surge guidance.

Many trusts have reported imposing restrictions on visitors. While it may be necessary to restrict numbers for reasons of infection control, women should have access to one birth partner during labour (from the point of admission to labour ward or birth centre) and birth in line with World Health Organization advice. The birth partner will often be able to support midwives in caring for the woman and her baby, as well as being important for the wellbeing of the woman in labour. Birth partners must be asymptomatic; if they are not, the woman must be asked to nominate another person.

Suspending services

Faced with a shortage of clinical staff, the safest option may be to consolidate care in fewer places by closing specific services temporarily. Such decisions must be influenced by a risk assessment and only made after considering:

- alternative options, such as deploying returning retirees and independent midwives
- a progressive approach, thereby keeping as many options available for as long as possible – suspending certain options, particularly place of birth, will have a significant impact on some women and should be avoided unless absolutely necessary to ensure a safe service.

All the following conditions must be met before trusts suspend intrapartum care options:

- The available workforce must be either too small or of insufficient skill mix to ensure the safety of women and their babies with services in their current configuration.
- Women must still be able to make decisions about the care they receive in line with the principles of informed consent.
- The withdrawal of services must be temporary and must be clearly communicated to women and their families.
- The extent of the withdrawal of options must be proportionate and tailored to the specific workforce constraints.
- The withdrawal of options must be identified in an escalation plan, which has been agreed by the board-level safety champion, cleared through the organisation's internal governance processes and notified to the NHS England and NHS Improvement regional chief midwife and relevant regional director of nursing as appropriate.

- Other organisations within the LMS and maternity clinical network, including the local ambulance service and the local neonatal operational delivery network, must have been consulted on the escalation plan to ensure that the impact on them is manageable and sufficient capacity remains available in the local area to meet demand.
- The local Maternity Voices Partnership (MVP) service user chair, representing local women and families, must have been involved in the decision-making process.

Escalation plans

Trusts must put together a maternity-specific escalation plan setting out the extent of the current staff shortage and detailing the service changes to fill the gap, alongside any other mitigations that have already been made, such as use of students and employing retirees and independent midwives. Trusts that are not currently facing an acute staff shortage should nevertheless now consider developing a stepped escalation plan which can be enacted if numbers of available staff fall substantially.

Trusts must work together as LMS or more widely through maternity clinical networks to ensure that decisions made in one place do not have a disproportionately negative impact on another, and that services can be co-ordinated across a wider footprint, enabling better management of capacity and demand.

Recovery plans are essential and should bear in mind the regional modelling of how the virus is likely to spread and, as testing becomes more widely available, the return to work of staff who have had COVID-19.

Place of birth choices in midwifery services

Alongside hospital midwifery units, freestanding midwifery units and home birth teams provide a safe option for many women as set out in National Institute for Health and Care Excellence (NICE) guidance. A decision on whether to maintain, limit or withdraw these services should not be taken lightly and will involve careful balancing of a number of considerations:

- During the COVID-19 pandemic freestanding units and home births have the advantage of helping to keep women out of hospital, reducing the pressure on hospital services.[1] Some trusts report increasing requests for home births from pregnant women concerned about the potential risk of infection from giving birth in a hospital or with fear of birth in a hospital environment.

[1] NICE CG190 highlights that for low-risk multiparous women, planning birth at home or in a freestanding midwifery unit is associated with a higher rate of spontaneous vaginal birth than planning birth in an alongside midwifery unit or in an obstetric unit.

- Midwifery units and home birth services tend to operate with a smaller pool of midwifery staff. High staff absence in community midwifery services can reduce staffing ratios to an unsustainable level if staff numbers cannot be supported through deployment of student midwives, maternity support workers, and retired or non-clinical midwives.
- A proportion of women need to transfer from home or a freestanding unit to the obstetric unit. This usually requires a response from an ambulance service, which may also currently be stretched. This means transfers from home to hospital may not be sufficiently quick to ensure the safety of mother and baby.

Where a home birth service is in operation, trusts or LMS may need to develop a clear standard operating procedure with their regional ambulance service. This could include local alternative transport pathways for women where a timely response is likely to be delayed. Women should always be given information that reflects locally agreed pathways for transfer to enable informed decision-making.

