

A Meeting of the Board of Governors
 of
Doncaster and Bassetlaw Hospitals NHS Foundation Trust ('the Trust')
 on
Tuesday 19 January 2016 at 6.00 pm
 at
The Ivanhoe Centre, Conisbrough, Doncaster, DN12 3JX

AGENDA

No	Item	Action	Enclosures
1.	Welcome and Apologies	<i>Note</i>	(Verbal)
2.	Declaration of Governors' Interests Maria Dixon, Head of Corporate Affairs	<i>Note</i>	Enclosure A
3.	Minutes of the meeting held on 29 September 2015	<i>Approve</i>	Enclosure B
4.	Matters Arising from the Minutes	<i>Note</i>	Enclosure C
5.	Chairman's Report and Correspondence Chris Scholey, Chair	<i>Note</i>	(Verbal)
EXECUTIVE REPORTS			
6.	Chief Executive's Report Mike Pinkerton, Chief Executive	<i>Note</i>	Enclosure D
7.	Matters Arising from Board of Directors minutes All Governors	<i>To take questions</i>	Enclosure E
8.	Finance Report Jeremy Cook, Interim Director of Finance	<i>Discuss</i>	Enclosure F
9.	Business Intelligence Report Richard Parker, Director of Nursing, Midwifery & Quality David Purdue, Chief Operating Officer Sewa Singh, Medical Director	<i>To take questions</i>	Enclosure G
10.	People & OD Quarterly Report Dawn Jarvis, Director of Strategy & Improvement	<i>To take questions</i>	Enclosure H
11.	CQC Report Richard Parker, Director of Nursing, Midwifery & Quality	<i>To take questions</i>	Enclosure I
GOVERNANCE			
12.	Chair appointment: Job Description & Person Specification Geraldine Broderick, Senior Independent Director	<i>Approve</i>	Enclosure J

13.	Non-executive Director Appointments Chris Scholey, Chair	<i>Approve</i>	Enclosure K
14.	Vice-Chair Appointment Chris Scholey, Chair	<i>Approve</i>	Enclosure L
15.	Governance Processes Chris Scholey, Chair	<i>Discuss</i>	Enclosure M
SUB-COMMITTEES OF THE BOARD OF GOVERNORS			
16.	Minutes of the Agenda Planning meeting held on 27 November 2015	<i>Note</i>	Enclosure N
17.	Minutes of the Health and Care of Adults meeting held on 1 December 2015	<i>Note</i>	Enclosure O
18.	Minutes of the Health and Care of Young People meeting held on 15 September 2015 and 14 December 2015	<i>Note</i>	Enclosure P
MEMBERSHIP			
19.	Feedback from members All governors	<i>Note</i>	(Verbal)
GOVERNOR REPORTS			
20.	Governor reports from committees and other activities All governors	<i>Note</i>	(Verbal)
INFORMATION ITEMS			
21.	Any Other Business Resolution : <i>Members are invited to RESOLVE that the meeting of the Board of Governors be adjourned to take any informal questions relating to the business of the meeting.</i> Chris Scholey, Chairman	<i>Note</i>	(Verbal)
22.	Date of Next Meeting : Date: 19 April 2016 Time: 6 pm Venue: The Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF	<i>Note</i>	(Verbal)

Register of Governors' Interests as at 12 January 2016

The current details of Governors' Interests held by the Trust are as follows:

Ruth Allarton, Partner Governor

School Governor, Tuxford Academy
Parish Councillor, Weston Parish

Dr Utpal Barua, Public Governor

Retired member, British Medical Association
Senior medical member, Court and Tribunal Services, Leeds

Hazel Brand, Public Governor

Member, Bassetlaw District Council

David Cuckson, Public Governor

Justice of the Peace, Scunthorpe
Member, Worksop 41 Club

Dr Vivek Desai, Staff Governor

DBH Consultant Representative, BMA Trent Regional Consultant Committee
Advisor and Negotiator, DBH Local Negotiating Committee

Eddie Dobbs, Public Governor

Councillor, DMBC
Magistrate, Doncaster

Nicola Hogarth, Public Governor

Employee, BT Health (BT PLC)

Peter Husselbee, Public Governor

School Governor, Redlands School, Worksop
Member, Rotary Club of Worksop
Member, Worksop 41 Club

Bev Marshall, Public Governor

Member, Labour Party
Governor, Hall Cross Academy
Member, Yorkshire Ambulance Service NHS Trust

Jackie Pederson, Partner Governor

Employee and Representative of NHS Doncaster Clinical Commissioning Group

Rupert Suckling, Partner Governor

Director of Public Health, DMBC
Non-executive Director, Doncaster Children's Services Trust
Trustee, Club Doncaster Foundation

Clive Tattley, Partner Governor

Member, Worksop Rotary Club.

The following have no relevant interests to declare:

Mike Addenbrooke, Public Governor

Dr Oliver Bandmann, Partner Governor

Dev Das, Public Governor

Lynn Goy, Staff Governor

John Humphrey, Public Governor

Shahida Khalele, Staff Governor

Susan Overend, Public Governor

John Plant, Public Governor

Patricia Ricketts, Public Governor

Lorraine Robinson, Staff Governor

Denise Strydom, Public Governor

Howard Taylor, Public Governor

Roy Underwood, Staff Governor

George Webb, Public Governor

Maureen Young, Public Governor

The following have not yet declared their interests:

Philip Beavers, Public Governor

Dennis Benfold, Public Governor

Lisa Bromley, Partner Governor

Cllr Pat Knight, Partner Governor

Ainsley MacDonnell, Partner Governor

Cllr Susan Shaw, Partner Governor

Andrew Swift, Staff Governor

Governors are requested to note the above and to declare any amendments as appropriate in order to keep the register up to date.

Maria Dixon

Head of Corporate Affairs

**Minutes of the meeting of the Board of Governors held on
Tuesday 29 September 2015
Doncaster Racecourse, Ledger Way, DN2 6BB**

Chairman	Present: Chris Scholey	Apologies:
Public Governors	Mike Addenbrooke Dr Utpal Barua Philip Beavers Hazel Brand David Cuckson Dev Das Eddie Dobbs Nicola Hogarth Peter Husselbee Bev Marshall Susan Overend John Plant Patricia Ricketts William Skelley Denise Strydom Howard Taylor George Webb Maureen Young	Dennis Benfold John Humphrey
Staff Governors	Dr Vivek Desai Shahida Khalele Lynn Goy Andrew Swift Roy Underwood	Lorraine Robinson
Partner Governors	Ruth Allarton Lisa Bromley David Hamilton Jackie Pederson	Dr Oliver Bandmann Susan Batty Susan Shaw Clive Tattley
In Attendance:	Alan Armstrong Emma Bodley Geraldine Broderick Rick Dickinson Maria Dixon Dawn Jarvis Matthew Lowry Alison Luscombe Martin McAreavey John Parker Richard Parker	Non-executive Director Head of Communications & Engagement Non-executive Director Deputy Director of Governance & Quality Head of Corporate Affairs Director of People & OD Director of Finance & Infrastructure Foundation Trust Office Coordinator Non-executive Director Non-executive Director Director of Nursing, Midwifery and Quality

Mike Pinkerton	Chief Executive
David Purdue	Chief Operating Officer
Ian Roberts	PricewaterhouseCoopers (External Auditor)
Philippe Serna	Non-executive Director
Sewa Singh	Medical Director
Kate Sullivan	Trust Minute Secretary

Apologies: David Crowe Non-executive Director

Public: A number of members of the public were in attendance.

Action

Welcome and apologies

G/15/09/1 Chris Scholey welcomed everyone to the meeting. Apologies as recorded above were noted.

Declaration of governors' interests

G/15/09/2 No changes were noted.

Minutes of the meeting held on 30 June 2015

G/15/09/3 The minutes of the meeting held on 30 June 2015 were APPROVED as a correct record of the meeting subject to following amendments:

G/15/09/4 G/15/06/23 – “days” to be amended to “months”.

G/15/09/5 G/15/06/55 – “test fail allowed” to be amended to “opportunity to re-sit the test”.

G/15/09/6 G/15/06/57 – “travel from the Philippines” to be amended to “initial travel from the Philippines to the UK”.

G/15/09/7 G/15/06/63 – Addition of post meeting note: “It was noted that therapy input remained over 7 days.”

Matters arising and action notes

G/15/09/8 G/15/06/30 – Staff understanding of Trust values - Richard Parker reported that he had received positive assurance from Heads of Nursing that the Trust values had been communicated to staff. Governors should contact Richard Parker if they had any further concerns.

G/15/09/9 G/15/06/57 – Overseas recruits travel costs funding - In response to a query from David Cuckson, it was clarified it was the responsibility of the individual to make return travel arrangements should overseas candidates chose not to remain in the UK.

G/15/09/10 G/15/06/53-59 – Overseas recruitment – Bev Marshall requested an update on overseas nurse recruitment. Richard Parker gave an overview of challenges faced since the last meeting. Amongst other things, these

included a national issue with regard to visa applications and changes relating to the Masters level English language test which all candidates were required to pass.

G/15/09/11 It had previously been reported that the Trust had expected the majority of candidates to arrive in the UK for winter. This was now expected to be January/February 2016. Peter Husselbee asked what contingency plans were in place should this not come to fruition. Richard Parker advised that overseas recruitment was part of an ongoing wider plan to reduce the nursing vacancy rate to below 2%. All usual recruitment measures were underway.

G/15/09/12 Heads of Nursing were revising staffing plans and skill mix. Significant work was underway to ensure the bed base was planned and staffed appropriately for winter. There would be escalation beds in clinical areas rather than extra wards. The Trust was also working with the wider health community to identify opportunities to allow patients to be cared for in the community and at home.

G/15/09/13 G/15/6/62 – Montagu Rehabilitation Centre – With regard to the transfer of patients to the rehabilitation unit, Maureen Young asked for assurance that secondary diagnoses such as dementia were taken into consideration. David Purdue advised that mental health was considered as part of the assessment process. Transfer protocols to Montagu were currently under review and this would be taken into account.

G/15/09/14 Actions from the previous meetings were reviewed and updated.

Chairman's report and correspondence

G/15/09/15 Chris Scholey welcomed Shahida Khalele and Philip Beavers to their first meeting and reported the following:

G/15/09/16 Member Event – There had been excellent feedback following the recent ophthalmology member event.

G/15/09/17 Governors – Nicola Hogarth, Bev Marshall and Utpal Barua had been re-elected in the most recent round of Governor elections. Dennis Benfold would be standing down as a Governor due to ill health. On behalf of the Trust, Chris Scholey thanked Dennis for his work as a Governor and wished him well.

G/15/09/18 Annual Staff Awards Ceremony – This had been a very professional and successful event.

G/15/09/19 Board of Governors timeout – The most recent timeout session had been well attended with a good agenda. The next timeout session was planned for 4 December 2015.

G/15/09/20 CQC Quality Summit – It was noted that in a recent communication from the CQC the Trust had explicitly been asked not to invite any further

attendees.

The Chairman's Report was NOTED.

Chief Executive's Report

Mike Pinkerton presented the report and drew attention to the following:

- G/15/09/21** Performance overview – HSMR had shown significant improvement over recent months. HSMR for June 2015 stood at 75, bringing the rolling 12 month HSMR within the expected range at 103. This improvement had followed significant work undertaken by consultants and coding staff.
- G/15/09/22** Policy round-up - There had been a number of national policy announcements, outlined in the paper.
- G/15/09/23** Strategic direction refresh – The Strategic Direction 2013-17 was to be refreshed as set out in the corporate objectives. The paper set out what would be included in the refresh.
- G/15/09/24** Fire Service inspection – DRI and Montagu had been inspected by South Yorkshire Fire Service. Issues relating to the horizontal evacuation of ITU had been highlighted. The issues identified had already been known to the Trust, with actions already agreed and plans in place.
- G/15/09/25** In response to a query from David Cuckson, it was noted that non-compliance with recommendations within the timescales set out would result in enforcement action. John Parker advised that the ANCR Committee would be monitoring the action plan to ensure that all points were addressed.
- G/15/09/26** Local Supervising Authority (LSA) annual audit – NHS England, the LSA for England, had undertaken its annual audit of midwifery supervision at Doncaster and Bassetlaw in July. The team had received excellent high level feedback and the LSA Midwifery Officer had asked to share the team's work as an example of good practice.
- G/15/09/27** Working Together Collaborative (WTC) – The WTC application for one of the new care models streams had been successful. A meeting with the Vanguard Team was planned for October; it was expected that the team would set out expectations and explain what resources and support could be drawn down.
- G/15/09/28** Utpal Barua asked how the Trust planned to reduce risk relating to clinical negligence and the level of NHSLA premiums. It was noted that the Trust had signed up to the national 'Sign Up to Safety' campaign, which was directly related to the Trust's future claims profile. The Trust would continue to focus on improving patient safety and reducing harm. However, due to the length of time between incidents arising and clinical negligence claims being processed there was a time lag in terms

of improvements being reflected in NHSLA premiums.

The Chief Executive's Report was NOTED.

Matters arising from the Board of Directors minutes

G/15/09/29 No matters were raised.

The minutes of the Board of Directors meetings held on 26 May 2015 the 23 June 2015 and the 28 July 2015 were NOTED.

Business Intelligence Report

G/15/09/30 David Purdue, Matthew Lowry, Richard Parker and Sewa Singh drew attention to the following;

G/15/09/31 ED 4hr access target – The Trust had achieved the target for Quarter 1 at 95.3%, and was currently the highest performing Trust in South Yorkshire at 95.26% for Q2 with both Bassetlaw and DRI achieving the target. Chris Scholey welcomed this.

G/15/09/32 The Trust had been successful in its bid for the Front Door Assessment and Sign Posting Service, due to commence on 1 October 2015. David Purdue gave an overview the new Urgent Care Service for Doncaster.

G/15/09/33 RTT – The way in which RTT was reported to Monitor had changed. After Q1 only incomplete pathways (previously active waits) were measured. There were no patients waiting over 52 weeks and there had been a significant improvement in the number of outliers. In response to a query from Bev Marshall, David Purdue advised that the remaining national target for incomplete pathways was 92%.

G/15/09/34 Bev Marshall commented that it would be helpful if the number of patients who had not been seen within the target times could be reported alongside the percentages. He asked for assurance that in future patients would still be seen in good time even though the Trust would not be required to measure admitted and non-admitted RTT performance and this was discussed. David Purdue advised that the Trust would still track performance internally.

DP

G/15/09/35 Cancer – All cancer targets had been achieved for Q1. 62 day cancer performance continued to be an area of concern, and it was noted that this was a national issue. The Trust was compliant with the 8 new key measures for 62 day cancer performance set out by Monitor, the TDA, and NHS England.

G/15/09/36 Stroke – There had been some issues moving to a new method of recording stroke performance and data was currently being validated.

G/15/09/37 Bev Marshall stated that the Business Intelligence Report was the best Governors had received in terms of quality and production.

G/15/09/38 DNAs – There was still work to do in terms of DNAs and this was being taken forward as part of the DBH2020 programme.

G/15/09/39 George Webb reported that it had been brought to his attention that some patients had received cancellation letters for appointments they were not previously aware of and that some patients had not received text message appointment reminders. It was agreed for the details of these cases to be provided outside of the meeting and David Purdue undertook to provide an update on issues with the automated appointment reminder system.

GW/DP

G/15/09/40 Pat Ricketts reported that an elderly patient had received a letter for a follow-up appointment scheduled for a year later, and stated that this was too far in the future to expect the patient to remember. David Purdue advised that this and similar issues had been picked up as part of the PAS project and the process would change when the new PAS system was introduced.

G/15/09/41 Safety & quality – There had been continued progress with infection control performance. Performance to the end of July had been 40% better than for the same period the previous year. There had been no recorded Hospital Acquired Pressure Ulcers on several wards for several months, and year to date performance was 33% better than the same period the previous year.

G/15/09/42 Parliamentary Health Service Ombudsman (PHSO) – The Trust was currently in the top 10 Trusts in the country on all three PHSO measures. However, there was still more work to do in terms of response rates.

G/15/09/43 Sewa Singh noted that overall the quality metrics of the Trust were on a trajectory of improvement. This was an excellent achievement and he commended the work of all the staff who had contributed towards this. Martin McAreavey echoed this.

G/15/09/44 Finance overview – £644k behind the planned surplus at the end of month 4. Medical staffing costs were the biggest factor and this was a national issue. To address expenditure issues the Trust had, amongst other things, reviewed rotas in ED; introduced additional discretionary expenditure controls; and introduced a financial escalation policy for Care Groups, with variances against expenditure budgets of greater than 3% to be escalated to the ANCR Committee.

G/15/09/45 CoSRR – The aggregated CoSRR rating stood at 3 in line with plan.

G/15/09/46 Cash – £3.521m below plan at month 4 due to timing issues relating to loan funding and I&E overspend. Given this, creditor payment terms had been extended.

G/15/09/47 David Cuckson expressed concern about creditor terms being extended,

stating that this may cause stress to some businesses. He asked for assurance that no contracts were at risk due to late payment. Matthew Lowry advised that a sensitive and sensible approach had been taken to extending creditor terms. The loan funding had now been received and the cash position was recovering. John Parker advised that similar concerns had been raised by the ANCR committee. The committee had received assurance that small and local businesses and contractors would be paid within their usual terms.

- G/15/09/48** CIP – In response to concerns raised by George Webb with regard to the level of Care Group CIP slippage, Matthew Lowry advised that Care Groups had signed up to the deliverability of all CIP schemes and challenge regarding CIP delivery was a key part of Care Group accountability meetings. Contingencies were held corporately.

The Business Intelligence Report was NOTED.

People & Organisational Development Report

- G/15/09/49** Dawn Jarvis presented the Q1 report, which had been presented at the July Board of Directors meeting. Information relating to July 2015 (highlighted in yellow) had been included on the covering pages.
- G/15/09/50** Sickness absence – There had been a slight rise in the cumulative sickness absence rate from 3.71% in July 2015 to 3.79% in August.
- G/15/09/51** Appraisals – There had been a significant improvement in the appraisal rate from 20% in 2012 up to 42% by the end of 2014/15. Since that time there had been further significant improvements, with the appraisal rate currently at 78%. The stretch target was to achieve 90% by 2017.
- G/15/09/52** Staff Survey engagement - There had been a good maintenance of the response rate to the all staff FFT survey in Q1. The Trust was one of a minority of trusts that had chosen to survey the whole workforce and not just the required sample for the staff FFT survey.
- G/15/09/53** Martin McAreavey commented that staff engagement was directly linked to better patient care, and he commended work to engage as many staff as possible.
- G/15/09/54** George Webb commented that there had been a significant improvement in the quality of the report over the past few years and he commended the level of detailed information.

The People & Organisational Development Report was NOTED.

CQC Visit Report / Update

- G/15/09/55** Mike Pinkerton presented the update on the schedule and plan following the CQC inspection and receipt of the draft CQC report. The Trust had provided a detailed response to the draft CQC report and had

challenged 202 points of factual accuracy. The CQC Quality Summit was now scheduled for 21 October.

G/15/09/56 Bev Marshall expressed concern that governors were not to be represented at the Quality Summit. Governors had given their time to engage in the inspection process and he felt Governors had a right to be represented. He proposed that his comments be formally put to the CQC; this was supported by George Webb.

G/15/09/57 There was further discussion about the concerns raised and it was resolved to share Governor concerns with the CQC at the earliest opportunity. Richard Parker undertook to take this forward.

RP

The CQC Visit Report / Update was NOTED.

PLACE Visit Report

G/15/09/58 Richard Parker and Rick Dickinson presented the results of the Patient Led Assessments of the Care Environment (PLACE) and the plans for continuing improvement.

G/15/09/59 PLACE assessments were a self-assessment of non-clinical services which contributed to healthcare delivery. By focusing on areas which mattered most to patients, families and carers, the PLACE programme aimed to promote a range of principles, including ensuring that services were provided in a clean and safe environment that was fit for purpose.

G/15/09/60 The self-assessments were carried out voluntarily and encouraged the involvement of patients and public bodies with an interest in healthcare. Rick Dickinson recognised the contribution of governors to the PLACE assessments and thanked those who had been involved for their work.

G/15/09/61 The report included comparative data for other local foundation trusts.

G/15/09/62 Site scores and benchmarking – The Trust had scored lower than the national average across all three sites for 'Organisation Food'. This measure looked at how organisations provided food and covered a range of aspects, including timing and the number and range of food choices. Steps were being taken to review food service provision.

G/15/09/63 There was an ongoing cycle of ward refurbishments across the Trust and those areas which had been refurbished had returned better scores overall. The report had been shared with Heads of Nursing and Rick Dickinson had met with the facilities team with regard to signage and refurbishment plans.

G/15/09/64 Next steps - Recruitment for the inspection from Healthwatch had been limited and going forward the Trust would work to increase the engagement of external partners.

[During members' questions, Sheila Barnes of Healthwatch Doncaster

undertook to ensure greater involvement of Healthwatch going forward.]

G/15/09/65 In response to a query from David Cuckson about whether dementia would be considered as part of the Quality Assurance Tool, Richard Parker advised that the QAT already looked at this. He undertook to consider including PLACE scores going forward.

RP

G/15/09/66 Maureen Young expressed concern that ward areas had been aware that the PLACE assessment were to take place and that activities may have been carried out differently on the day. Richard Parker acknowledged that staff might behave differently when assessments and inspections were taking place. However this would be disappointing as the PLACE assessments aimed to support continuous improvement and this required a true picture. Processes were in place to triangulate the assessment results, including the triangulation of complaints and concerns raised in each area.

The PLACE Visit Report was NOTED.

External Auditor's Report on 2014/15 Audit

G/15/09/67 Ian Roberts delivered a presentation on the findings of the 2014/15 external audit work. He outlined financial challenges faced by foundation trusts and the wider sector perspective and trends. The sector deficit for 2014/15 had been c. £340m worse than planned, and the position was expected to worsen further still in 2015/16.

G/15/09/68 Health sector risk profile - The risk registers of 40 trusts had been consolidated to provide a health sector risk profile, and the areas of greatest concerns had been clinical quality and safety. Second to these were risks related to investment in IT, where it was important to ensure resilience and good project working. Both of these issues were covered within the Trust's risk registers.

G/15/09/69 Audit findings – An unqualified opinion had been provided in respect of the Trust's 2014/15 financial statements. All deadlines had been met and in the context of the national position the Trust had ended the year in a relatively good financial position, with a surplus of £1.6m.

G/15/09/70 Martin McAreavey asked whether the audit had identified any opportunities for improvement. Ian Roberts stated that the area of greatest opportunity was the iHospital programme and this was discussed. It was also noted that PricewaterhouseCoopers had provided advice on ways to develop the reporting of the Board Assurance Framework.

G/15/09/71 The 2014/15 Audit Report presentation was NOTED. It was noted that the full audit report was also available to governors on request.

Agenda Planning Group minutes

G/15/09/72 The minutes of the Agenda Planning Meeting held on 21 August 2015 were NOTED.

Communications, Engagement & Membership Committee minutes

G/15/09/73 The minutes of the Communications, Engagement & Membership Committee meeting held on 7 September 2015 were NOTED.

Health and Care of Adults Committee minutes

G/15/09/74 The minutes of the Health and Care of Adults Committee meeting held on 8 September 2015 were NOTED.

Health and Care of Young People Committee minutes

G/15/09/75 The minutes of the Health and Care of Young People Committee meeting held on 24 June were NOTED.

Feedback From members

G/15/09/76 No reports.

Governor reports

G/15/09/77 No reports.

Any other business

G/15/09/78 None raised.

Member questions

G/15/09/79 Mr Sprakes reported that during a visit to DRI he had observed that multiple public toilets had been closed simultaneously for cleaning. Matthew Lowry undertook to feed this back to the service team to enable the cleaning rota to be reviewed and more effective signage for alternative toilets to be considered.

ML

G/15/09/80 Mr Sprakes commented that he had experienced difficulty contacting the Trust to confirm an appointment. He had been cut off several times and it had taken a number of attempts to get through. Matthew Lowry apologised for this and advised that the Trust's telecommunications system was part way through a significant upgrade. The new system would for the first time enable the Trust to monitor calls, including failed calls. The ability to monitor demand would enable the Trust to manage capacity and make improvements going forward.

G/15/09/81 A member of the public stated that he had been told by a doctor that they had been due to work 3 consecutive agency shifts in different cities and that the agency had paid for first class train travel between them. The member of the public raised concern about the cost of the travel and about patient safety. Dawn Jarvis advised that the Trust did not pay travelling expenses for agency staff and advised that safeguards were in

place to ensure that staff adhered to the European Working Time Directive; these could be shared on request outside of the meeting. It was noted that medical staff would be at risk of sanctions from their regulatory body for breaching the EUWTD, and that any agency supporting such practices risked being removed from the national framework.

G/15/09/82 A member of the public described their experience of attending the Trust for a procedure. They had attended at 7:30am with an empty stomach as instructed, and had not been provided with anything to eat until several hours after the procedure. The member of public expressed concerns about the timeliness and appropriateness of food provided for patients. Richard Parker apologised for this and undertook to take further details and follow this up after the meeting.

Date and time of the next meeting:

G/15/09/83 Date: Tuesday, 19 January 2015
Time: 6:30pm
Location: The Ivanhoe Centre, Conisbrough, Doncaster, DN12 3JX

Action Notes

Meeting: Board of Governors
Date of meeting: 29 September 2015
Location: Doncaster Racecourse, Doncaster

No.	Minute No	Action	Responsibility	Target Date
1.	G/15/06/10	Update on Front Door Assessment & Signposting Services at future timeout.	DP	December 2015
2.	G/15/06/12	National policy agenda update at future timeout session.	MP	tbc
3.	G/15/09/34	BIR / RTT reporting - Consider including the number of patients who had not been seen within the target times alongside the percentages.	DP	
4.	G/15/09/39	<ul style="list-style-type: none"> Provide DP with details of patients who had received cancellation letters but no text messages for appointments they had not been aware of. Provide update on issues with appointment reminder system 	GW DP	Asap asap
5.	G/15/09/57	Share with CQC Governor concern relating to governor presence at the scheduled CQC Quality Summit to be held on 21/10/15	RP	Immediate
6.	G/15/09/79	Patient Toilet Cleaning – Feedback to service team issues raised by member of the public relating to multiple public toilets being closed simultaneously.	ML	asap

Date of next Meeting: 19 January 2016
 Action Notes prepared by: Kate Sullivan
 Circulation: Chair, Governors, NEDs, EDs



Chief Executive's Report 19th January 2015



Performance Overview

Four hour wait compliance for Q2 was achieved at Trust level at 95.2% and performance remained strong in October 95.45% however the November position was non-compliant at Trust level at 94.46% with ED attendances at the highest level for November in 4 years. December was delivered at 95.5% delivering Q3 in total at 95.14 %, which was the best performance in South Yorkshire and will benchmark well nationally. During Q3, the new FDASS service at DRI was commenced by the Trust and the Unplanned Care Centre Commenced with FCMS Ltd. The latter development has been helpful in streaming patients with primary care needs away from ED and the service can be developed further. The overall changes to urgent care pathways have the net effect of reducing Trust performance on a like for like basis by 0.5%, so the Q3 outturn position is in effect better than that now reported.

Although cancer 62 day performance was strong in September at 86.2% the quarter narrowly failed at 84.8% after breach allocations, but performance was regained in November with all cancer targets met.

RTT - For quarter 2 only incomplete pathways were measured with the target at 92%. Q2 was achieved and performance had been maintained in October and November.

There had been a significant improvement in the Stroke Services SSNAP Level over the 6 months to November 2015 and this was an exceptional achievement. The results indicate that the Stroke Services at Doncaster and Bassetlaw Hospitals NHS Trust is one of the best performing Trusts in the region in overall service quality.

Performance for infection control, HAPUs and Falls remained under trajectory with an increasing number of wards recording significantly improved HAPU performance as previously agreed measures continued.

HSMR had shown further improvement over recent months and the 12 month rolling HSMR is now well within confidence limits. Fracture neck of femur best practice tariff has improved alongside mortality dropping on both sites.

Financial Position

Monitor attended the Trust on 1 December 2015 with a team of three to assess the causes, current impacts, projections and responses of the Trust to the financial position, including CIP proposals and control and grip plan.

Announcements have been made to the Organisation regarding the



immediate development of a strategy and improvement team led by Dawn Jarvis, to deliver comprehensive PMO support to the CIP and then longer term recovery plans, as agreed by Monitor following the above meeting.

- External support has been secured in agreement with Monitor to act as external advisers to the Trust in key aspects of identification and delivery of cost improvement and cost avoidance.
- Weekly meetings with Monitor continue to progress actions/approvals and seek assurance.
- Backfill arrangements for seconded staff are being actioned and developed as required.
- License breach determinations will now be formally made in January, following receipt of the independent KPMG investigation report and an accurate month 9 position and therefore year end forecast.
- A working capital facility has been agreed and actioned with further actions underway to bridge till year end.
- The Finance team has been strengthened in key areas, including providing a dedicated CIP accounting resource, reporting both as part of the PMO and professionally to the DoF. The CIP programme is now under validation using this resource.
- Staff side have been appraised of the range of actions under development/consideration.
- The advertisement for a replacement DoF is out using the NHS leadership Centre and will be interviewed for with governor assistance on the 22nd January.
- As part of the approach to reduce pay costs, a MARS scheme (Mutually Agreed Resignation Scheme) was opened to staff on 12/01/16

I would reiterate the view I gave in the above communication:

Despite a very positive response to the initial news and a lot of hard work by very many people already, the Trusts financial position has continued to deteriorate and we will very shortly at Month 9 (December) have an accurate forward view as possible for year end and beyond. The investigation will also be completed shortly, so we can be clear on reasons for the position, which is extremely serious. Our regulator, Monitor, has yet to reach its official judgments on the position, but my clear view is that the Trust is now in a position of requiring Financial Turnaround. Turnaround is an intense period of highly focused activities over the next year and then in a different way thereafter, to do what it says on the tin, *turnaround* the financial direction of the Trust as quickly as possible as every day, week or month delay adds to the difficulties we must overcome. We need to do a combination of three things:

- Reduce pay costs
- Reduce non pay costs
- Increase income

The biggest part of our expenditure is in pay and we need to take every opportunity to reduce these costs, where we can, as quickly as possible.

Next steps for the Five Year Forward View and planning for 2016-17

On the 4th December I attended the 'Planning for 2016/17 and Beyond' NHS Leaders meeting which brought together local and national leaders from across the health service to discuss NHS plans for 2016/2017 and the delivery of the Five Year Forward View. NHS provider chief executives and CCG accountable officers were invited to join the leaders of national health and care bodies, including Simon Stevens, CEO of NHS England, and Jim Mackey, CEO of NHS Improvement, to discuss how services should be shaped in the coming financial year and beyond. Outline planning guidance was received 23 December with technical guidance to follow shortly.

NHS Efficiency Review

I have received a letter from Lord Carter of Coles in which he set out the next stage of his work to help the NHS drive productivity and efficiency improvements and how he would like to work with the Trust over the coming months. The letter provided an update on the Adjusted Treatment Index (ATI) metric that was introduced in Lord Carter's interim report earlier this year, '*Review of Operational Productivity in NHS Providers*', and how he can work with the Trust on that and the 'NHS Model Hospital' to understand the productivity and efficiency gains possible, and how they might be delivered. We have responded and now understand we will receive a prepublication estimation of our ATI. I have personally met with the Carter Team to discuss how this should be taken forward. Next steps will be validation of the report and its feeder information and a full meeting with the Carter Team to discuss the Trust's initial response.

Resuscitation Services Annual Equipment Audit

The audit, conducted from July to September 2015, included all areas with responsibility for resuscitation equipment and assessed against standards for defibrillators, portable suction equipment, cardiac trollies, portable oxygen and wall mounted suction and oxygen points.



This year the Trust has seen another year of continuous improvement in compliance. Congratulations to the Diagnostic & Pharmacy Care Group and the Surgical Care Group who achieved 100% compliance, and congratulations to Montagu Hospital who as a site also achieved 100% compliance.

Audit Year	2012	2013	2014	2015
DBH Trust	52%	60%	73%	86%

CQC Quality Summit

The CQC Quality Summit which took place on 21 October at DRI was attended by the CQC Inspection Team, the Trust's Executive Team, Chairman and Vice Chair of the Board of Governors and external representatives from the local health community including Doncaster



Council, Bassetlaw Council, Doncaster and Bassetlaw CCGs, NHS England, Monitor, Healthwatch Nottinghamshire and the Doncaster Quality Surveillance Group. The meeting had a presentation from CQC, from myself representing the Trust position, and then moved to discussing the action plan and next steps. The action plan has been subsequently approved by Board and submitted. The majority of actions have already been taken prior to the Summit.

CQC Intelligent Monitoring for NHS Acute and Specialist Trusts

The CQC have announced that they will no longer be publishing any further updates of Intelligence Monitoring (IM) for NHS acute and specialist trusts, although they will continue to provide up-to-date intelligence, in the form of data packs, to inform the remaining comprehensive inspections.

By March 2016, all NHS acute and specialist trusts will have had an inspection using the new comprehensive methodology and the CQC now want to use the experience gained to make sure they can support future inspections with the most appropriate intelligence. They recently published [Building on Strong Foundations](#), which forms the basis for developing the new strategy from April 2016.

CQC Information Security Review

The Health and Social Care Information Centre (HSCIC), on behalf the CQC, visited the Trust on 18th November to gather evidence to inform them of the current status of information security in NHS organisations with regard to patient confidential information, both paper and electronic. The review was not of the organisation, but of the issues, and a number of Trusts have been requested to cooperate with this review at short notice.

Parliamentary Health Service Ombudsman (PHSO)

In an online report published by The Telegraph, the Trust was ranked 10th best out of 158 NHS Trusts and NHS Foundation Trusts for the number of complaints received by the PHSO in 2014/15 and as having the 10th lowest number of investigations per 100,000 clinical episodes.

Acute Medical Unit DRI

Phase 2 of the Acute Medical Unit at DRI has been completed and was handed over to staff on 27 November 2015. The work which started in June 2015 had the key aim of bringing Ward 14 up to the same standard as the first phase which was completed January 2015. This scheme gives us a further 21 beds and offers staff a thoroughly modern environment to provide a first class service for our patients. The 21 beds are arranged in four three bedded bays with en-suite facilities and a four-bedded observation bay. All beds can be screened off to aid barrier nursing should the need arise. In addition, there is also a five bay trolley area for ambulatory care.



Safe Staffing & Efficiency

The Trust received a letter on 13th October regarding safe staffing and efficiency from Monitor, NHS TDA, NHS England, CQC, NICE, and Jane Cummings, Chief Nursing Officer for England. The letter referred to the guidance issued by the National Quality Board and by NICE and went on to state that to support the Trusts efforts to manage agency staffing costs the mandatory use of approved frameworks for procuring nursing agency staff would come into effect from 19 October. The letter also set out the joint conclusion that the ratio of 1:8 for adult nursing is a guide, not a mandate, and that front line staff judgements should be used to define a safe level that may be more or less than this depending on a range of factors.

E Learning Progress

DBH achieved the most completions in eLearning within the Yorkshire & Humber Region for the month of September with 7936 completions. This figure was boosted by the PAS training activity; however it does give us the opportunity to build on this platform now that a much wider range of staff are equipped both mentally and with passwords, to use it for training and learning needs. Credit is due to the hard work of colleagues in the IT Training Department, the iHospital team and also the Training & Education Administration team

GMC Training Survey

DBH have attained a national tenth best place in the F2 Educational Supervision - an excellent result. We are now benchmarking the approached of other trusts that have received national top ten positions to see what we can learn to apply locally. Beyond that headline, the results from 2015 have shown improvements in 9 specialties (increased greens and less reds) and less good results in four.

Of note is the large improvement in Paediatrics with 5 reds in 2014 to 1 green in 2015. There has also been a noticeable ongoing improvement in the medical specialties of Gastroenterology, Endocrine and Diabetes, Renal, Respiratory and signs of improvement in GIM. GUM has also shown notable improvements. Obstetrics and Gynaecology and Otolaryngology have also improved. Indeed Renal, Gastroenterology, Respiratory and GUM have the best results in Yorkshire and the Humber.

National NHS Staff Survey 2015

The National annual staff survey launched on 1st October 2015. This was the third year using a completely online survey of all staff (census). Last year 42% of staff completed the survey, an improvement on 34% the previous year. The overall response rate for 2015 ended at 43.7%, 2% better than last year. We will develop corporate and local plans in response to the detailed finding when received. We do expect that some reaction to financial news will be reflected in the results in due course. The results will be published 23 February 2016.

Educational Investment

Health Education Yorkshire and the Humber have allocated part of its funding this year for non-recurrent investment in education infrastructure and development to support training placements in Local Education Providers (LEPs) and the Trust has been allocated £200,000. The Trust has set out in detail how it proposes to utilise the funding to support and enhance training.

Q2 Friends & Family Test (FFT)

- The Q2 FFT comparison figures showed the Trust as first in the Yorkshire and Humber region for the “work” question with 77% of respondents stating that they would recommend the Trust to friends and family as a place to work.
- On the Care Question, the Trust scored 78%

Tenders

The Trust was selected as the preferred bidder for the proposed Abdominal Aortic Aneurysm (AAA) Contract and also for the Integrated Sexual Health Service – Bassetlaw. These are important areas to maintain and develop our services.

Industrial action

Junior doctors undertook strike action from 8.00 am on 12/01/216 for 24 hours. The situation was coordinated via the Trusts major incident control rooms. An emergency service was maintained. A further verbal update will be given.

Clinical and Management Information System (CaMIS) Go Live

CaMIS went live on 3 – 4 October and although there have been some significant issues, the system has operated successfully in many areas. Overall, the system has worked without breakdown and identified issues are being systematically eliminated. At the patient “coalface” however there were some issues of notes supply to certain clinics and this has been the most significant clinical issue associated with the implementation noted thus far, but is an issue where a work or system change has brought into view underlying weaknesses in the existing service. There have also been issues in how the system works within the paediatric services and its ability to mirror our trust access policy.



Implementing a new Patient Administration System is probably the highest risk IT implementation we face on the road to our i-Hospital Vision and performance is being closely managed and monitored to achieve set targets.

Next steps will be to implement real time ADT (Admission, Discharge, Transfer) using the system which will feed for the first time, real time electronic bed states, supporting optimum

decision making for patient flow. Like all large capital schemes, the implementation will be subject to a post implementation review in due course and this will be now in the context of a wider review of our IT programme.

NHS Innovator of the Year - Congratulations to Rod Kersh, Consultant in Medicine for Older People, who has received the NHS Innovator of the Year award from the Leadership Academy for his work in improving patient care. Rod has been recognised for his work both locally and regionally, involving improvement in quality and safety for patients. As the clinical lead for the Yorkshire and Humber Patient Safety Collaborative, Rod has developed Mindfulness training for Mallard Ward staff, to improve patient safety. He has also used the Trust PEAKS (Patient Electronic Alert to Key-worker System) to support patients with delirium and cognitive impairment who have been readmitted to hospital and, using WhatsApp to support team communication. Rod's work has already had an extremely positive effect on the patients of the Mallard Ward and he is currently working on ways to improve personalisation in care.