If a trust decides to suspend a freestanding midwifery unit, home birth service or redeploy an alongside midwifery unit (eg for use by women with COVID-19 symptoms) to guarantee safety, it should consider maintaining at least one midwifery care option. Trusts may also consider how they can offer the same style of care in the obstetric unit, perhaps by moving equipment such as birthing pools. Work as a LMS may help to keep options open, either by sharing staff or by making transfers of care available. Consideration may be given to limiting rather than suspending some services: for example, to low risk women who have had a baby before and are at much lower risk of requiring intrapartum transfer than primiparous women.[2]

Understanding the impacts and potential risks relating to women's mental health and wellbeing during this period is vital, and a personalised care approach can support this. This needs to cover a range of issues, including:

- acknowledging the pandemic is likely to increase anxiety among pregnant women, given it brings further uncertainty
- understanding the impact of changes in service provision and therefore birthing choices for women with a history of birth trauma, tokophobia, etc and the risks to their mental health; as well as the risks to women without such a history
- the importance of robust plans for women identified as at risk of, or experiencing, complex/severe mental health problems in the intrapartum period and beyond. The 'red flags' identified through MBRRACE reports need to be understood and addressed, to ensure that women experiencing mental ill health at this time can still

[2] Birthplace study, transfer rate 2% versus 40%.

access specialised mental health care if required. Maternal mental illness remains one of the leading causes of maternal death.

Trusts should also consider how they will respond to more women choosing to stay at home as long as possible and subsequently experiencing an unplanned home birth (babies 'born before arrival') during this time.

Suspending obstetric units

Occasionally busy obstetric services close temporarily to manage demand. Such a decision must be taken in line with existing processes, in conjunction with other trusts in an LMS or maternity clinical network, as they are likely to be experiencing similar pressures.

In the most challenging circumstances it may be better for hospitals with a particularly high demand for intensive care due to COVID-19 infections, working in conjunction with their LMS, to temporarily close a maternity unit and move care to another nearby hospital. This potentially allows:

- redeployment of some clinical staff within the hospital (such as anaesthetists and junior medical staff)
- other key maternity workers to move to support a nearby unit
- a better standard of maternity care for women and their babies at the nearby unit.

An alternative might be to support the stretched unit by redeploying staff temporarily from elsewhere.

If temporary closure is required, the staff should be redeployed to support other local trusts. NHS England and NHS Improvement have produced an enabling staff movement toolkit to help with this.

It is more important than ever that women who are expected to give birth at less than 27 weeks' gestation can do so in a maternity unit with appropriate on-site neonatal care, to avoid unnecessary transfers of care, although neonatal services may be reorganised locally in line with the national neonatal critical care surge guidance.

Many trusts have established pathways for women with specific needs. As these address specific risks, including safeguarding, trusts will need to consider how to manage these risks as service models change.

Suspending access to certain interventions

A shortage of obstetricians or anaesthetists may mean there is insufficient capacity to meet demand. In extreme circumstances, there may no option other than to temporarily suspend

access to elective procedures. Trusts should make every effort to avoid this situation and, in particular, should work as a LMS or maternity clinical network to keep options open, either by pooling staff or by making transfers of care available to women.

Women who are being induced can require long periods of admission and have higher levels of subsequent interventions during labour. Indications for induction of labour may need to be reviewed and limited to women who have a clear clinical indication. It may be possible to improve outpatient provision of induction of labour, depending on the availability of transport to hospital, in line with RCOG/RCM guidance.[3]

Engaging with service users and their families

Trusts or LMS must work with their MVP service user chair to develop their plans. This does not need to be a long process – one of the benefits of standing MVPs is the ability to mobilise input quickly. They will understand the pressures services are currently under and may be able to suggest improvements to proposals that make relatively little operational difference but have a big impact on service user experience or outcomes. Where decisions have already been made, the MVP must be involved in regular reviews.

Trusts or LMS must communicate temporary changes to service provision clearly and transparently, including on a public-facing website, so that women can make informed decisions about the care they receive. There is considerable public understanding about the pressures the NHS is currently under, but the link between COVID-19 and maternity service capacity may not be well understood by all. At the same time, women are understandably concerned about the risk of transmission of the virus and the possible restrictions around birth on them and their baby. The appendix gives an example statement. Local communications should be co-produced with the local MVP service user chair.

Trusts should consider establishing telephone or video call helplines for women with concerns or requiring advice about accessing the services they need (as already exist in Hampshire and Surrey Heartlands and as established in Cornwall and Stockport in response to COVID-19, for example). This may also help with demand management. Midwives who are self-isolating may be able to staff these helplines.

[3] Coronavirus (COVID-19) Infection in Pregnancy: Information for healthcare professionals (version 5), section 3.4.