Health Education Yorkshire and the Humber - Multi-Professional Quality Review

The Health Education Yorkshire and the Humber Multi-professional Quality visit took place on 10 November in the Education Centre at DRI. This was the first multi-professional review of its kind to have been conducted in the country with all of our students in key specialty areas. Visitors attended from Health Education Yorkshire and Humber, Local Education and Training Board, Sheffield Hallam University and Sheffield Medical School to meet with students and educators. The areas reviewed were Emergency Medicine, Paediatric, Theatres and Surgical Wards. There was very good feedback across the trust with only a few issues highlighted of which the Trust was already aware. The Chair used the phrase 'the change in ED was almost transformational'.

The Trust was selected to (effectively) pilot this approach due to its previous progress and commitment to multi professional education.

Working Together Acute Care Vanguard

The first meetings with the NHS England vanguard team have taken place to calibrate mutual expectations and responsibilities. "Value propositions" (business cases) to cover key agreed programmes for next year have been submitted for assessment totaling just over £1. The collective have been supported immediately with £300K to support Project Management Office costs for the remainder of the year with potential for further support into next year, which is very helpful in securing staff to continue to develop and implement change. I have stood down from chairing the WT CE steering group at this point to focus on Trust internal matters.

Awards

Staff Wellbeing Award: I am pleased to report that the Trust has received its first Wellbeing at Work Award for inspiring its 6,500 workforce to live healthier lives and I was delighted to attend a workplace champion's celebration event where I joined staff to accept the award. The

Trust received the 'Bronze' level award, from the Nottinghamshire Workplace Health Scheme, and is now powering ahead to achieve the 'Silver' level award in the coming year.

A key part of the Award was encouraging a large number of staff across the Trust to become Workplace Health Champions to do their bit to support and motivate their colleagues to lead healthier lifestyles.

eRoster Project Highly Commended: The Trust's eRoster project has been awarded a highly commended at the Allocate Awards in the category of using information for improvement and assurance. The award, for implementing eRostering, recognises improvements in patient-facing time, costs and efficiency. The project has enabled the Trust to accurately report performance against targets, deliver a better quality of service, reduce spend on agency and bank staff and improve the redeployment and sharing of resources

Medipex Awards: On the 8th October, the DBH Orthotics Team won the Regional Medipex NHS Innovation Awards 2015, for establishing a new in-house manufacturing unit that skilfully creates custom-made devices, for children and adults who need more specialist support or stability for their bones and joints.

Previously patients attending DBH had their orthoses supplied from private companies, resulting in delayed treatment for patients and higher costs. The in-house facility has radically changed this. Patients can now have same day repairs, with fewer clinical appointments, while still keeping their independence and mobility. They can even choose to have their orthotics made in a range of different patterns or colours. This is a great example of how innovation has given patients a much improved service, which is more responsive to their needs and at the same time more efficient and cost effective. Well done to our orthotics team.



Personnel Today Awards: I am pleased to report that the Trusts P&OD team was nominated for the Excellence in Public Sector HR award and Maxine Eddleston, HR Change Advisor and former apprentice has been nominated for HR Newcomer award.

Doncaster Free Press Awards

This year's overall Trust Star Award winner Emma Sweeting, Sister on Ward 20 at DRI, has been shortlisted for the Doncaster Free Press Pride awards in the "Public Sector Worker of the Year" category. Emma was nominated for organising the wedding of a terminally ill patient to take place on the ward an act of great compassion.

Mike Pinkerton
Chief Executive

Minutes of the Meeting of the Board of Directors
held on Tuesday 25 August 2015
in the Boardroom, Bassetlaw Hospital

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Geraldine Broderick	Non-executive Director
	David Crowe	Non-executive Director
	Matthew Lowry	Director of Finance & Infrastructure
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
In attendance:	Emma Bodley	Head of Communications & Engagement
	Ruth Cooper	Head of HR
	Maria Dixon	Head of Corporate Affairs
	Richard Harris	Deputy Medical Director
	Kate Sullivan	Trust Minute Secretary
Public:	Yvonne Butcher	Joint Staff Side Committee Chair
	Bev Nichols	Public
	Jane Pearce	Public
	Jayne Roberts	Joint Staff Side Committee Secretary
	Shireen Say	Public
	Gail Smith	Public
	George Webb	Public Governor

ACTION

Apologies for absence

15/08/1 Apologies were received from Dawn Jarvis and Sewa Singh.

Register of directors' interests and 'Fit and Proper Person' declarations

15/08/2 No amendments were noted.

Minutes of the meeting held on 28 July 2015

15/08/3 The minutes of the meeting held on 28 July 2015 were APPROVED as a correct record of the meeting, subject to the correction of two typographical errors and the following amendments:

15/08/4 15/07/19 – “were not able” to be amended to “felt unable”.

15/08/5 15/07/39 – “cleansed” to be replaced with “reviewed”.

- 15/08/6** 15/07/41 – “a never event and this was discussed. The investigation was ongoing.” to be amended to “an SI relating to surgery which had initially been reported as a never event.”
- 15/08/7** 15/07/65 – “downgrading” to be amended to “reprofiling”.
- 15/08/8** 15/07/82 – “a high proportion of deaths” to be amended to “the workload”.
- 15/08/9** 15/07/104 – “region” to be amended to “country”.

Actions from the previous minutes

- 15/08/10** The action notes from the meeting held on 28 July 2015 were reviewed and updated.

Matters arising

- 15/08/11** 15/07/46 – Non-substantive staffing costs in June had been reported at 25.75% of total medical staffing costs. In response to a query from David Crowe regarding benchmarking data, Matthew Lowry advised that feedback from Monitor indicated that the Trust’s level of non-substantive staffing expenditure was comparatively low. It was agreed to review Monitor’s data and provide more information at a future meeting. **ML**
- 15/08/12** 15/07/57 – In response to a query from David Crowe regarding the quality of staff appraisals it was agreed to circulate the appraisal project plan. **RC**

Chairman’s correspondence

Chris Scholey reported the following:

- 15/08/13** Member event – Approximately 70 members had attended the member event about Ophthalmology on 12 August, and feedback had been good.
- 15/08/14** Board of Governors Timeout – The next timeout would be on 4 September 2015. There was a good agenda, which included DRI site development plans, and a presentation on claims.
- 15/08/15** Governor election – Dr Utpal Barua had been re-elected.
- 15/08/16** Ward sponsors – A number of Governors had received Ward Sponsor training and further training sessions were planned.

The Chairman’s correspondence was NOTED.

Chief Executive’s Report

Mike Pinkerton reported the following:

- 15/08/17** Performance overview – 4 hr access performance had been strong, ending July at 96.72%. The RTT target had been achieved at 93.4% against a

standard of 92%. Diagnostic wait standards were achieved again at 99.6%. All Trust level Q1 cancer standards had been achieved and C.Diff year on year performance continued to improve.

- 15/08/18** Financial performance – July performance continued broadly in line with previous months, ending with a deficit of £103k. A CoSRR of 3 was maintained. Following concerns expressed during July, it had been confirmed that the expected loan funding from the DoH would be realised in full. John Parker congratulated the executives on the work undertaken to secure the loan.
- 15/08/19** CQC update – Some parts of the draft report of the inspection in April had now been received. Some parts, including the overall provider summary, were still awaited. The deadline to respond to the CQC was 10 days from receipt of the draft report. It had been agreed that the Trust would have 10 days from the date the last part of the report was received. During this time the report would be reviewed for factual accuracy.
- 15/08/20** There were a number of correlations between the draft reports and feedback received at the time of the visit but some details for which this was not the case, and these would be explored in detail.
- 15/08/21** Due to the time elapsed since the date of the inspection, the Trust would also explore any references to performance that should be based on the Trust's current position.
- 15/08/22** Staff Friends & Family Test (FFT) - The Q2 Staff FFT would focus on estates and facilities. Significant work had been undertaken in this important area and it was hoped that improvements would be seen as well as further areas for improvement being identified.
- 15/08/23** Student nurses experience – 92% of nursing students who had been on placements at the Trust had rated the experience positively in a Health Education Yorkshire & Humber review. 345 nurses had responded to the survey. 40% of nursing students from Sheffield Hallam University attended placements with the Trust.
- [Post meeting note: It was later confirmed that 32% of nursing students from Sheffield Hallam University attended placements at the Trust, not 40% as reported.]*
- 15/08/24** David Crowe asked whether the Trust had followed up on any issues or opportunities for improvement highlighted by the survey and this was discussed. Richard Parker advised that issues raised mainly related to access to Wi-Fi and IT facilities.
- 15/08/25** NHS Constitution – An updated version of the NHS Constitution had been published. The changes made sought to respond to, among other things, the new duty of candour and the Francis Report recommendations.

- 15/08/26** JAG accreditation – An assessment had been carried out at Bassetlaw Hospital. All issues had been addressed with the exception of those relating to outstanding improvements to facilities. These would be addressed as part of the Trust's capital programme.
- 15/08/27** Doncaster Integrated Discharge Team - The team's processes had been included in a national publication as an exemplar of good practice.
- 15/08/28** Fire Service inspection – DRI had been inspected by South Yorkshire Fire Service. Issues relating to the horizontal evacuation of ITU, within the tower block, had been highlighted. The issues identified had already been known to the Trust; with actions already agreed and plans in place.
- 15/08/29** During discussions with Yorkshire Fire Service the Trust had been open about what could and could not be done in the short term. Actions would be taken forward over two phases. Some would be undertaken now and some were longer term strategic issues involving the relocation of departments to enable the horizontal evacuation of ITU. The Trust had previously considered this whenever there had been opportunities to do so, and would do so again should future opportunities arise.
- 15/08/30** John Parker asked why the Trust had not been inspected before. Matthew Lowry advised that informal inspections had been undertaken in the past and no concerns had been raised.
- 15/08/31** During further discussion, it was noted that the findings of the inspection had been discussed with critical care. It was agreed that the Fire Safety action plan would be taken to the ANCR committee at its next meeting.
- 15/08/32** Working Together – The Working Together group application to be a New Care Models Vanguard had been one of the 25 shortlisted applications. Mike Pinkerton would present the proposals in London over two days the following week.
- 15/08/33** Medipex NHS Innovation award finalists – The Trust had been one of three finalists in the Secondary Care Category for establishing an in-house orthotic manufacturing unit. Martin McAreavey congratulated the Trust on this and asked whether there was an opportunity to share best practice. Mike Pinkerton advised that the Trust aimed to share this via the Working Together group.
- 15/08/34** Monitor – Monitor had written to all Trusts asking them to reduce deficits and increase surplus and the Trust had responded to this.
- 15/08/35** David Crowe acknowledged the reasons for a verbal report being provided on this occasion, but expressed his preference for a written report. This was noted, and future arrangements would be agreed with Chris Scholey.

ML

The Chief Executive's Report was NOTED

Business Intelligence Report as at 31 July 2015

- 15/08/36** Matthew Lowry, Richard Parker, and David Purdue presented the report and drew attention to the following:
- 15/08/37** 4hr access – The Trust was the best performing in South Yorkshire for July, with performance ending the month at 96.72%. Martin McAreavey noted that there had been an increase in the percentage of patients who had left the ED without being seen and asked why this had been the case. David Purdue undertook to look in to the data and advised that paediatric patients and vulnerable adults who did this were contacted to check that they were well.
- 15/08/38** Geraldine Broderick asked whether staffing or leadership were behind the improvements in ED performance. David Purdue advised that some good locums were now working in the ED, a new very experienced operational lead had commenced in post and the Deputy Chief Operating Officer had stepped in to the General Manager role. This had provided good leadership and more stability for the department. In addition to this, David Purdue had been chairing monthly multi-professional meetings.
- 15/08/39** RTT – From Q2 only incomplete pathways were being measured and the Trust had achieved 93.4% against a target of 92%. Three specialties had failed to meet the target but all were now on trajectory and expected to achieve the target by September.
- 15/08/40** Cancer – The two week wait target had been failed for Bassetlaw in June due to patient choice. Patients had cancelled their appointments due to holidays. The Trust was working with the CCG and feeding issues back to GPs.
- 15/08/41** In response to a query from Alan Armstrong with regard to survival rates and outcomes for cancer patients, it was agreed to circulate this information. The Board had previously received Public Health England health profiles for both Doncaster and Bassetlaw, which had included information on early deaths and mortality rates for cancer.
- 15/08/42** In response to a query from Philippe Serna with regard to the new format of the report, David Purdue advised that the RAG rated arrows indicated the three month directional trend in performance, and whether this was in line with trajectory.
- 15/08/43** Ambulance handover – Handover times had not been included in the report. The data was being validated and discussions were due to take place with Yorkshire Ambulance Service the following week and an update and action plan would be provided at the next meeting. **DP**
- 15/08/44** Stroke – Stroke targets were now reported against the Sentinel Stroke National Audit Programme data. Although the Trust had not met all of the stroke targets, the Trust's outcome measures benchmarked well against other trusts locally and nationally. In response to a query from David **DP**

Crowe, it was reported that a more detailed report would be provided at the next meeting.

15/08/45 Outpatient DNAs – There had been 4,514 DNAs in July, an increase of 853 compared to the same month the previous year and an increase on May and June 2015. Martin McAreavey asked what could be done to reduce the fluctuation, and queried the level of financial impact. Chris Scholey stated that this represented a significant opportunity, and Matthew Lowry acknowledged this.

15/08/46 Each DNA represented missed income of £100. Staff were employed specifically to rebook cancelled or missed appointments. Work was underway to return to a partial booking system, where patients were contacted 6 weeks prior to their review due date to agree a mutually convenient appointment time. This had resulted in significantly lower level of cancellations. It was agreed to circulate the DNA/cancellations action plan.

DP

15/08/47 HSMR – The 12 month rolling HSMR continued to improve, and was at 106.7 at the end of May 2015. Efforts were being focussed on improving HSMR at Bassetlaw Hospital and it was expected that the overall HSMR would return to within the expected range in the coming months.

15/08/48 Infection Control – C.Diff performance at the end of July was 40% better than for the same period the previous year. The Trust was on track to achieve the year end trajectory.

15/08/49 Falls – Performance following RCAs continued to move closer to trajectory.

15/08/50 HAPUs – Following RCA reviews, performance was 33% better than at the same stage the previous year and on target to achieve the year end trajectory. Work in this area was now moving away from a project towards being business as usual.

15/08/51 Complaints – Following concerns raised with regard to the number of outstanding responses, targeted work had been undertaken and significant improvements had been made during the last month. Additional staff would commence in post in September to help maintain the improvements.

15/08/52 Parliamentary & Health Service Ombudsman (PHSO) complaints – a PHSO complaint had been partially upheld for a failing in communication and failure to sufficiently apologise to a patient. The Trust had received some negative publicity and David Crowe raised concern that the initial communication to non-executives had been unexpected and had lacked sufficient context. He stated that non-executive directors should be made aware of issues that might have a reputational impact at the earliest opportunity.

15/08/53 Richard Parker advised that the issues upheld did not relate to quality of

care but to information provided to a patient. Historically, the Board had received information regarding only the number of PHSO complaints and the question of whether greater narrative was required was discussed.

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|-----------------|--|---------------------------|
| 15/08/54 | Emma Bodley had drafted a new policy which covered media handling and this would be circulated. It was agreed to provide a summary of all fully and partially upheld PHSO complaints, and for future PHSO reports to be added to the Patient Experience Committee agenda and reported through the Clinical Governance Oversight Committee. | EB
RP/SS |
| 15/08/55 | <u>Finance</u> – £655k behind plan at the end of month 5, broadly reflecting trends from previous months. Medical staffing costs continued to be the main area of concern. The aggregated CoSRR rating was a 3, in line with plan. | |
| 15/08/56 | <u>Income</u> – £254k behind plan. Emergency work had been slower than expected, and was £93k behind plan in month. The impact of the outpatient follow-up cap was £418k to date; over half of this was within Speciality Services, although progress was now being made in this area. | |
| 15/08/57 | Alan Armstrong asked whether the amount of outpatient follow-up work above the cap was likely to continue. It was reported that this was regularly reviewed at accountability meetings. Pathways had been reviewed and the position was beginning to improve. | |
| 15/08/58 | Martin McAreavey asked how appropriate benchmarks were determined for outpatient follow-up rates. Matthew Lowry advised that national averages were used as a benchmark. The Trust had undertaken work to look more deeply into variances at speciality level. | |
| 15/08/59 | <u>Expenditure</u> – £431k above plan. Pay variances continued to dominate the position at £2.221m in July, with medical expenditure pressures of £2.592m. This included £660k of additional staffing beyond budgeted levels to support delivery of the 4hr access target, although this would reduce from month 5 by £80k per month following an exercise to identify cost savings. | |
| 15/08/60 | The Trust was also putting controls in place to ensure all areas followed best practice in the use of additional sessions, with a single consistent process including finance and operational sign off. | |
| 15/08/61 | Matthew Lowry highlighted the increases in the use of agency staff and additional sessions, which was a key issue. Alternative staffing models were beginning to emerge in a number of areas through use of the Calderdale Framework and Advanced Nurse Practitioners. However, there would be a 6 to 12 month lead in and training time. | |
| 15/08/62 | <u>Forecast</u> – The year-end forecast had been updated. The revised forecast was based upon both the top-down and bottom-up calculations extrapolating the position from month 4 and incorporated an assessment | |

of planned changes, opportunities and risks.

- 15/08/63** In response to queries from non-executives regarding the level of confidence in the forecast and forecast assumptions, Matthew Lowry provided a detailed overview of the methodology behind the forecast. He advised that CIP slippage had also been extrapolated and the forecast assumptions were detailed in the report.
- 15/08/64** The revised year end forecast was a shortfall of £976k against the planned surplus of £2.2m, before use of second or third tier reserves; therefore the planned surplus of £2.2m remained achievable, although challenging. However, any further deterioration in the position, such as an increase in agency staffing, would place this in doubt.
- 15/08/65** There was now a Financial Escalation Policy, and Care Groups and corporate directorates that exceeded expenditure budget variances set out in the policy would be escalated to the ANCR committee.
- 15/08/66** Capital expenditure – £527k behind plan for the year to date. This was partly due to delays in Independent Trust Finance Facility (ITFF) funding.
- 15/08/67** Cash – £2.3m at the end of July. This was prior to receipt of ITFF funding which was due in early August.
- 15/08/68** CIP – Savings were £628k behind plan year to date and this was included in the overall position. The underperformance was driven by slippage that would be delivered later in the year.
- 15/08/69** In response to a query from David Crowe with regard to confidence in the deliverability of CIP schemes, Matthew Lowry advised that this had been evaluated by both finance and Care Group teams. It was agreed that a CIP action plan, including best and worst case scenarios, would be taken to the ANCR committee.

ML

The Business Intelligence Report was REVIEWED and NOTED.

Nursing Workforce Update

Richard Parker presented the paper, highlighting the following

- 15/08/70** The Secretary of State had announced that safe staffing would be led by a new body, NHS Improvement. It was likely that the work would emphasise the contribution of the whole workforce, not just nurses, and the greatest impact would be on areas such as Montagu Rehabilitation wards.
- 15/08/71** Actual versus planned hours – There had been a slight improvement on June, with actual versus planned hours for July at 99%.
- 15/08/72** Nurse manager clinical time – Heads of Nursing and Matrons' clinical time had not been maintained due to annual leave taken during July. This was expected to improve as the key holiday period was now over.

- 15/08/73** Safer Nursing Care / AUKUH assessments – The funded nursing workforce had been assessed as being within 0.1% of that required. However, this was influenced by a surplus in Critical Care areas. Critical Care continued to support the acute wards where the acuity of patients in Critical Care departments allowed.
- 15/08/74** Paediatric nurse staffing assessments – The ePANDA work was progressing and an update would be provided at the next meeting.
- 15/08/75** Nurse recruitment – A detailed update on progress to recruit 60 nurses from the Philippines was provided. The recruitment agency had expressed concern regarding their ability to fulfil previous assurances that 20 of the 60 successful candidates would be in place in time for winter. The Trust continued to challenge the agency on this and the position of each candidate was being reviewed on an individual basis. In terms of winter staffing plans this was an increasing concern.
- 15/08/76** In response to a query from David Crowe regarding what could be done to expedite visas, Richard Parker advised that this was becoming increasingly difficult due to large scale overseas recruitment of nurses nationally.
- 15/08/77** The Trust would provide whatever support it could to expedite the recruitment process. In response to queries from David Crowe, Richard Parker advised that the agency's level of confidence regarding the position of individual candidates would be better known the following week.
- 15/08/78** In response to a query from John Parker, it was agreed to ensure that any additional risks posed by a failure to recruit the planned level of nurses were considered and factored into risk registers where required.
- 15/08/79** 44 student nurses were due to take up their posts at the Trust following graduation in a few weeks. Geraldine Broderick stated that historically there had been a pattern of students not taking up posts they had been offered and this was discussed. Richard Parker advised that 52 students had been offered posts and 44 had accepted.

MD

The Nursing Workforce Update was DISCUSSED and NOTED.

Medical Revalidation Update

- 15/08/80** Richard Harris reported that since the introduction of revalidation for doctors in 2012, the Trust had recommended 280 doctors for revalidation, all of which had been accepted by the GMC. With the exception of a small number of new doctors, all non-training medical staff would be revalidated by March 2016.
- 15/08/81** Deferral of revalidation – The Responsible Officer could defer a doctor's revalidation for up to a year, and this could be repeated for a second time again for up to a year. Since January 2015, the Trust had deferred 12 revalidations for periods ranging from 4 months to 1 year. An overview of

the reasons for this was provided. There had been very few occasions where revalidation had been deferred for significant reasons. Several revalidations had been deferred due to lack of engagement and this was disappointing. Issues had been escalated and assurance was provided that a system was in place to ensure this was not the case going forward

- 15/08/82** Independent verification visit – The NHS England North Revalidation team had reviewed the Trust's appraisal and revalidation systems in July 2015. Feedback from the visit had been very positive, with only minor suggestions to improve processes. David Crowe commented that this was very encouraging.
- 15/08/83** Quality of appraisals – Overall, a good culture was embedded across the Trust. Dr Alastair Graham was the new Lead Appraiser and work going forward would focus on improving the quality of appraisals.
- 15/08/84** IT support – The Trust had developed a very good internal IT system for tracking and recording appraisals. However, the level of ongoing IT support available for system maintenance and upgrades was a concern, and this was discussed.
- 15/08/85** In response to a query from David Crowe, Matthew Lowry confirmed that the development of the system had been supported, but there had been issues in terms of internal capacity and resources.
- 15/08/86** In response to a query from Mike Pinkerton with regard to whether any consideration had been given to intellectual property rights and the commercial potential of the system, Richard Harris undertook to take this forward.

RH

The Medical Revalidation Update was DISCUSSED and NOTED.

Nursing & Midwifery Revalidation Update

- 15/08/87** Richard Parker reported that the process for revalidation for nurses and midwives would change for nurses and midwives from December 2015 onwards. The intention of this was to ensure that nurses and midwives remained fit to practice, and the paper outlined how this would be implemented locally.
- 15/08/88** Planned actions & key risks – The Trust was not obliged to provide specific support to its nurses and midwives, as revalidation was the responsibility of the individuals. Both regionally and nationally it was felt that the emphasis should be on nurses and midwives to complete revalidation. However, as filling registered staff vacancies was a significant challenge, it was important to provide support to make revalidation as easy as possible.
- 15/08/89** The provisional model for revalidation had been piloted in 19 organisations and pilot registrant experience had been positive overall. Final confirmation of the model was expected from the NMC within the next few months.

15/08/90 A project team with representation from each Care Group had been established and a draft action plan had been developed using the NMC guide for employers and organisations.

15/08/91 There was a risk that more nurses may choose to retire following the introduction of the new revalidation requirements. In response to a query from Philippe Serna with regard to the scale of this risk, Richard Parker advised that the Trust had looked at revalidation dates for all nurses but special attention had been paid to revalidation dates for nurses aged over 55. Support would be provided by making revalidation easier, for example by providing online access from home.

The Nursing Revalidation Update was DISCUSSED and NOTED.

Doncaster Urgent Care Changes

15/08/92 David Purdue presented an outline of planned changes to the Doncaster Urgent Care System which were due to commence on 1 October 2015.

15/08/93 The Trust had been awarded the Front Door Assessment and Signposting Service (FDASS) and a detailed overview of what this would look like was provided. Patients would be clinically streamed to the most appropriate clinician upon arrival to the FDASS. It was expected that 15% to 20% would be streamed to the Urgent Care Service. The FDASS was the only element of the Urgent Care Model which allowed patients to walk in, and it was anticipated that this would result in an additional 10 to 12 patients per day visiting the DRI ED.

15/08/94 John Parker asked how much confidence there was in the deliverability of the 24/7 Urgent Care Centre element. This was discussed and it was noted that an escalation process was in place.

The Doncaster Urgent Care Update was NOTED.

Proposed Annual Members Meeting Arrangements

15/08/95 Maria Dixon presented the draft agenda for the Annual Members Meeting due to take place on Tuesday 29 September 2015 at Doncaster Racecourse. Directors were asked to consider whether there were any specific topics they would like to be covered, whether in the form of presentations or displays. Any suggestions should be forwarded to Maria Dixon. A quorum of 20 members would be required for the meeting, excluding governors and directors.

ALL

15/08/96 Matthew Lowry suggested that local patient transport service providers be invited to have displays at the meeting and this was agreed.

MD

The Proposed Annual Members Meeting Arrangements were DISCUSSED.

Items for escalation from sub-committees

15/08/97 None

Monitor Quarterly Declaration

15/08/98 Matthew Lowry presented the Monitor Quarterly Declaration, which was NOTED.

Board of Directors and Board Briefing Agenda Calendars

15/08/99 The agenda calendars were NOTED.

Any other business

15/08/100 None

Governor questions

15/08/101 Minutes - George Webb asked why the minutes of the June and July Management Board meetings had not been included in the papers. It was reported that the July meeting had been cancelled and that the June minutes had been circulated to the Board outside of the meeting. It was agreed that the minutes of the June meeting would be sent to George Webb.

KS

15/08/102 CIP - George Webb raised concern regarding CIP slippage, noting that this had been an issue in previous years. Chris Scholey confirmed that similar concerns had been discussed amongst the non-executives. Matthew Lowry acknowledged the concerns, but noted that although there had been slippage in previous years, the Trust had still delivered £17m in CIP and 2013/14 and £14m in 2014/15.

15/08/103 Virtual clinic - George Webb gave positive feedback regarding his experience of a virtual clinic for checking blood results. He commended this, stating that it was an excellent idea.

Date and Time of next Meeting

15/08/104 It was confirmed that the next meeting of the Board of Directors would be held at 9am on Tuesday 22 September 2015 in the Boardroom at Doncaster Royal Infirmary.

.....
Chris Scholey
Chairman

.....
Date

Minutes of the Meeting of the Board of Directors
held on Tuesday 22 September 2015
in the Boardroom, DRI

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Geraldine Broderick	Non-executive Director
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of People & Organisational Development
	Matthew Lowry	Director of Finance & Infrastructure
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Sewa Singh	Medical Director

In attendance:	Emma Bodley	Head of Communications & Engagement
	Ruth Cooper	Head of HR
	Maria Dixon	Head of Corporate Affairs
	Helen Houghton	Health & Wellbeing Lead
	Kate Sullivan	Corporate Secretariat Manager

Public: None

ACTION

15/09/1 Chris Scholey congratulated the nominees and winners of the DBH Star Awards held at Doncaster Racecourse and the P&OD team and the Doncaster Free Press on the organisation of an excellent event.

Apologies for absence

15/09/2 Apologies were received from Philippe Serna. Matthew Lowry would join the meeting at 11am due to unavoidable commitments elsewhere.

Register of directors' interests and 'Fit and Proper Person' declarations

15/09/3 No amendments were noted.

Minutes of the meeting held on 25 August 2015

15/09/4 The minutes of the meeting held on 25 August 2015 were APPROVED as a correct record of the meeting, subject to the correction of a typographical error and the following amendments:

15/09/5 15/08/23 – Addition of a post meeting note: "It was later confirmed that 32% of nursing students from Sheffield Hallam University attended placements at the Trust, not 40% as reported."

15/09/6 15/08/36 – "Sewa Singh" to be removed.

- 15/09/7** 15/08/47 – “June” to be replaced with “May”.
- 15/09/8** 15/08/53 – “relate to care.” to be amended to “relate to quality of care but to information provided to a patient.”
- 15/09/9** 15/08/64 – “surplus of £976k” to be replaced with “shortfall of £976k against the planned surplus of £2.2m”
- 15/09/10** 15/08/70 – “and would impact on” to be replaced with “the greatest impact would be on”.
- 15/09/11** 15/08/81 – “Issues had been escalated and assurance was provided that a system was in place to ensure this was not the case going forward.” to be added after the last sentence.
- 15/09/12** 15/08/91 – “advised that the Trust would identify revalidation dates for nurses aged 55 and over at the point of revalidation” to be amended to “advised that the Trust had looked at revalidation dates for all nurses but particular attention had been paid to revalidation dates for nurses aged over 55.”
- 15/09/13** 15/08/91 – “and provide support” to be amended to “Support would be provided”.

Actions from the previous minutes

- 15/09/14** The action notes from the meeting held on 25 August 2015 were reviewed and updated.

Matters arising

- 15/09/15** 15/08/77 – Overseas recruitment – In response to queries from David Crowe with regard to progress recruiting nurses from overseas, Richard Parker provided a detailed update. The Trust had received weekly updates from the recruitment agency by individual candidate.
- 15/09/16** Most candidates were now expected to arrive by March 2016, with 14 to 20 candidates expected to start by Q4. The number expected to arrive in the current calendar year was increasing and was primarily dependent upon the success of candidates in the Masters level English exam.
- 15/09/17** Richard Parker had attended a national meeting regarding visa applications. The number of visas for which an organisation could apply each month was limited and the government’s position on this was not expected to change before 2017. However, the government was to consider whether nursing was to be added to the protected list of professions.
- 15/09/18** Richard Parker acknowledged that time would be required for candidates to complete induction and training, but there would still be some benefit

to the Trust during this period. The maximum benefit was expected in earlier 2016/17. It was expected that the contribution of overseas recruits would be greater than that of agency staff due to a greater knowledge and understanding of wards, departments and ways of working.

15/09/19 David Crowe raised concern regarding the expectations of Trust staff given the level of publicity there had been internally with regard to overseas recruitment plans and he queried the level of staff communication. Senior management teams and ward sisters were being regularly briefed on progress and there had been a communication to members of the Trust Management Forum. Monthly meetings were taking place with Bassetlaw Hospital Managers; Davis Purdue undertook to circulate the minutes of the meeting.

DP

15/09/20 During further discussion the Board discussed contingency plans to address nursing vacancies. Overseas recruitment plans had been one of a number of measures being taken, and the Trust continued to do everything it could. As in previous years, the Trust would consider skill mix and the flexibility of the workforce, over-recruit nurses where there were opportunities to do so, and continue with plans to recruit and develop Healthcare Support Workers.

Chairman's correspondence

Chris Scholey reported the following:

15/09/21 Governors – New Governor Philip Beavers had attended an induction meeting with Chris Scholey and Maria Dixon.

15/09/22 Annual Members Meeting (AMM) - The AMM would take place on 29 September at Doncaster Racecourse. There were to be a wide variety of stands, including patient transport services as agreed at the previous meeting.

15/09/23 Board of Governors Timeout – The session had been well attended with good presentations. The next timeout session was scheduled for 4 December 2015.

15/09/24 Awards - Mike Pinkerton had been nominated for a Health Service Journal award in the Chief Executive of the Year category.

The Chairman's correspondence was NOTED.

Chief Executive's Report

Mike Pinkerton presented the report and highlighted the following:

15/09/25 Performance - There had been good progress in most areas of performance. An update on the CQC visit would be provided later in the meeting.

- 15/09/26** Vascular service Quality Improvement Programme – The Trust remained short of the required population to fully meet the national specification for vascular services. As an arterial centre, however, it was moving closer to this position and discussions with Sheffield Teaching Hospitals in this regard were ongoing.
- 15/09/27** In response to a query from Geraldine Broderick with regard to the national specification, Mike Pinkerton advised that Sewa Singh was undertaking significant work on this and he had been engaged for some time with STH regarding partnering arrangements.
- 15/09/28** The Trust's outcomes compared favourably regionally and STH had recognised that partnering arrangements would be beneficial. It was hoped that an agreement would be reached at a forthcoming multidisciplinary meeting between DBH and STH to work across both sites.
- 15/09/29** National Clinical Director for Dementia – Since the publication of the paper there had been very good feedback from a recent visit to the Trust by Professor Alistair Burns, National Clinical Director for Dementia. He had made a number of suggestions, including continuing to raise awareness of dementia and work around prevention and this would be considered.
- 15/09/30** CaMIS dress rehearsal - This had been very successful with a number of unanticipated issues being identified which would now be corrected. On behalf of the Board, Mike Pinkerton thanked the control room staff for giving up their weekend to do this.
- 15/09/31** Agency spending rule - Monitor and the NHS Trust Development Authority had published new requirements on nursing agency spend for foundation trusts and NHS trusts. The requirement for the Trust was a ceiling of 3% and although this was the lowest end of the range for FTs it was still a significant concern. Key to the delivery of the targets going forward would be a focus on market control.
- 15/09/32** In response to a query from Martin McAreavey, Dawn Jarvis advised that no requirements for medical agency spend had been set, but the Trust would set its own internal targets.
- 15/09/33** Awards - On behalf of the Board, Mike Pinkerton congratulated a number of staff who had been nominated for awards in recent weeks.
- 15/09/34** Geraldine Broderick asked what work the Trust had undertaken with other Trusts in terms of planning for winter. David Purdue advised that the key to working with other Trust was communication. How the local health community would respond to winter pressures had been discussed at the System Resilience Groups. Local Chief Operating Officers also met on a monthly basis and work was being undertaken by this group to review plans. There had been detailed discussions with the ambulance service regarding improving communication about increased activity.

The Chief Executive's Report was NOTED

Draft Health & Wellbeing Strategy

- 15/09/35** Ruth Cooper and Helen Houghton presented the draft strategy, along with the estimated financial support required to enable the delivery of the strategy. Approval was sought to proceed to a full business case to be taken through the Corporate Investment Committee. The business case assumed recurrent costs of £345k per annum.
- 15/09/36** Some good work was already being done in terms of sickness absence; a further area to be addressed was presenteeism (being at work, but not being as productive or engaged due to poor health and wellbeing) and there was significant work that could be done in this area.
- 15/09/37** It had been estimated that the annual economic cost of sickness absence was over £100 billion per annum for the UK, with the cost of presenteeism estimated to be 1.5 times the cost of sickness absence, £150 billion. There were links between presenteeism and patient outcomes and quality of care and a way of illustrating this needed to be developed.
- 15/09/38** The strategy was based on best practice evidence and covered the three pillars relevant to acute providers which were set out by Simon Stevens, NHS England, in his latest announcement regarding improving health in the NHS workplace.
- 15/09/39** Mike Pinkerton commented that one key aspect of the strategy had been for all staff to be in a position to lead on health, in their communities, within their families and in relation to patients. This was an important issue and colleagues had been challenged to be as ambitious as possible in developing the strategy.
- 15/09/40** Alan Armstrong and Geraldine Broderick commended the paper. Alan Armstrong stated that the Trust should consider how to communicate the strategy to the organisation and be mindful that it was not perceived as lecturing to staff and this was discussed. There had been significant work on communication and there would be more work to engage staff. There had been a good start recruiting Health Champions and there would be further work to build on this.
- 15/09/41** Helen Houghton stated that the strategy was ambitious and required significant cultural change, which would take time.
- 15/09/42** Martin McAreavey stated that the Trust should put the health of the workforce first and foremost when communicating the policy and this was discussed. The Trust needed to determine what health in the workplace looked like and should consider links to social issues, shifts, shift rotations, maternity leave, carers leave and financial impact.

The development of a business case to support the Draft Health & Wellbeing Strategy to be taken through the CIC was APPROVED.

Business Intelligence Report as at 31 August 2015

- 15/09/43** Matthew Lowry, Richard Parker, David Purdue and Sewa Singh presented the report and drew attention to the following:
- 15/09/44** Cancer – The 2 week wait target had been achieved in July but not for Bassetlaw. This had predominantly been due to patient choice. The 62 day target had been failed in July. The target had been failed nationally and the Trust needed to address 8 measures as set out by NHS England, Monitor and the TDA by August 2015.
- 15/09/45** The report detailed actions being taken, including weekly reporting at the PTL and contacting GPs when patients had chosen late appointments.
- 15/09/46** Work on urology pathways had been undertaken to minimise delays and there was improved access to diagnostics whereby cancer patients were flagged through the diagnostic system.
- 15/09/47** ED 4hr access target – The Trust achieved 94.45% against the 95% target for August. At the time of the meeting, performance for September stood at 95.26% and the Trust was on track to achieve target for Q2.
- 15/09/48** Ambulance handover processes for both DRI and Bassetlaw Hospital had been reviewed and the ambulance handover action plan was tabled. Meetings with Yorkshire Ambulance Service were now taking place monthly.
- 15/09/49** David Crowe welcomed the ambulance handover action plan. In response to a query, David Purdue advised that there was good engagement with both YAS and EMAS with regard to all the issues.
- 15/09/50** In response to a query from Martin McAreavey with regard to medical staffing levels in the ED, David Purdue advised that the new lead was due to commence in post on 1 October. The ED was close to a full rota of consultant staff, two middle grade doctors had been upgraded to locum consultants and 13 candidates had been shortlisted in the most recent round of recruitment to medical posts.
- 15/09/51** 18 week and diagnostic waits – 93.5% for incomplete pathways in August and 97.6% for diagnostic waits due to lack of capacity in musculoskeletal ultrasound. There had been a lack of escalation at Care Group level; processes were now in place to address this.
- 15/09/52** Stroke – Stroke targets were now reported against the Sentinel Stroke National Audit Programme. The new methodology had caused issues with the Stroke Indicator Data previously used, and as a result the August data remained unvalidated at the time of reporting.
- 15/09/53** Cancellations and DNAs – In response to a query from Alan Armstrong it was agreed to discuss this in more detail at a future Board Briefing or

DP

timeout.

- 15/09/54** Chris Scholey noted the 4717 DNAs in July 2015, which represented a significant area of opportunity in terms of lost revenue. A long term strategy was needed to address this and this was discussed. David Purdue advised that the DNA data had been refreshed due to the implementation of CaMIS. DNAs and cancelled operations were a significant project stream within the DBH2020 Programme and an update would be provided as part of a future DBH2020 update.
- 15/09/55** Each cancelled appointment cost the NHS £160. Matthew Lowry had agreed to consider how this information could be communicated to patients, possibly through text reminders. **ML**
- 15/09/56** Fracture neck of femur – Best practice tariff performance remained at circa 60%. ECIST would be reviewing trauma pathways on 29 September.
- 15/09/57** HSMR – HSMR data for June was still not available, and was expected to be available later in the month.
- 15/09/58** Slis – There had been a never event relating to the removal of a fallopian tube in the third trimester. The investigation had highlighted two key themes: sub-optimal systems and human factors. Protocols had been changed with the addition of several new steps and the surgeon concerned had undertaken Human Factors training. The report had been shared with the GMC; and no relevant concerns had been expressed by the GMC.
- 15/09/59** In response to a query from David Crowe with regard to communication with the patient, Sewa Singh advised that both the surgical and obstetric consultants involved had communicated directly with the patient. Although the patient had chosen to be transferred to another hospital after the incident, they had since transferred their care back to the Trust.
- 15/09/60** Claims – Sewa Singh drew attention to the number of claims per 100 occupied bed days. A positive downward trend was emerging and this was encouraging. It was noted that the claims action plan had recently been shared with the Audit and Non-Clinical Risk Committee.
- 15/09/61** C.Diff – The trajectory was below that of the previous year. 2 cases for the year to date against an internal target of 13 for the year.
- 15/09/62** Falls – Performance was reported prior to the completion of root cause analyses (RCAs).
- 15/09/63** Geraldine Broderick asked whether there were any lessons to be learnt from work to improve HAPU performance that would apply to falls. Richard Parker advised that there had been very good progress and in some areas there had been no falls of any kind for several months. It was anticipated that the work undertaken would now result in further

improvements throughout the year as had been the case with the work undertaken for HAPUs. Chris Scholey commended the progress made so far.