Appendix: Communicating with women and their families

Please co-produce all communications to women and their families with your MVP service user chair to ensure the language is easy to understand and that you have covered all the keys points. You can use this template as a basis and adapt it as appropriate to your local circumstances.

It is helpful to communicate with local women and families now and as your service may change over the coming days. Communicating in a number of different ways, for example using written text and by making a short, informal film can be beneficial. Please refer to the guidance from the Royal College of Obstetricians and Gynaecologists for co-produced, up-to-date information for women and their families.

Template statement

We want to make sure you and your baby are well during the coronavirus pandemic and we are committed to providing safe and personal maternity care. It is important that you have all the information you need to help you to make informed decisions about your maternity care.

We might have fewer maternity staff available. This means we have had to think about how we will care for you and your family during your labour and birth.

Women who have coronavirus or coronavirus symptoms will be cared for in a separate part of the maternity unit to women who do not have symptoms. This is to keep everybody who uses our services as safe as possible.

We have already… [detail what you have done to mitigate against low staffing levels, such as bringing independent midwives into the team, etc].

However, we have had to make some changes to ensure we keep you and your baby safe. These are … [add in the temporary changes you have made]. These changes have been made with our Maternity Voices Partnership (MVP) user chair. You can find out about the MVP's role here [add hyperlink to webpage/social media page].

These choices of place of birth that are still be available are [delete as necessary]:

- homebirth
- alongside midwifery-led unit
- freestanding midwifery-led unit
- obstetric unit.

You will still be treated with respect and dignity.

You will still be able to have a birth partner of your choice during your labour and birth, as long as they do not have symptoms of coronavirus.

You can still expect us to communicate clearly with you.

You will still be able to have access to pain relief options, including gas and air and an epidural.

You will still be able to be mobile, use a birthing ball and birth in a position of your choice.

Your midwife or obstetrician will support you at this time as you plan for your labour and birth. This might include changing your plan for your birth or transferring your care to a different maternity service. Your midwife or obstetrician can help you with this.

In the meantime, if you have any questions please contact [midwife, COVID-19 helpline, etc.].

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the meeting of the Trust's Board of Directors held in Public on Tuesday 17 November 2020 at 09:30 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 Dr T J Noble - Medical 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:	Marie Purdue – Director of Strategy and Transformation Katie Shepherd – Corporate Governance Officer (Minutes) Adam Tingle – Senior Communications and Engagement Manager
Public in attendance:	Peter Abell – Public Governor – Bassetlaw (Item P20/10/A1 - P20/10/G1) Hazel Brand – Lead Governor/Public Governor – Bassetlaw Mark Bright – Public Governor – Doncaster Gina Holmes - Staff Side Chair 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 McCreadie – Public Governor – Doncaster Lynne Schuller – Public Governor – Bassetlaw Mary Spencer – Public Governor - Bassetlaw Clive Tattley – Partner Governor - CVS Bassetlaw
Apologies:	Fiona Dunn – Company Secretary Emma Shaheen – Head of Communications and Engagement

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**

P20/11/A1 **Apologies for absence (Verbal)**

The apologies for absence were noted.

P20/11/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.***

P20/11/A3 **Actions from Previous Meetings (Enclosure A3)**

Action 1 – Council Motion on Climate and Biodiversity Emergency – It was noted that although a session had been organised for 23 October 2020, due to other operational priorities that had been postponed. It was agreed that this action be closed and revisited in the future;

Action 2 – Medical Director Office and Action 4 Interest Declaration Form – On the basis that both items were included in the Medical Directors Update, these actions would be closed;

Action 5 – Absence Data – Absence data had been discussed in depth at the People Committee on 3 November 2020 and would therefore be closed.

The Board:

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

P20/11/B1 **Nursing Midwifery and Allied Health Professionals Update (Enclosure B1)**

The Director of NMAHP highlighted the key patient safety, quality and experience performance for October 2020 which included 137 falls reported in month, which was the highest number of reported falls in month for the year. Post incident reviews had been undertaken and identified that the use of low beds may help to minimise the risk of injury. Another area identified as a factor was 'enhanced supervision' which had been more difficult during the Covid19 pandemic. Work had been undertaken on Nerve Centre to allow for the instant identification of patients that require enhanced supervision. It was noted that current staffing levels were at a sub-optimal level due to the levels of sickness absence due to Covid19, and although all wards were safely staffed, it presented a challenge for the supervision of patients with the requirement of enhanced care. To deal with this issue a Care Team had been implemented consisting of medical and nursing students who would provide intermittent supervisions in which a group of students would walk around the walk every fifteen minutes with actions aligned to the 5 Ps: Personal care, Positioning, Pain, Possessions and People.