- 15/09/64** Friends & Family Test – The steady improvement in response rates had not continued and this was disappointing. The matter had been taken up with Heads of Nursing who were to review performance and improvement plans for each area. Progress would be monitored through the Care Group assurance meetings.
- 15/09/65** Hospital Acquired Pressure Ulcers (HAPUs) – Performance continued to improve. The Trust was on track to achieve the standard for the year and there had been a significant reduction in the number of complaints with regard to HAPUs.
- 15/09/66** Complaints – Performance continued to return to trajectory and this was expected to continue.
- 15/09/67** Finance overview – The Trust had delivered an I&E deficit of £36k. This was behind plan, but was an improvement of circa £89k on previous months and was consistent with reported actions.
- 15/09/68** Income – Clinical income was £76k behind plan during August. There had been strong performance in terms of elective and day case work but this had been offset by under-recovery on Non PbR drugs and the outpatient cap.
- 15/09/69** Alan Armstrong noted that every speciality was reported as being behind plan in terms of the outpatient cap. Action to address this issue was being taken forward as one of the strands of the DBH2020 Programme. Work included looking at referrals back in to the community.
- 15/09/70** Expenditure – £484k above plan. There had been a continuation of previous month's trends in relation to medical agency spend, which stood at 26% of the total medical staffing bill. Non-substantive staffing costs were rising each month. ED expenditure had reduced in line with action taken.
- 15/09/71** In response to a query from Alan Armstrong with regard to the long term impact of increased medical staffing costs, Matthew Lowry advised that this would be the single biggest expenditure pressure for the next 2 to 3 years. It would require both national and regional action to reduce agency spend and address issues relating to the recruitment and retention of medical staff.
- 15/09/72** The Trust needed to reduce its reliance upon financially unsustainable rotas, difficult to fill roles and historical workforce models by taking out vacant junior doctor posts and replacing them with ANPs and others.
- 15/09/73** CIP – There would be a 6 month review of CIP at the forthcoming Board

Brief.

- 15/09/74** Care Group performance – Reports for those Care Groups escalated through the Financial Escalation Policy had been reviewed in detail by the Audit and Non-clinical Risk Committee (ANCRC).
- 15/09/75** John Parker reported that it had been agreed for action plans to be developed for each Care Group to set out how they would return to planned performance. Due to the quarterly meeting frequency of the ANCRC, it was agreed for action plans to be monitored by the Board. **ML**
- 15/09/76** David Crowe commented that a key part of discussions had been to emphasise the importance of Care Group reports and Action Plans being explicit about what the planned actions were, when they would be completed and the likelihood of success; this should also be considered in terms of CIP plan, John Parker concurred.
- 15/09/77** In response to a query from Geraldine Broderick with regard to who had presented the Care Group reports, John Parker advised that the reports had been signed off the Care Group Directors and General Managers. The first escalation required a paper submission to the ANCRC, which had been presented by Matthew Lowry.
- 15/09/78** Forecast – The year end forecast at month 5, before a review of reserves, was £863k behind plan. Matthew Lowry reported that the planned surplus of £2.2m remained achievable but that this would be challenging.
- 15/09/79** Capital expenditure – £0.552m behind plan. The variance was within Monitor's tolerance level.
- 15/09/80** Cash & liquidity – The CoSRR stood at 4 against a plan of 3. The cash position at month 5 was above plan to date by £5.076m. This was due, in large part, to the early drawdown on ITFF loan funding.

The Business Intelligence Report was REVIEWED and NOTED.

Nursing Workforce Update

- 15/09/81** Richard Parker updated the Board on key nursing workforce issues, highlighting the following:
- 15/09/82** Planned vs actual hours - 98% for August overall, reflecting the level of annual leave in the period. Nurse Manager clinical time had been maintained. Recently recruited student nurses were now working on the wards but were not counted in the nurse staffing calculations.
- 15/09/83** Midwifery staffing - An assessment had been undertaken using the Birthrate+ tool. The tool, endorsed by the Royal College of Midwives and widely used in UK Maternity Units, was a framework to enable workforce planning and strategic decision making in midwifery. The Trust had last used the tool in 2012. The results of the recent assessment, including a

comparison of results in both 2012 and 2015 were set out in the report.

- 15/09/84** The CQC had recommended a move to a birthrate to midwife ratio of 1:28 and they were currently assessing all organisations on this basis. The Trust's birthrate to midwife ratio stood at 1:31; the regional recommended minimum standard had been 1:32 in 2012 when the assessment had previously been undertaken. It was recommended that the Trust move to the CQC recommended ratio of 1:28.
- 15/09/85** It was noted the CQC ratio was a recommendation and not a requirement. Midwifery was funded by PbR, which meant that the Trust would need to fund the gap, and the matter had been raised with local CCGs. There was further discussion regarding the Trust's ability to recruit midwives.
- 15/09/86** Chris Scholey highlighted the recent adverse publicity regarding a stillbirth and this was discussed in detail. Richard Parker reported that the Trust had undertaken a full investigation following the incident and the coroner had agreed with the Trust's findings.
- 15/09/87** Yorkshire and Humber (Y&H) remained an outlier in terms of stillbirth rates. It was noted that the Trust's stillbirth rate was lower than the rate for Y&H.
- 15/09/88** Sewa Singh advised that the Trust would conduct a full review of maternity services to be informed by the results of a national review of maternity services which were expected to be published later in the year, and this was agreed.

SS/RP

The Nursing Workforce Update was DISCUSSED and NOTED and the recommendation to move to a birthrate to midwife ratio of 1:28 was APPROVED.

HSMR Update

- 15/09/89** An update had been provided earlier in the meeting 15/9/57 and this had been NOTED.

Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

- 15/09/90** Maria Dixon presented the BAF and CRR on behalf of the Clinical Governance Oversight Committee (CGOC) and the Audit and Non-Clinical Risk Committee (ANCR). She drew attention the following:
- 15/09/91** Risk 10 – Failure to recruit right staff - It had been determined that the success of the overseas recruitment plan would have no impact on the risk rating, as the risk had not been downgraded in anticipation of success.
- 15/09/92** Board Assurance Framework Summary – This was a new high level summary which mapped out the level of assurance the Board had received. The report would help the governance sub-committees of the Board to identify where assurance and controls should be reviewed in the

future. The Chairs of the CGOC and ANCRC had endorsed the report.

15/09/93 During discussion about the format of the report it was agreed to include risk numbers and to indicate which sub-committee would oversee the review of each risk.

MD

15/09/94 Richard Parker commented that he did not feel the quality of assurance was reflected as assurance received only through internal sources would be considered 'limited' by default. Dawn Jarvis and Davis Purdue concurred and this was discussed. It was noted that where assurance was rated 'limited' it did not necessarily mean that the assurance was inadequate but that it may be limited simply by scope or date. However, independent sources of assurance would be weighted more heavily than internal sources in determining overall assurance levels.

15/09/95 David Crowe commented that the report provided a good framework to support the work of the sub-committee chairs in considering where assurance should be reviewed. David Crowe and Mike Pinkerton endorsed the development of the summary, and its format.

The Board Assurance Framework and Corporate Risk Register were REVIEWED and APPROVED.

Risk Management Policy

15/09/96 The policy had been updated to reflect current practice in terms of the implementation of the online integrated risk management system (Datix). The policy had been approved by the ANCRC.

The Risk Management Policy was APPROVED.

Hazardous Materials (HASMAT) and Chemical Biological Radiological Nuclear Explosives (CBRNE) Plan

15/09/97 The Hazardous Materials (HASMAT) and Chemical Biological Radiological Nuclear Explosives (CBRNE) Plan was APPROVED.

Minutes of the Management Board meeting held on 1 September 2015

The Minutes of the Management Board meeting held on 1 September 2015 were NOTED.

Minutes of the Audit & Non-clinical Risk Committee meeting held on 19 June 2015

15/09/98 It was noted that since the time of publication there had been a change to 15/117, and this would be reflected in the final minutes.

The Minutes of the Audit & Non-clinical Risk Committee meeting held on 19 June 2015 were NOTED.

Items for escalation from sub-committees

15/09/99 None raised.

Monitor Quarterly Results Notification

15/09/100 Matthew Lowry presented the Monitor Quarterly Results Notification, which was NOTED.

Board of Directors and Board Briefing Agenda Calendars

15/09/101 The agenda calendars were NOTED.

Health & Wellbeing Board Decision Summary

15/09/102 The Doncaster Health & Wellbeing Board Decision Summary was NOTED.

Any other business

15/09/103 None.

Governor questions

15/09/104 David Crowe reported that Mike Addenbrooke had queried whether, in terms of caMIS, ongoing training provisions for staff were adequate. David Purdue advised that staff had not been provided with logins until they had completed the training modules relevant to their role, and CaMIS champions were providing support to staff on the ground. Mike Addenbrooke had been invited to observe on the PAS Project Board.

Date and time of next meeting

15/09/105 It was confirmed that the next meeting of the Board of Directors would be held at 9am on Tuesday 27 October in the Boardroom at Doncaster Royal Infirmary.

.....
Chris Scholey
Chairman

.....
Date

Minutes of the meeting of the Board of Directors
held on Tuesday 27 October 2015
in the Boardroom, DRI

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Geraldine Broderick	Non-executive Director
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of People & Organisational Development
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
In attendance:	Emma Bodley	Head of Communications & Engagement
	Maria Dixon	Head of Corporate Affairs
	Robert Paskell	Deputy Director of Finance
	Gillian Payne	Care Group Director - Specialty Services
	Peter Watson	General Manager – Children & Families
Public:	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Steve Kell	Chair, Bassetlaw CCG
	Jayne Roberts	Joint Staff Side Committee Secretary

ACTION

- 15/10/1** Chris Scholey noted that the discussion regarding the Trust's financial performance would be discussed prior to the remainder of the agenda, due to the importance of the issues that had arisen since the last meeting.

Apologies for absence

- 15/10/2** Apologies were received from Martin McAreavey and Sewa Singh.

Register of directors' interests and 'Fit and Proper Person' declarations

- 15/10/3** It was noted that an amendment would be required to reflect Matthew Lowry's resignation.

Minutes of the meeting held on 22 September 2015

- 15/10/4** The minutes of the meeting held on 22 September 2015 were APPROVED as a correct record of the meeting, subject to the following amendments:

- 15/10/5** 15/09/36 – A clarification regarding the meaning of presenteeism to be inserted: "(being at work, but not being as productive or engaged due to poor health and wellbeing)".

- 15/10/6** 15/09/37 – “£100 billion per annum” to be amended to “£100 billion per annum for the UK”.
- 15/10/7** 15/09/38 – “the three pillars set out by Simon Stevens” to be amended to “the three pillars relevant to acute providers which were set out by Simon Stevens”.
- 15/10/8** 15/09/39 – “in a position to lead on health” to be amended to “in a position to lead on health, in their communities, within their families and in relation to patients”.
- 15/10/9** 15/09/58 – “no concerns” to be amended to “no relevant concerns”.
- 15/10/10** 15/09/63 – “work to improve HAPU performance” to be amended to “work to improve HAPU performance that would apply to falls”.
- 15/10/11** 15/09/84 – “1:31, better than the regional recommended minimum standard of 1:32” to be amended to “1:31; the regional recommended minimum standard had been 1:32”.
- 15/10/12** 15/09/84 – “ration” to be amended to “ratio”.
- 15/10/13** 15/09/88 – “the Trust needed to conduct” to be amended to “the Trust would conduct”.

Actions from the previous minutes

- 15/10/14** The action notes from the meeting held on 22 September 2015 were reviewed and updated.

Matters arising

- 15/10/15** None raised.

Financial Position

- 15/10/16** Chris Scholey reported that a significant deviation from the Trust’s financial plan had become apparent around 12 days previously. An extraordinary meeting had been held on 19 October, which all directors had attended. At that meeting, in contrast to previous reports, a deviation of circa £12m from the planned mid-year position had been reported.

[Post meeting note: It was confirmed in November 2015 that the financial information reported for month 6 was not accurate]

- 15/10/17** Non-executive directors had requested, and been given, assurance regarding the reported position on a number of previous occasions, at Board and at the Audit and Non-clinical Risk Committee.
- 15/10/18** The Board had approved a number of actions on 19 November 2015:
- 15/10/19** (i) That an external, independent investigation be undertaken to

establish why the reported position had been incorrect, and whether there were systemic issues to be addressed.

- 15/10/20** (ii) To communicate the deterioration in the Trust's reported position to all stakeholders, including Monitor, staff and governors. To date, there had been a positive and constructive response from staff.
- 15/10/21** (iii) To commence work to develop active cost reduction programmes and manage liquidity, with a reduction in capital spending.
- 15/10/22** (iv) The establishment of a Financial Oversight Committee, which would hold its first meeting on 10 November 2015.
- 15/10/23** Since that meeting the engagement of an external organisation to commence an investigation had been delayed following discussions with Monitor.
- 15/10/24** Without prejudging the outcome of the investigation, it was clear that the aggressive 2015/16 budget had required the delivery of significant cost reductions. Delivering cost reductions had become increasingly difficult in recent years, but the Trust now needed to make its best endeavours to deliver the required savings without jeopardising the improvements that had been made to quality and outcome for patients, and in the context of significant additional activity pressure; increased patient acuity and dependency; and the additional cost of providing safe staffing in the context of national staff shortages in some areas.
- 15/10/25** Mike Pinkerton apologised to the Board for the inaccuracies in the previously reported position, stating that the Board had been denied the opportunity to respond to the financial position. Patient care remained the highest priority, and the Trust had demonstrated continuous improvement in that area.
- 15/10/26** Staffside, the finance team, senior managers and clinical leaders had been briefed regarding the position. A number of site meetings had also been held to enable staff to raise questions if they wished to. MPs had been briefed, and had raised appropriate questions, including stating that the possibility of fraud should be fully investigated and excluded.
- 15/10/27** NHS Protect had been informed of the position at the earliest opportunity. On the information currently available, there was no evidence of fraud or personal gain associated with the misreporting and the investigators would work with NHS Protect in relation to their findings in that regard.
- 15/10/28** NHS England had also been informed. Although the majority of trusts were in deficit, there had been surprise regarding the scale of the change in the Trust's reported position. The Trust had met with the finance directors of the local CCGs, and would work with commissioners regarding any support that could be provided. It was hoped that payments could be reprofiled to help manage liquidity and fund activity. However, commissioners were

also subject to financial pressure.

- 15/10/29** A large number of other stakeholders had been briefed, including governors and local authority leaders, and the response had been positive.
- 15/10/30** The response from staff had been extremely good, with a large number of emails of support. Clinical leaders were looking at their local financial positions to review what action they could take.
- 15/10/31** Monitor had also been appraised of the position, including the external support the Board proposed to use. It was important to balance the need to commence an investigation quickly while also using a solution acceptable to Monitor and obtaining value for money. A business case was required, and this had been submitted the previous evening. Monitor had also been informed of the immediate controls put in place.
- 15/10/32** The investigation would take place in three phases, the first two of which would be concurrent. Phases one and two had commenced this week, and would conclude during the week commencing 9 November.
- 15/10/33** Phase one was an initial investigation and evidence gathering exercise, to be conducted by 360 Assurance. The team undertaking this work would be separate to the team which had provided internal audit services to the Trust. Final terms of reference were being agreed, and the staff involved would be supported.
- 15/10/34** Phase two would be undertaken by KPMG, following a single tender direct award, and would focus on liquidity and cashflow support and appropriate strategies. KPMG would also advise 360 Assurance regarding the framework for the initial investigation and securing information, as KPMG had significant expertise in this area.
- 15/10/35** Phase three would involve a large piece of consultancy work, and a procurement exercise was underway. The work would include a full financial governance review and completion of the forensic investigation. The provider of phase three would also support the Trust to identify and implement remedial actions and improve governance processes.
- 15/10/36** The Trust would implement a grip and control plan, taking learning from other organisations, KPMG and Monitor. Both income and expenditure needed to be considered, and controls and governance processes would be reviewed in a large number of areas. The PMO and CIP programmes, would also be reviewed, alongside current and forthcoming business cases. Communication was key to ensuring good staff engagement, which would be essential to delivering the changes.
- 15/10/37** Mike Pinkerton emphasised that the executive directors and the Board were committed to achieving solutions to this issue for the benefit of patients.

- 15/10/38** David Crowe stated that the change in reported position had come as a shock, and emphasised the need to keep staff engaged and maintain good relationships with the CCGs. He requested assurance that the investigation would look at why this had happened as well as how. He also noted the need to consider the role of non-executives and the audit committee, and whether changes were needed in that regard. He stated that his primary concern was the misreporting of the position, and that this was a credibility issue for the Board. He also requested assurance that other executives were now reviewing their own areas to ensure that reporting was accurate.
- 15/10/39** Chris Scholey noted that the Financial Oversight Committee would consider some of these issues in detail. Mike Pinkerton advised that the investigators needed to identify how this had happened in order to fully understand the causes.
- 15/10/40** Robert Paskell presented the finance report, advising that the Trust was £12.6m behind the planned position of a £1.767m deficit. The main area of concern remained medical staffing costs, with adverse variances in a number of specialties. There were also large overspends on non-pay and non-delivery of CIP. To ensure the position had been correctly reported, a statement of comprehensive risk had been produced and reconciled for all areas.
- 15/10/41** Income - £1.882m below plan, with daycase income behind plan in most specialties. The outpatient follow-up cap continued to impact on the position, with follow-ups above contracted levels. This activity was also often delivered at premium rates, using agency. A key element of the recovery plan was to cease the use of additional sessions to deliver unfunded work.
- 15/10/42** Expenditure - £11.601m above plan. Pay variance was a key concern, in particular medical staffing spend and spend on non-substantive staff. 30.6% of the medical staffing bill was for non-substantive staff and reducing this was a key element of the grip and control plan.
- 15/10/43** Non pay variances included PbR drug pressures in critical care and outsourcing pressures. A review of reserves and CIP had significantly shifted the non-pay position.
- 15/10/44** CIP – Most schemes were not delivering planned savings, and remedial action was being discussed.
- 15/10/45** Care Group / Directorate performance – there were particular concerns in relation to Estates and Facilities; Emergency; Children and Families; and Surgical.
- 15/10/46** In response to a request from John Parker, Robert Paskell stated that the reported figures were, to the best of his knowledge, correct. Reconciliations against cash and the trial balance had been undertaken

and had balanced.

15/10/47 John Parker asked what assurance was available regarding the cash position, and liquidity moving forwards. Robert Paskell advised that KPMG were providing support. The cash impact had been modelled and a year-end cash balance of c. £1m had been forecast, with reduced creditors. Capital expenditure slippage would ease liquidity, and discussions were underway with CCGs regarding reprofiling payments. It was hoped that work with KPMG would improve the position further.

15/10/48 Chris Scholey asked what expenditure assumptions had been made. Robert Paskell reported that an overspend had been assumed, but not at the present rate. The expected run rate, assumed capital underspend and impact of actions in the grip and control plan had been looked at. Chris Scholey requested that this detail be taken to the Financial Oversight Committee for discussion.

FinOC

15/10/49 Philippe Serna asked whether forecasts indicated that the Trust would be short of cash at any point during the year. Robert Paskell advised that there would be some points where cash would be tight. It was hoped that KPMG's input would help with this. The position was being worked through and discussions with key creditors were planned.

15/10/50 John Parker highlighted that he asked Sewa Singh for assurance that the financial position would not affect quality or patient safety at the previous Board meeting, and Sewa Singh had confirmed that it would not.

15/10/51 In response to a question from John Parker, Robert Paskell advised that reported CIP savings had not previously been taken out of the Care Group positions, so Care Groups were more overspent than had been reported. John Parker emphasised the importance of managers being given accurate information.

15/10/52 John Parker asked for confirmation that there was no indication of fraud, and Robert Paskell confirmed that this was the case, based on current information.

15/10/53 Philippe Serna endorsed the scope of phase two of the review, which placed a cash review at the forefront. He noted that reserves and contingency had represented a significant amount in previous reports, and stated that he wished to see an analysis of what lay underneath the overall figure at the Financial Oversight Committee. Robert Paskell advised that a significant amount related to medical staff on rotation who worked across the region, as well as drugs prescribed by visiting consultants that were recharged to STH. It was agreed that the details would be discussed at the Financial Oversight Committee.

FinOC

15/10/54 Alan Armstrong asked for information on the timescales and plans for addressing the three key areas of action: reducing medical agency, outpatient activity, and CIP delivery. Robert Paskell advised that the

current CIP position was reflected in the month 6 position. Delivery of plans had been discussed with the Care Groups, which were expected to deliver for months 7 to 12. Where Care Groups were not able to deliver on CIP schemes, they were being asked to identify alternatives. In relation to medical agency, controls were being put in place to reduce additional sessions and to cease additional sessions for unfunded work. Care Groups were working to recruit and would look at developing alternative models. There were new rules from Monitor regarding nursing agency spend, and a consultation was underway regarding applying this to other agency staff groups. The Trust was looking at how this would impact. Staffing was a significant issue however, that would take time to resolve.

15/10/55 Geraldine Broderick noted that overspend by CCGs had supported the Trust in achieving its income in previous years, and that the national trend was to move away from this. Robert Paskell advised that the forecast had been discussed with CCGs and there was some concern that the Trust was overtrading on the Bassetlaw contract, which was being looked into. The detailed work on forecasting income would be taken to the Financial Oversight Committee

FinOC

15/10/56 In response to a query from Geraldine Broderick. Robert Paskell advised that the contract did not define expected staffing levels, and that the Trust determined the staffing required to deliver the contract and budgeted accordingly. Care Groups had gone over established levels in order to deliver activity, but some of that activity would not attract income. John Parker emphasised that the Trust could not undertake work it was not paid for.

15/10/57 Mike Pinkerton advised that contracted follow up levels were based on the national average, which was not necessarily appropriate to the population, and did not necessarily represent good care. Where there was an evidence base to support departure from the national average, CCGs would take this into consideration.

15/10/58 Richard Parker advised that there were different aspects to the staffing cost, and that the board should differentiate between staffing to fill rotas required for patient safety and the staffing needed to deliver targets and give the Trust headroom in relation to RTT. John Parker concurred.

15/10/59 In response to a query from Geraldine Broderick, David Purdue advised that Care Groups were supported by management accountants and received regular information regarding their performance against budgets. This information was discussed at accountability meetings, and some Care Groups had been under enhanced monitoring in addition to this.

15/10/60 David Crowe stated that CIP slippage and Care Group overspends had been reported previously, and that it had been reported that action was being taken to address these. He asked what the board could do to make a difference and improve upon the previous work.

15/10/61 Philippe Serna asked whether the forecast position factored in the latest agency expenditure position and delivery of savings plans. Robert Paskell advised that the forecast was updated each month based on current performance. Philippe Serna emphasised that the board needed to be able to act on accurate information.

15/10/62 Chris Scholey asked what operational action was being taken, and David Purdue provided a detailed verbal report on activity levels, performance, expenditure and action to reduce spend in each Care Group. The overall referral position as at month 6 was 5% above contract for Doncaster and 9% for Bassetlaw. Follow-ups had reduced, but there had been an increase in new appointments and in ED attendances and a significant proportion of work in September had been undertaken at premium cost. It was agreed that this report be circulated to directors following the meeting.

DP

15/10/63 Chris Scholey asked what assurance the Board could be given that CIPs were deliverable, and also asked what an achievable run rate would be. He noted that robust assurance would be required via the Financial Oversight Committee.

15/10/64 David Crowe stated that although the actions reported were positive, a step change was needed to ensure the grip and control plan was delivered. John Parker concurred, noting that a realistic analysis of the likelihood of the actions delivering benefits was needed. Richard Parker advised that the new context meant that there was increased urgency, therefore the pace of change would be accelerated.

The Finance Report was NOTED. Chris Scholey requested that non-executive forward any further questions which they wished to raise to John Parker, to be taken to the Financial Oversight Committee.

**NEDs /
FinOC**

Chairman's correspondence

Chris Scholey reported the following:

15/10/65 CQC Report - The recent CQC inspection had confirmed that the Trust was at the leading edge in terms of some aspects of quality performance, and further progress had been made in the last six months.

15/10/66 Chairs – Chris Scholey had met with the chair of a local trust experiencing similar financial issues and discussed their cost improvement plans. He had passed this information gained from this to Mike Pinkerton.

The Chairman's correspondence was NOTED.

Chief Executive's Report

Mike Pinkerton presented the report and highlighted the following:

15/10/67 CE objectives – With the exception of the finance position, performance against the objectives was good. Appraisals currently stood at 83%.

- 15/10/68** CQC Quality Summit – The CQC report had been published, and the Trust had been assessed as ‘Requires Improvement’. The assessment had indicated that the Trust was ‘Good’ for 74% of services, with an overall rating of ‘Good’ for both the Caring and Well Led domains. No services had been rated ‘inadequate’. A presentation would be shared with the Board at a later date.
- 15/10/69** An action plan would be submitted within the next 3 weeks, and this would be taken through the Trust Management Board. A number of actions had already been completed.
- 15/10/70** Nationally, 2 trusts had been rated ‘Outstanding’, 16 as ‘Good’, and around 70 as ‘Requires improvement’. The Trust’s performance, only just below the required level for ‘Good’, rated very well in that context.
- 15/10/71** Richard Parker reported that the Trust would need to display the rating information at the entrances to each of the Trust’s sites.
- 15/10/72** Vanguard – The initial meeting of the national team had taken place the previous week, and next steps had been set out.
- 15/10/73** Alan Armstrong asked what outcomes were expected from the Vanguard work, and in what timescale. Mike Pinkerton reported that this was not yet known, as it was not clear what exact support would be available. The successful application gave the collaborative access to the transformation fund, as well as access to support and expertise, but also came with responsibilities attached. Mike Pinkerton undertook to circulate further information.
- 15/10/74** CQC safeguarding inspection – The Trust had received positive initial feedback for the inspection of safeguarding and looked after children in Nottinghamshire.
- 15/10/75** PHSO report – The Trust had ranked as the 10th best out of 158 trusts for the number of PHSO complaints and number of investigations per clinical episode.
- 15/10/76** National Clinical Director for Dementia visit – Positive feedback had been received.
- 15/10/77** GMC training survey – The Trust was rated as 10th best nationally for educational supervision. There were some historical challenges in Emergency Medicine, and action had been taken in relation to these.
- 15/10/78** David Crowe commended the improvement in the GMC training survey results and noted that this was likely to be good for recruitment in the longer term.
- 15/10/79** Staff Survey – The national staff survey had been launched the aim was to

achieve a response rate of 50% or higher.

- 15/10/80** Reserve forces – The Trust was looking at how it supported veterans and had identified a champion for reserve forces staff.
- 15/10/81** NHS efficiency review – The Trust had responded with its proposals and would receive a pre-publication estimate of its Adjusted Treatment Index.
- 15/10/82** Alan Armstrong asked how the review could be used to drive improvements. Mike Pinkerton advised that the Trust had not seen the review yet, but that it was based on a model hospital and would provide a means of benchmarking. Other benchmarking tools were also available, including the reference cost index and PLICS. The Trust had asked to have early sight of the outcomes of the review.
- 15/10/83** Richard Parker reported that the review would comment on staffing benchmarks. On this topic, he also noted that the revalidation of nurses was potentially to be suspended for two years.
- 15/10/84** Tenders – The Trust had successfully bid for the AAA screening contract and the Integrated Sexual Health service in Bassetlaw. This was a very good result.
- 15/10/85** CaMIS – The system had operated successfully in many areas. A number of issues had arisen, some of which remained and action was being taken to address these. Clinicians were being supported through the change.
- 15/10/86** Awards – The Trust had received a bronze Wellbeing at Work award. The orthotics team had won the regional Medipex Innovation award for its in-house manufacturing unit, and this was a significant achievement. Sister Emma Sweeting had been nominated for a Doncaster Pride Award for an act of great compassion.
- 15/10/87** David Crowe requested that the board's congratulations be passed on to Emma Sweeting, and this was agreed. **MP**

The Chief Executive's Report was NOTED

K2 Implementation Update

- 15/10/88** Peter Watson presented the update, advising that both clinicians and patients had given good feedback. The expected roll-out timetable had been delayed, but the Trust had not been able to apply penalties due to the national contract used.
- 15/10/89** There had been some issues with regard to interfacing with other systems and workarounds had been put in place to enable neighbouring trusts to access information. Savings had been delayed due to the delay in roll-out, and the net position after two years was a saving of £60k. The system had enabled the Trust to record work more accurately, which had positively impacted on income. The payback period would be c. three and a half

years.

- 15/10/90** A number of lessons had been learned for future procurements, including the need for greater user involvement in designing the system and increased training of consultants and key staff.
- 15/10/91** David Crowe asked whether the training issue had now been addressed. Peter Watson reported that some of those who had been trained had left the Trust. However, superusers had also been trained and these had been developed to enable them to deliver training. The IT team had provided excellent support.
- 15/10/92** David Crowe asked whether the Trust had had different expectations to the supplier during the procurement exercise. Peter Watson advised that the issues had been discussed with the new Head of Procurement, and lessons learned for the future. In future, the procurement team would be involved throughout the process. John Parker noted that the procurement function had improved considerably since this contract.
- 15/10/93** Alan Armstrong asked what the impact had been on home birth rates. Peter Watson advised that he could not demonstrate that K2 had led to a higher home birth rate. An audit would be undertaken, but the home birth rate primarily depended on midwifery capacity and staffing. Alan Armstrong suggested that an audit of time now available for direct patient care might demonstrate quality.
- 15/10/94** Richard Parker advised that, as the midwives were still learning the system, the full benefits in terms of reduced time spent on admin were not yet being realised. The audit should be conducted once the system was being used at full capability, to ensure an accurate picture of the benefit was obtained. In terms of clinical outcomes, there were issues regarding the use of the new growth charts and the impact of this needed to be understood. Peter Watson echoed this.
- 15/10/95** Chris Scholey noted that he had met the nurse who was currently managing training on the system and had been impressed.
- 15/10/96** Philippe Serna asked how many contracts entered into by the Trust were subject to national negotiation and stated that the Trust needed to ensure that penalty clauses were included in all contracts. Mike Pinkerton advised that the Trust had moved away from the national programme, and now had greater control over contracts. He noted, however, that the costs of applying penalties could sometimes outweigh the benefits.
- 15/10/97** It was noted that the Chair of the Audit & Non-clinical Risk Committee met with the Head of Procurement quarterly to discuss matters like this, therefore Philippe Serna would be doing this moving forwards.

The K2 implementation update was NOTED.

Business Intelligence Report as at 30 September 2015

- 15/10/98** David Purdue, Gillian Payne and Richard Parker presented the report, highlighting the following:
- 15/10/99** RTT – Fines for non-achievement of the target would be applied at specialty level from October, therefore all specialties needed to achieve the standard. The move to CaMIS presented a challenge in terms of ensuring that data was validated.
- 15/10/100** Outsourcing – All contracts had been re-procured to ensure that penalties were in place and services were provided at rates below tariff.
- 15/10/101** Cancer – The data for the 62 day wait would be available at the end of the month but it was expected that the Trust would not achieve the standard for the quarter.
- 15/10/102** Stroke – The way stroke was reported had changed and would now be reported against a three month rolling position.
- 15/10/103** Cancelled Operations – There were two elements within this measure: admitted, and non-theatre. The Trust had not achieved in relation to non-theatre cancellations due to an equipment failure, and a flooding incident.
- 15/10/104** Alan Armstrong asked what action was being taken to improve upper GI cancer performance. David Purdue advised that processes prevent breaches were in place for all specialties, with alerts at key points such as after 28 days.
- 15/10/105** Alan Armstrong asked what plans were in place to accelerate progress with the elective activity project. Richard Parker advised that urgency had increased, and that work was taking place with key clinicians regarding the need to deliver benefits. Day to day delivery as well as system change was required and he planned to meet with David Purdue and the Heads of Nursing to review the position with regard to DBH2020 projects and CIP delivery, among others.
- 15/10/106** John Parker noted that the ambulance handover performance was poor, while ED performance was good and this was not consistent. David Purdue reported that there remained an issue with the accuracy and validation of reported ambulance handover data. The Trust was working with EMAS to resolve this and had agreed with the CCG that it would not be required to pay fines in relation to this. Chris Scholey requested that a report on progress be brought to the next meeting.
- 15/10/107** Chris Scholey queried the reason for gynaecology outliers. David Purdue advised that this had been due to high activity, which had led to bed pressures. The bed and capacity plan was being refreshed for the winter.
- 15/10/108** In response to a query from Chris Scholey regarding the current position with regard to bed capacity, David Purdue advised that the previous

DP

weekend had been challenging across the region. Richard Parker reported that escalation beds had been open for some weeks, and that this reflected the position across South Yorkshire as inpatient activity was at a high level.

- 15/10/109** HSMR – HSMR had been 74.38 for June, which was the best position achieved to date. The rolling 12 month position was also excellent at 103.45. This reflected the work put in to improve quality.
- 15/10/110** David Crowe commended the improvement and noted that although some of this improvement may be due to coding, the Trust should seek to address the perception that it was entirely due to coding changes. This was discussed further. Richard Parker noted that the trend showed that there was a correlation between crude mortality and HSMR, which suggested that improvements were not solely due to coding.
- 15/10/111** Serious incidents – 4 SIs had been reported, and Gillian Payne provided a summary of the cases.
- 15/10/112** Chris Scholey and John Parker queried the case where a patient had died from a bleed while on warfarin and Gillian Payne advised that this was being investigated and provided further detail.
- 15/10/113** Safety & experience – Performance for falls, pressure ulcers, complaints and C.Difficile remained good.
- 15/10/114** Chris Scholey highlighted that while the finance report reported decreased income, it had been reported earlier in the meeting that activity had increased. He asked for an explanation of this, and whether the Trust was charging for all work undertaken. It was agreed that information reconciling the activity and income reported positions would be circulated.

DP/RPas

The Business Intelligence Report was REVIEWED and NOTED.

People & Organisational Development Q2 Report

- 15/10/115** Dawn Jarvis presented the report, stating that although performance was good overall, there were a couple of areas of concern. The Care Group data fluctuated due to the difference between the reported month and four week roster periods. This would be addressed in future.
- 15/10/116** Turnover - Voluntary turnover was 7% on average. It was proposed that the turnover KPI be amended to track voluntary turnover in future, as this was a more meaningful measure.
- 15/10/117** Staff survey – The response rate was currently 28%, and a big communications push to promote the survey was underway.
- 15/10/118** Appraisals – Performance was good at around 83%.
- 15/10/119** Training – The position was deteriorating and it was believed that this was

due to reporting. The same approach would be applied as had been used to address low reported appraisal rates.

15/10/120 Recruitment – Analysis was required to make best use of the data, which was not currently sophisticated enough to drive decision making. This would be addressed.

15/10/121 Casework – Performance continued to show steady improvement.

15/10/122 Data quality - An internal audit of the data reported from ESR had been concluded, and should provide the Board with good assurance regarding the quality of the workforce information reported.

15/10/123 Alan Armstrong endorsed the move to a voluntary turnover KPI for the next year. He asked what plan there were to support grip and control in relation to vacancy rates. Dawn Jarvis advised that she had not shared plans with the executive team yet and suggested that she share them once she had done so. This was agreed.

DJ

15/10/124 John Parker stated that the increase in capability cases was positive news, as this indicated that issues were now being addressed. Alan Armstrong echoed this and also commended the increase in cases where there had been formal action short of dismissal.

15/10/125 Chris Scholey highlighted that the overall turnover number was 12%, which was high, and asked whether this might impact negatively on culture within the organisation. Dawn Jarvis acknowledged that turnover could have an impact on culture, but noted that the figure would include some internal and temporary staff.

15/10/126 In response to a query from Chris Scholey, Dawn Jarvis reported that all vacancies went through a vacancy control panel, and new starters were reconciled against vacancy control logs before being added to ESR.

The People & Organisational Development Q2 Report was REVIEWED and NOTED.

Nursing Workforce Update

15/10/127 Richard Parker presented the report, stating that the fill rate had been 98%. The substantive workforce had increased from September as newly qualified nurses joined.

15/10/128 Agency spend had been 3.3% against a target of 3%. Most of the wards with the most significant deficits were areas where there were winter beds which had not been required. The number of 'no harm' incidents reported reflected and was correlated with the vacancy position.

15/10/129 Nurse manager clinical time had been maintained in most cases. Where it had not been, this was due to annual leave and staffing pressures.

- 15/10/130** Overseas recruitment – Nursing had been added to the list of shortage occupations. The 48 remaining candidates would still need to pass the challenging English language exam, and it was anticipated that some candidates would join the Trust from January.
- 15/10/131** Skill mix - Discussions would be taken forward at a forthcoming meeting between Richard Parker, David Purdue and the Heads of Nursing, who had been asked to produce plans in advance of the meeting.
- 15/10/132** AUKUH – The Trust was working with the national programme which was looking at supplementing the AUKUH measure with a patient time element. The Trust would be involved in the pilot in order to gain an early understanding of how the new measure might work.
- 15/10/133** Philippe Serna asked whether the Trust was in contact with the 48 overseas candidates to ensure they remained interested, and Richard Parker confirmed that the Trust was in regular contact. Dawn Jarvis advised that a Facebook page had been set up.
- 15/10/134** The market conditions and regulator views in relation to staffing, and agency caps was discussed. Richard Parker noted that the CQC had previously taken the view that beds should be fully staffed even when they remained empty.

The Nursing Workforce Update was DISCUSSED and NOTED.

Complaints, Compliments, Concerns & Comments Q2 Report

- 15/10/135** Richard Parker presented the report, advising that the Trust benchmarked well externally. Performance had been steady, in the context of a national increase in complaints, and numbers were not showing any significant rises. The top ten themes remained unchanged.
- 15/10/136** Progress had been made to improve response rates, with a 50% improvement on the position two months previously. The number of complaints ongoing for over 18 weeks had reduced.
- 15/10/137** One PHSO complaint had been partially upheld in Q2. The PHSO had recommended recompense and an apology from the Trust
- 15/10/138** Chris Scholey commended the reduction in outstanding complaints but noted with concern the relatively high number of complaints in ED.

The Complaints, Compliments, Concerns & Comments Q2 Report was NOTED.

Board sub-committee structure and membership

- 15/10/139** Two points of accuracy were noted in relation to the sub-committee structure chart. It was noted that Chris Scholey chaired the Fred and Ann Green Legacy Committee, while Alan Armstrong chaired the advisory

group. It was also noted that Yvonne Butcher chaired the Joint Staff Consultative Committee.

- 15/10/140** The proposals regarding the Board's sub-committee structure and membership, including the proposal to establish a Training and Education Oversight Committee were APPROVED subject to the amendments noted above.

Minutes of the Management Board meeting held on 28 September 2015

- 15/10/141** Geraldine Broderick highlighted the lack of actions in the minutes, and stated that the Management Board should be subject to ongoing review to ensure that it remained focused and effective.
- 15/10/142** The Minutes of the Management Board meeting held on 28 September 2015 were NOTED.

Minutes of the Clinical Governance Oversight Committee meeting held on 20 July 2015

- 15/10/143** The Minutes of the Clinical Governance Oversight Committee meeting held on 20 July 2015 were NOTED.

Minutes of the Fred and Ann Green Legacy sub-committee meeting held on 23 June 2015

- 15/10/144** The Minutes of the Fred and Ann Green Legacy sub-committee meeting held on 23 June 2015 were NOTED.

Items for escalation from sub-committees

- 15/10/145** None raised.

Board of Directors and Board Briefing Agenda Calendars

- 15/10/146** The agenda calendars were NOTED.

Any other business

- 15/10/147** None.

Governor questions

- 15/10/148** David Cuckson thanked the board for keeping governors informed regarding the deterioration in the financial position and asked why the number of capability cases due to failure of sickness targets had increased so significantly. Dawn Jarvis advised that more sickness cases were being dealt with through capability processes rather than disciplinary.
- 15/10/149** David Cuckson noted that communication by doctors was the biggest single cause of complaints and stated that he would like to see medical staff represented on the patient experience committee. Richard Parker advised that the key thing was to ensure that an appropriate person

attended from each Care Group, regardless of their staff group. The Care Group representatives were expected to feed back issues to their Care Group, and that this had been audited.

15/10/150 Mike Addenbrooke noted that concerns regarding the reported financial position for months 1 and 2 had been raised in a confidential 'part two' meeting in June. He had sought assurance through John Parker, and this had been provided. He asked why the position had not been queried more rigorously at the time. Chris Scholey advised that the questions had been asked on a number of occasions, but noted that non-executive directors were not able to check the operational details. John Parker stated that the problem would have been picked up through internal audit, as an audit to look at cash reconciliations had been planned. The internal audit plan had been appropriate. External assurance regarding the 2014/15 accounts had also been good, with PwC giving the Trust an unqualified audit opinion.

15/10/151 Mike Addenbrooke expressed concern that a local company which had supplied a service to the Trust was having difficulty obtaining payment for a small invoice. John Parker agreed that it was important to ensure that small and local companies were paid in good time, and noted that assurance had been provided that this was happening. It was agreed that the finance team would review all invoices to ensure suppliers were paid in appropriate timeframes. David Purdue undertook to chase payment of the invoice in question.

RPas

15/10/152 Mike Addenbrooke raised the following questions on behalf of George Webb, who was not present:

15/10/153 George Webb had asked whether the number of DNAs was connected to the outpatient cap. David Purdue confirmed that these were different issue and explained them.

15/10/154 In relation to minute 15/19/72, George Webb had asked whether posts were being replaced with lower grade staff. Richard Parker advised that changes to workforce models were being considered where the Trust was unable to recruit to rotas. The Trust needed to deliver high quality patient care by making the best use of the staff available, which might require changes. The changes to workforce models were not cost reduction measures but were instead about improving sustainability.

15/10/155 George Webb had asked whether the board had reviewed Care Group action plans as reported at minute 15/09/75. Chris Scholey advised that this had now been superseded and cost reduction actions plans would now be considered by the Financial Oversight Committee.

15/10/156 George Webb had asked whether the discussion regarding the board assurance summary reflected a wish to avoid challenge. Richard Parker confirmed that this was not the case.

Date and time of next meeting

15/10/157 It was confirmed that the next meeting of the Board of Directors would be held at 9am on Tuesday 24 November 2015 in the Boardroom at Bassetlaw Hospital.

.....
Chris Scholey
Chairman

.....
Date

Minutes of the meeting of the Board of Directors
held on Tuesday 24 November 2015
in the Boardroom, DRI

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Geraldine Broderick	Non-executive Director
	Jeremy Cook	Interim Director of Finance
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of People & Organisational Development
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Emma Bodley	Head of Communications & Engagement
	Maria Dixon	Head of Corporate Affairs
	Kate Sullivan	Corporate Secretariat Manager
Public:	George Webb	Public Governor

ACTION

Apologies for absence

15/11/1 No apologies were received.

Register of directors' interests and 'Fit and Proper Person' declarations

15/11/2 No amendments were noted.

Minutes of the meeting held on 27 October 2015

15/11/3 The minutes of the meeting held on 27 October 2015 were APPROVED as a correct record of the meeting, subject to the correction of 4 typographical corrections and the following amendments:

15/11/4 15/10/36 – Final sentence to be removed.

15/11/5 15/10/54 – “other staff” to be amended to “other agency staff”.

15/11/6 15/10/61 – “the agency” to be amended to “the latest agency”.

15/11/7 15/10/70 – “12” to be amended to “16”.

15/11/8 15/10/75 – “10th” to be amended to “10th best”.

15/11/9 15/10/77 – “10th best for” to be amended to “10th best nationally for”.

- 15/11/10** 15/10/96 – “contracts were negotiated nationally” to be amended to “contracts entered in to by the Trust were subject to national negotiation”.
- 15/11/11** 15/10/97 – “Philippe Serna would meet with” to be amended to “the Chair of the Audit Committee met with” & “in his role as Chair of the Audit & Non-clinical Risk Committee” to be amended to “therefore Philippe Serna would be doing this moving forward”.
- 15/11/12** 15/10/101 – “September” to be amended to “the quarter”.
- 15/11/13** 15/10/124 – “as this indicated that issues were now being addressed.” To be added to the end of the first sentence.
- 15/11/14** 15/10/125 – “this would” to be amended to “that turnover could”.
- 15/11/15** 15/10/130 – “hoped” to be amended to “anticipated”.
- 15/11/16** 15/10/132 – “replacing” to be amended to “supplementing”.
- 15/11/17** 15/10/133 – “weekly” to be amended to “regular”.
- 15/11/18** 15/10/149 – “would be audited” to be amended to “had been audited”.
- 15/11/19** 15/10/150 – “position for had been raised” to be amended to “position for months 1 and 2 had been raised”
- 15/11/20** 15/10/154 – “which would” to be amended to “which might”.

Actions from the previous minutes

- 15/11/21** The action notes from the meeting held on 27 October 2015 were reviewed and updated.

Matters arising

- 15/11/22** 15/10/38 – In light of the misreporting of the Trust’s financial position to the Board, David Crowe queried whether executives had sought assurance that information from other areas was accurate and this was discussed. Recent temporary changes in the executives’ portfolios had created an opportunity to validate data in each area. The executive team acknowledged the need to double check all information and sources and to report any margins of error to the Board.

Execs

Chairman’s correspondence

Chris Scholey reported the following:

- 15/11/23** Working Together Programme (WTP) - Mike Pinkerton would be stepping down as Executive Lead for the WTP Executive Board after two years in the position, during which time there had been a successful Vanguard

application. The new executive lead and governance arrangements would be discussed at a meeting of the Chairs of the WTP, scheduled to take place in a few weeks.

15/11/24 Board of Governors Timeout – The next session would take place on 4 December 2015 in the Boardroom at Montagu Hospital.

15/11/25 Monitor – Monitor were to visit the Trust on 1 December to meet with Chris Scholey, Mike Pinkerton and members of the executive team.

The Chairman's correspondence was NOTED.

Chief Executive's Report

Mike Pinkerton presented the report and highlighted the following:

15/11/26 Performance – Overall performance was strong. The 4hr access target had been under pressure in the current quarter due to continued demand on emergency services. The Trust had achieved 95.4% in October and it was expected that performance would be maintained.

15/11/27 Finance – Tenders to undertake the independent external investigation into the misreporting of the Trust's financial performance had been evaluated and KPMG had been identified as the preferred bidder. If the decision was approved by Monitor, KPMG would provide a draft report by Christmas. KPMG would also be providing further cash management advice.

15/11/28 The Trust had agreed with Monitor to change the phasing of further external advisory work so that it could be informed by the outcomes of the investigation, and ensure that all weaknesses were addressed.

15/11/29 In response to a query from Martin McAreavey with regard to when the 360 Assurance report on the work they had undertaken would be available, it was clarified that only a draft report was available at this stage. The final report would be circulated as soon as it was provided.

MP

15/11/30 Monitor – Monitor had announced at the end of October that the Trust's governance risk rating was 'under review', and would remain so until a decision had been taken regarding further action. Weekly phone meetings with Monitor were currently taking place and a face-to-face meeting was planned for early December.

15/11/31 In response to a query from Geraldine Broderick, Mike Pinkerton advised that three representatives from Monitor were expected to attend the meeting, including the relationship manager. He agreed to circulate the agenda and to clarify which executives were required to attend.

MP

15/11/32 Finance team capacity – Temporary support had been sourced to support the work to reconcile control accounts and supplier statements to ensure that all liabilities were reflected within the financial statements.

- 15/11/33** Initial recovery plans were being developed and would be shared with Monitor on 1 December.
- 15/11/34** Proposed industrial action by junior doctors – Since the report had been written, Junior Doctors had voted in favour of industrial action: provision of emergency care only on 1 December and full walk-outs on 8 and 16 December. Plans to mitigate the impact of this were being developed.
- 15/11/35** Safe staffing and efficiency – The Trust had received a letter from Monitor, the TDA, NHS England, CQC, NICE and the Chief Nursing Officer regarding safe staffing and efficiency. It stated that to support the Trust’s efforts to manage agency staffing costs, the mandatory use of approved frameworks for procuring nursing agency staff would come in to effect on 19 October. It also stated that the 1:8 ratio for adult nursing was a guide, not a mandate, and that front line judgements should be used to define safe staffing levels.
- 15/11/36** David Crowe queried how judgements were expected to be made, and it was confirmed that this had not been defined. During further discussion Richard Parker stated that patient safety would take priority in all cases and this was endorsed. There was a new process and only executives could approve the use of ‘off framework’ agency staff. There had been a marked decrease in the use of tier 3 agency staff since the implementation of the new process.
- 15/11/37** In response to a query from Martin McAreavey with regard to learning from other organisations, Richard Parker advised that this had been looked at. Other trusts were experiencing similar issues and were addressing them similarly, through new processes and workforce reviews.
- 15/11/38** It was agreed to circulate the national agency cap rates. **DJ**
- 15/11/39** Health Education Yorkshire & Humber – multi-professional quality review - A visit to meet students and educators had taken place at DRI on 10 November. It had been the first of its kind in England, with all students in key speciality areas. There was very good feedback and the chair had said that “the change in ED was almost transformational”. The Board congratulated the ED team on this. The full report would be taken to the Training and Education Oversight Committee. **TEOC**
- 15/11/40** Working Together Vanguard – The collective had been supported immediately with £300k to support PMO costs for the remainder of the year, with the potential for further support in the following year. The group were now working on value propositions to unlock potential investment in system transformation.
- 15/11/41** Autumn roadshows – The executive team had conducted eight roadshows across all sites to update staff on the CQC inspection feedback and the financial position. Staff feedback and turnout was discussed. Feedback had

been overwhelmingly positive but turnout had been low and the Trust needed to consider ways to improve staff communication and engagement. Staff communication methods included DBH Buzz; staff brief, which was available to watch online; and 'ask the boss'. David Crowe noted that internal audit were assessing the effectiveness of staff communication.

Execs

- 15/11/42** NHS national position – The national Q2 position for NHS providers stood at a deficit of £1.6bn. It had been announced that there could be potential additional funding to support the NHS, and this was discussed.
- 15/11/43** In response to a query from Martin McAreavey with regard to the role of DBH2020 going forward, Mike Pinkerton advised that the work programme was being revised and plans would be discussed with Monitor. The outcome of these discussions would be shared with the Board.
- 15/11/44** CaMIS implementation – Overall the system was working well, but there were issues and these were outlined in the paper. The most significant issue was the supply of notes to certain clinics and this was discussed.
- 15/11/45** Geraldine Broderick asked whether this had resulted in quality or safety issues. David Purdue gave a detailed update on the issues, which had meant that some clinics had not received notes. Some issues had been resolved, but further work remained and this was being taken forward.

The Chief Executive's Report was NOTED

Finance Report as at 31 October 2015

- 15/11/46** Jeremy Cook presented the report, stating that one of the key issues identified was that a number of key control accounts had not been reconciled. In addition, reconciliations were required with supplier statements to ensure all liabilities were reflected. Until this had been completed, confidence in the reliability of the reported financial position was low.
- 15/11/47** The level of unreconciled control accounts was discussed. It was noted that internal audit had found the previous year that most control accounts had only been reconciled quarterly. It had been agreed that the frequency would be increased to monthly, but this had not happened. Jeremy Cook stated that he would expect all control accounts to be reconciled every month. John Parker noted that significant assurance had been provided in respect of financial systems in June 2015, but that the ANCR committee had only received the summary report without the underlying detail. This was discussed.
- 15/11/48** The reliability of the reported 2014/15 year end position was discussed. The restatement of the 2014/15 financial accounts would be considered after a clean balance sheet had been provided.
- 15/11/49** Finance team capacity – An experienced accountant with significant

experience implementing controls and troubleshooting in the NHS had been appointed to lead on reconciling supplier statements and would commence in post on 30 November. Existing staff had agreed to work overtime to expedite the completion of reconciliation work required to establish an accurate financial position. Some staff seconded elsewhere had returned to the finance team.

15/11/50 Timescales – It was expected that the December 2015 accounts, to be reported in January 2016, would reflect an accurate financial position.

15/11/51 Financial overview - Month 7 stood at £15.4m behind the planned £2.1m deficit. The run rate was discussed; more work was needed to understand this and Jeremy Cook undertook to report back to the Board.

JC

15/11/52 Income – Clinical income had overperformed by £1.2m in October, giving a £153k overperformance for the year to date.

15/11/53 In response to a query from Martin McAreavey with regard to whether the Trust understood which income streams were the most profitable and this was discussed in detail. Jeremy Cook advised that more work was needed to understand the PLICS position. This would help to inform where efforts should be focused to reduce costs. Profitability also needed to be analysed at care group, specialty and site level to inform the strategy going forward.

15/11/54 In response to a query from Martin McAreavey with regard to activity levels, Jeremy Cook advised that work continued to be outsourced when activity was lower than planned or expected. More work needed to be done a speciality level to understand capacity, and this was discussed.

15/11/55 Expenditure - £15.611m above plan at Month 7, with an in-month increase of c. £4m against Month 6. The pay variance of £4.507m continued to be a key concern. As in previous months, pay overspends had been primarily driven by medical expenditure pressures of £4.910m due to the use of non-substantive staff.

15/11/56 CIP – Performance was disappointing, with the majority of schemes not delivering the planned level of savings. The slippage was included in the expenditure variance report.

15/11/57 David Crowe asked what was being done to drive CIP. It was reported that this and the Grip & Control plan were due to be discussed with Monitor in 1 December and an agreed plan would follow, which the Board would be able to discuss in detail. It was agreed that the Grip & Control Plan would be discussed at the next Board Brief.

MP

15/11/58 Capital Expenditure - £9m at month 7; £0.8m behind plan. 13m of capital expenditure was thought to be the minimum commitment for 2015/16. This was £3m higher than the figure reported in October, due to a higher level of commitment to capital projects than was previously understood.

15/11/59 Cash - £2.6m at month 7; £2.4m below the planned level of £5m. To support the cash position, local CCGs and the NHSLA had agreed to reprofile payments. Suppliers had become increasingly concerned and the Trust needed to redouble efforts to secure payments from commissioners. Discussions were also underway with DMBC with regard to reprofiling payments.

15/11/60 An application for loan funding had been submitted to Monitor on 26 November and approval was awaited.

15/11/61 The draft KPMG cash management report had been provided and the final report would be circulated once available. Further support would be required from KPMG to deliver the recommendations.

MP

15/11/62 Creditor Days – Some NHS suppliers were being paid after over 90 days. This was discussed. John Parker expressed concern regarding the risk of suppliers stopping supplies to the Trust, and the impact on small and medium sized businesses. Jeremy Cook advised that the Trust was compiling a list of small businesses and local suppliers to ensure that they were paid. It was agreed that a new aged creditor report would be provided in future finance reports.

JC

15/11/63 Jeremy Cook stated that payment plans would be agreed with all suppliers; and this was endorsed by non-executives. It was noted that no non-NHS suppliers were being paid later than 90 days from invoice.

15/11/64 Care Group performance – Geraldine Broderick asked what work was being done at Care Group level to address the issues. Jeremy Cook reported that he would be meeting with CG teams to discuss this. David Purdue advised that GMs, HoNs and management accountants had reviewed Care Group budgets in detail. Richard Parker would chair the first Grip & Control meeting with Care Groups on 25 November.

The Finance Report was REVIEWED and NOTED.

Business Intelligence Report as at 31 October 2015

15/11/65 David Purdue, Richard Parker and Sewa Singh presented the report, highlighting the following:

15/11/66 ED 4hr access target – The Trust had achieved 95.45% for October. There had been a significant increase in throughput during half term and an increase in conversion to admissions. Alan Armstrong commented that he had been very encouraged during a recent visit to the ED at DRI.

15/11/67 New urgent care model – Referrals to GPs were lower than planned and this was discussed. David Purdue advised that KPIs were monitored on a weekly basis and weekly meetings were taking place with FCMS where GP rotas were provided. There had been issues with regard to GP availability and this had been raised robustly with the CCG prior to introduction of the service. The CCG had given assurance that this would be monitored.

- 15/11/68** Ambulance handover – Handover times had improved in September following delivery of the action plan.
- 15/11/69** RTT – After validation RTT was at 92.7%, not 92.6% as stated in the report. Nationally the Trust was in the top 10% of acute trusts for data accuracy following the validation exercise.
- 15/11/70** There had been a 16% increase in ENT referrals since the beginning of the financial year. Philippe Serna stated that this did not appear to correlate with the finance report. It was agreed to triangulate the data and provide an update to the Financial Oversight Committee. **JC/DP**
- 15/11/71** Cancer – Cancer targets had not been achieved for 62 day pathways. Performance had improved in September, at 86.2%, but the quarter had ended at 84.8%. Significant work had been undertaken by David Purdue and Sewa Singh and action was being taken to ensure improvements in internal pathways. Referral pathways were being agreed with tertiary providers.
- 15/11/72** In response to a query from Geraldine Broderick it was agreed to provide the number of patients waiting more than 62 days. **DP**
- 15/11/73** Chris Scholey queried the level of increase in target referrals, which stood at 40%, and this was discussed. Sewa Singh advised that the UK had benchmarked poorly for early cancer diagnosis. Subsequent NICE guidance and public health campaigns encouraging patients to visit their GPs if they had concerns were likely to be key reasons for the increase in referrals.
- 15/11/74** Cancelled operations – The introduction of CaMIS had impacted on outpatient DNAs, which had increased by 9.4% due to initial issues with the interface with the Choose and Book system. This was now resolved.
- 15/11/75** Alan Armstrong asked whether standard booking rules had been incorporated in to the CaMIS system. David Purdue advised that this was being taken forward to ensure that all clinics were booked efficiently and to provide patients with better choice and greater flexibility.
- 15/11/76** Diagnostic waits – Alan Armstrong commended the improvement in diagnostic waits; this was echoed by Chris Scholey and John Parker.
- 15/11/77** Stroke – Direct access had fallen due to new reporting against the SNAPP data; work to look at data accuracy was underway. The Trust would look at what other trusts were doing differently in order to learning from practice elsewhere. It was noted that the direct scanning target had been achieved for the first time.
- 15/11/78** HSMR – The 12 month rolling HSMR stood at 101.38 and overall there was a positive trend. The Trust was in the process of migrating from Dr Foster to HED, which might affect HSMR, but continued improvement was

expected. Crude mortality for October was 1.27.

15/11/79 Martin McAreavey noted that elective and non-elective HSMR trends were moving in opposite directions. This was discussed and it was agreed that analysis to better understand the shift in elective HSMR would be provided. Chris Scholey commented that overall the trend was positive.

SS

15/11/80 Stillbirths – Alan Armstrong asked what steps had been taken to improve stillbirth rates, and this was discussed. It was noted that Yorkshire and Humber had a higher than average stillbirth rate. The Trust had a robust stillbirth review process and action plan in place, and had recently returned results to NHSE and had been either fully or partially compliant with all recommendations. Areas of partial compliance were being taken through the clinical governance process. Sewa Singh commented that there was a greater emphasis on robust antenatal care.

15/11/81 IPC – October had the joint highest number of C.Diffs in the current year. There were lessons to be learnt from reviews, including lessons relating to new doctors and adherence to antibiotic prescribing protocols. There had been two cases in November so far.

15/11/82 HAPUs – Good performance had been maintained. Work was ongoing with the wound care and tissue viability teams to make structural changes.

15/11/83 Falls – Performance was 25% better than at the same time the previous year. A falls practitioner was now in post.

15/11/84 Complaints, concerns and compliments – The restructure of the patient experience team was working well and the number of ongoing complaints had been reduced from 200 to 90. This was commended by Chris Scholey.

15/11/85 In response to a query from Martin McAreavey with regard to how concerns were managed, Richard Parker advised that all concerns were RAG rated. If an informally raised concern was rated 'red', a formal written response would be provided. Internal Audit had audited compliance with the policy, and the report and recommendations would be taken through the governance process.

15/11/86 Friends & Family Test – Chris Scholey noted that the Trust's results for 'likely to recommend' had moved above the average for England, and this was commended.

15/11/87 Outliers – There had been up to 21 outliers in October. Geraldine Broderick raised concern about this and the issues were discussed. There needed to be a better approach to communicating issues to GPs; David Purdue would present the bed plan to the SRGs and Mike Pinkerton and Sewa Singh would discuss the matter with the CCGs.

The Business Intelligence Report was REVIEWED and NOTED.

Nursing Workforce Update

- 15/11/88** Richard Parker presented the report, stating that overall planned versus actual hours worked in October had been 99%.
- 15/11/89** Safe staffing & efficiency – The Trust’s annual ceiling for agency expenditure for registered general and specialist nursing staff, midwives and health visitors had been set at the lowest level of 3%. October showed expenditure at 3.57%, compared to 3.3% in September, reflecting the opening of escalation beds to manage bed pressures.
- 15/11/90** Nurse manager clinical time – HoN clinical time in the Children and Family Care Group had been below the internal standard in October due to annual leave.
- 15/11/91** Overseas recruitment – There had been further delays to overseas recruitment plans. Only 2 of the 40 candidates had passed the required masters level English test to date, and this was disappointing. There were also national issues relating to visas. Richard Parker provided an overview of national and local workforce issues and this was discussed.

The Nursing Workforce Update was DISCUSSED and NOTED.

CQC Presentation and Action Plan

- 15/11/92** Mike Pinkerton delivered the presentation that had been used at the CQC Quality Summit on 21 October. He outlined the Trust’s response to the inspection findings, what the Trust was doing to address the issues raised, challenges and where additional support was needed.
- 15/11/93** Richard Parker presented the CQC action plan which had been developed following the Quality Summit and publication of the comprehensive inspection reports. The plan had been submitted to the CQC the previous week and would be monitored through the Clinical Governance Quality Committee and Clinical Governance Oversight Committee. Next steps included undertaking mock inspections in Q3 and Q4 and establishing a quality monitoring process using benchmarking tools.
- 15/11/94** David Crowe queried the RAG rating of actions. Only those actions due to be completed by October had been RAG rated; the remainder were yet to be updated. Richard Parker undertook to ensure this was completed.
- 15/11/95** The Trust assessed the outcome as being in the top 20% of Trusts inspected so far. This was a significant achievement and the work of Trust staff to achieve this was commended by the board.

RP

The CQC presentation and action plan were NOTED.

Annual Statement of Compliance against the National Core Standards for Emergency Preparedness, Resilience and Response

15/11/96 The Trust had declared FULL compliance against the 2015/16 core standards following a self-assessment supported by the Accountable Emergency Officer HazMat/CBRN Lead. The Trust had been rated compliant against 31 of the standards and partially compliant against 2 standards; plans were in place to address these areas.

15/11/97 The Annual Statement of Compliance against the National Core Standards for Emergency Preparedness, Resilience and Response was APPROVED and would be signed by Mike Pinkerton.

MP

Register of Sealing

15/11/98 Maria Dixon presented the report, and advised that sealing numbers 66 and 67 had not been carried out in compliance with the Standing Orders. The departures from the standing orders were set out in the paper.

15/11/99 Maria Dixon undertook to review controls surrounding the use of the seal and to take appropriate action and advise the board of any changes. John Parker endorsed this. It was agreed to provide assurance that the market value of the properties disposed of reconciled to the value achieved and to obtain a list of assets disposed of over the last 2 years.

MD/JC

15/11/100 The Register of Sealing report was NOTED.

Minutes of the Management Board meeting held on 2 November 2015

15/11/101 MB/15/10/79 (Flu vaccine) – Martin McAreavey noted that only 27% of medical staff had been vaccinated at the time of the meeting and asked what plans were in place to encourage staff to take up the vaccine. Dawn Jarvis advised that the figure had risen since the time of the meeting. To demonstrate leadership and support, Heads of Nursing had been carrying out vaccinations and Care Group Directors has been asked to encourage all staff, including medical staff, to take up the vaccine.

15/11/102 The minutes of the Management Board meeting held on 2 November 2015 were NOTED.

Minutes of the Audit & Non-clinical Risk Committee meeting held on 18 September 2015

15/11/103 The minutes of the Audit & Non-clinical Risk Committee meeting held on 18 September 2015 were NOTED

Minutes of the Clinical Governance Oversight Committee meeting held on 19 October 2015

15/11/104 The minutes of the Clinical Governance Oversight Committee meeting held on 19 October 2015 were NOTED.

Minutes of the Charitable Funds Committee meeting held on 27 October 2015

15/11/105 The minutes of the Charitable Funds Committee meeting held on 27 October 2015 were NOTED.

Items for escalation from sub-committees

15/11/106 None raised.

Q2 Monitor Declaration

15/11/107 It was noted that the information regarding the financial position contained within the declaration was currently subject to post-submission revalidation. Until the required reconciliation work had been completed, the confidence in the reliability of the reported financial position was low.

15/11/108 The Q2 Monitor Declaration was NOTED.

Health and Wellbeing Board Decision Summary

15/11/109 The Health and Wellbeing Board Decision Summary was NOTED.

Board of Directors and Board Briefing Agenda Calendars

15/11/110 The agenda calendars were NOTED.

Any other business

15/11/111 It was agreed for the Financial Oversight Committee to be abbreviated to FinOC.

Governor questions

15/11/112 In response to a request from George Webb for an update on Nurse Revalidation, Richard Parker advised that this was still going ahead but on a more limited basis than had previously been expected, with less emphasis on the role of organisations. The change had been due to the anticipated cost pressures of the original proposals at a time when many organisations were experiencing financial difficulties. The Trust was broadly compliant with the new proposals, which were due to come into effect on 1 April 2016.

Date and time of next meeting

15/11/113 It was confirmed that the next meeting of the Board of Directors would be held at 9am on Tuesday 22 December 2015 in the Boardroom at Bassetlaw Hospital.

.....
Chris Scholey
Chairman

.....
Date



Title	Financial Performance - November		
Report to:	Board of Governors	Date:	19 January 2016
Author:	Jeremy Cook, Interim Director of Finance		
For:	Discussion		
Purpose of Paper: Executive Summary containing key messages and issues			
To update the Board of Governors on the financial position for the 8 months to 30 November. Until all control accounts have been reconciled and key supplier statements reconciled the reliability of the reported financial position referred to in the financial report is low.			
Recommendation(s)			
Governors are asked to NOTE that the reported financial position is a deficit of £21.1m which is £20.5m behind the planned deficit to date of a £0.6m. Until all control accounts and key supplier statements have been reconciled the reliability of the accuracy of this reported position is low. The plan is to report an accurate position for the December results reported to the January Board of Directors.			
Delivering the Values – We Care			
<ul style="list-style-type: none">Not applicable			
Related Strategic Objectives			
<ul style="list-style-type: none">Provide the safest, most effective care possibleControl and reduce the cost of healthcareFocus on innovation for improvementDevelop responsibly, delivering the right services with the right staff			
Analysis of risks			
<ul style="list-style-type: none">Due to the deficit the Trust is in breach of its license with MonitorAn accurate financial position cannot currently be reported			
Board Assurance Framework			
1	Failure to achieve compliance with Monitor Risk Assessment Framework, CQC and other regulatory standards, triggering regulatory action.	5 x 4 = 20	
5	Failure to deliver financial plan.	5 x 5 = 25	
19	Failure to deliver turnaround / cost reduction programme.	4 x 5 = 20	



FINANCIAL PERFORMANCE –NOVEMBER 2015

1. Overview

- 1.1 As a result of the material change in the Trust's reported financial position at Month 6 the Trust has appointed KPMG to conduct an investigation into the issues surrounding the misreporting of the 2015/16 financial performance.
- 1.2 One of the key issues identified is that a number of key control accounts have not been reconciled in the financial system. In addition reconciliations are required with supplier statements to ensure that all liabilities for goods and services purchased by the Trust are reflected within the financial statements.
- 1.3 Until this work has been completed the confidence in the reliability of the reported financial position referred to in this financial report (1.5 to 4.7 below) is low. The plan is to complete this work for Month 9 closedown which will allow an accurate year to date financial position to be established.
- 1.4 Until the work referred to in 1.2 is complete the Trust is not in a position to produce a reliable estimate of the forecast year end position. This work is scheduled for completion for the month 10 closedown.
- 1.5 As at Month 8 the Trust is £20.5m behind its planned position of a £0.6m deficit to date. As in previous months medical staff costs continue to be a main area of concern, with adverse variances in a number of specialties with particular focus on the Surgical, Emergency and Children & Families Care Groups who continue to be over established against funded levels. In addition there are large overspends on other non-pay costs and non-delivery of efficiency savings.

2. Income

- 2.1 Income at the end of month 8 (inclusive of Recharges, Education and Outsourcing income) is £0.961m below plan (£0.870m at month 7).
- 2.2 NHS clinical income has over-performed by £162k during November, giving a £315k over-performance for the year to date. This is mainly due to Emergency activity (£1,567k) and other income (£1,038k) which is partly offset by an underperformance on Elective & Daycase activity (£1,222k), although both performed broadly in line with plan in November. Other areas contributing to the underperformance is the impact of the Outpatient Cap (£915k).
- 2.3 Outpatient performance in month continues to be behind plan cumulatively, although November's performance was slightly ahead of plan, with First activity year to date underperformance reducing to £346k and Follow Up performance now £548k below plan due to the application of the Outpatient Cap. The total Outpatient Cap as at month 8 is £915k (£906k at month 7); this is across most specialties with the main ones being Urology £206k, Gynaecology £94k, Dermatology £103k and Respiratory £88k. Valuable capacity continues to be used to deliver unfunded follow up work, whilst pressure remains on both waiting lists and medical staffing to deliver this capacity often at premium rates due to non-substantive cover. This will be a key element of the Trust's recovery plan.
- 2.4 Education and training continues to under-perform (£246k) due to reduced student numbers. Other income is under-performing (£373k) mainly due to recharges (opposite entry in expenditure), internally generated income and asset sales; this is partly offset by over-performance on provider to provider contracts.

3. Expenditure

- 3.1 Expenditure at month 8 is £20.688m above plan (£15.611m at month 7). The pay variance of £5.467m (last month £4.507m) continues to be a key concern as the run rate is increasing. As in previous months pay overspends are primarily driven by medical expenditure pressures of £5.841m (last month



£4.910m), due to the use of non-substantive staff. Medical agency costs remained broadly in line with month 6 and 7 at £1.5m which continues to be above the average seen in months 1 to 5 of £1.1m. In overall terms 28.1% of the total Medical staff pay bill is now on non-substantive staffing. The overspend is inclusive of over-establishment against funded levels, with significant overspends now being reported in Childrens, Women's & Maternity, Medical Imaging, A&E, Emergency Medicine, T&O, Ophthalmology, GI, Stroke, Diabetes & Endocrinology, ENT and Anaesthetics. Again these issues will form a key element of the Trust's recovery plan. Further pay pressures in the reported month 8 position include nursing and Medical Imaging agency cover of non-medical staff above budgeted levels.

- 3.2 Non pay variances are inclusive of Non PbR drugs underspend, PbR drugs pressures in Critical Care and outsourcing pressures in relation to Medical Imaging and GI. There are also large variances linked to activity on dressings, medical & surgical consumables and prosthetics; and efficiency under performance on schemes where budget retraction has now been actioned. The reported variance on reserves continues to reflect both the planned release of general contingency and the impact of the working days adjustment (to phase appropriate expenditure budgets in line with the working days in the month). It also includes the release of surplus reserves following a full reserve review in month 6 and efficiency reserves not retracted from budgets.
- 3.3 CIP performance to date is still very disappointing with the majority of schemes not delivering the planned level of savings. This slippage is included in the expenditure variance reported. Remedial action is being discussed with Care Group and Corporate Directorate management teams to maximise delivery over the remainder of the year.

4.0 Care Group Performance

- 4.1 Emergency Care Group - £2,144k net deficit to plan which is mainly driven by medical staffing expenditure overspend equating to £1,919k. In November the number of vacant medical posts stood at 37.27 wte which is an improvement from previous month (44wte). Vacant posts are covered by additional sessions and agency staffing. Also, within A & E medical rotas have previously been over recruited to by non-substantive staff. This issue has been rectified in part by removal of consultant and middle grade shifts, plans are in place to continue to strip out some of this additional resource.

Nursing staff are £760k overspent due to bank and agency usage, some wards are currently working with levels greater than their agreed establishment. Within the Care Group there is £497k of expenditure for Sleepers in/out.

The income over performance of £2,049k contains a £890k over performance on non PbR drug income which is balanced out by a corresponding expenditure overspend. Acute Medicine Emergency activity is over performing by £834k and Elective activity by £219k. In the same time Outpatient CAP penalties across Respiratory and Acute Medicine reduces the income by £125k which is slight improvement from October (£154k of penalties). It must be noted that Accident & Emergency has over performed in month by £147k due to reduction in contract after implementation of the new FDASS streaming model for DRI.

- 4.2 MSK Care Group - £1,268k net deficit to plan which is mainly driven by expenditure overspends across many areas. Pay overspends on Medical and nursing staff exist across Orthopaedics and Care of the Elderly which are masked by vacancies in Therapies leaving a net overspend of £160k. PbR drugs are overspending by £291k, unidentified CIP amounts to £415k to date which are planned to achieve by the end of the financial year, with prosthesis and patient appliances overspending by £393k. Outsourcing of activity is overspent by £1,703k but covered by the volume funding allocation of £1,771k. Income is under delivering by £254k which is due to non PbR drugs (£217k opposite entry seen on positive expenditure variances) and activity penalties on £147k which is mainly in relation to Orthopaedic RTT.



- 4.3 Surgical Care Group - -£4,714k (10%) deficit against budget at the close of month 8. The position deteriorated at a lower rate (-£512k, 9%) in November. The deficit position is caused by four main pressures:
- Medical Spend (-£2,171k against plan) The Care Group has had 20-25 medical vacancies over the past 2 years and uses a high amount of additional sessions and locums to cover. The Care Group is currently focusing on reducing long-term locum placements, which has provided a positive movement against run rate in November.
 - Under-recovery of income (-£1,531 against plan) The Care Group is significantly under-recovering on elective, day case and outpatient work while over performing on non-elective.
 - Outsourcing (-£1,007k against plan) High usage in GI and ENT. There has been a positive movement against run-rate in November.
 - Underachieving on CIP (£-380k) The Care Group's main CIP was to increase income through a new Bowel Scoping programme but so far the plans have underperformed.
- 4.4 Diagnostics and Pharmacy Care Group -£708k (3%) deficit against plan at the end of November. In month position deteriorated by -£175k (6%) The significant cost pressure is the Medical Imaging specialty; where over £816k has been spent year to date on mobile scanning support to meet activity levels. The specialty has plans to employ lean principles to increase the capacity on their in-house scanning. The Outpatients specialty is also underperforming, due to an unachieved CIP from previous years (£300k.) These cost pressures are offset by a high performing Pathology specialty.
- 4.5 Children & Families care Group - £2,288k deficit to plan, Women & Maternity (£1,116k), Children's (£805k) GU Medicine (£65k) Management (£302k). The expenditure position of £2,009k overspend is mainly due to locum agency and additional sessions, this accounts for £1,131k of the overspend. There are currently medical staff vacancies of 15.63wte additional to this there are consultants on restricted duties and sick leave. These costs have previously been offset by a large number of nursing vacancies however, these have now been filled. Non-pay items driving the overspend are STH recharges for maternity pathway (£151k), unmet CIP from previous years (£254k), volume funding retraction (£232k), 2015/16 CIP (£202k) and consumables (£189k). The annual value of CIPs and volume funding retraction is £1,336k, efficiency schemes are still to be identified. Income is (£279k) behind plan mainly driven by fewer births than anticipated.
- 4.6 Specialty Services reported a deficit budgetary position of £2,437k. There are swings amongst the different specialties; however the main areas of concern are Dermatology, Stroke, Breast, Diabetes and Urology. Dermatology is behind plan by £205k and overspending on expenditure by £216k. This is mainly due to medical vacancies. Stroke has a deficit of £319k which is driven by medical agency and bank nurses covering vacancies. Breast's underperformance against their income plan is £316k. The expected increase in activity to be delivered by new consultants has not been realised due to the extra capacity needed from pathology and medical imaging not being available. Diabetes is reporting a £895k deficit YTD; this is mainly due to the recoding of Emergency activity to General Medicine and consultant vacancies being filled through agency. The Urology deficit is due to expenditure, activity was being outsourced (£190K) but ceased in October and additional sessions paid (£178k).
- 4.7 Estates & Facilities reported at month 8 a deficit of £2,021k against plan with Estates at £1,434k deficit and Hotel Services £587k. Estates Pay costs continue to overspend and as at Month 8 were £195k over plan, unidentified efficiency schemes account for £89k and Agency Staff £54k. Agency spend has reduced as the planned reduction comes into effect. Non Pay utility costs remain one of the main cost pressures and are currently showing a combined overspend to date of £270k. Pressures on maintenance contracts along with building maintenance and repairs remain a large cost pressure and are showing a total overspend against plan of £409k year to date.



Hotel Services are underspent against Pay budgets by £53k at month 8; this is mainly due to a number of Catering and Service Assistant ancillary staff vacancies. Postage cost pressures remain significant with continuing overspends occurring, as at month 8 a total overspend against plan of £370k was reported. Cleaning material overspends of £73k are also contributing towards the Hotel Services non pay deficit.

Catering provision expenditure is overspent by £75k but this is offset by an overachievement of income within the catering outlets of £110k. Car Parking income targets are continuing the historic trend of underachieving and as at Month 8 are £308k behind plan with the majority based at DRI (£270k).