The minimisation of nosocomial spread of Covid19 in hospitals remained a key challenge for Trust's and key to this was maintaining the principles identified in the Board Assurance Framework for Infection Prevention and Control. The Trust had a robust process in place to minimise the risk of nosocomial infections, which included that all inpatients were re-swabbed at day five. This was managed via the patient administration system.

The CQC completed the Trust structured assurance interview on the 21st of October, to assess the Trusts preparedness for winter. The key lines of enquiry were on whether the Trust was safe, prepared and well-led. Following the meeting the Trust had not been required to submit any further information and the CQC were assured by the responses provided.

The Trust had been chosen to take part in the Magnet for Europe Study, following the positive work that had been undertaken by the quality improvement teams. Magnet was an accreditation model with five components of leadership, empowerment, professional practice, innovation and improvement and quality results. The Trust had been teamed up with a US hospital that had already achieved Magnet status who would assess the Trust to review where the Trust scored in relation to the Magnet standards. It was noted that this research programme would not result in the Trust achieving Magnet status.

As per action P20/10/D1 further detail on falls trends would be provided at the next Board meeting, however it was noted that although there had been a recent increase in the numbers of falls, the Trust had not returned to the levels seen in previous years. The recent increase in falls was attributed to the Covid19 pandemic, and had been seen nationally. The Trust had temporarily lost the indirect benefit of visitors acting in a supervisory capacity whilst with patients, due to the visiting restrictions in place. It was agreed that a comprehensive review of falls trends would be provided to the Quality and Effectiveness Committee on 2 February 2021.
In response to a request from Pat Drake it was agreed a focused report be provided on hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021.

In response to a question from Kath Smart regarding the Trust's actions following the recommendations from the NHSI patient safety investigation into nosocomial transmission, the Director of NMAHPs advised that the Trust had reviewed the recommendations, however noted that the challenge for the Trust was largely the estate and the infection prevention and control driven changes required to make areas Covid19 secure. It was noted that there were multiple pathways in place to ensure patient safety. It was suggested by Kath Smart that a review of the board assurance framework for infection prevention and control be undertaken, however it was confirmed that the Quality and Effectiveness Committee would receive a comprehensive update on the Trust's actions to reduce nosocomial transmission of Covid19.

In response to a suggestion by Mark Bailey regarding the training on falls for colleagues, it was confirmed that manual handling training had continued throughout the Covid19 pandemic and additional video-based training for falls was already in place.

Action: It was agreed that a comprehensive review of falls trends would be provided to the Quality and Effectiveness Committee on 2 February 2021. **DP**

Action: A focused report be provided on hospital acquired pressure ulcers at the Quality and Effectiveness Committee on 2 February 2021. **DP**

The Board:

- ***Noted and took assurance from the Nursing, Midwifery and Allied Health Professionals report.***

P20/11/B2 **Medical Director Update (Enclosure B2)**

The Medical Director provided an update on the comprehensive revalidation and appraisal process for medical staff and the value that it added. It was noted that although the appraisal documentation was different from that of the Trust's standard appraisal framework, that wellbeing discussions did and would continue to form part of the medical appraisal process. Work was underway to embed the Trust's values into the medical

appraisal process. Pat Drake noted that the addition of the Trust's values and objectives into the medical appraisal process was a positive step.

It was reported that the compliance of completed declarations of interests for medical staff was 53.2% with over 150 responses received to date. The plan was to ensure that the Trust achieved 100% compliance by 31 March 2021. The Medical Directors Office had worked with the Trust Board Office to simplify the process and both teams were thanked for their efforts. Kath Smart wished to record her specific thanks to Rosalyn Wilson for her input into the simplification of the process, and asked that the Medical Director continued to monitor progress until the next Audit and Risk Committee meeting on 29 January 2021. It was suggested by Neil Rhodes that the Finance and Performance Committee review the compliance position on a monthly basis.

Following a question from Sheena McDonnell regarding the target of compliance for completed appraisals it was confirmed that the non-medical appraisal key performance indicator was 90%, however there was an expectation that 100% of appraisal were completed on an annual basis. The Medical Director advised that all medical staff undertake the appraisal process on an annual basis.