5. Capital Expenditure

- 5.1 Capital expenditure at month 8 of £10.0m is £2.2m (£0.8m at month 7) behind plan. The variance continues to be due to timing on property and replacement medical equipment expenditure being behind plan partly offset by information technology schemes and planned slippage within the programme. The variance at 18.0% is outside Monitor's tolerance level but is an integral part of the Trust's cash recovery plan. Work continues with managers to reduce scheme budgets in-line with the Board's decision in October to significantly slip the capital programme. However due to scheme commitments being higher than originally anticipated the capital spend is currently forecast at £15m which is £5m higher than informed at the October Board meeting. The key area of concern is spend on the iHospital projects.

6. Financial Performance

- 6.1 The aggregated Financial Sustainability Risk Rating (FSRR) rating is a 1 against a plan of 2. All four of the elements (liquidity, capital servicing capacity, I&E margin and variance from plan) are rated as 1, reflecting the variance in the overall I&E position.
- 6.2 The cash position at month 8 is £2.9m which is £2.6m below the plan to date of £5.5m. The variance is due to the significant I&E overspend against plan partly offset by the early drawdown of the approved ITFF loan and the significant extension of trade creditors.
- 6.3 As a result of the deterioration in the Trusts financial position external cash support will be required during 2015/16 and beyond. The Trust has secured through Monitor a temporary working capital facility of £14.7m with the first draw down of £9.9m being made on 14 December. This will allow some of the oldest creditor balances to be paid. The Trust is continuing discussions with Monitor regarding a permanent solution linked to the recovery plan. The Trust are awaiting a decision by Monitor to approve the business case to allow KPMG to provide external support to the Trust to produce robust cash flow forecasts. Measures are being taken to accelerate receipt of cash in order to reduce the level of trade creditors.

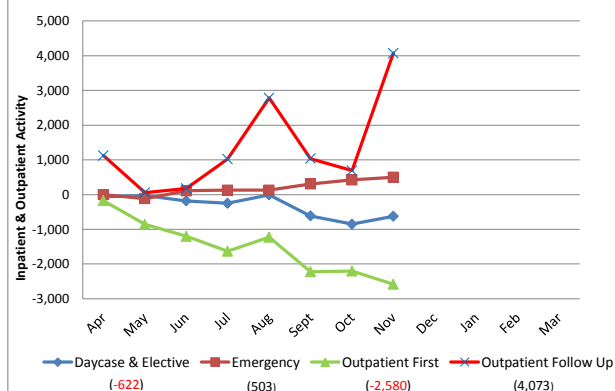
Jeremy Cook – Interim Director of Finance – December 2015

Financial Performance - November 2015 - Statement of Comprehensive Income and Risk Rating

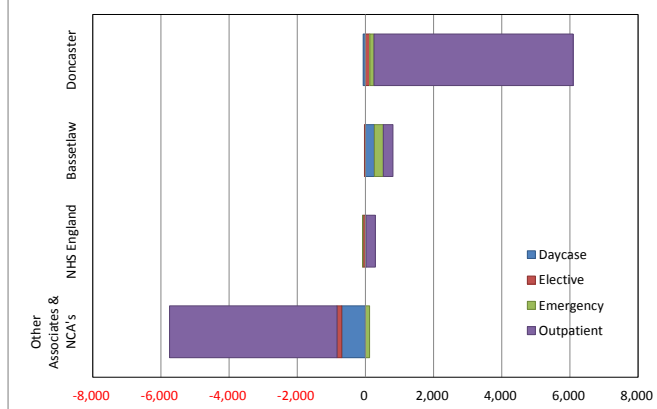
Statement of Comprehensive Income	As at 30 November 2015			Variance October 2015
	Plan £000	Actual £000	Variance £000	Variance £000
<u>Income</u>				
NHS Clinical Income				
Elective	19,501	18,773	-728	-785
Daycase	19,589	19,094	-494	-481
Emergency and Non-Elective	49,536	51,103	1,567	1,350
Emergency Threshold Reduction	-776	-834	-58	-56
First Outpatients	14,844	14,498	-346	-478
FU Outpatients	20,011	19,462	-548	-619
Other (inc A&E)	72,686	73,724	1,038	1,591
Contract Penalties	-1,272	-904	368	295
CQUINS	4,529	4,076	-453	-397
Non PbR Drugs	15,578	15,548	-30	-268
Total	214,225	214,540	315	153
Non NHS Clinical Income				
Private Patient Income	553	613	60	48
Other Clinical Income	1,835	1,728	-108	-98
Total	2,388	2,341	-47	-50
Other Income				
Education and Training	5,354	5,108	-246	-184
Other Income	11,725	11,351	-373	-314
Income Recharges	7,203	6,594	-609	-475
Total	24,282	23,053	-1,228	-499
Total Income	240,896	239,934	-961	-396
<u>Expenditure</u>				
Pay Costs	-159,539	-165,006	-5,467	-4,507
Drug Costs	-20,489	-21,737	-1,248	-906
Clinical Supplies and Services	-18,583	-20,234	-1,651	-1,224
Other Costs	-31,111	-36,983	-5,872	-4,648
Total	-229,722	-243,960	-14,238	-11,285
Contingency and Reserves	6,352	-707	-7,059	-4,802
Recharges	-7,203	-6,594	609	475
Total Expenditure	-230,573	-251,261	-20,688	-16,087
EBITDA	10,323	-11,327	-21,650	-16,483
Depreciation	-6,573	-6,108	465	-53
PDC Dividend	-4,063	-4,042	21	700
Other Finance Costs	-256	455	711	1,044
Net Surplus/Deficit (-)	-571	-21,022	-20,452	-14,790

Financial Performance - November 2015 - Income & Activity Analysis

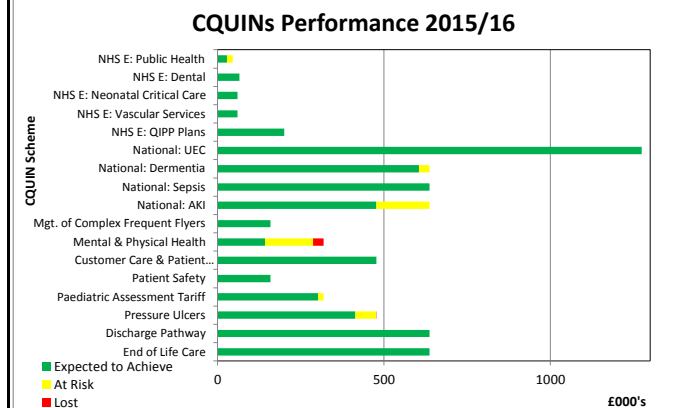
2015/16 Cumulative Activity Variance



Activity Variance by CCG - Cumulative to November 2015



CQUINs Forecast 2015/16 Performance

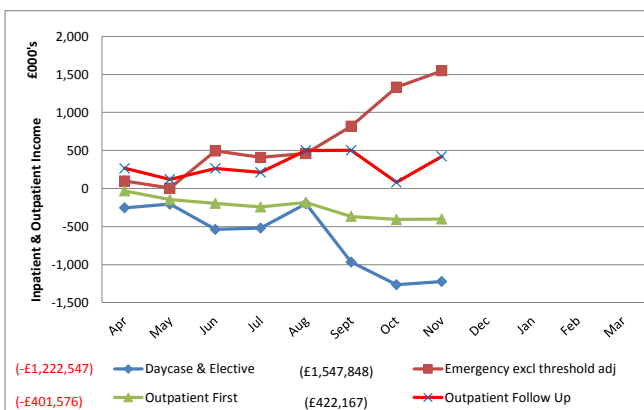


Daycase and Elective activity combined was 622 cases under plan in month 8, driven by an under performance in the majority of specialties including General Surgery and T&O for elective activity. Outpatient First activity is significantly under-performing against plan in November by 2,580. Emergency activity has continued to perform above planned levels in month 8 by 503 spells.

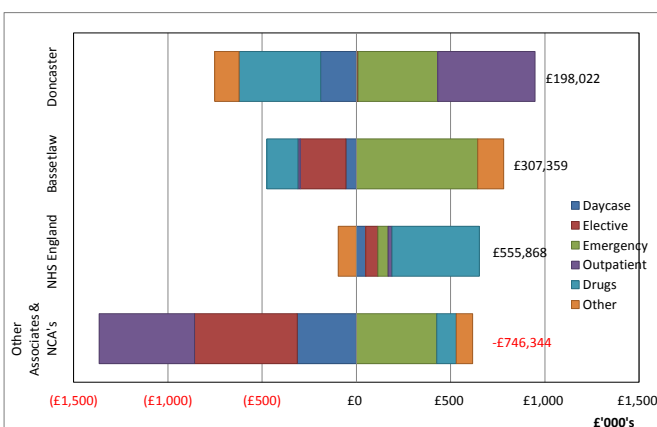
Outpatient overperformance against Doncaster CCG plan has decreased in month 8, they are still over-performing YTD. Daycase and Elective activity continue to show a net overperformance, which has again increased in month with an increase in both daycase and elective activity.

The actual Q1 position for CQUINs has now been agreed with Commissioners, and based on this the expected performance for 2015-16 is shown above. There are some key schemes that are a risk to the Trust including Mental & Physical health and AKI, which require further work to ensure achievement of these schemes by the end of the year.

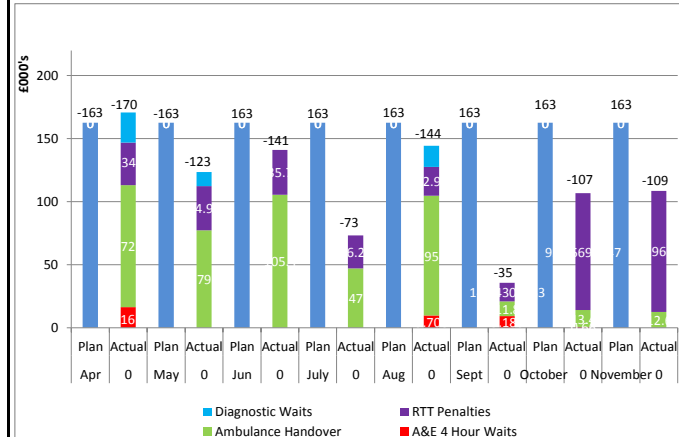
2015/16 Cumulative Income Variance



Income Variance by CCG - Cumulative to November 2015



2015/16 Contract Penalties Performance



Inpatient activity has improved in month 8 reducing the under-performance, Daycase and Elective remains behind plan. In November despite an increase in activity there has been a continuation in the casemix complexity reducing. The over-performance in Emergency income has again increased in month as a result of activity over-performance and increased casemix.

Doncaster CCG income has overperformed in month with the variance to date of £198k above plan. Bassetlaw CCG also overperformed in month 8 giving aYTD overperformance £307k. NHS England's position has improved in month 8 due to an increase in Non PbR drugs.

The contract penalties have been restated for April and May due to national changes in RTT penalties and are now based on the new guidance. Diagnostic waits have continued to achieve target in month 8. RTT has continued at the increased level seen in month 7 due to ENT performance and the impact of CaMIS and also due to the increase in the unit penalty charge.

[illegible]

Financial Performance - November 2015 - Expenditure Analysis

Expenditure Subjective Variance Analysis (£000s)

<u>Pay</u>	£000s	£000s
Medical	-5,841	
Nursing	-159	
Other Staff	533	-5,467
<u>Drugs</u>		
	-1,248	-1,248
<u>Clinical Supplies and Services</u>		
MSSE	-834	
Prosthetics	-410	
Other	-408	-1,651
<u>Other</u>		
External Contracts	-4,017	
Other	-1,855	-5,872
Total		-14,238

Medical staff overspends are the key concern. This in turn is due to the premium costs incurred due to the use of non substantive staff to fill vacancies but also recruitment of staff over and above funded levels, 42.51 WTE overestablished as at month 8.

Medical agency costs in November 2015 have increased from last months to £1,470k This is an increase of £93k from last month

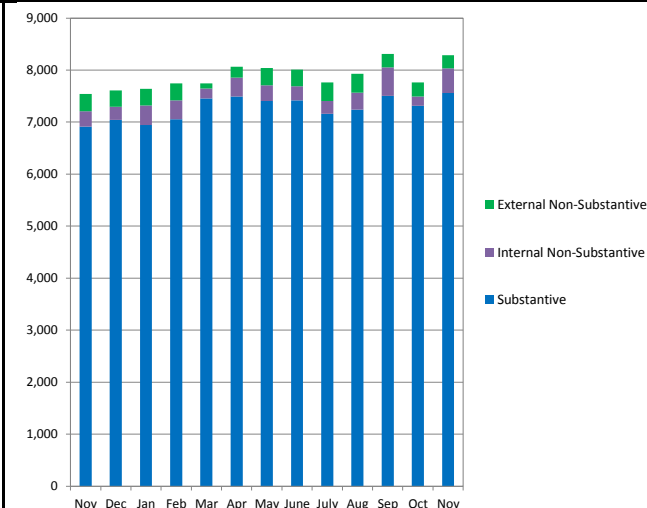
The current Medical agency spend is unsustainable. It should also be noted that in the 2014/15 financial year the profile of Medical agency spend significantly increased in the winter months from the level incurred in October as illustrated on the following page of this report.

The adverse non pay variance is driven by outsourcing inclusive of work sent to Parkhill, Barlborough and Medinet providing capacity to meet 2015/16 contractual targets. It also includes Diagnostic consumable pressures in part offset by income performance in Pathology and Medical Imaging for both direct access and provider to provider work and CIP underperformance.

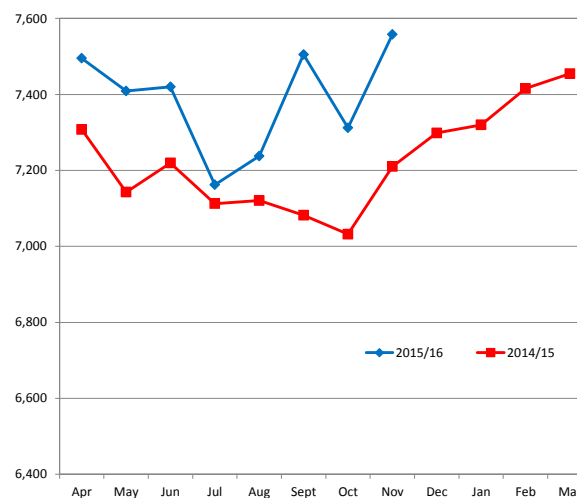
Nursing Expenditure

Nursing costs have overspent against budgets in month, with untrained posts continuing to be significantly overspent currently of £1,664k year to date due to over-establishment and non-substantive costs. Emergency (£478k), MSK (£629k), Specialties (£270k) and Surgical (£365k) are the key adverse variances. It should be noted that there are significant trained vacancies that do offset the position to an extent resulting in the reported variance of £159k cost pressure for nursing staff after the first 8 months of the financial year. Performance in November against Monitor's 3% spending cap on registered nurses was 3.25% and a cumulative position for October and November of 3.5%, mainly as a result of providing safe and appropriate cover in A&E.

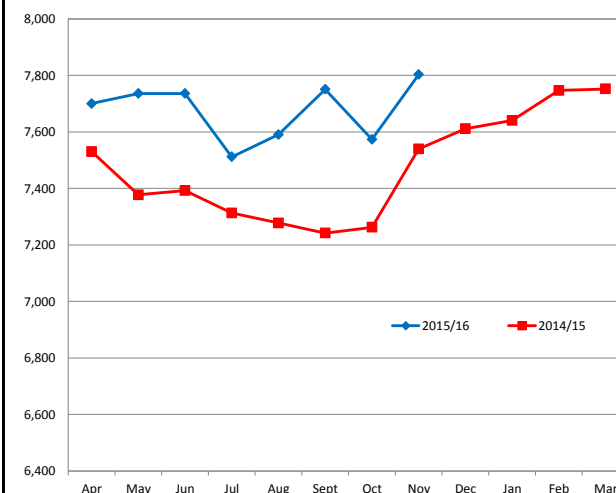
Nursing Expenditure Analysis (£000s)



Employed Nursing Expenditure Analysis (£000s)



Total Nursing Expenditure Analysis (£000s)

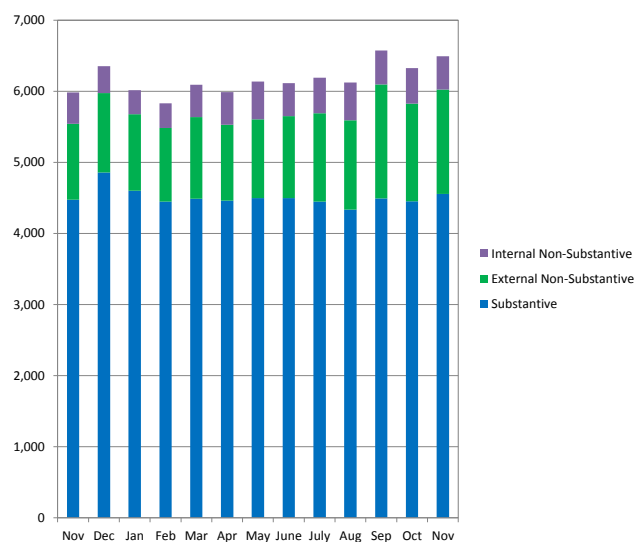


Financial Performance - November 2015 - Expenditure Analysis

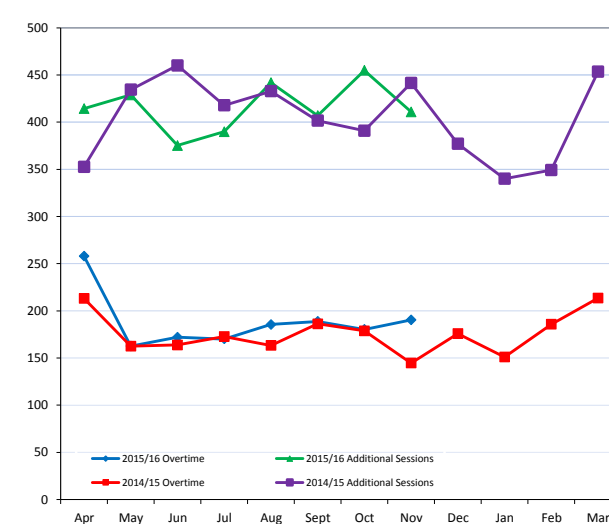
Medical Staff Analysis

Specialty	Budget (£)	WTE	Variance		Non-Substantive %
			Total	WTE	
Womens & Maternity	2,917,848	43.30	-439,752	-2.21	18.83%
GU Medicine	390,936	6.59	48,403	0.76	5.01%
Childrens	3,783,436	56.76	-793,185	-4.21	35.94%
	7,092,220	106.65	-1,184,534	-5.66	27.72%
Pathology	1,165,779	13.57	176,605	4.11	21.62%
Medical Imaging	1,646,696	18.02	-263,887	-2.41	11.40%
	2,812,475	31.59	-87,282	1.70	14.88%
Accident and Emergency Department	3,979,070	60.00	-1,484,441	-11.29	60.77%
Emergency Medicine	3,043,151	57.50	-565,820	-5.80	34.08%
Medical Gastroenterology	1,392,053	18.80	139,017	3.75	37.51%
Respiratory Medicine	1,462,659	21.65	-8,160	-0.22	19.31%
	9,876,933	157.95	-1,919,404	-13.56	44.96%
Trauma & Orthopaedics	3,464,682	48.70	-316,673	-1.76	23.74%
Clinical Therapies	5,064	0.06	-4,133	-0.02	0.00%
Care of the Elderly/Rehabilitation	1,409,282	20.90	-24,934	-1.63	23.46%
Rheumatology	516,252	6.65	7,974	0.36	3.23%
	5,395,280	76.31	-337,766	-3.05	21.81%
Haematology	642,842	7.60	88,974	0.28	4.11%
Dermatology	590,185	7.23	-68,584	-1.62	34.21%
Renal	710,776	12.04	32,965	0.02	1.35%
Palliative Care	159,008	1.55	-3,312	-0.79	0.00%
Cardiology	1,051,164	15.00	27,417	2.61	19.72%
Stroke	482,742	7.00	-130,979	-2.03	50.06%
Diabetes & Endocrinology	846,226	12.00	-166,661	-0.68	32.91%
Breast	706,534	9.28	10,400	-0.05	25.07%
Vascular	919,418	12.50	22,361	1.38	3.14%
Urology	922,726	12.00	-115,821	-5.65	18.23%
	7,031,622	96.19	-303,240	-6.54	20.34%
Ophthalmology	1,438,096	19.50	-423,618	-0.53	37.63%
Dental	546,159	8.11	-23,043	-0.11	11.28%
ENT	1,467,690	20.15	-185,788	-1.79	20.87%
Theatres & Day Surgery	9,436	0.00	9,436	0.00	0.00%
Anaesthetics, Critical Care & Pain Management	6,155,262	79.74	-724,390	-5.05	20.16%
Gastro Intestinal Surgery	2,513,554	40.17	-694,832	-7.77	29.09%
	12,130,197	167.67	-2,042,274	-15.25	24.20%
Research	6,674	0.11	128	0.11	0.00%
PGME	132,716	2.47	16,398	0.04	0.00%
Medical Director	246,610	2.30	17,164	-0.30	0.00%
	386,000	4.88	33,690	-0.15	0.00%
	44,724,726	641.24	-5,840,809	-42.51	28.09%

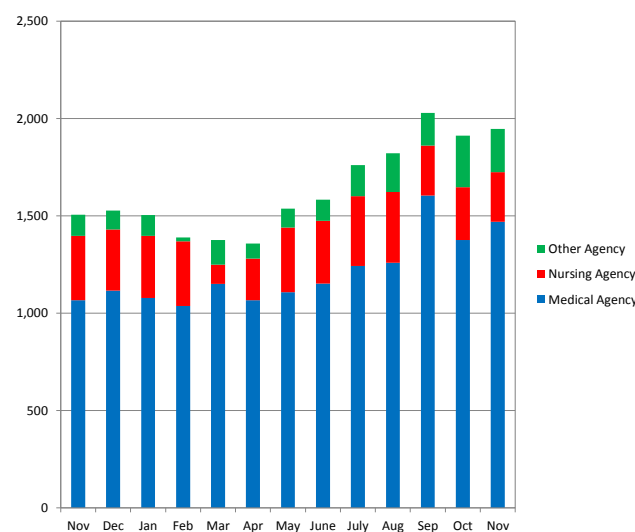
Medical Staff Expenditure Analysis (£000s) November 14 - November 15



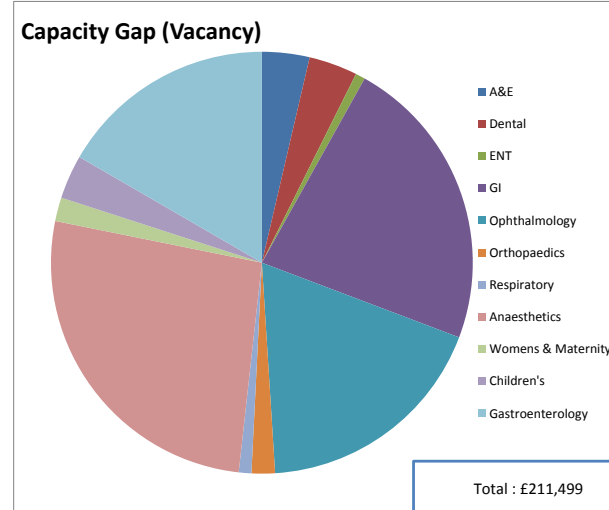
Additional Session & Overtime Expenditure Analysis (£000s)



Agency Expenditure (£000s) November 14 - November 15



Additional Session Reason November 15

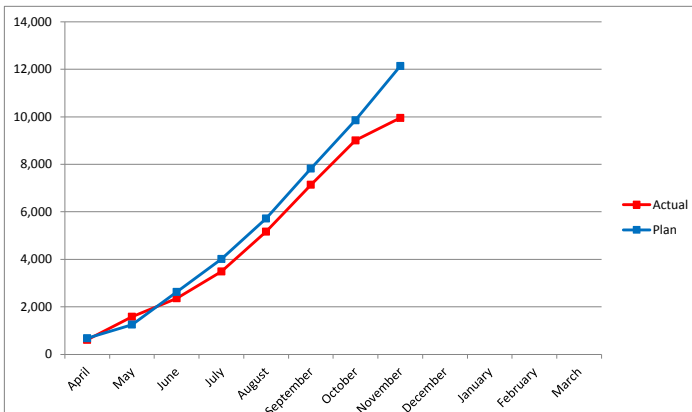


Financial Performance - November 2015 - Specialty Performance Summary (+ Favourable / - Unfavourable)

	WTE	Income			Expenditure			Net Budgetary Position
	Average Actual Worked 15/16	Budget to date	Actual to date	Variance	Budget to date	Actual to date	Variance	Variance
Specialties								
Children & Families Care Group		£000s	£000s	£000s	£000s	£000s	£000s	£000s
Children & Family Services Care Group - Management	9.03	0	0	0	83	384	-302	-302
Womens & Maternity	326.63	19,644	19,573	-70	14,869	15,915	-1,046	-1,116
GU Medicine	33.68	3,653	3,573	-81	2,812	2,797	15	-65
Childrens	249.38	10,540	10,412	-128	9,706	10,382	-677	-805
Total Children & Families Care Group	618.71	33,837	33,558	-279	27,469	29,478	-2,009	-2,288
Diagnostic & Pharmacy Care Group								
Diagnostic & Pharmacy Care Group - Management	4.22	0	0	0	90	215	-125	-125
Pathology	192.70	4,439	4,662	223	8,459	8,073	387	609
Medical Imaging	207.41	3,793	3,897	105	8,590	9,647	-1,057	-953
Outpatient & Clinical Admin	232.18	96	96	-0	3,421	3,709	-288	-288
Pharmacy & Medicines Management	111.85	520	524	4	2,993	2,949	44	49
Total Diagnostic & Pharmacy Care Group	748.36	8,847	9,179	332	23,553	24,593	-1,040	-708
Emergency Care Group								
Emergency Care Group - Management	6.93	0	0	0	211	300	-89	-89
Accident and Emergency Department	289.35	14,116	14,148	32	12,988	14,656	-1,668	-1,636
Emergency Medicine	303.42	24,435	26,479	2,044	9,794	12,182	-2,388	-344
Medical Gastroenterology	90.66	0	0	0	3,514	3,292	222	222
Respiratory Medicine	144.29	1,818	1,791	-27	4,694	4,964	-270	-297
Total Emergency Care Group	834.64	40,369	42,418	2,049	31,201	35,394	-4,193	-2,144
MSK & Frailty Care Group								
MSK & Frailty Care Group - Management	8.08	0	0	0	398	373	24	24
Trauma & Orthopaedics	264.02	25,499	25,391	-107	16,123	16,994	-872	-979
Clinical Therapies	328.32	5,974	6,019	46	8,879	8,659	220	266
Care of the Elderly/Rehabilitation	244.42	8,616	8,650	35	6,884	7,489	-606	-571
Rheumatology	15.97	7,017	6,790	-227	6,109	5,891	218	-9
Total MSK & Faily Care Group	860.80	47,105	46,851	-254	38,393	39,407	-1,014	-1,268
Specialty Services Care Group								
Specialty Services Care Group - Management	26.01	0	0	0	645	603	43	43
Neurology	7.52	338	340	2	112	120	-7	-6
Haematology	31.55	7,859	7,488	-371	5,475	5,312	163	-208
Dermatology	30.40	2,353	2,148	-205	1,241	1,457	-216	-420
Renal	75.32	5,218	5,209	-8	4,448	4,352	96	88
Palliative Care	15.05	109	115	6	651	607	44	50
Cardiology	147.25	5,561	5,749	188	5,625	6,030	-405	-216
Corporate Cancer	5.25	0	0	0	87	87	-1	-1
Stroke	53.98	2,115	2,247	132	1,558	2,009	-451	-319
Diabetes & Endocrinology	71.58	4,661	4,222	-439	2,402	2,858	-456	-895
Breast	28.42	3,085	2,724	-361	1,627	1,496	131	-230
Vascular	46.17	3,489	3,666	176	2,387	2,553	-166	10
Urology	62.50	5,884	5,823	-61	2,469	2,739	-270	-332
Total Specialty Services Care Group	601.00	40,672	39,731	-942	28,729	30,224	-1,495	-2,437
Surgical Care Group								
Surgical Care Group - Management	18.59	0	0	0	572	741	-169	-169
Ophthalmology	84.21	9,593	9,098	-495	5,896	6,252	-355	-851
Dental	27.64	2,140	1,917	-223	1,434	1,541	-107	-330
ENT	65.74	5,723	5,491	-233	2,634	2,806	-172	-405
Audiology	29.55	1,508	1,609	102	1,484	1,626	-142	-40
Theatres & Day Surgery	262.15	56	52	-4	8,859	9,040	-181	-184
Anaesthetics, Critical Care & Pain Management	302.58	9,018	8,943	-75	13,447	14,036	-589	-664
Gastro Intestinal Surgery	219.17	17,765	17,163	-603	8,509	9,722	-1,213	-1,816
Endoscopy	78.87	0	0	0	2,270	2,525	-256	-256
Total Surgical Care Group	1,088.50	45,804	44,273	-1,531	45,105	48,289	-3,184	-4,715
Corporate Directorates & Recharges								
Nursing Services	46.25	32	32	0	1,531	1,528	2	2
Research	5.88	139	137	-2	151	158	-8	-10
PGME	43.79	57	45	-12	1,616	1,664	-49	-61
Hotel Services	564.45	0	0	0	10,861	11,448	-587	-587
People and Organisational Development	59.69	1,440	1,580	140	1,658	1,631	27	167
Legal	6.95	0	0	0	1,745	1,774	-29	-29
Chief Executive	19.24	321	321	-0	1,306	1,279	28	27
Medical Director	5.23	0	0	0	325	311	14	14
Performance Management	55.23	32	29	-3	1,374	1,421	-46	-49
Estates	162.38	3,583	3,352	-231	9,490	10,694	-1,204	-1,434
Finance & Healthcare Contracting	158.58	92	147	55	5,210	5,313	-103	-48
General Operations	0.00	0	0	0	3	8	-5	-5
Total Corporate Directorates & Recharges	1,127.66	5,696	5,643	-52	35,271	37,231	-1,960	-2,012
Plan phasing adjustment (Monitor plan) and Recharges and Contingency		18,565	18,282	-283	851	6,645	-5,793	-6,076
Total Corporate Directorates, Recharges and Contingency		24,261	23,925	-336	36,122	43,875	-7,753	-8,089
Trust Total	5,879.68	240,896	239,934	-961	230,573	251,261	-20,688	-21,650

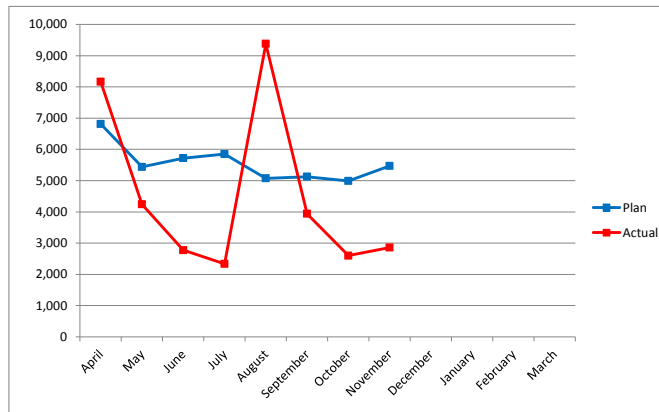
Financial Performance - November 2015 - Key Financial Indicators

Capital Spend Profile Against Plan (£000s) 2015/16



Capital expenditure at month 8 of £10.0m is £2.2m (£0.8m at month 7) behind plan. The variance continues to be due to timing on property and replacement medical equipment expenditure being behind plan partly offset by information technology schemes and planned slippage within the programme. The variance at 18.0% is outside Monitor's tolerance level but is an integral part of the Trust's cash recovery plan.

Cash Profile Against Plan (£000s) 2015/16



The cash position at month 8 is £2.9m which is £2.6m below the plan to date of £5.5m. The variance is due to the significant I&E overspend against plan partly offset by the early drawdown of the approved ITFF loan and the significant extension of trade creditors.

Key Financial Metrics to November 2015

	Plan	Actual
- Stock Days	17.57	16.00
- NHS Trade Debtor Days	8.69	4.84
- Non NHS Trade Debtor Days	3.86	3.64
- Trade Debtor Days	12.55	8.48
- Trade Creditor Days	38.34	53.63

Financial Sustainability Risk Rating (FSRR) to November 2015

Financial Sustainability Risk Rating	Plan	Actual
Liquidity ratio	2	1
Capital servicing capacity	1	1
I&E Margin	2	1
Variance from Plan	3	1
Overall FSRR	2	1

The aggregated Financial Sustainability Risk Rating (FSRR) rating is a 1 against a plan of 2. All four of the elements (liquidity, capital servicing capacity, I&E margin and variance from plan) are rated as 1, reflecting the variance in the overall I&E position.

Key Financial Risks to November 2015

The key risks identified in the 2015/16 Business Plan were;

- Care Group and Specialty Overspends

Care Group and Specialty financial performance is set out on the previous page.

The Care Group and Specialty financial performance is inclusive of funding adjustments for; activity and drug growth in line with the Trusts clinical activity projections, pay and non pay inflation, historic cost pressures, CIP and CCG and Trust developments which are consistent with the income plans for each Specialty. The performance to date is poor.

- CIP Performance

The CIP plans were generated as part of the 2015/16 Business Planning process and the detailed plans have been reviewed and signed off by the Board.

The CIP schemes have been phased as per the agreed projections with Care Group Managers. CIP performance to date has been very disappointing with the majority of schemes not delivering the planned level of savings.

- CCG Affordability

Doncaster CCG is £198k ahead of plan to date (inclusive of 2015/16 assumed activity) primarily driven by the Outpatient and offset by Non P&R drugs underperformance.

Bassetlaw CCG are now £307k ahead of plan. This has increased mainly due to Emergency.

Balance Sheet - November 2015

Statement of Financial Position

	31 March 2015 Actual £000	As at 30 November 2015		
		Plan £000	Actual £000	Variance £000
<u>Non-current assets</u>				
Intangible assets	3,498	3,098	3,867	769
Property, plant and equipment	201,632	207,393	205,481	(1,912)
Trade and other receivables	1,993	1,976	1,976	-
Total non-current assets	207,123	212,467	211,324	(1,143)
<u>Current assets</u>				
Inventories	5,476	5,451	5,626	175
Trade and other receivables	16,562	23,299	20,750	(2,549)
Cash and cash equivalents	11,706	5,474	2,862	(2,612)
Total current assets	33,744	34,224	29,238	(4,986)
Non-current assets held for sale	350	350	350	-
<u>Current liabilities</u>				
Trade and other payables	(31,579)	(29,014)	(40,788)	(11,774)
Borrowings	(2,483)	(2,483)	(2,754)	(271)
Provisions	(442)	(292)	(269)	23
Total current liabilities	(34,504)	(31,789)	(43,811)	(12,022)
Total assets less current liabilities	206,713	215,252	197,101	(18,151)
<u>Non-current liabilities</u>				
Borrowings	(15,460)	(24,570)	(26,869)	(2,299)
Provisions	(590)	(590)	(590)	-
Total non-current liabilities	(16,050)	(25,160)	(27,459)	(2,299)
Total assets employed	190,663	190,092	169,642	(20,450)
<u>Financed by (taxpayers equity)</u>				
Public dividend capital	128,755	128,755	128,755	-
Income and expenditure reserve	25,555	24,984	4,544	(20,440)
Revaluation reserve	36,353	36,353	36,343	(10)
Total taxpayers equity	190,663	190,092	169,642	(20,450)

Commentary

Intangible assets are above plan due to in-year IT capital expenditure being ahead of schedule.

Tangible assets are below plan due to slippage in the capital programme, partly offset by depreciation charges being lower than plan.

Trade and other receivables are lower than plan due to the prompt payment of monies by Sheffield Teaching Hospitals NHSFT and CCGs; and prepayments being lower than expected as a result of a revised payment schedule with NHS Litigation Authority.

Cash is below plan due to the significant I&E overspend against plan partly offset by the early drawdown of the approved ITFF loan and the significant extension of trade creditors.

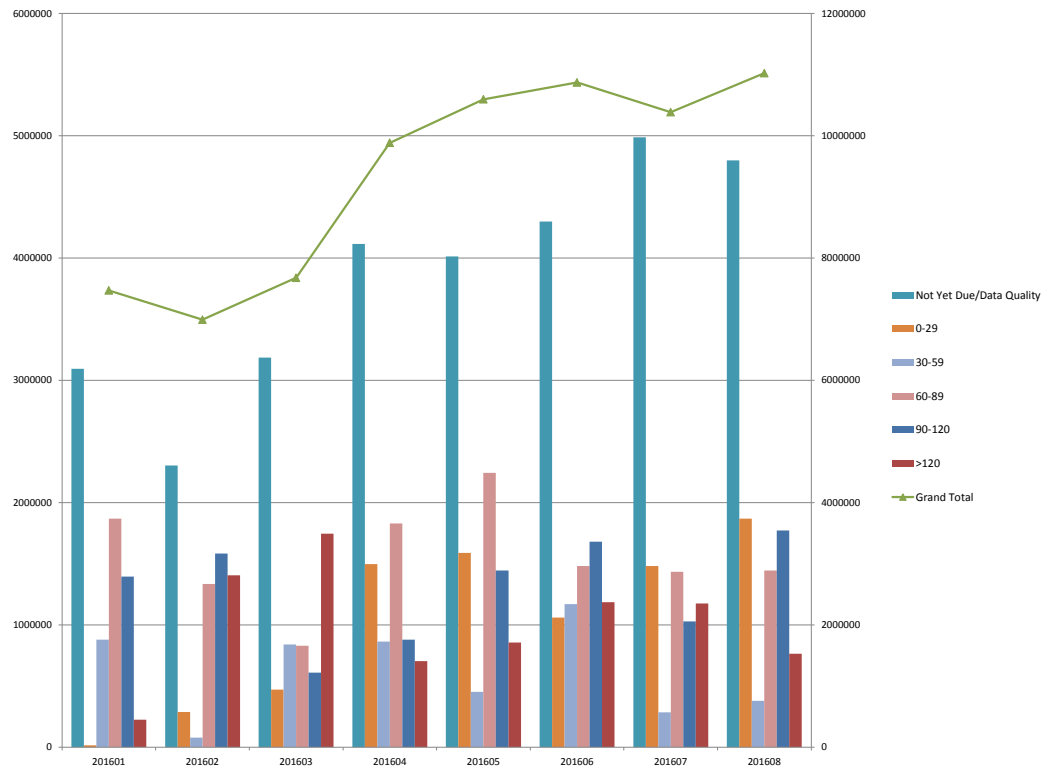
Trade and other payables are above plan due to the significant extension of trade creditors, slightly offset by lower than expected capital creditors due to the slippage in the capital programme. The Trust will be looking to reduce trade creditors on receipt of the central cash support approved by Monitor.

Borrowings are above plan due to the earlier drawdown of the approved ITFF loan.

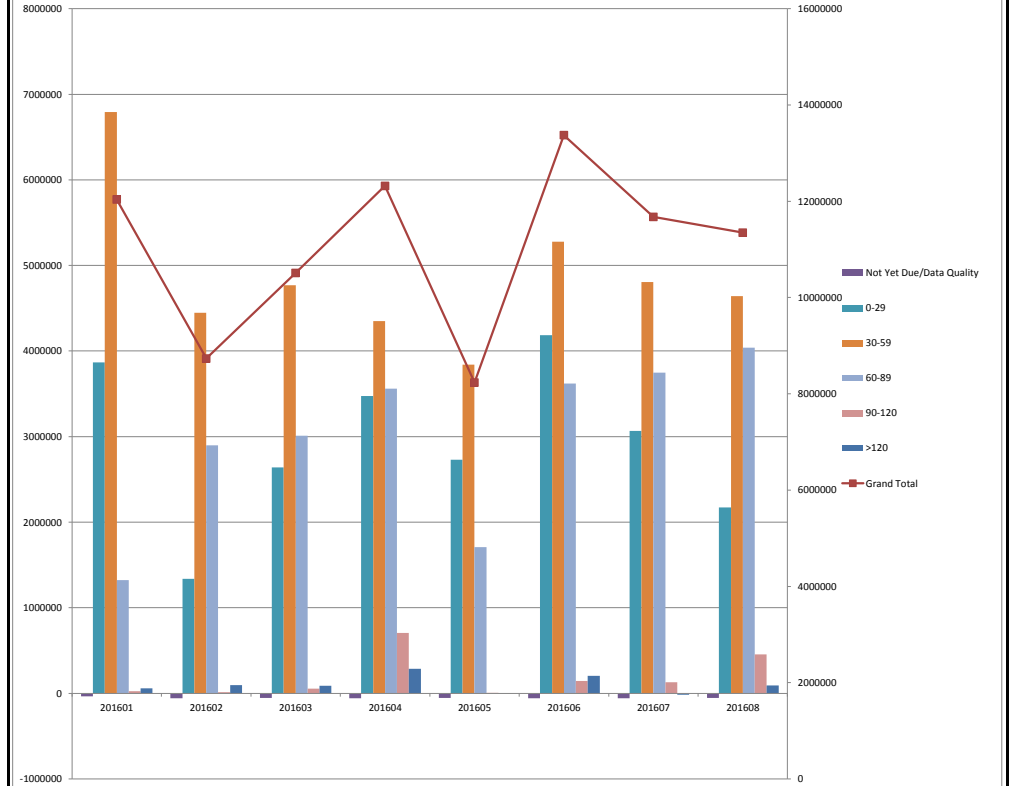
Income and expenditure reserve variance reflects the significant in-year overspend against the planned surplus position.

Aged Creditor Analysis - November 2015

NHS - Creditor Analysis



Non NHS - Creditor Analysis



The level of trade creditors reduced in August (month 5) following receipt of the ITFF loan.



Doncaster and Bassetlaw Hospitals



NHS Foundation Trust

Doncaster and Bassetlaw Hospitals NHS Foundation Trust Board of Directors Meeting

Performance - November 2015 - (Month 8)

Richard Parker	Director of Nursing
Mike Pinkerton	Chief Executive Officer
David Purdue	Chief Operating Officer
Sewa Singh	Medical Director
Jeremy Cook	Interim Director Of Finance & Infrastructure



Executive summary - Performance - Quarter 3 Oct-Dec 2015

The performance report is against operational delivery in Quarter 3 2015

Provide the safest, most effective care possible

Monitor governance compliance is rated against 3 National targets, 4hr Access, Referral to Treatment, which includes diagnostic waits and Cancer Targets. The targets are all monitored quarterly, both 4hr access and cancer are averaged over the quarter but referral to treatment is monitored each month of the quarter and must be achieved each month.

The business intelligence report also highlights key National and local targets which ensure care is being provided effectively and safely by the Trust.

4hr Access

The target is based on the number of patients who are treated within 4hrs of arrival into the emergency department and set at 95 and reported Quarterly as an average figure. This target is for all urgent care provided by the Trust for any patient who walks in. We have 2 type 1 facilities, ED at BDGH and DRI and 1 type 3 facility at MMH. The Trust does not count any GP admissions areas within its target.

December Performance

Trust 95.47%

Quarter 3 95.14%

Year 95.21%

Quarter 3 attendances were the highest for the past 4 years. There has been a 2.4% increase in attendances

Following the launch of the new urgent care model in Doncaster on the 1st of October, the Trust no longer counts the out of hours elements of the service. The denominator for the target is there reduced by on average a 1000pts a month, so the achievement of the target in Q3 is an excellent result.

Doncaster achieved 94.34%, 455 patients failed to be treated within 4hrs, which is 132 less than in November.

Patient flow was compromised at DRI, though no internal divers were enacted

Bassetlaw achieved 96.16%, 150 patients failed to be treated within 4hrs, which was 1 less than in November.

Ambulance Handover times continue to maintain the significant improvement following the delivery of the action plan. 57 in total over 30mins and 2 over 60mins.

Referral to Treatment

The target is now measured against incomplete pathways only at 92%. The grace period for failing the target has now been lifted and fines for speciality failure have increased to £300 per patient. Monitor compliance is against the Trust total position.

The launch of caMIS on the 4th of October has meant that additional validation of the waiting list has been required and some key information fields have needed reviewing. The waiting list has grown in month due to some completed patients not being removed. The caMIS team are addressing this issue.

December, achieved 92.1%

3 specialities failed the target;

Trauma and Orthopaedics, 91.3%

General Surgery, 90.9%

ENT, 83.7%

A detailed action plan is underway in ENT to address the current underperformance.

No patients waited over 52 weeks

Diagnostic waits ended at **98.8%** against the target of 99%

The numbers waiting over 6 weeks was 81, the key issue was in non-obstetric ultrasound which was down to an administrative error. The issue has been resolved.

Cancer Performance

With the exception of 62 day classic pathways all cancer targets were achieved. 2week wait position was the best since the start of the year, with both CCGs achieving the target.

Cancer performance was not achieved for 62 day pathways, the October position ended at 81%.

The report identifies 62 day performance broken down into tumour sites as directed by the new Cancer high impact interventions. Actions are being undertaken to ensure improvements in the internal pathways from decision to refer and transfer pathways are being agreed with the tertiary providers.

Stroke

Over the last six months the Hyper Acute Stroke Unit / Acute Stroke Unit overall SSNAP Level has moved from a D to a B. The team score has risen from 57.6 in October – December 2014 to 80 in July – September 2015. This is an exceptional achievement. These results indicate that the Stroke Service at Doncaster and Bassetlaw Hospitals NHS Trust is one of the best performing Trusts in the region in overall service quality.

Weekly monitoring of progress against the Direct Admission Pathway has led to immediate action taking place to address delays and ongoing improvements to the service. As a result we have seen an improvement in the Direct Admission within 4 hours rate and improved access to CT within 1 hour. Joint working to facilitate patient flow has been crucial. The Domain 2 Level within SSNAP has improved from an E in January – March 2015 to a C in July – September. The Domain 1 Level for scanning has reached a B which is an outstanding achievement.

David Purdue Chief Operating Officer November 2015

At a Glance - November 2015 (Month 8)

Page		Indicator	Standard (Local, National Or Monitor)		Current Month	Month Actual	Data Quality RAG Rating
	Monitor Compliance Framework	31 day wait for second or subsequent treatment: surgery	94.0%	M	Oct-15	100.0%	
		31 day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	M		100.0%	
		31 day wait for second or subsequent treatment: radiotherapy	94.0%	M		100.0%	
		62 day wait for first treatment from urgent GP referral to treatment	85.0%	M		81.5%	
		62 day wait for first treatment from consultant screening service referral	90.0%	M		93.3%	
		31 day wait for diagnosis to first treatment- all cancers	96.0%	M		98.6%	
		Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	M		96.4%	
		Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.0%	M		97.4%	
			A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.0%	M	Nov-15	94.5%
		Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.0%	M	Nov-15	92.6%	
		% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.0%	N		98.8%	
	A&E Performance Indicators	Total time in A&E: 4 hours (95th percentile) HH:MM	04:00	N	Nov-15	05:00	
		A&E Admitted patients total time in A&E (95th percentile) HH:MM	04:00	N		08:48	
		A&E Non-admitted patients total time in A&E (95th percentile) HH:MM	04:00	N		03:57	
		A&E: Time to treatment decision (median) HH:MM	01:00	N		00:56	
		A&E unplanned re-attendance rate %	5.0%	N		0.3%	
		A&E: Left without being seen %	5.0%	N		2.9%	
		Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		N	Oct-15	512	
		Ambulance Handovers Breaches-Number waited over 30 & under 60 Minutes				57	
		Ambulance Handovers Breaches -Number waited over 60 Minutes				2	
	Stroke	Proportion of patients admitted to an acute Stroke unit within 4 hours of arrival	90.0%	N	Sep-15	65.0%	
		Proportion of Stroke patients scanned within one hour of arrival at hospital	50.0%	N		42.5%	
		Proportion of Stroke patients scanned within 24 hours of arrival at hospital	100.0%	N		97.5%	
		Proportion of high-risk TIA patients investigated and treated within 24 hours of first contact with a health professional	60.0%	N		65.0%	
	Theatres & Outpatients	Cancelled Operations	0.8%	N	Nov-15	1.3%	
		Cancelled Operations-28 Day Standard	0	N		1	
		Out Patients: DNA Rate		L		10.3%	
		Out Patients: Hospital Cancellation Rate		L		15.0%	
		Total Number of DNAs		L		Data Unavailable	
		Total Number of DNW		L			
		Did Not Wait Rate		L			
	Effective	Emergency Readmissions within 30 days (PbR Methodology)		L	Sep-15	6.1%	

Page		Indicator		Current Month	Month Actual (TRUST)	Month Actual (DRI)	Month Actual (BDGH)
	Fractured Neck of Femur	% of patients achieving Best Practice Tariff Criteria		Oct-15			
		Best Practice Criteria					
		36 hours to surgery Performance		Oct-15			
		72 hours to geriatrician assessment Performance					
		% of patients who underwent an MDT assessment					
		% of patients who underwent a falls assessment					
		% of patients receiving a bone protection medication assessment					
		Mortality-Deaths within 30 days of procedure					
Page			Standard (Local, National or Monitor)	Current Month	Month Actual		Rag Rating
	Safe	Infection Control C.Diff	4 Per Month for Qtr 2 - 45 full	M	Nov-15	3	
		Infection Control MRSA	0	L		0	
		HSMR (rolling 12 Months)	100	N			
		Never Events	0	L			
		VTE	95.0%	N	Oct-15	95.0%	
		Pressure Ulcers	12 Per Month 144 full Year	L			
		Falls that result in a serious Fracture	2 Per Month 23 full Year	L			
		Catheter UTI	Snap shot audit				
Page		Indicator		Current Month	Month Actual		Rag Rating
	Complaints & Claims	Complaints received					
		Concerns Received					
		Complaints Performance					
		Clinical Negligence Scheme for Trusts (CNST)					
		Liabilities to Third Parties Scheme (LTPS)					
		Total number of open and active claims with the NHSIA (as at 31 May 2015)					
		Claims per 1000 occupied bed days					
Page		Indicator	QTR	Comment			
	Safeguarding	Policy Compliance		A new detailed report is being developed to cover these areas. The report will be available from Quarter 2 onwards.			
		Declaration Compliance					
		Risks					

Monitor Compliance Framework: Cancer - October 2015 (Month 7)

Context

Cancer targets are reported quarterly as an average position. Nationally 62 target has been failed and the Trust has developed a 62 day cancer plan to be compliant by April 2016

Reasons for Success/Failure

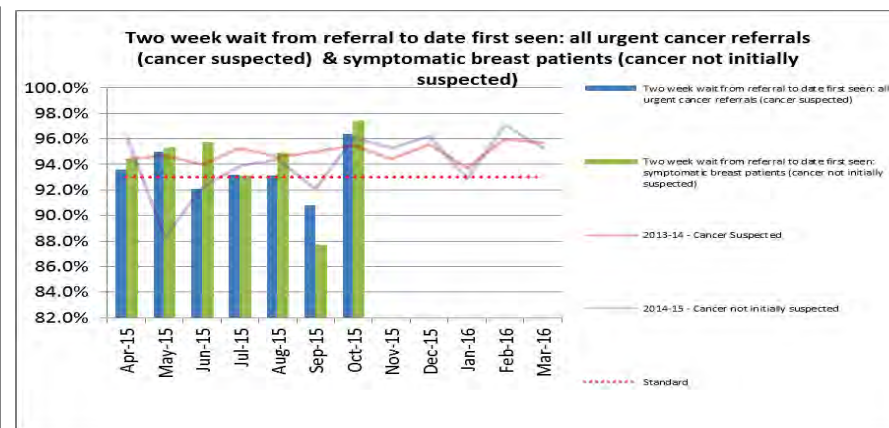
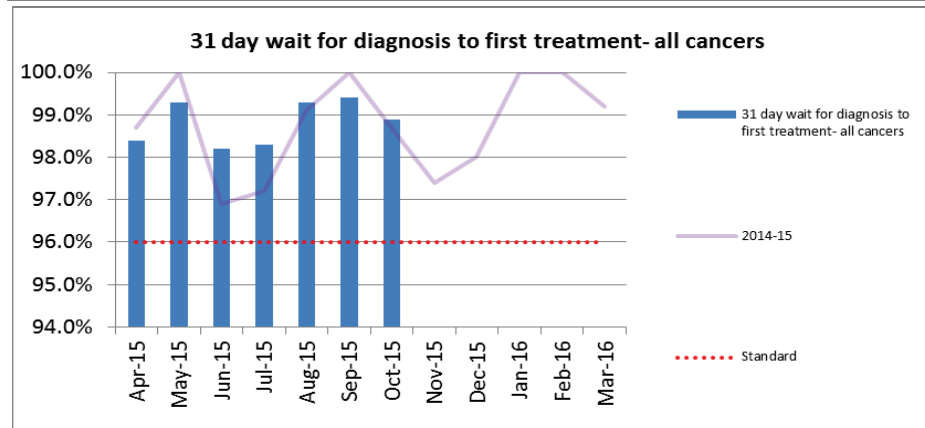
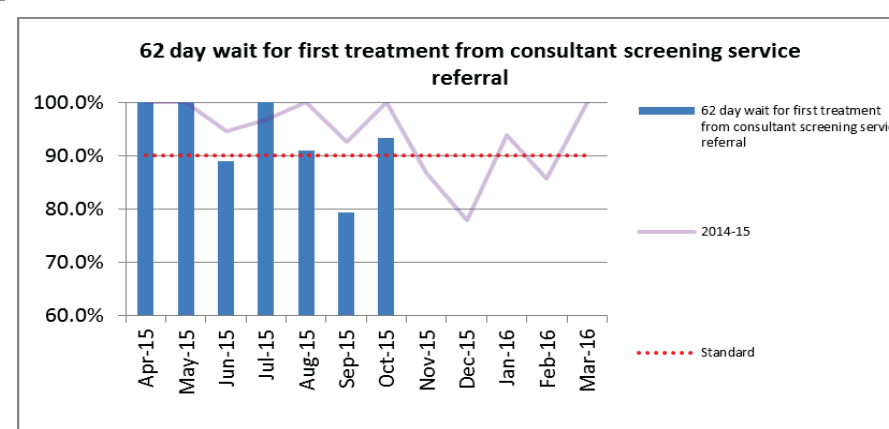
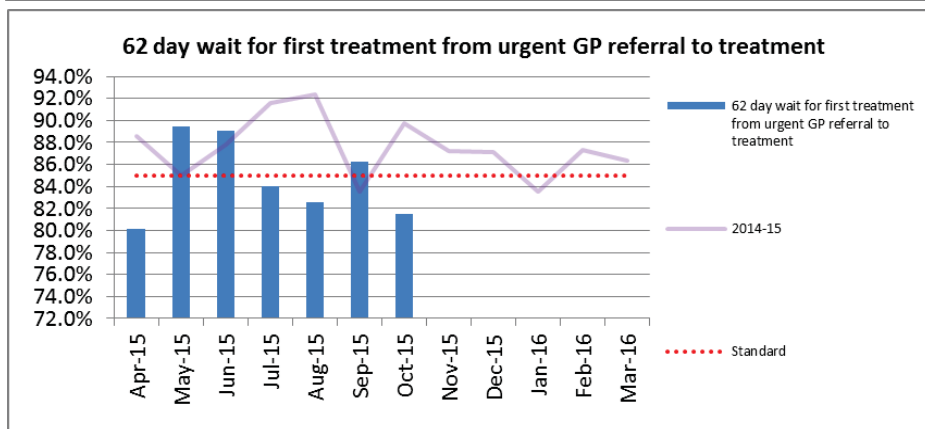
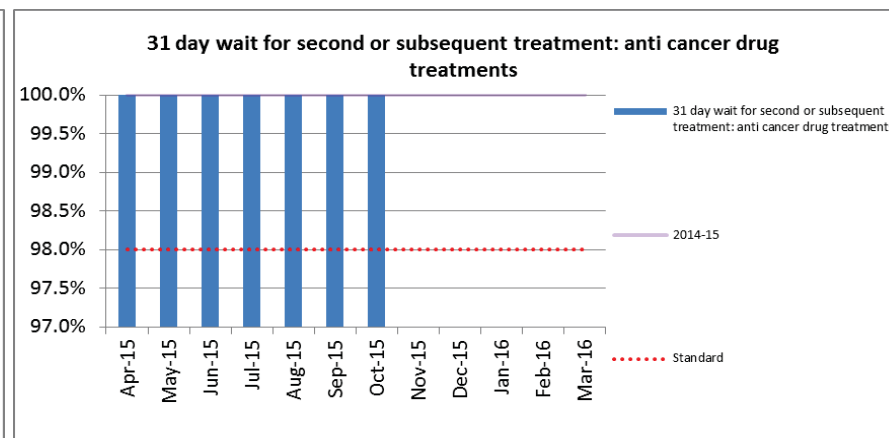
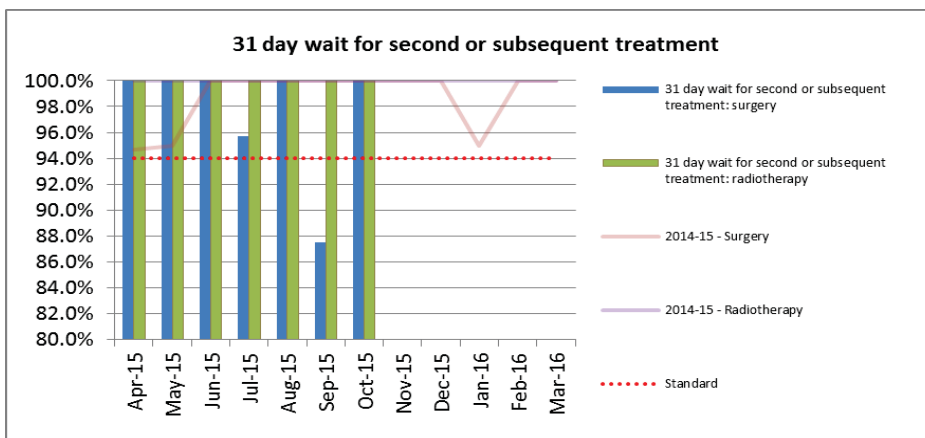
With the exception of 62 day pathways the Trust was compliant for the cancer targets. Classic 62 day performance ended at 81.5%, predominantly urology internal pathways caused the breaches.
2 week wait pathways had the best performance since the start of the year. Bassetlaw was compliant in month. 52% of all patients were offered an appointment within 7 days.

Actions being taken to address any issues

The Trust reports weekly at the PTL all 62 day target performance
Electronic system flags delays in individual pathways to the relevant consultant, MDT coordinator and performance manager are in place flagging at day 28. 40 and 50
Individual breach reports are discussed with the MDTs to ensure learning is in place
Urology pathways changed to allow for earlier tests and these commenced at MMH on the 11th September within the Trust rather than at STH.
Improved access to diagnostics and cancer patients flagged through the diagnostic system.
Changes to access from the NICE guidance has led to redesigned referral proformas and guidance to GPs
Renewed systems in Bassetlaw administration service to identify patients wanting to move appointments outside of 2 weeks.
Patients being contacted when they delay their appointment outside of 14 days

Indicator		Standard	QTR 2 2015-16	Aug-15	Sep-15	Oct-15	Expected date to meet standard
31 day wait for second or subsequent treatment: surgery		94.0%	95.3%	100.0%	87.5%	100.0%	Standard Met
31 day wait for second or subsequent treatment: anti cancer drug treatments		98.0%	100.0%	100.0%	100.0%	100.0%	
31 day wait for second or subsequent treatment: radiotherapy		94.0%	100.0%	100.0%	100.0%	100.0%	
62 day wait for first treatment from urgent GP referral to treatment	Tumor Type	85.0%					
	Breast		100.0%	100.0%	100.0%	100.0%	
	Gynaecological		100.0%	100.0%	66.7%	78.6%	
	Haematological		90.9%	100.0%	100.0%	75.0%	
	Head & Neck		68.4%	62.5%	66.7%	66.7%	
	Lower Gastrointestinal		74.0%	69.2%	76.2%	81.3%	
	Lung		79.2%	66.7%	87.5%	42.9%	
	Other		100.0%	100.0%	100.0%	100.0%	
	Sarcoma		66.7%	100.0%			
	Skin		98.0%	100.0%	97.1%	90.9%	
	Upper Gastrointestinal		85.7%	70.0%	92.3%	88.9%	
	Urological		64.3%	55.3%	69.4%	60.0%	
	All Cancers		88.0%	82.6%	86.2%	81.5%	
62 day wait for first treatment from consultant screening service referral	Tumor Type	90.0%					
	Breast		87.3%	88.9%	76.9%	100.0%	
	Gynaecological						
	Haematological						
	Head & Neck						
	Lower Gastrointestinal		91.7%	100.0%	87.5%	50.0%	
	Lung						
	Other						
	Sarcoma						
	Skin						
	Upper Gastrointestinal						
	Urological						
	All Cancers		88.0%	90.9%	79.4%	93.3%	Standard Met
31 day wait for diagnosis to first treatment- all cancers		96.0%	99.1%	99.3%	99.4%	98.9%	Standard Met
Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)		93.0%	93.0%	93.1%	90.8%	96.4%	Standard Met
Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)		93.0%	93.1%	94.9%	87.7%	97.4%	

Monitor Compliance Framework: Cancer - Graphs - October 2015 (Month 7)



62 day wait for first treatment from urgent GP referral to treatment

Alert Reason

These Indicators have alerted due to the failure to meet the National Target

Indicator	Target	Month Actual	Trend (August-October)
62 day wait for first treatment from urgent GP referral to treatment	85.0%	81.5%	⬇️

Methodology

Pathways are reviewed quartley and averaged over the quarter. 62 day classic pathway is open to reattributing breaches from tertiary providers if referrals are late to be transferred.

Reason for Failure

Complexity of pathways. Plan outlined below which ensures internal performance and transfer to tertiary providers within expected timescales

Actions being taken to address the issue

Patient Tracking: 1. Appropriate skill mix and knowledge review within the Cancer Services Administrative team carried out to support robust tracking systems. 2. Introduction of auto generated email alert from Cancer Clinical Data Capture system (Infoflex) developed and implemented. Alerts generated at key points in pathway: day 28, day 40 and day 50. 3. • Mapping and auto generation of key pathway documentation using Cancer Clinical Data Capture system. Eg, Clinical referral, ENF, PET scan request forms 4. Improved timeliness of referrals into local MDTs and other providers using dedicated email function and address linked to auto generated documents

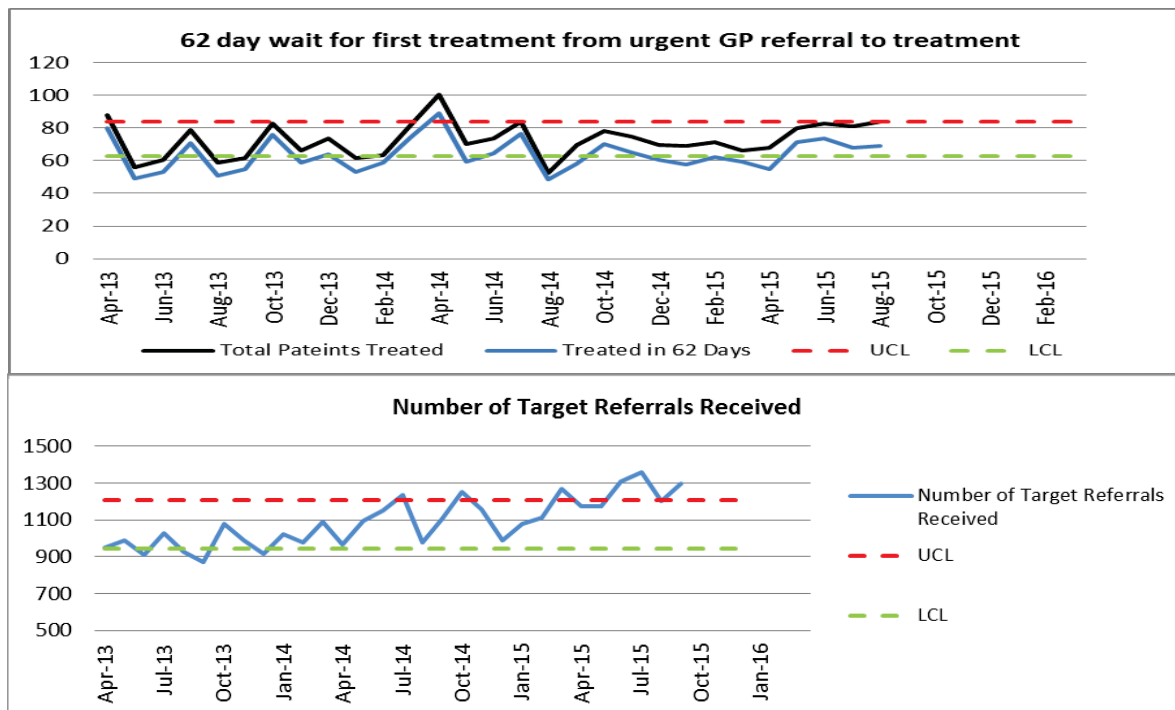
Diagnostics: 1 Reduction in waiting times for key diagnostic procedures - endoscopy, CT and MRI. 2. Improving reporting timeframes following medical imaging on all suspicious pathways. 3 Specific piece of Capacity and Demand work around investigation function to be carried out e.g Diagnostic, Staging, Pre & Post treatment and surveillance 4. Additional discussions required with other providers re sustained access to PET scan

Treatment Planning: 1. Pilot audit on optimum pathway management to achieve timeliness around scheduling of diagnostic and pre-treatment staging investigations. 2 Access and capacity of in-reach clinical teams needs to be measured around treatment planning role for local patients

Treatment : 1. Capacity planning will incorporate conversion rate from TWW and all other routes of referral for local treatments. 2. Additional discussions required with other providers re timeliness of access to 'specialised Oncology' treatments. E.g CHART and SABR

Breach Report Validation: 1. All Breach reports are reviewed as per locally agreed and mandatory PTL process 2. Over day 100 breaches follow the SI route and are included in the Acute Trust DATIX procedure

2015/16	August	September	October	November Predict	Trend (August - October)	Predicted Year End Total
62 day wait for first treatment from urgent GP referral to treatment %	82.6%	86.2%	81.5%	84.6%	⬇️	84.6%
Number of Patients seen/treated within Month	83.5	83.5	75.5	77	⬇️	934
Number Treated within 62 Days	69	72	61.5	65	⬇️	790
2014/15	August	September	October	November	Trend (August - October)	Year End Total
62 day wait for first treatment from urgent GP referral to treatment %	92.4%	83.5%	89.7%	87.2%	⬆️	87.8%
Number of Patients seen/treated within Month	52.5	69.5	78	74.5	⬆️	877.5
Number Treated within 62 Days	48.5	58	70	65	⬆️	770.5
2013/14	August	September	October	November	Trend (August - October)	Year End Total
62 day wait for first treatment from urgent GP referral to treatment %	87.2%	88.6%	92.1%	89.4%	⬆️	89.4%
Number of Patients seen/treated within Month	58.5	61.5	82.5	66	⬆️	831
Number Treated within 62 Days	51	54.5	76	59	⬆️	742.5



Monitor Compliance Framework: A&E - November 2015 (Month 8)

Context

November performance ended at 95.46%

Reasons for Success/Failure

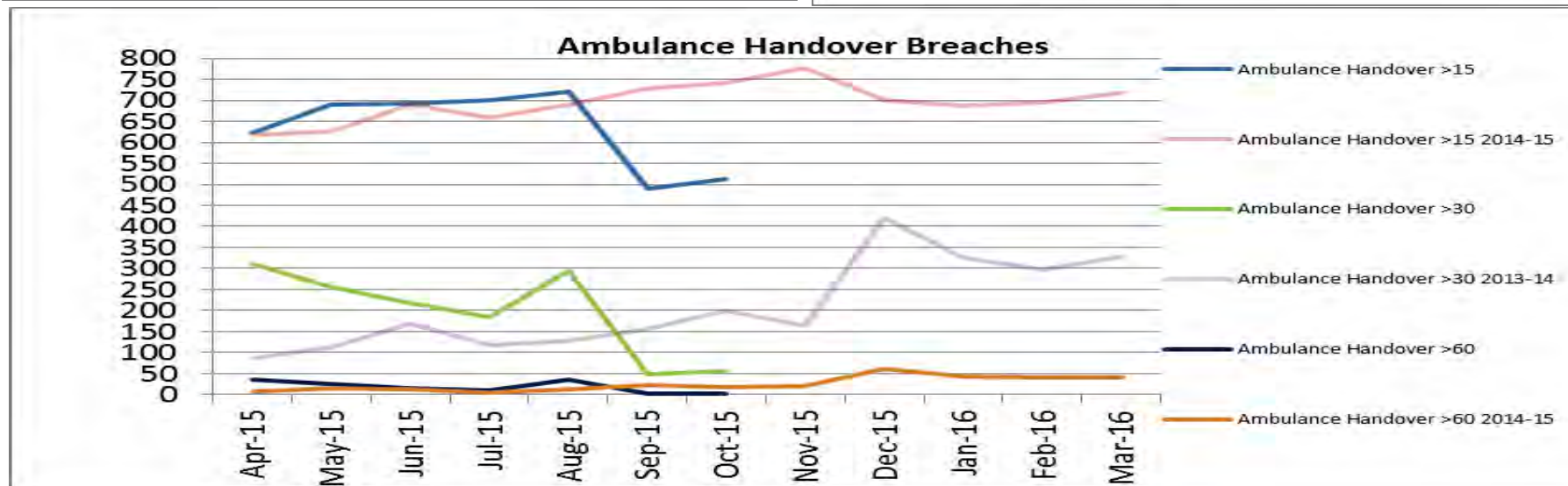
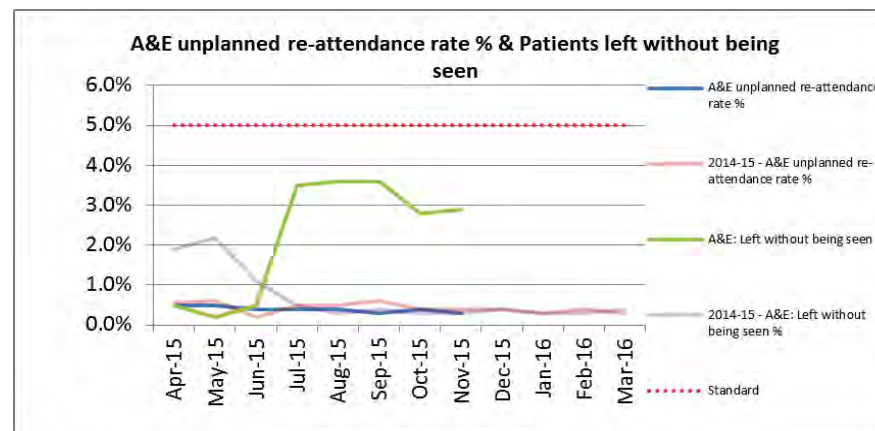
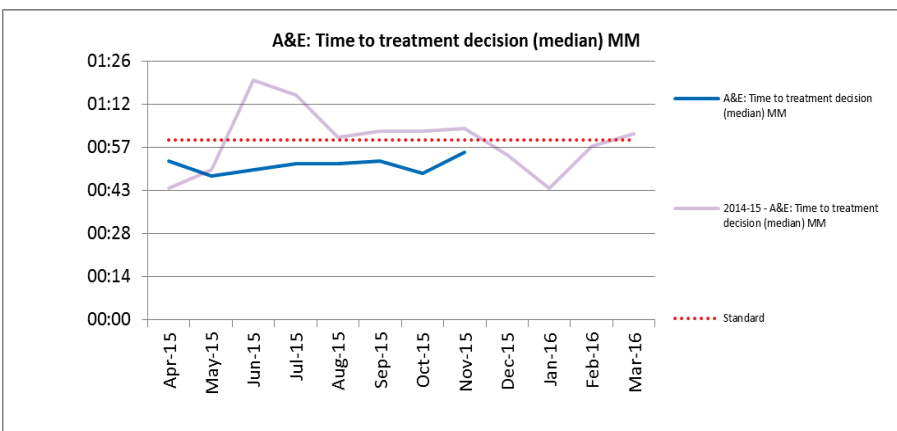
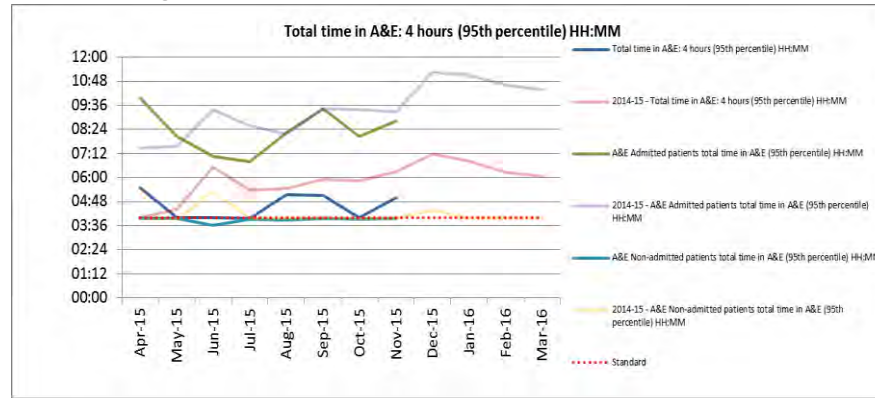
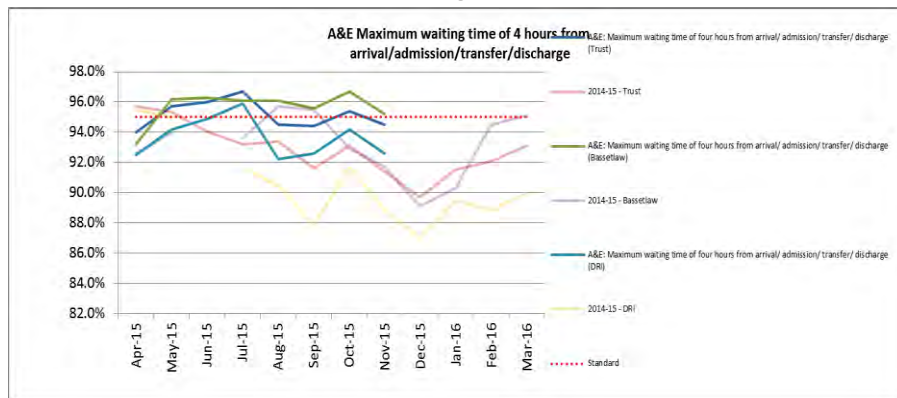
Total attendances 13321, 738 breaches
 Bassetlaw CCG 96.16%
 Doncaster CCG 93.75%
 1000 patients a month removed from the DRI figure following the new urgent care model for Doncaster launched on the 1st of October

Actions being taken to address any issues

Patient flow throughout November has been stretched at key points at DRI. The Bed plan has been followed and escalation beds have used as planned to allow for refurbishment of AMU and ATC. Outliers have remained at a similar level to October.
 Medical rotas have been reviewed and additional shifts taken out during week days on both sites
 Streaming at DRI continues to embed. 9.96% of patients were transferred to the GP, additional work continues to improve the position
 Improved Trustwide escalation plans for care groups are now formally approved
 Ambulance handover processes on both main sites have been reviewed.
 Perfect days have been planned for key days prior to Christmas and New Year and for the first week in January, which will proactively drive flow through the Trust

Indicator	Standard	Nov-14	Qtr 2 2015-16	Sep-15	Oct-15	Nov-15
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Trust)	95.0%	91.4%	95.2%	94.4%	95.4%	94.5%
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (BassetlawCCG)		91.7%	95.9%	95.6%	96.7%	95.2%
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Doncaster CCG)		88.8%	93.7%	92.6%	94.2%	92.6%
Total time in A&E: 4 hours (95th percentile) HH:MM	04:00	06:17	05:17	05:07	04:00	05:00
A&E Admitted patients total time in A&E (95th percentile) HH:MM	04:00	09:17	08:41	09:26	08:02	08:48
A&E Non-admitted patients total time in A&E (95th percentile) HH:MM	04:00	03:59	03:57	03:57	03:56	03:57
A&E: Time to treatment decision (median) MM	01:00	01:04	00:52	00:53	00:49	00:56
A&E unplanned re-attendance rate %	5.0%	0.4%	1.0%	0.3%	0.4%	0.3%
A&E: Left without being seen %	5.0%	0.3%	3.5%	3.6%	2.8%	2.9%
Indicator	Standard	Oct-14	Qtr 2 2015-16	Aug-15	Sep-15	Oct-15
Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes			1909	720	490	512
Ambulance Handovers Breaches -Number waited over 30 & under 60 Minutes			529	295	49	57
Ambulance Handovers Breaches -Number waited over 60 Minutes			48	36	2	2

Monitor Compliance Framework: A&E - Graphs - November 2015 (Month 8)



Total time in A&E: 4 hours (95th percentile) HH:MM**A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Trust)****Alert Reason**

This Indicator has alerted due to the failure to meet the National Target

Indicator	Target	Month Actual	Trend (September-November)
Total time in A&E: 4 hours (95th percentile) HH:MM	04:00:00	05:00:00	↗
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Trust)	95.0%	94.5%	↘

Methodology**Reason for Failure**

Total attendances 13321, 738 breaches

Bassetlaw CCG 96.16%

Doncaster CCG 93.75%

1000 patients a month removed from the DRI figure following the new urgent care model for Doncaster launched on the 1st of October

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Patient flow throughout November has been stretched at key points at DRI. The Bed plan has been followed and escalation beds have used as planned to allow for refurbishment of AMU and ATC. Outliers have remained at a similar level to October.