It was reported that there had been a small increase in crude mortality with an expectation that it would continue to rise.

The Medical Directors Office structure review was ongoing. In response to a question from Mark Bailey regarding the strategic outlook for the Medical Directors Office, it was confirmed that in light of the Board and Committee structure changes the detailed work, expectations and change performance would be monitored at the Committee level to allow Board to focus on strategic change. It was confirmed following a question from Kath Smart, that risk management would be managed by the Deputy Director of Patient Safety who would be the Board's patient safety advisor and champion.

The Board:

- ***Noted and took assurance from the Medical Director Update.***

P20/11/B3 **Radiology Network (Verbal)**

The Chief Executive advised the Board that that Trust had been requested to join and collaborate within a radiology network called North 2A. This was in line with a number of other collaborative networks created to work together to achieve consistent improvements and standards to ensure that money was spent wisely. The network would focus on the development on radiology reporting systems to provide consistency across the network so that patients can receive improved care.

The Board:

- ***Noted that the Trust would join the radiology network North 2A.***

P20/11/C1 **Our People Update (Enclosure C1)**

The Director of People and Organisational Development presented the People update which highlighted that Covid19 related absence rates continued to rise. Colleagues who had been shielding had mostly returned to work, albeit small numbers were unable to return following the announcement of the national lockdown and subsequent letters sent

to clinically extremely vulnerable people. The Trust would explore what tasks these people could potentially undertake at home whilst shielding.
An increase was reported in-month for statutory and essential training compliance, reported at 85.09%, followed by an increase in the number of completed wellbeing appraisals undertaken at 22.21%.
The national staff survey was live and would close on 27 November 2020. 40.1% of colleagues had responded which was slightly above average for acute Trusts using Picker for their survey. It was noted that since the report the Trust had received a response rate of 42.7% for the staff survey. The Trust continued to encourage colleagues to provide feedback.
The newly formed People Committee had its first meeting on 3 November 2020 and the Chair's log provided further detail on the discussion points.
A team was working on the plan for the Covid19 vaccination programme for colleagues to commence in December.
The asymptomatic Covid19 screening programme for colleagues would commence in the coming weeks and therefore the plans would be finalised to include information and training on how colleagues would undertake the test. It was noted that both the asymptomatic Covid19 screening programme and the Covid19 vaccination programme would require intense administration support ensure that the programmes were coordinated efficiently.

Over 74% of front-line staff had received their flu vaccinations which was reported as the second highest in the North East and Yorkshire region. It was noted that Doncaster performed well within the region in the numbers of community members vaccinated for flu.

In response to a question from Kath Smart regarding the changing national guidance related to ethnicity and Covid19, it was confirmed by the Director of People and Organisational Development that all staff were asked to complete a personal risk assessment form as there were other risk factors associated with Covid19, and it was from the personal risk assessment that it was identified if a further risk assessment was required. The data on the completion of personal risk assessments would be provided to the People Committee on 1 December 2020.

Sheena McDonnell noted that at discussion took place at the People Committee on 3 November 2020, regarding psychological support for colleagues and noted that although the offer was there it might not be known by all and therefore work would be undertaken to make colleagues aware of the additional support available to them. Following the launch of the People Committee a video would be produced for colleagues to make them aware of the new Committee and its ambitions.

Neil Rhodes left the meeting.

Action: The data on the completion of personal risk assessments would be provided to the People Committee on 1 December 2020. **KB**

The Board:

- ***Noted and took assurance from the 'our people' update.***

P20/11/C2 **<u>Report from Guardian for Safe Working (Enclosure C2)</u>**

The Director of People and Organisational Development presented the report from the Guardian for Safeworking for January to September 2020. The three-quarterly reports had been delayed due to the challenge of information gathering and exception reporting due to the Covid19 pandemic and changes in working patterns. There were forty-one exception reports raised within the three quarters however it was noted that none were reported between the months of April and June due to the change of working patterns.
It was noted that the 2016 national contract for Junior Doctors was varied during wave 1 of the Covid19 pandemic, however this would not be the case for wave 2. A contractor had been appointed to undertake the work to change the old Silks restaurant into a junior doctor's mess. Work was expected to finish by January 2021.

In response to a point raised by Mark Bailey regarding the ongoing improvements of on-call accommodation, it was advised by the Chief Executive that different options had been reviewed in the past and it was agreed that the Estates and Facilities Committee would take an action to review options for the improvements of the on-call rooms. The People Committee would ask for assurance regarding the accommodation strategy.