Medical rotas have been reviewed and additional shifts taken out during week days on both sites

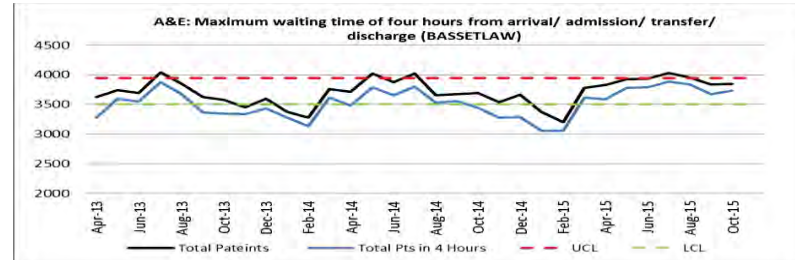
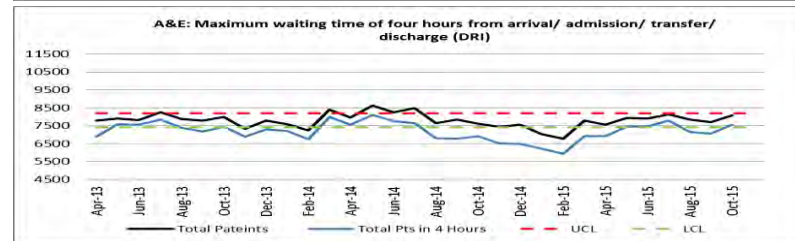
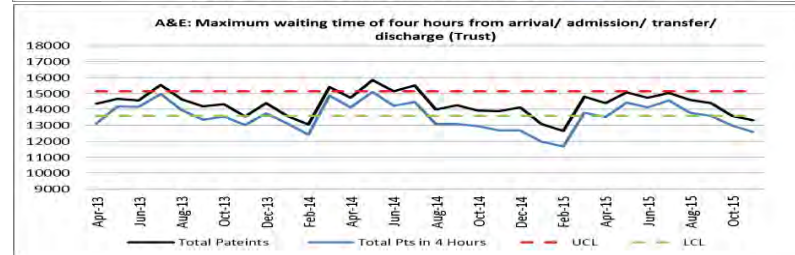
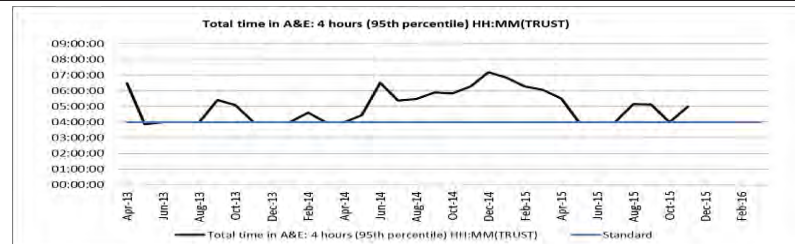
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Ambulance handover processes on both main sites have been reviewed.

Perfect days have been planned for key days prior to Christmas and New Year and for the first week in January, which will proactively drive flow through the Trust

2015/16	September	October	November	December Predict	Trend (September - November)	Predict Year End Total
Total time in A&E: 4 hours (95th percentile) HH:MM(TRUST)	05:07	04:00	05:00		↗	
Total A&E Attendances Trust	14399	13603	13321	14118	↘	170097
Total completed within 4 Hours - (Trust)	13597	12984	12583	13256	↘	161661
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Trust)	94.4%	95.4%	94.5%	93.9%	↘	95.0%
Total A&E Attendances (DRI)	7688	8059	7747	8151	↘	94774
Total completed within 4 Hours - (DRI)	7050	7553	7139	7376	↘	87814
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (DRI)	91.7%	93.7%	92.2%	90.5%	↘	92.7%
Total A&E Attendances (Bassetlaw)	3839	3843	3903	4028	↗	64843
Total completed within 4 Hours - (Bassetlaw)	3675	3731	3734	3830	↗	45062
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Bassetlaw)	95.7%	97.1%	95.7%	95.1%	↘	96.2%
2014/15	September	October	November	December	Trend (September - November)	Year End Total
Total time in A&E: 4 hours (95th percentile) HH:MM(TRUST)	05:54	05:50	06:17	07:11	↗	
Total A&E Attendances (Trust)	14272	13915	13884	14144	↘	172016
Total completed within 4 Hours - (Trust)	13070	12962	12695	12689	↘	159820
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Trust)	91.6%	93.2%	91.4%	89.7%	↘	92.9%
Total A&E Attendances (DRI)	7838	7614	7434	7548	↘	92525
Total completed within 4 Hours - (DRI)	6760	6906	6509	6475	↘	83557
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (DRI)	86.3%	90.7%	87.6%	85.8%	↘	89.9%
Total A&E Attendances (Bassetlaw)	3677	3690	3537	3663	↘	44203
Total completed within 4 Hours - (Bassetlaw)	3552	3444	3273	3282	↘	41520
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Bassetlaw)	96.6%	93.3%	92.5%	89.6%	↘	93.9%
2013/14	September	October	November	December	Trend (September - November)	Year End Total
Total time in A&E: 4 hours (95th percentile) HH:MM(TRUST)	05:24	05:05	04:00	04:00	↘	
Total A&E Attendances (Trust)	14205	14336	13558	14392	↘	172305
Total completed within 4 Hours - (Trust)	13349	13542	13032	13759	↘	164487
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Trust)	94.0%	94.5%	96.1%	95.6%	↗	95.5%
Total A&E Attendances (DRI)	7787	7989	7303	7772	↘	93628
Total completed within 4 Hours - (DRI)	7187	7419	6894	7301	↘	87938
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (DRI)	92.3%	92.9%	94.4%	93.9%	↗	93.9%
Total A&E Attendances (Bassetlaw)	3623	3573	3453	3593	↘	43608
Total completed within 4 Hours - (Bassetlaw)	3367	3349	3336	3432	↘	41482
A&E: Maximum waiting time of four hours from arrival/ admission/ transfer/ discharge (Bassetlaw)	92.9%	93.7%	96.6%	95.5%	↗	95.1%



Monitor Compliance Framework: 18 Weeks -October 2015

(Month 7)

Context

National reporting changes for RTT have come into effect from October 2015. The changes implemented this month are:

1. Removal of the submission of Admitted Adjusted Clock Stops (only Non-Admitted and Admitted (Unadjusted) are submitted but no target applies).
2. Additional item submitted on the number of "Incomplete Pathways with a Decision to Admit for Treatment" (no target applies)
3. Additional item submitted on the number of "New RTT Periods" in the month (number of clock starts in the month).

Reasons for Failure (if applicable)

Incomplete pathways in October ended at 92.6%,
 3 specialities failed to meet the 92% target,
 Trauma and Orthopaedics 91.3%
 General Surgery 90.9%
 ENT 83.7%
 Diagnostic waits failed at 98.8%

Actions being taken to address any issues

ENT has seen an increase in referrals since April of 16% equating to 997 additional patients to be seen. The key pathways relate to nasal conditions and capacity internally has been moved from OPD to theatre sessions to address some shortfalls.

A full action plan has been developed for ENT, which identifies the key areas for action

The launch of caMIS has caused a delay in reconciling clinics and currently outpatient procedures in both general surgery and ENT are comparatively low so this position will improve.

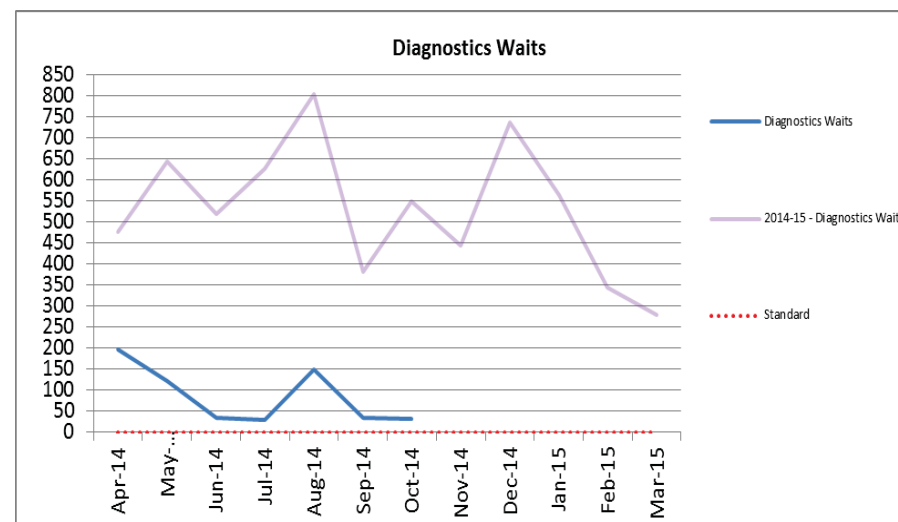
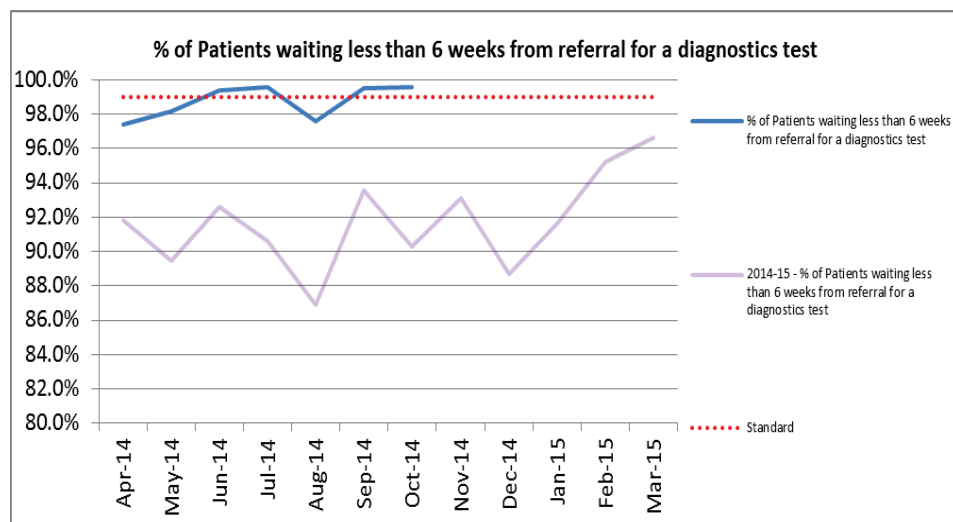
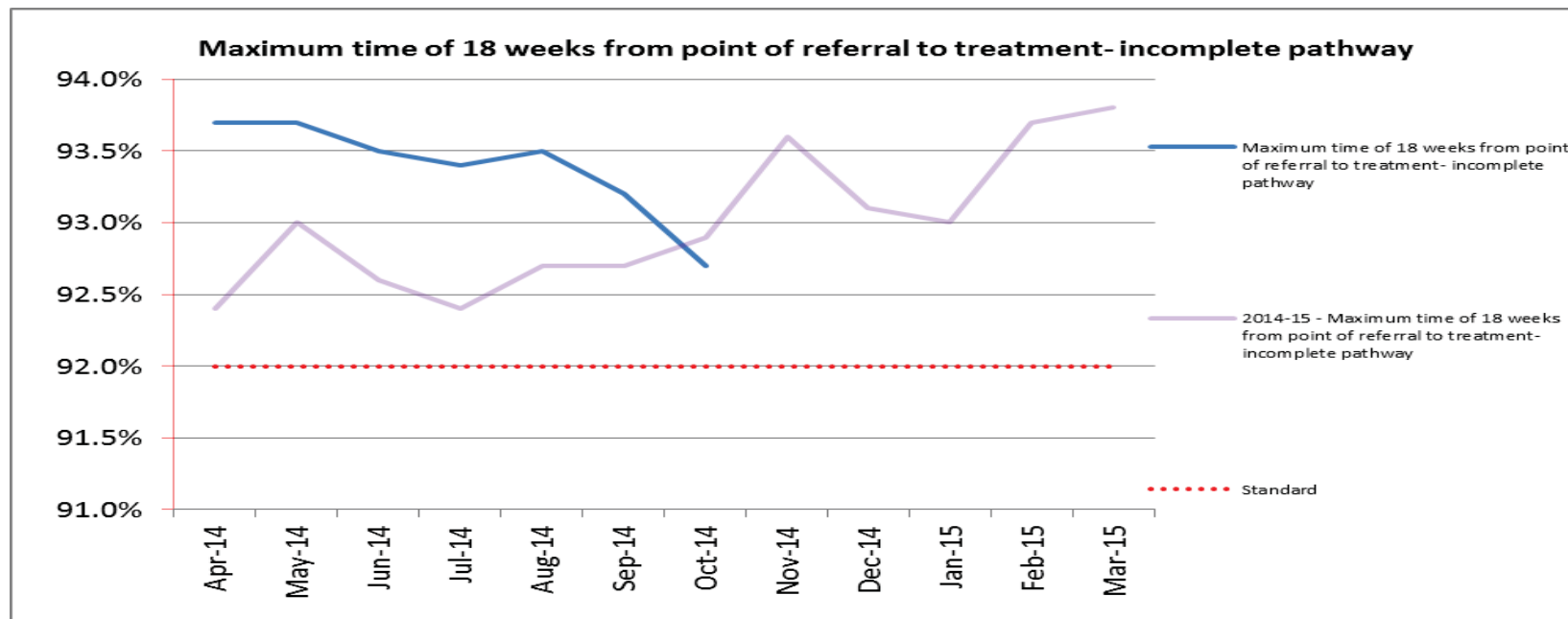
General Surgery issues relate to upper GI surgery due to capacity. New Consultant employed who will give additional capacity throughout December.

Trauma and orthopaedic position continues to improve following the increases in productivity through theatres.

Diagnostic waits have failed due to administrative error with the counting of waiting times. This has been addressed with the individual.

Indicator	Standard	Oct-14	Qtr 2 2015-16	Aug-15	Sep-15	Oct-15	Expected date to meet standard	Forecast Next Month
Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.0%	92.9%	93.2%	93.5%	93.2%	92.7%	Standard Met	92.3%
Indicator	Standard	Oct-14	Qtr 1 2015-16	Aug-15	Sep-15	Oct-15	Expected date to meet standard	Forecast Next Month
% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.0%	90.3%		97.6%	99.5%	99.6%	Standard Met	99.2%
Diagnostics Waits		549		38	34	32		

Monitor Compliance Framework: 18 Weeks -October 2015 (Month 7) & Diagnostic - November 2015 (Month 8)



Stroke - September 2015 (Month 6)

Context

Stroke Targets re now reported against the SSNAP data, and 90% on a stroke unit is no longer collected

Reasons for Failure (if applicable)

The key pathway remains direct admission to a hyper acute stroke bed. The reporting of SSNAP data is refreshed each month up to 3 months so the latest figures are from September.

Actions being taken to address any issues

The new assessment beds on the stroke unit are in operation.

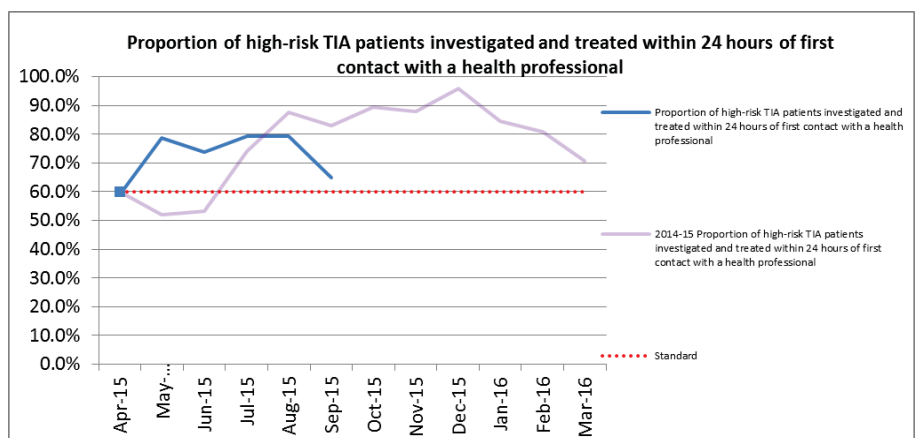
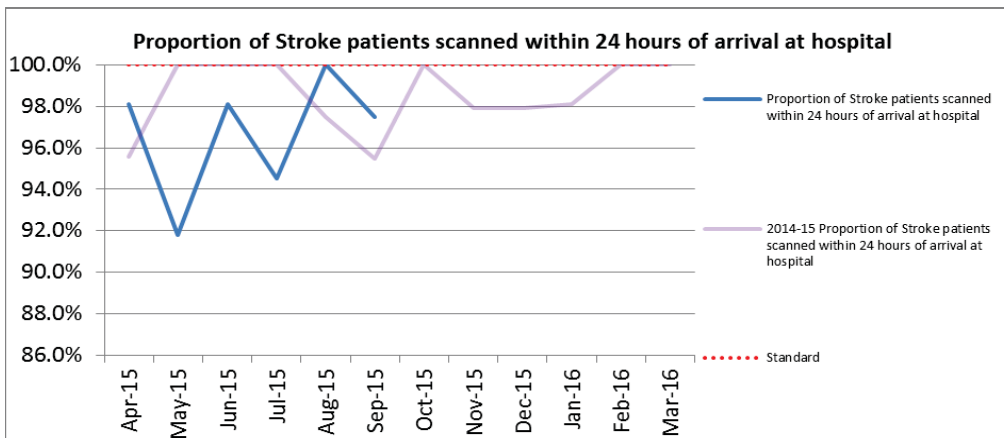
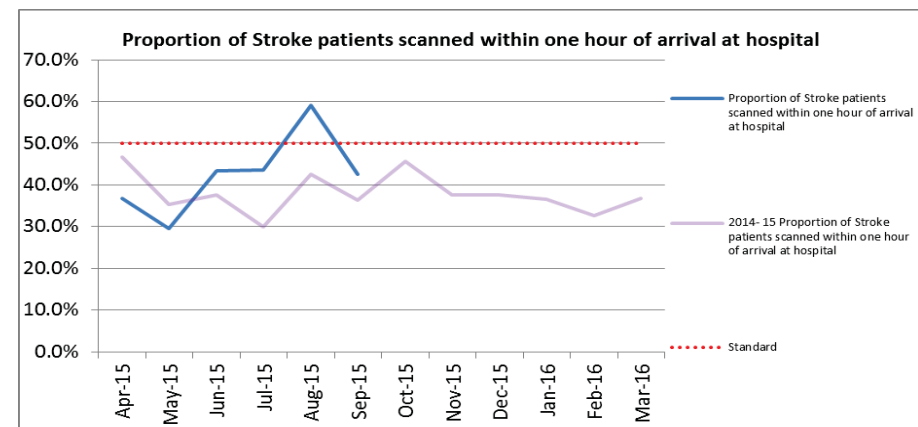
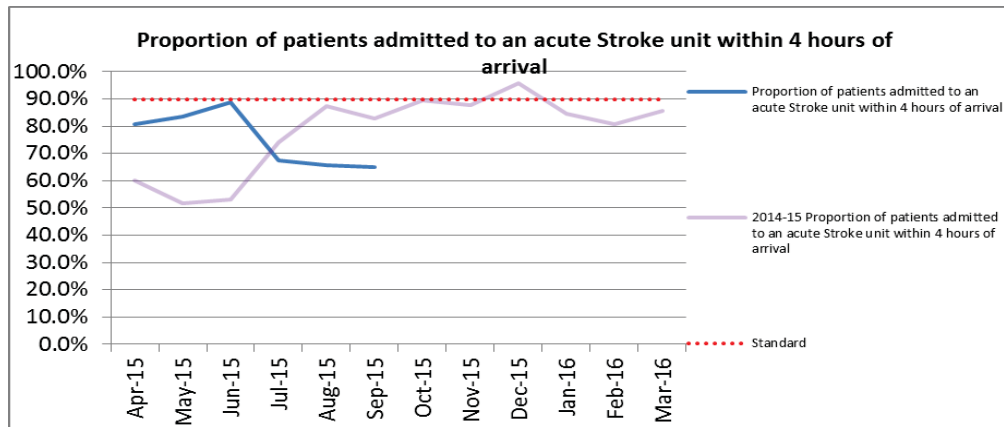
The overall number of stroke beds has increased to 53 across the Trust

Improved teaching in ED, to identify the key signs of strokes

Pathways for the stroke service out of the hospital to MMH and early supported discharge are being reviewed to ensure adequate bed capacity

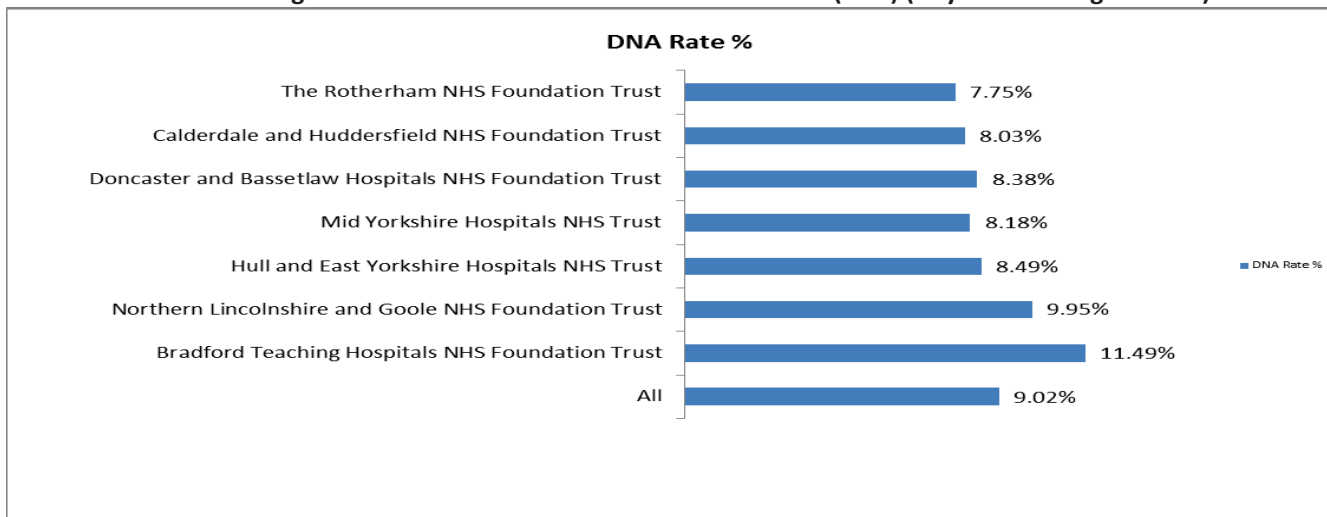
Indicator	Standard	Sep-14	Qtr 1 2015-16	Jul-15	Aug-15	Sep-15	Expected date to meet standard	Forecast Next Month
Proportion of patients admitted to an acute Stroke unit within 4 hours of arrival	90.0%	83.0%	84.3%	67.3%	65.8%	65.0%	Dec-15	
Proportion of Stroke patients scanned within one hour of arrival at hospital	50.0%	36.4%	36.2%	43.6%	52.6%	42.5%	Standard Met	
Proportion of Stroke patients scanned within 24 hours of arrival at hospital	100.0%	95.5%	95.8%	94.5%	100.0%	97.5%		
Proportion of high-risk TIA patients investigated and treated within 24 hours of first contact with a health professional	60.0%	83.0%	68.6%	79.4%	79.3%	65.0%		

Stroke - Graphs September 2015 (Month 6)



Theatre & Outpatients - November 2015 (Month 8)

DNA Rate: Benchmarking data taken from Healthcare Evaluation Data (HED) (July 2014 to August 2015)



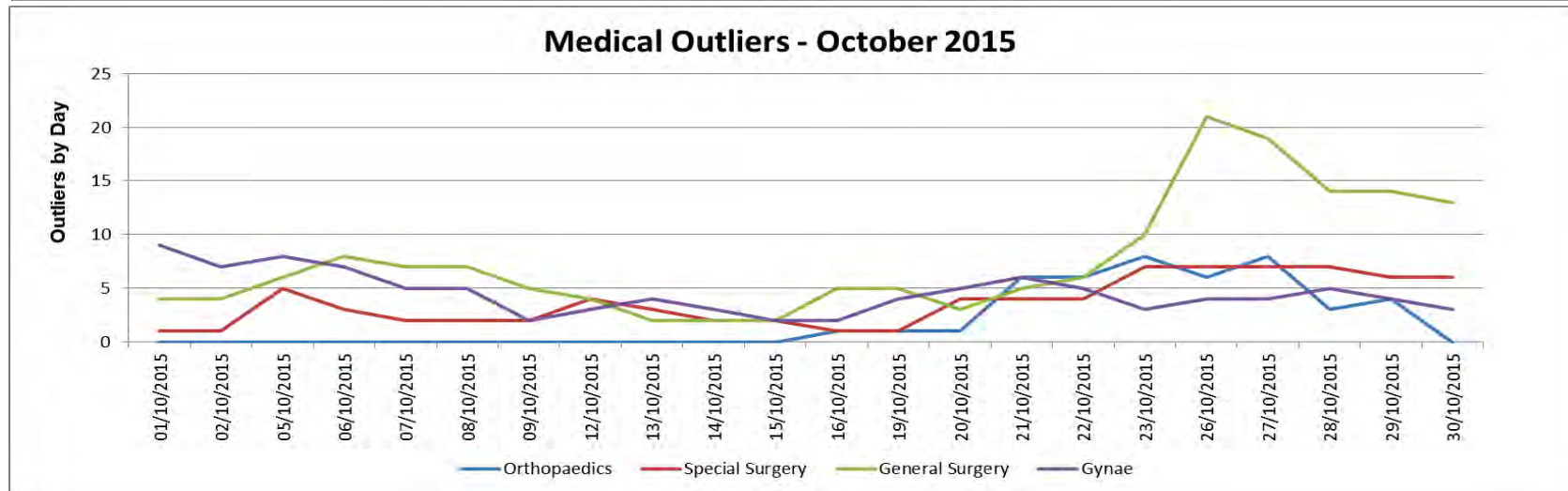
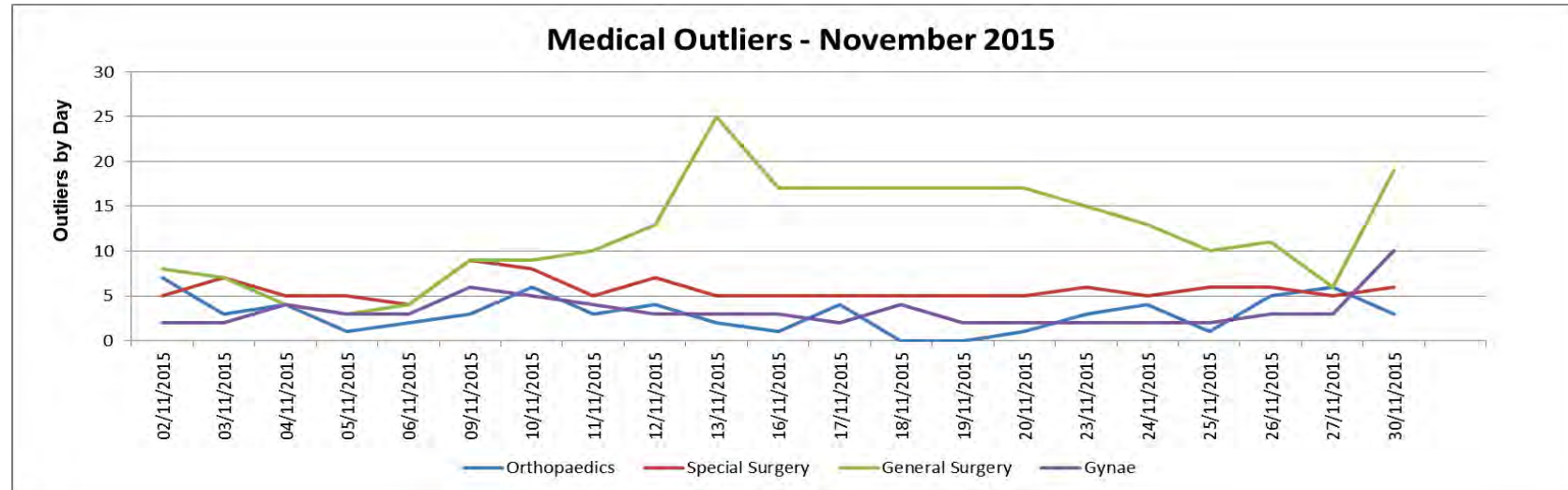
Indicator	Standard	Nov-14	Qtr 2 2015-16	Sep-15	Oct-15	Nov-15
Cancelled Operations (Total)	0.8%	1.1%	1.4%	1.7%	1.3%	1.3%
Cancelled Operations (Theatre)		0.7%	1.0%	1.0%	0.6%	1.0%
Cancelled Operations (Non Theatre)		0.2%	0.5%	0.7%	0.7%	0.4%
Cancelled Operations-28 Day Standard	0	4	5	2	0	1
Outpatients: DNA Rate Total		8.5%	8.9%	8.6%	9.4%	10.3%
Outpatients: DNA Rate First		8.1%	9.0%	8.6%	8.0%	8.8%
Outpatients: DNA Rate Follow Up		8.6%	8.9%	8.6%	10.0%	9.2%
Outpatients: Hospital cancellation Rate		13.7%	14.0%	14.0%	15.1%	15.0%
Outpatients: Patient cancellation Rate		16.2%	18.1%	18.6%	15.7%	14.6%
Outpatients: Patient died cancellation Rate		0.3%	0.3%	0.3%	0.2%	0.1%
Indicator						
Total Number of DNAs (Refreshed Each Month)			12658	4207	Data Unavailable	
Total Number of DNW (Refreshed Each Month)			77	30		
Did Not Wait Rate (Refreshed Each Month)			0.6%	0.7%		

Bed Plan 2015/16

The Bed Plan was maintained in line for November, the additional 16 beds in Medicine opened in December along with the new ambulatory care unit at DRI. Bed Capacity was maintained at Bassetlaw with no escalation beds open.

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
DRI												
Bed requirement for medical and care of the elderly patients based on current average length of stays for each main specialty	348	352	328	314	323	316	329	321	359	352	329	327
Total Beds available within medicine/cote. This allows for 16 escalation beds to close for 7 months and 20 restricted beds closed to keep wards at optimum numbers	328	312	312	312	312	312	312	312	328	328	328	328
Specialty medicine bed requirement (Cardiology, stroke, Renal, Haematology)	58	51	56	52	62	58	64	63	51	43	51	54
Specialty beds available	65	65	65	65	65	65	65	65	65	65	65	65
Total medical patient beds required	406	403	384	366	385	374	393	384	410	395	380	381
Beds position against funded	-15	-24	-7	11	-8	3	-16	-7	-17	-2	13	12
Surgical Bed requirements	93	87	86	95	93	83	89	80	74	93	95	89
Surgical beds available	99	99	99	99	99	99	99	99	99	99	99	99
Specialty surgical bed requirements (excluding breast services which are on G5)	33	39	35	37	26	33	35	35	33	29	39	33
Specialty beds available	39	39	39	39	39	39	39	39	39	39	39	39
Total surgical bed requirements	126	126	121	132	119	116	124	115	107	122	134	122
Bed position against funded	12	12	17	6	19	22	14	23	31	16	4	16
Orthopaedic Bed requirements	60	55	62	62	59	53	51	53	51	53	64	55
Total beds available(excluding TAU)	62	62	62	62	62	62	62	62	62	62	62	62
Bed position against funded	2	7	0	0	3	9	11	9	11	9	-2	7
Gynaecology bed requirement including breast services	16	17	15	14	18	18	17	19	16	18	19	17
Gynaecology beds available including daycase	26	26	26	26	26	26	26	26	26	26	26	26
Beds against funded	10	9	11	12	8	8	9	7	10	8	7	9
Total adult bed requirement against funded beds	11	2	21	27	22	42	18	32	35	31	22	44
Paediatric bed requirement	21	25	24	25	22	26	29	26	30	30	26	26
Paediatric Beds Available	39	39	39	39	39	39	39	39	39	39	39	39
Bed against funded	18	14	15	14	17	13	10	13	9	9	13	13
Bassetlaw												
Medicine bed requirements	109	107	102	99	108	110	109	97	103	103	104	106
Medical beds available	110	107	107	107	107	107	107	107	107	110	110	110
Beds against funded	1	0	5	8	-1	-3	-2	10	4	7	6	4
Surgery bed requirements	23	27	22	25	26	26	23	27	21	23	26	26
Surgical beds available	31	31	31	31	31	31	31	31	31	31	31	31
Beds against funded	8	4	9	6	5	5	8	4	10	8	5	5
Orthopaedic bed requirements	33	27	28	31	29	26	30	26	31	24	24	30
Orthopaedic beds available	35	35	35	35	35	35	35	35	35	35	35	35
Beds against funded	2	8	7	4	6	9	5	9	4	11	11	5
Bed total available	176	173	173	173	173	173	173	173	176	176	176	176
Bed difference against beds	11	12	21	18	10	11	11	23	18	26	22	14
Paediatric bed requires	8	10	7	9	6	6	8	10	12	9	8	8
Paediatric beds available	14	14	14	14	14	14	14	14	14	14	14	14
Beds against funded	6	4	7	5	8	8	6	4	2	9	6	6

Medical Outliers by Specialty -November 15 (Month 8)



	Daily average	Most Sleepers-out in November 2015	Least Sleepers-out in November 2015
Medicine to Ortho	3	7	0
Medicine to S12	6	9	4
Medicine to Surgery	12	25	3
Medicine to Gynae	3	10	2



Title	15/16 Q2 People and Organisational Development Delivery Report		
Report to:	Board of Governors	Date:	19 January 2016
Author:	Dawn Jarvis, Director of People & Organisational Development (P&OD)		
For:	Note and Approve		
Purpose of Paper: Executive Summary containing key messages and issues			
This paper seeks to update Board of Directors on the progress made in Q2 15/16 to deliver the P&OD Strategy, the annual KPIs (page 10), corporate objectives and P&OD led projects.			
Recommendation(s)			
The Board is asked to NOTE the content of the update and COMMENT on progress.			
The first half of 15/16 has been generally positive, with good progress made in several areas. Such as engagement, sickness absence and health and wellbeing. Still of concern, though with clear plans in place, are Statutory and Essential to role Training (SET) and recruitment.			
P&OD produce data each month for the Care Groups and the Corporate Directorates which gives them full staffing lists for their cohort and reports on all the KPIs at team and individual levels, (see page 11 for the one page overview). Each area for each month is marked red, amber or green:-			
<ul style="list-style-type: none">• Red missed the target and worse than Trust average• Amber missed the target but better than Trust average• Green reached target			
This focus is leading to improvements in all areas overall. As the Board will be aware the main priority for P&OD in 15/16 is appraisals, closely followed by Statutory & Essential Training (SET), both of which are corporate objectives, along with several others delegated to the Director of P&OD for implementation. These corporate objectives, P&OD Strategy KPIs and P&OD led projects are all reported within this report.			
The Chief Executive’s monthly report will continue to provide in month absence levels and will include appraisal and SET training rates each month in 15/16.			
Of particular note in Q1 15/16, the Board’s attention is drawn to the following sections of the report:-			
<ol style="list-style-type: none">1. Absence and wellbeing – with a cumulative total of 3.67%, only just above our target, though to note e-roster downloads are 4 weekly and occasionally out of synch with the month end so there are reporting peaks and troughs;2. Turnover, deployment and registration – now we are able to monitor voluntary turnover and we seem to average around 7% are the Board happy to see this figure reported and should we agree a revised target from the current 10%?3. Staff survey and engagement – good outcomes from the Q2 staff FFT in Estates and Facilities, with an ongoing upward trajectory in place to work and place to receive care;4. Appraisals - huge improvements from the 2012 low of 20% up to 81% by the end of September. Still a little way to go to reach the 90% target and now into phase 2 of the project focusing on quality.5. Training, education and development - rates for SET are still much lower but a project mirroring the approach used for appraisals will see us achieve the same outcomes for year end.6. Vacancy rates and recruitment – for the first time we are reporting Trust wide vacancy % which			

cumulatively YTD average is at 7.3% this figure is derived from the difference between the budgeted establishment and the filled and paid for posts. We are working on aligning the descriptors used and the way gaps are reported between finance, HR and Care Groups and will reach a more sophisticated level of reporting, though this will take several months.

7. Casework – a steady downturn in discipline and conduct dismissals, a sharp rise in capability dismissals, a big reduction in appeals and no employment tribunals. This shows a heightening level of grip and competence by managers being well supported by the Casework and HR Business Partner teams.

Annex 1 shows the original KPIs from the P&OD strategy; Annex 2 shows the Care Group and Corporate comparison document.

Delivering the Values – We Care (how the values are exemplified by the work in this paper)

We always put the patient first

- By focusing on improving staff presence, well-being, engagement and skill level

Everyone counts – we treat each other with courtesy, honesty, respect and dignity

- By having clear and transparent processes and policies and by living our values

Committed to quality and continuously improving patient experience

- By ensuring we are continuously improving against our KPIs and objectives

Always caring and compassionate

- By recruiting, retaining and engaging the right staff who demonstrate our values

Responsible and accountable for our actions – taking pride in our work

- By having clear objectives and actions to improve our performance and quality

Encouraging and valuing our diverse staff and rewarding ability and innovation

- By ensuring the right people with the right skills are involved in delivering our progress

Related Strategic Objectives

- Provide the safest, most effective care possible
- Control and reduce the cost of healthcare
- Focus on innovation for improvement
- Develop responsibly, delivering the right services with the right staff

Analysis of risks

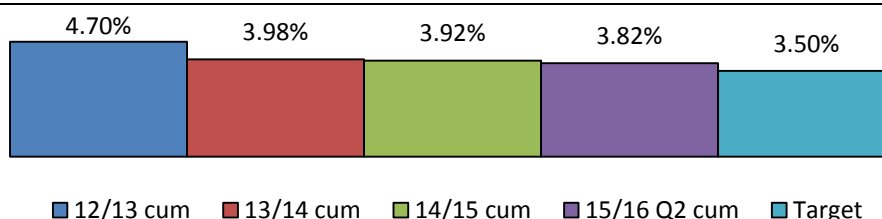
There are two Trust wide risks on the Corporate Risk Register and the Board Assurance Framework that will be directly improved or mitigated by the delivery of the P&OD Strategy through successful delivery will help to support the delivery or mitigation of most corporate risks.

Board Assurance Framework

10	Inability to recruit right staff and ensure staff have the right skills to meet operational needs	3x4=12
15	Failure to engage and communicate with staff and representatives	2x3=6

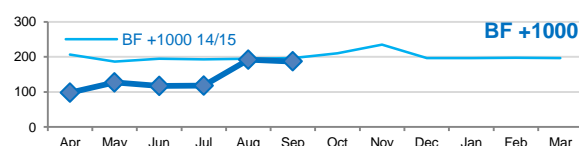
1. Absence and Wellbeing

Corporate Objectives 15/16	Q1 15/16
Comprehensively implement and maintain processes and procedures to reduce and then maintain staff sickness to <3.5% measured as an annual position. Hold corporate directorate and care groups to account by escalating performance issues or failure to use corporate tools and processes designed to manage sickness.	Q4 annual
Develop a comprehensive BoD approved Strategy for Staff Health and Wellbeing by Q2 that will be supported by staff side, set measurable goals for improvement and will radically impact the health and wellbeing of our staff, helping us over time to become role models for healthy living	Q2
People and Organisational Development Strategy KPIs	
Staff sickness <3.5%	Q4 annual
Flu immunisation >81%	Q3



Year on year the absence levels are dropping nearer to our target and our relative position regionally and nationally continues to be good with us regularly in the top 3 regionally.