Action: The Estates and Facilities Committee would take an action to review options for the improvements of the on-call rooms. The People Committee would ask for assurance regarding the accommodation strategy. **KB**

The Board:

- ***Noted and took assurance from the report from the Guardian for safe working.***

P20/11/D1 **<u>Performance Update – September 2020 (Enclosure D1)</u>**

The Chief Operating Officer provided the highlights of the performance report for September 2020. The 4-hour access challenges continued, however the Trust achieved 82.5% against a national target of 95% which was higher than the national average. The Trust reported positively against the local trajectory for outpatient new and follow up and elective activity for September 2020 however remained slightly behind trajectory for day case and diagnostics. The Trust achieved four out of the five national standards for cancer in August 2020 and improvements had been seen against peers on the 104-day and 62-day waiters. It was noted that stroke had performed well across all five standards which further reflects the A rating received on SNNAP.

In response a question raised by Pat Drake regarding the refusal of patients to come onto site for treatment due to the Covid19 pandemic, it was noted by the Chief Operating Officer that all of these patients were known of within urgent and cancer services and discussions had taken place with GPs to try to influence patients to receive their care. It was not known which non-urgent patients refused treatment in areas such as outpatients.

A rapid assessment team had worked in the Emergency Department at weekends to turn around patients to avoid admission which had been worked positively. It was expected that this would be implemented mid-week to further alleviate pressures. Further work was required at Bassetlaw and discussions would take place with partners to further build on this.

In response to a question from Pat Drake regarding the work with partners on the discharge of patients to care homes, the Director of NMAHPs advised that a new 'home first' model was in place at Doncaster, however the beds in Bassetlaw were awaiting the assessment by CQC as standard practice before it was in place there.

A discussion took place regarding the ongoing culture challenges within ED, and Sheena McDonnell requested an update on how the work was progressing. The Chief Executive advised that there were many teams that had faced many challenges during the Covid19 pandemic, and noted that work was ongoing to with several teams to improve this however noted that these challenges had not reflected in the quality of care that patients received and advised that colleague remained focused on that element. Sheena McDonnell noted that the challenges were cultural and not professional, and asked that this work remained an area of focus. The Chief Operating Officer advised that there had been new Consultant appointments made and the departmental leadership arrangements had been strengthened. It was noted that there was further work required however this was part of the plan in place to achieve. The Chair noted that this would be reviewed at each People Committee.

A discussion took place following a query from Mark Bailey, regarding the rate of virtual appointments versus face-to-face appointments. Approximately 40% of appointments were undertaken on a face-to-face basis and the requirement for the implementation of video conferencing kit was to be completed. It was noted that technology was in place to remind patients via text before their appointment, however as Dr Dr had been implemented just before the Covid19 pandemic, there was no baseline data to determine whether this had any positive impact of the DNA rate. The Chair asked that communications be devised to reiterate the message to attend appointments or cancel in advance if unable to attend, followed by the assurance to patients that all steps had been taken to ensure of their safety during their appointment. It was advised by Adam Tingle that a press release was in place as normal standard practice at this time of year to advice patients to keep appointments or cancel if unable to attend. This would be released via more traditional communications in the local papers and via social media also.

The Board:

- ***Noted and took assurance from the performance report for September 2020.***

P20/11/B2 **<u>Finance Update (Enclosure B2)</u>**

The Trust's deficit for month-7 was £160k. The underlying year-to-date financial position was reported as £5.4m before the retrospective top up payment for months 1-6. The in-month financial position was c. £1.1m favourable to plan was submitted to NHSI/E in month 7 before any fines related to the elective incentive scheme. The in-month financial position was c. £0.1m favourable to plan after potential year-to-date fines.

There had been an increase in pay and non-pay expenditure above months 1-6 run rate of £1m. The Trust had included a provision for annual leave of £483k related to the expectation that the Trust would have increased liability to carry forward annual leave as a result of the Covid19 pandemic.

The Trust had now reset its budget which would be presented to the Finance and Performance Committee meeting on 24 November broadly in line with the financial plan submitted to NHSI/E. It was noted that the main changes related to further work undertaken to align budgets more closely to rotas.

Capital expenditure spend was reported as £2.8m, which was £0.5m behind plan in-month.

The cash balance at 31 October 2020 was £64.1m which remained high due as the Trust received two months' work of block income in April 2020.

Following a query from Kath Smart regarding the elective incentive scheme, the Director of Finance advised that the Trust would continue to undertake elective activity as planned.

It was confirmed, following a question from Kath Smart, that it was unknown when the Trust would be in receipt of the Bassetlaw capital money, however noted that the Director of Finance had escalated this to DHSC and was awaiting further correspondence.

The Board:

- ***Noted and took assurance from the finance update for October 2020.***

P20/11/D3 **Covid19 Operational Update (Presentation)**

The Chief Operating Officer shared a presentation to provide an update on the operational impact of the Covid19 pandemic on services. There had been a continual growth of community acquired Covid19 infections and the Trust had run at approximately 34% of Covid19 bed occupancy with a particular peak in early November 2020 at Doncaster. Senior management cover out of hours and at weekends had been strengthened and enhanced operational meetings would take place four times each day. There was regional mutual aid support in place to consider critical care needs and the most urgent patients that required surgery. Action had been taken the previous week to increase the number of medical beds available at Bassetlaw which meant that day surgery would be consolidated to Doncaster and Mexborough to allow for this. 100% of Park Hill capacity had been utilised.

Following a question from Pat Drake regarding the usage of the new HSDU unit as a ITU ward, it was noted that it was expected that should critical care mutual aid be required that Sheffield Teaching Hospitals were likely to mobilise their super surge plan to accommodate this. The Deputy Director of NMAHPs advised that it was likely, if the HSDU unit was to open that it would be used for general bed capacity so other areas could care for patients with Covid19. It was noted that the Trust continued to effectively manage staffing levels and had redeployed nurses to ensure that wards were safe. Pat Drake noted the tremendous efforts of colleagues. A focus would continue into the new year on the focused operational management following the release of the national lockdown on 2 December 2020. It was noted that the Trust would not open new wards if it meant that the skill mix would be diluted and that management decisions were taken to ensure that both patients and colleagues were safe. The Emergency Department remained an area of focus following significant pressures seen over the previous several months.

Kath Smart noted the overwhelming support provided on the Staff Facebook page to the Paediatric and Neonatal Nurses that had supported adult wards.

In response to a question from Kath Smith, it was noted that the length of stay for Covid19 positive patients had decreased, although the number of inpatients with Covid19 had increased, but were not as acutely ill due to the different steroids and treatments in place that were not in place during wave 1 of the pandemic.

Kath Smart asked for further information of the management of long Covid19. The Medical Director advised that this condition would be managed similarly to a chronic disease through primary care, however would include acute follow up care as required.

The Board:

- ***Noted and took assurance from the information provided in the Covid19 operational update.***

P20/11/D4 **Winter/Covid19 Plan (Enclosure D4)**

The Chief Information Officer presented the Covid19 Wave 2 Super Surge Plan, Covid19 Management Response Framework and the 2020 Winter Plan to provide assurance on the contents and the plans to manage the high level of risk through the winter months.

The Covid19 Wave 2 Super Surge Plan was a modified version of the Covid19 Wave 1 plan which incorporated lessons from the various evaluations undertaken. This included a single financial assessment of the overall winter and Covid19 plan which totalled £1.5m in line with the allocation in the financial plan.

The Covid19 Management Response Framework outlined the management structure and approach that the Trust would take to manage wave 2 and also included the lessons from the various evaluations undertaken.

The Winter Plan 2020 outlined the Trust's winter plan, but it was noted that this was written prior to the scale and projected demand of the Covid19 wave 2 phase and was why there was the addition of the Covid19 Wave 2 Super Surge Plan to build on the winter plan.

The Board:

- ***Approved and took assurance from the winter/Covid19 plan.***

P20/11/D5 **EU Exit Update (Enclosure D5)**

An update was provided on the Trust's preparations for the potential issues associated with the UK exit from the EU on 31 December 2020. The Trust continued to monitor and react to national and local intelligence and guidance. Business continuity measures had been implemented which included that Trust Leads were ready to react to potential challenges, a weekly EU Exit Governance Group meeting to discuss the Trust's preparedness and any emerging issues and working with Partners to share information and approaches. It was noted that there was a combined risk of winter and Covid19 pressures and the corporate risk register would be updated to reflect this.

The Board:

- ***Noted the information provided in the EU exit update.***

P20/11/D6 **Financial Regime (Verbal)**

The Director of Finance advised that the ICS would take part in a pilot for the 2021/22 financial regime on which he would be a part of to review and make recommendations. Further feedback would be provided at the Finance and Performance Committee on 24 November 2020 following the second meeting. No further communications had been received.

The Board:

- ***Noted the information in the Finance Regime update.***

P20/11/E1 **Chairs' Assurance Logs for Board Committees (Enclosure E1)**

Audit and Risk Committee – 22 October 2020

Kath Smart noted that the Committee had received the Annual Cyber Security Update as requested on behalf of the Board. There were four internal audit reports discussed at the meeting, two of which received significant assurance: Covid19 Financial Governance and Control and Covid19 Business Continuity, Pandemic Response Plan and Remote Working. A further two received partial assurance: Legacy IT Review and Recruitment and Staff Records. Kath Smart noted her thanks to Lesley Barnett, Deputy Director of Quality and Governance who presented the progress of the Clinical Governance WHO Checklist. No questions were raised.

Finance and Performance Committee – 27 October 2020

Pat Drake noted in Neil Rhodes absence that the issues pertinent to the meeting had been covered by the Chief Operating Officer and Director of Finance. No questions were raised.

People Committee – 3 November 2020

This was the first meeting for the People Committee and therefore there was good debate. The terms of reference would be kept under review. No questions were raised.

The Board noted the update from the:

- ***Audit and Risk Committee – 22 October 2020***
- ***Finance and Performance Committee – 27 October 2020***
- ***People Committee – 3 November 2020***

P20/11/F1 **Corporate Risk Register (Enclosure F1)**

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.***

P20/11/F2 **Use of Trust Seal (Enclosure F2)**

The Board were advised of the use of the Trust Seal for the following:

Seal no. 122 – Doncaster Metropolitan Borough Council and Doncaster and Bassetlaw Teaching Hospitals Supplement Deed for the provision of Knowledge, Library and Information Services;

Seal no. 123 – Nottinghamshire County Council and Doncaster and Bassetlaw Teaching Hospitals Deed of variation of the contract of Sexual Health Services.

There were no questions raised.

The Board noted the update from the:

- ***Noted the use of the Trust Seal.***

P20/11/G1 -G8 **Information Items (Enclosures G1 – G8)**

The Board noted:

- ***The Chair and NEDs Report;***
- ***The Chief Executives Report;***
- ***ICS Update;***
- ***Minutes of the Finance and Performance Committee – 29 September 2020,***
- ***Minutes of the Audit and Risk Committee – 16 July 2020;***
- ***Minutes of the Management Board Meeting – 12 October 2020;***
- ***Minutes of the Public Council of Governor Meeting – 24 September 2020;***
- ***Procurement Policy.***

P20/11/H1 **Minutes of the Meeting held on 23 October 2020 (Enclosure I1)**

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 23 October 2020.***

P20/11/H2 **Any Other Business (Verbal)**

There were no other items of business.

P20/11/H3 **Governor Questions Regarding the Business of the Meeting (Verbal)**

P20/11/H3(i) Hazel Brand

The Lead Governor asked on behalf of the Council of Governors:

1. Was the Trust learning anything form these serious incidents and falls?

Hazel Brand noted that this had been extensively covered in the Director of NMAHPs report.

2. Super surge plan – had anything been done on development of intermediate care to facilitate timely discharge?

The Director of NMAHPs advised that the Strategy and Transformation Team had undertaken some work with Partners to look at intermediate care steps and what the requirements were for the future. The Trust would take over the work that the CCGs commenced several years ago to look at outcomes measures which was a positive step. The outcomes would be measured based on value added in terms of patient pathways. This work would continue and anticipate that the outputs would be finalised by April 2021.

3. Was there anything that might identify why a 1/3 of the medical wards have a RAG rating of amber or red?

It was unknown what this specific question was in reference to and would be picked up outside of the meeting to provide an accurate response.

Post meeting note: The statement related to the Skin Integrity Assessment as part of the IQAT, the reason for 6 wards not being green was due to lack of audits during the period. This was primarily due to the activity on the ward areas due to Covid19. Additional support had been identified for these areas.

Hazel Brand extended the Governor's thanks to all colleagues on their tremendous efforts throughout 2021.

The Board:

- ***Noted the comments raised, and information provided in response.***

P20/11/H4 **Date and Time of Next meeting (Verbal)**

Date: Tuesday 15 December 2020
Time: TBC
Venue: Star Leaf Videoconferencing

The Board:

- ***Noted the date of the next meeting.***

P20/11/H5 **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.***

P20/11/J **Close of meeting (Verbal)**

The meeting closed at 12:00.

Suzy Brain England
Chair of the Board

Date
2nd December 2020