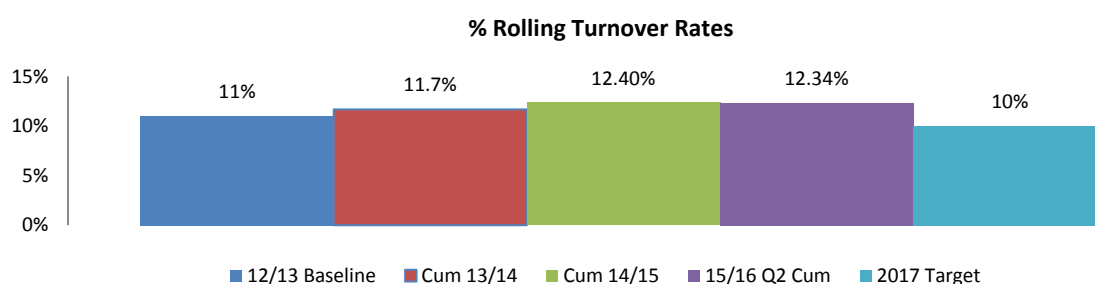
Our cumulative position at Q2 is only marginally above our target despite the year starting with higher than target outcomes (April 4.25%, May 4.07%, June 3.95%, July 3.01%, August 3.71%, September 3.82%) giving a cumulative Q2 of 3.82%. We build in the 3.5% absence rate to our staffing plans but anything over this may affect care and costs if we directly backfill. Our cumulative annual absence for Q1 of 3.82% represents 38394 days lost (£112 per day using average salary and whole pay bill = £4.3m so far this year). Greater focus and ownership by the Care Groups is proving to be successful, though there are pockets of excellence and areas that need to do more as outlined in appendix 2. Our continued focus on the use of the Bradford Factor ($S^2 \times D = BF$ – S=spells, D=days lost, BF=Bradford Factor) is showing positive results from a 14/15 high of 235 people with a BF over 1000 to 187 in September, from Q3 this focus will increase as we target to cases over 500.



We are also monitoring the length of absences over 12 (reduction since last year **from 11 cases to 1**), 6 months (reduction in year **from 49 cases to 12**) and 28 days (which has now dropped back to consistently being an average of 156 cases).

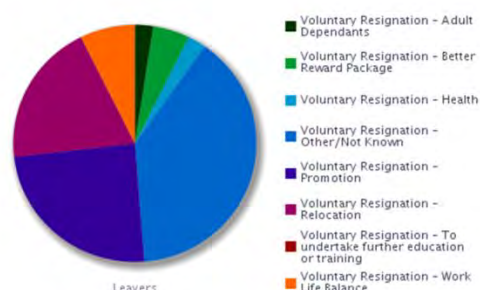
2. Turnover, deployment and registration

Corporate Objectives	Q1
N/A	
People and Organisational Development Strategy KIPs	
Voluntary turnover <10% annually	Q4 annual
Additional P&OD led projects	
E-roster roll out (DBH2020 project on embedding and handover to be a separate project)	Q4
Deliver voluntary turnover levels by taking out areas for purposeful turnover from the statistics.	Q3
NHS Professionals Phase2	Q2



We can now report voluntary turnover which shows around a 7% annual turnover rate.

Monthly Turnover	2015 / 04	2015 / 05	2015 / 06	2015 / 07	2015 / 08	2015 / 09
Average Headcount	6,675	6,653	6,595	6,577	6,630	6,705
Average FTE	5,493.50	5,474.98	5,433.35	5,419.41	5,463.31	5,529.54
Leavers Headcount	41	45	51	51	41	42
Leavers FTE	33.23	35.08	40.71	44.90	35.57	33.62
Starters Headcount	59	31	67	65	185	129
Starters FTE	47.97	23.75	50.72	51.87	164.55	112.45
Maternity	137	135	130	139	136	139
Turnover Rate (Headcount)	0.61%	0.68%	0.77%	0.78%	0.62%	0.63%
Monthly Turnover Rate (FTE)	0.60%	0.64%	0.75%	0.83%	0.65%	0.61%
Annual Turnover	2015 / 04	2015 / 05	2015 / 06	2015 / 07	2015 / 08	2015 / 09
Leavers (12m)	461	472	492	519	515	506
Turnover Rate (12m)	7.01%	7.16%	7.45%	7.85%	7.78%	7.63%
Leavers FTE (12m)	368.42	374.24	391.09	417.67	416.24	408.31
Turnover Rate FTE (12m)	6.80%	6.90%	7.20%	7.68%	7.64%	7.48%



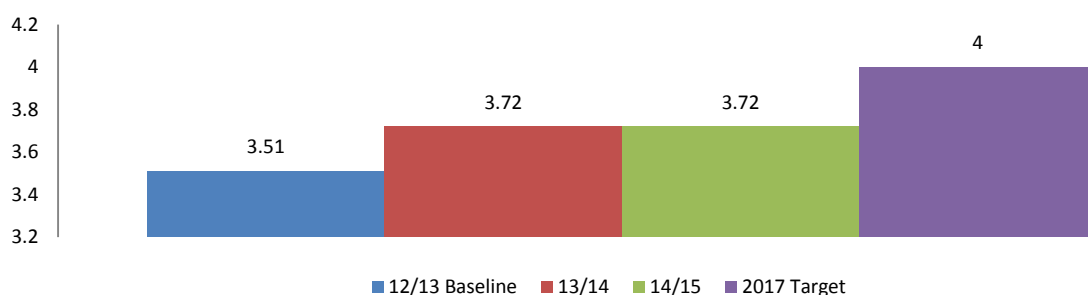
August 2015 Voluntary Resignation Reasons.

Where roles require professional **registration**, we must ensure staff are registered. Reporting dates sometimes mean this drops slightly below 100% so our (generally met) Trust target is 99%.

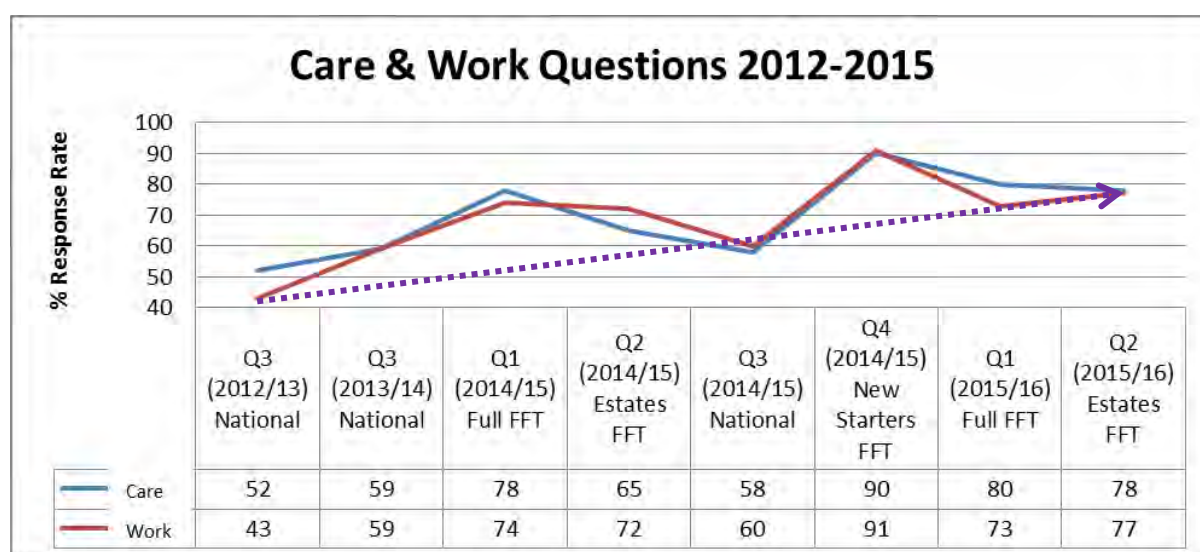
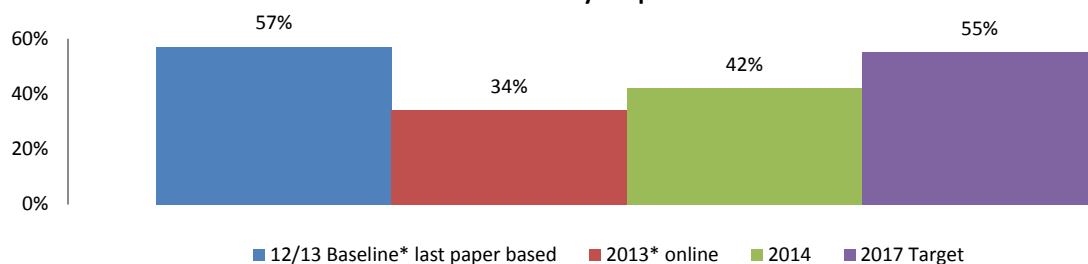
3. Staff Survey and Engagement

Corporate Objectives	Q1
Develop and agree a clearly defined and branded staff engagement programme to deliver P&OD Strategy, communication and engagement ambitions.	Q3
Implement the key actions arising from the Staff Survey 14/15 and quarterly Staff FFTs. Ensure each care group and corporate directorate has developed a local action plan by the end of Q1 to take forward local issues identified in the staff survey	Q1 & Q3
People and Organisational Development Strategy KPIs	Q1
Engagement scores at 4.00 by 2017	2017
Staff survey response rates at 55% in the annual staff survey by 2017	2017
Additional P&OD led projects	
Internet/Intranet Procurement and Implementation	Q2 & Q4
Quarterly Staff Friends and Family Test (FFT).	Q1,2,3,4

Annual Staff Engagement Score

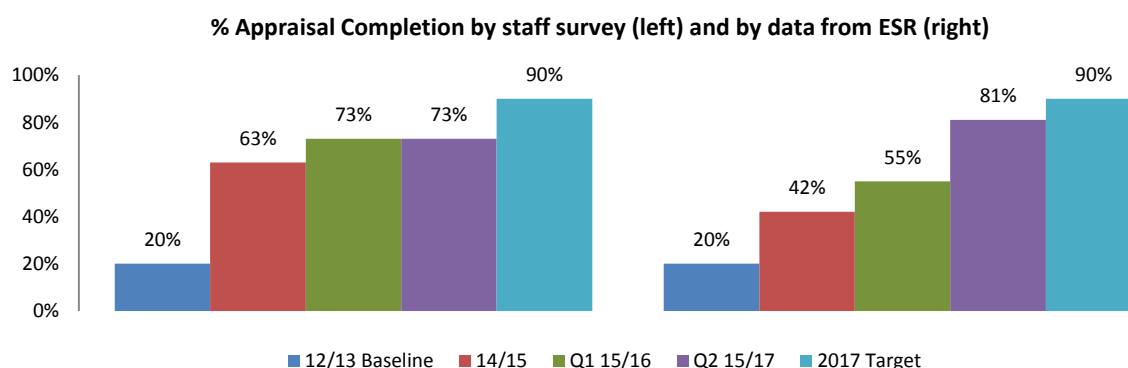


Annual Survey Response Rates



4. Appraisals

Corporate Objectives	Q1
Ensure that at least 90% of staff are recorded on ESR by September 2015 as having had an appraisal in the last year through delivery of the first stage of a longer term project covering uptake, information and systems and quality assured content. Dawn Jarvis will be responsible for the corporate systems and policy. Each executive director will be held individually accountable for the staff under his/her leadership as demonstrated by the September ESR report	80% by September 90% by Q4
People and Organisational Development Strategy KIPs	
Appraisal completion >90% by 2017	2017



There is a 3 phase project underway with phase 1 completed to ensure we have the right quantity and quality of appraisals completed for all staff across DBH. We began 14/15 reporting only 27% (20% in 2012) of staff logged as having an appraisal and are currently reporting 81% against a national standard of 85% and an internal target of 90%. In our last full staff survey, 63% of staff said they had received an appraisal in the last year, with a rise to 73% in Q1 FFT, it is predicted we will see an outcome in the current staff survey which gets us much nearer to the national 85%.

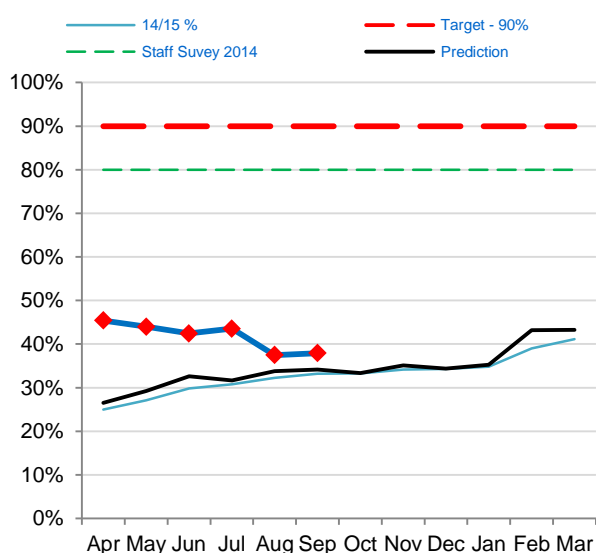
This is excellent progress, and our engagement with the project board continues to be high, with the project moving into phase two focusing on quality of conversations as well as quantity of appraisals.

Training, education and development

Corporate Objectives	Q1
Deliver the Statutory and Essential to role (SET) training project to ensure that at least 90% of staff accesses the full programme appropriate to their role, including safeguarding training, by year end	Q4
Develop a clear understanding and forward programme covering the next three years with the University of Sheffield Medical School by Q3, describing how the two organisations will work together to increase student numbers and deliver excellent medical education at DBH	Q3
People and Organisational Development Strategy KPIs and deliverables	
SET training completed for >85% of staff by 2017	2017
Additional P&OD led projects	
Future Leaders – first pilot cohort working well with all 15 through first stages	Q3
Coaching – delivery in Q3 procured training provider dates for October	Q3
Training and Education Restructure – delivery in Q3	Q3
Management Skills Programme – Module 1, 2 and 3 up and running over 200 attended	Q4

We have delayed the planned launch over the summer on our much simplified SET training programme. I am confident this will show a marked increase towards the end of the calendar year as we tackle the recording issues using the same approach that is beginning to show success for appraisal rates. The issues that have led us to report such low rates are very similar to that of appraisal and the two will be wrapped together as being the essentials of good people management. We are also making excellent progress in our work and relationship with Sheffield Medical School and Sheffield Hallam University.

More widely in the education and development area we are making good progress across a number of development interventions with excellent attendance and engagement in coaching, Management Skills Programme and our innovative Future Leaders Programme.



SET Training rates
drawn from
Employee Staff
Record system (ESR)

5. Vacancy Rates and Recruitment

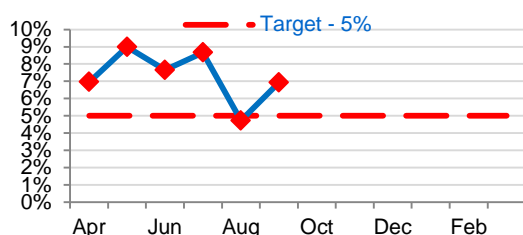
Corporate Objectives	Q1 15/16
To Produce a Workforce Planning Strategy for all professions and staff groups by Q2 15/16 with clear plans to deliver on over and under supply issues for each profession or staff group by Q4 15/16; the overall Trust wide strategy will be developed and delivered by Dawn Jarvis, and each profession or staff groups' plans will in turn be led by the relevant Executive Director	Q2
People and Organisational Development Strategy KPIs	
Vacancy rates less than 5%	2017
Additional P&OD led projects	
Recruitment and Workforce Planning Project	Q4 & 2016
International Recruitment Project	Q3 & Q4

For this report we have widened the focus onto all gaps across the Trust, which may then translate into a vacancy.

Currently, we can report the difference between the budgeted for, whole time equivalent (WTE) in a Care Group or Corporate Directorate and the fill rate of those roles which for September is 6.92% and the cumulative average for the year is 7.3%. We have two pieces of work underway:

- one to align the budget data with people in post data e.g. staff on maternity leave who are not here but are being paid which may show as an oversupply issue; and
- a second, which is part of the Recruitment and Workforce Planning Project to report by staff group what gaps translate into actual vacancies that are or are not being recruited to and what stage that recruitment is at.

While I am satisfied that the reported % is currently an overestimation of our vacancy position it is likely to be some months before we can report a fully accurate position, as we have yet to remove examples like the maternity one or gaps where the choice has been made not to fill it, from the calculations.



Overall Trust gap % drawn from Employee Staff Record system (ESR)

The information below is raw data produced from our systems, which we know has some flaws as can be seen by some of the variances.

	Trust	CE	C&F	D&P	Emergency	E&F	Finance	MSK&F	MD	NS	P&OD	Performance	Speciality	Surgical
Vacancy Rate %	6.92	-1.55	6.65	6.47	9.40	14.39	8.96	6.07	-19.52	0.49	-2.29	-2.50	9.89	1.01
A&C	5.43	2.84	2.44	5.52	0.12	17.12	8.00	5.48	-26.11	1.50	-9.46	-2.43	12.27	-0.87
AH, HCS, P&ST	4.45	N/A	N/A	9.23	-0.11	0.00	N/A	4.13	N/A	0.00	23.87	N/A	2.34	-20.34
E&A	14.20	N/A	3.64	45.83	16.04	14.29	19.67	18.75	N/A	N/A	-3.13	N/A	-3.25	5.97
N&M	5.26	-48.00	6.39	6.21	7.55	N/A	-48.54	6.21	N/A	-1.09	17.84	-2.61	6.40	1.87
M&D	11.28	100.00	10.83	-29.76	13.36	N/A	N/A	12.81	-13.04	N/A	-21.28	N/A	24.87	9.18

6. Casework

Corporate Objectives 15/16	Q1
N/A	
People and Organisational Development Strategy KPIs	
N/A	
Additional P&OD led projects	
Employee Relations Casework review	Q4

Case Type	2012/13	2013/14	2014/15	2015	
Grievance (17/19/9)		2	9	1	Grievance Upheld
		12	7	3	Grievance Not Upheld
		3	3	3	Part/Informal
				2	Withdrawn
Conduct/Discipline (176/160/40)		66	73	15	No Action/Informal Action
		87	72	17	Formal Action not Dismissal
		23	15	4	Dismissal
				4	Resigned
Capability (26/67/97)		4	11	17	No Action/Informal Action
		18	33	60	Formal Action not Dismissal
		4	23	15	Dismissal
				5	Resigned
Harassment & Bullying (4/4/4)		4	3	4	No Action/Informal Action
		0	1	0	Formal Action not Dismissal
		3	0	0	Dismissal
Appeals # (21/9/4)		1	1	0	Appeal Successful
		20	9	2	Appeal Unsuccessful
				2	Withdrawn
Employment Tribunals # (4/0/2)		0	0	0	ET Successful for claimant
		4	0	0	ET Unsuccessful for claimant
		0	3	2	ET Withdrawn
Whistleblowing (0/1/1)		0	1	2	
Suspensions *&** (6/6)	16 paid 2 unpaid	6 paid	5 paid 1 unpaid	4 paid	
Alternatives to Suspensions (8/7)		8 paid	7 paid	1 paid	2014/15 includes 1 individual who was initially suspended on full pay for two weeks and this was then commuted to alt. to suspension.
Capability - failure of sickness targets		5	2	73	
Ill Health Capability		3	23	21	
Capability - Performance		1	1	3	
# No. of Appeals/ET cases concluded in period (case included only if also concluded in same period)					
* These will be included in the above figures; ** With and without pay;					

Annex 1 – P&OD Strategy KPI tracker 2012 – 2017

KPI	2017 Target	12/13	14/15	Q1 15/16	Descriptor
Vacancies	5%*	9-12%	4.89%	7.86%	From Q1 15/16 reports all gaps across Trust, more work to do to translate into actual vacancy numbers
Absence	3.5%**	4.7%	3.97%	4.03%	Cumulative YTD taken directly from eWin workforce data source
Turnover	<10%	11%	11.4%	12.16%	Rolling annual % includes voluntary turnover taken directly from eWin data source
Engagement	4.00	3.51	3.72	N/A	Calculated by taking the scores for 9 questions (scored 1-5) and averaging them scoring 4 for 5 of the questions and 3 for 4 of the questions means $(4 \times 5) + (3 \times 4) = 32 \div 9 = 3.5$ giving an engagement score of 3.5
Flu immunisation	>81%	80%	82.5% - including 71.2% nursing	N/A	% of clinical, front line staff immunized, our denominator group as determined by NHS England is around 4300 results are a % of that figure. Other staff cannot count towards results
Staff Survey response rates	>55%***	57%	42% (2014)	N/A	% of staff responding – based on full annual on line survey 2012 was paper based.
Appraisal	>90%	20%	63% (2014)	55%	% of staff in staff survey saying they have had an appraisal in the last 12 months
Training	>85%	20%	80% (2014)	40%	% of staff saying they have had training that has helped them do their job more effectively in the staff survey

*4.5% raised to 5% by Board of Directors following nurse staffing paper June 2014

**absence target is 3.5% not 3% as stated in the printed copy of P&OD Strategy

***reduced from 70% by Board of Directors following March 2015 Board paper on staff survey after reviewing performance of top decile Trusts.

KPI	Absence			Vacancy			Turnover			Registration			Engagement		Appraisal			Training		
	%	3.82%		%	6.92		%	7.73		%	99.58%		3.72	42.00	%	80.85		%	37.93%	
		Jul	Aug		Sep	Jul		Aug	Sep		Jul	Aug	Sep	Jul		Aug	Sep		Jul	Aug
Cumulative Q2 Trust / Target													Score	Response						
Care Group	Trust	%	3.01%	3.82%	3.50%	8.66	4.72	6.92	1.01	2.05	1.31	99.57%	99.48%	99.58%	64.76	71.71	80.85	43.56%	37.50%	37.93%
	C&F		2.07%	4.57%	4.83%	7.80	4.66	6.65	0.85	4.08	0.56	99.78%	99.77%	98.41%	3.84	47.42	59.43	52.47%	48.20%	46.68%
	D&P		2.59%	2.60%	3.24%	10.86	7.41	6.47	0.79	2.01	1.00	100.00%	100.00%	100.00%	3.49	37.96	75.00	37.92%	30.10%	30.69%
	Em		2.45%	4.69%	4.25%	12.84	6.94	9.40	1.36	4.21	3.56	99.26%	99.50%	100.00%	3.59	37.90	77.00	40.77%	36.46%	37.91%
	M&F		2.76%	3.24%	2.59%	10.02	2.52	6.07	1.59	0.85	0.94	100.00%	98.98%	99.59%	3.72	47.35	77.56	52.74%	48.51%	48.33%
Corp Dir	Sp		3.39%	3.81%	4.36%	7.43	2.16	9.89	0.60	3.18	1.20	99.71%	100.00%	99.38%	3.94	32.08	55.87	49.19%	43.36%	42.70%
	Su		3.14%	3.65%	3.60%	1.22	-1.55	1.01	1.01	2.61	1.00	99.73%	99.33%	99.87%	3.72	43.00	81.27	44.71%	38.56%	38.84%
	CEO		3.01%	4.56%	4.73%	16.13	-24.20	-1.55	0.00	4.08	0.00	100.00%	100.00%	100.00%	4.20	100.00	100.00	49.64%	45.28%	43.81%
	E&F		5.26%	4.31%	5.23%	14.37	15.37	14.39	0.89	0.66	1.32	N/A	N/A	N/A	3.67	33.11	88.05	25.87%	16.17%	15.94%
	Fi		1.84%	2.08%	1.74%	6.28	10.76	8.96	0.94	1.89	1.42	100.00%	100.00%	100.00%	3.79	68.94	92.08	53.85%	48.07%	49.54%
P&OD	MD		0.00%	0.00%	0.00%	2.68	-18.48	-19.52	0.00	0.00	0.00	100.00%	100.00%	100.00%	4.20	100.00	85.71	33.33%	28.95%	31.58%
	NS		2.65%	3.65%	3.61%	6.12	7.93	0.49	0.00	0.00	0.00	100.00%	100.00%	100.00%	3.98	70.00	88.89	48.43%	40.26%	43.26%
	P&OD		3.27%	4.62%	5.74%	-3.83	-1.38	-2.29	0.00	1.66	0.84	100.00%	100.00%	100.00%	3.97	90.54	100.00	53.02%	45.21%	49.00%
	Pe		1.19%	3.73%	2.40%	7.95	3.75	-2.50	0.00	0.00	0.00	100.00%	100.00%	100.00%	3.75	46.34	86.21	39.13%	32.38%	31.64%

Q1 2015/2016

KPI	Absence			Vacancy			Turnover			Registration			Engagement		Appraisal			Training		
	%		Jun	%		Jun	%		Jun	%		Jun	Score	Response	%		Jun	Apr	May	Jun
	Apr	May	Jun	Apr	May	Jun	Apr	May	Jun	Apr	May	Jun	Score	Response	Apr	May	Jun	Apr	May	Jun
Cumulative Q1 Trust / Target	4.25	4.07	3.95	6.96	8.99	7.65	0.82	1.14	1.08	99.86	99.79	99.72			45.42	46.34	54.99	45.40	43.99	42.45
Care Group	Trust																			
	C&F	3.83	4.56	3.76	4.55	6.30	1.39	0.56	0.99	100.00	100.00	100.00	3.84	33.64	32.70	32.42	32.78	54.06	52.82	51.83
	D&P	3.87	3.46	3.32	8.74	10.42	10.88	0.68	1.24	0.68	100.00	99.71	100.00	3.49	37.96	68.76	66.67	71.00	42.80	40.31
	Em	5.26	4.47	4.46	10.71	11.48	10.39	0.23	1.16	1.17	99.77	99.77	99.77	3.59	37.90	31.81	31.12	38.43	41.52	41.21
	M&F	5.25	3.85	4.23	5.63	12.17	4.58	1.57	1.59	0.96	100.00	100.00	99.79	3.72	47.35	63.41	62.65	70.75	52.00	51.92
Corp Dir	Sp	3.89	3.10	3.60	0.13	6.57	6.98	0.59	0.45	1.80	100.00	100.00	100.00	3.94	32.08	35.83	39.85	41.07	49.95	48.18
	Su	3.35	4.26	3.85	1.54	2.92	4.83	0.44	1.40	1.05	99.73	99.45	99.18	3.72	43.00	44.30	49.23	55.88	45.72	44.54
	CEO	4.33	4.13	4.39	-5.37	13.92	-34.89	0.00	0.00	0.00	85.71	100.00	100.00	4.20	100.00	65.22	63.64	66.67	45.70	43.71
	E&F	5.22	5.56	5.20	13.56	14.85	14.34	1.10	1.43	0.88		N/A		3.67	33.11	47.60	45.13	63.74	31.45	28.91
	Fi	4.36	3.88	2.82	6.73	7.64	8.55	0.00	0.48	0.47	100.00	100.00	100.00	3.79	68.94	21.08	22.82	57.71	54.65	53.00
P&OD	MD	0.00	0.55	0.00	-8.54	-8.54	-32.93	0.00	0.00	0.00	100.00	100.00	100.00	4.20	100.00	33.33	33.33	50.00	29.27	24.44
	NS	3.50	2.71	1.89	1.77	3.05	-9.23	0.00	1.55	6.30	100.00	100.00	100.00	3.98	70.00	32.26	35.94	43.33	53.50	48.81
	P&OD	1.70	3.39	3.91	4.32	2.45	-3.49	0.00	1.70	0.00	100.00	100.00	100.00	3.97	90.54	31.03	57.89	96.36	58.42	52.56
	Pe	3.05	1.03	2.16	5.59	7.85	6.23	0.00	0.00	3.57	100.00	100.00	100.00	3.75	46.34	7.27	8.93	47.17	36.19	38.63



Title	Care Quality Commission (CQC) compliance update		
Report to:	Board of Governors	Date:	19 January 2016
Author:	Richard Parker, Director of Nursing, Midwifery and Quality Rick Dickinson, Deputy Director of Quality and Governance		
For:	Information		
Purpose of Paper: Executive Summary containing key messages and issues			
The purpose of this report is to provide the Board with a briefing on actions planned following the CQC inspection and reports, and to illustrate the ongoing monitoring arrangements for CQC regulatory compliance and quality of our services.			
Recommendation(s)			
The Board is asked to NOTE the content this report and SUPPORT the steps identified in the report.			
Delivering the Values – We Care (how the values are exemplified by the work in this paper)			
We always put the patient first <ul style="list-style-type: none">By ensuring that patients’ voices are heard through our patient experience activities. Everyone counts – we treat each other with courtesy, honesty, respect and dignity <ul style="list-style-type: none">By ensuring that there are systems in place for concerns to be raised. Committed to quality and continuously improving patient experience <ul style="list-style-type: none">By taking steps to learn from feedback from patients and quality measurement. Always caring and compassionate <ul style="list-style-type: none">By placing value in the way that we demonstrate sensitivity when dealing with patients concerns. Responsible and accountable for our actions – taking pride in our work <ul style="list-style-type: none">By taking action to improve our services. Encouraging and valuing our diverse staff and rewarding ability and innovation <ul style="list-style-type: none">By recognising the efforts and initiatives taken by staff.			
Related Strategic Objectives			
<ul style="list-style-type: none">Provide the safest, most effective care possibleControl and reduce the cost of healthcareFocus on innovation for improvementDevelop responsibly, delivering the right services with the right staff			
Analysis of risks			
Potential for failure to manage our systems and process to benefit the needs of our patients, caused by ineffective clinical governance functions, leading to poor quality care and experience.			
Board Assurance Framework			
1	Failure to provide harm free care:• Pressure ulcers• Falls• Complaints• Poor experience• Claims• SHMI / HSMR• serious incidents / adverse events• quality outcome indicators• inquests• harms		2 x 4 = 8

CQC INSPECTION OUTCOMES

1. CQC Inspection

The Trust underwent a comprehensive inspection by the Care Quality Commission (CQC) commencing on 14 April 2015, with unannounced visits 2 weeks later.

The Trust has also been involved in a Nottinghamshire Looked after Children and Safeguarding targeted inspection during the week of 5 October 2015. This draft report has been issued for factual accuracy, which is due for submission on 18 January 2016. The other organisations involved are Sherwood Forest Hospitals NHS FT, Nottinghamshire Healthcare NHSFT, Nottinghamshire CCG and Bassetlaw CCG.

2. Publication of Reports

The publication of the final comprehensive inspection reports on the 23 October 2015 followed the Quality Summit on 21 October. The reports can be found here:

<http://www.cqc.org.uk/provider/RP5/inspection-summary>

3. Action planning

Action plans have been produced and reported to the Board and provided to the CQC within the set timeframes. The action plan was developed to cover all of the regulatory requirements and recommendations made in the *Must* and *Should* categories for each hospital inspection report and the provider report. Care Group and Corporate Directorate leads provided updates on actions taken and planned, with timescales anticipated for completion. These were submitted on 19 November 2015 and a follow up engagement meeting with the CQC team on the 4 January confirmed that progress was satisfactory and that no additional risks or enhanced risks had been identified since the inspection visit. The residual action plan is provided at appendix 1. The deadline for action plan updates was 8 January 2016. A small number remained outstanding and these were confirmed on 11 January 2016.

4. Publication of Inspection Outcomes

As part of the last round of amendments to the regulations, all organisations are required to display the outcomes of inspections for the Trust and premises inspected. The Trust is also required to publish the ratings on their website. This has been completed.

5. Intelligent Monitoring Report

The Intelligent Monitoring Report is no longer being produced by the CQC. The monitoring of the risks is continuing, with a focus on using available benchmarking data to monitor quality performance and risks. Much of this can be achieved using the Healthcare Evaluation Data (HED) software the Trust has recently procured. Appendix 2 holds an updated log of the previous intelligent monitoring points. This has been RAG rated on current performance, showing a significant reduction of risks, with a forecast score of 3 risks and no Enhanced Risk items.

6. Next steps:

- Follow up residual actions and update the plan with service leads.
- Monitor the management actions progress of the Intelligent Monitoring Report risks identified in May 2015. (Appendix 1)
- Determine outcome of the Nottinghamshire Looked After Children and Safeguarding targeted inspection, following the factually accuracy process.
- Mock inspection programme completion over Q4.

7. Recommendation

The Board is asked to note the report and support the next steps identified above.

Appendix 1 CQC Action Plan

Key:

Report recommendation

Must do.... M

Should do.... S

Regulatory compliance Reg

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/Should/Reg
4	P/M/R	Ensure that the public are protected from unnecessary radiation exposure.	d) Evaluate effectiveness of current Radiation Protection Advisor contract	Head of Radiology	Medical Director	Dec-15	Minutes of contract review meeting	Meeting reviewed current contract with Sheffield in November. Review of service delivery and key elements of SLA discussed and agreed.	11/11/15	M

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
9	P	Ensure that staff receive mandatory training including adult and child safeguarding training	a) Care group and Directorate management teams to monitor their services access to Statutory and Essential to Role training, including adult and safeguarding training	General Managers, Heads of Nursing/ Midwifery, Care Group Directors, Directors, Deputy Directors	DPOD/ DNMQ	Mar-16	Management and governance systems demonstrating performance and actions to improve compliance.	The Statutory and Essential to Role Training (SET) policy has been ratified. A project plan is available from TED providing detail of implementation of SET training. Topic experts are using TNAs to shape the training required for specific groups and individuals on the range of SET education topics. Jan 2016 launch of new SET booklet covering awareness level (safeguarding included). Since February 2015 a total of 2337 staff have been trained in safeguarding. EFM Team meeting receives HR report on progress against all KPI's including SET on a monthly basis; this is used as a basis to escalate improvements in any areas.		M
10			b) Ward and department managers to produce a schedule for staff to attend the mandatory and safeguarding training	General Managers, Heads of Nursing/ Midwifery, Care Group Directors, Directors,	DPOD/ DNMQ	Dec-15	Care group to ensure 10% of staff are allocated to access training on a monthly basis.	Audit monthly attendance figures to monitor compliance. Disseminated to Ward and Department Leads. Training improvement plans and schedules are in place across the Trust.	Dec-15	M

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
				Deputy Directors						
23	PD/PB	Review nurse staffing of the children's inpatient wards to ensure there are adequate numbers of registered children's nurses and medical staff available at all times to meet the needs of children, young people and parents.	c) The Head of Nursing, Matron and Bleepholder will optimise and manage rotas for nursing and support staff.	C&F Care Group Management Team	DNMQ	Dec-15	Use of acuity monitoring tools to meet the demands of the service and safe staffing levels.	ePanda in place. Reporting processes in place.	Dec-15	M
24			d) The Medical Staffing rotas are managed and monitored by the Care Group Business Manager and respective on call consultants.	C&F Care Group Management Team	COO	Dec-15	Review of medical rotas and monitoring of fill rates, reported to the Care Group Management team.	Medical rotas continue to be monitored.	Dec-15	M
25	PD/PB	Ensure that a clean and appropriate environment is maintained throughout the theatre sterile supply unit, emergency department and critical care unit that facilitate the prevention and control of infection.	a) DRI Critical Care cleanliness and environment specification is assessed for compliance to relevant standards.	SCG General Manager / Head of Nursing	DoFI/ DNMQ	Mar-16	Audit of cleanliness against best practice standards. Environment assessment is reviewed against compliance standards.	IPC audit plan in place		M

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
26			b) Theatre Sterile Supply Unit has cleanliness and environment specification monitored for compliance to relevant standards.	Director of Facilities	DoFI/ DNMQ	Dec-15	Monitoring process established	HSDU at DRI. Cleaning schedule, roles and responsibilities being reviewed by HSDU and facilities. Agreed schedule will then be audited. Reported to the CGQC.	Dec-15	M
32	PM	Ensure that medicines are safely managed within outpatients and diagnostics.	a) Ensure imaging and out-patients staff are familiar with the medicines management policy.	Care Group Management Team	MD	Dec-15	Communication and reinforcement of expected practice.	Email to all nursing staff reminding them of responsibilities with regard to the medicines policy.	Dec-15	M
36	D	The hospital should review how the privacy and dignity of patients is maintained, particularly in the central (overflow) area of the emergency department	a) Undertake review of the use of the central overflow area at DRI Emergency Department in respect of patient experience, privacy and dignity and report to the specialty and care group clinical governance meetings.	Emergency Care Group Management Team	DNMQ	Dec-15	P+D audit to be completed and noted in CG minutes	Screens adapted for privacy and dignity within central area. Review to be completed. Observed to be in regular use when peaks in demand occur in ED and realised benefit of improving privacy.	Dec-15	S
38	D	The hospital should review equipment in the emergency department to check appropriate and adequately serviced, working equipment	b) Compliance audit of checklist completion and the quality of equipment checks made.	Emergency Care Group Management Team	COO	Dec-15	Compliance audit	Planned to undertake.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
		is available.								
42	D/B	The hospital should take steps to support and develop working arrangements between the emergency department and other specialities within the trust	d) Assistant Care Group Director General Surgery developing Standard Operating Procedures for specific Surgical Conditions to improve patient flow from ED: - to discharge from ED - transfer to SAU - transfer to SAW inpatient bed.	Emergency and Surgical Care Group Management Teams	COO	Jan-16	SOP development, consultation, and implementation	SOP's being developed.		S
45	D	The hospital should consider reviewing its audit programme for evidenced based guidance to include the review of adherence to clinical guidance	a) Review the approach to development of the audit programme so that it is populated by specialties, clinical governance activities and the Board.	DDQG/DMD/ Clinical Governance Leads	MD	Mar-16	Contributions from services, the board and clinical governance activities for the 2016/17 programme	Audit stocktake being undertaken in care groups.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
47	D	The hospital should review and complete actions identified in CQC's review of health services for children looked after and safeguarding, September 2014	a) Review and demonstrate action plan progress through the DBH Strategic Safeguarding People Board.	HoN Emergency Care Group/ Head of Safeguarding	DNMQ	Dec-15	Demonstrated Action Plan completion.	The CQC review of child protection and Looked After children in Doncaster 2014 has been on the previous agenda's for the Strategic Safeguarding People Board (SSPB). The next meeting is in December, which will demonstrate the completed DRI actions. Audit results are outstanding to demonstrate that actions from the inspection have been embedded. The Head of Safeguarding is organising an assurance visit of each ED with Doncaster and Bassetlaw CCG Designated Nurses.	Dec-15	S
49	D	Medical services management should seek assurance that deprivation of liberty is being appropriately assessed and an order sought where required.	a) DoL applications rates will be reported to the Strategic Safeguarding Board with a breakdown of ward/specialty to aid analysis.	Head of Safeguarding	DNMQ	Dec-15	A monitoring process is in place and reported to the Safeguarding Board for oversight. Actions to improve are described and completed in the meeting minutes.	The numbers of DoLs applications are slowly increasing. A training session is in place as part of the safeguarding programme. MCA/DoLs workshops are available from the safeguarding adult's team to support clinical areas. Further training on MCA & DoLS is being organised. MCA/DoLs are standing	Dec-15	S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
								items on the SSPB agenda. Further training continues.		
50			b) Utilise the audit of MCA completion to aid profiling and prompts for DoLs need and so produce prompts for completing DoLs applications	Care Group Management Teams/ Head of Safeguarding	DNMQ	Mar-16	Audit results are taken through clinical governance meetings.	An MCA/DoLs audit is in place and results are shared with heads of nursing/midwifery/therapy.		S
52	D	The trust should review access to an emergency buzzer system on M1, M2 and G5.	b) Identify funding source and place order.	C&F Care Group Management Team	DNMQ	Mar-16	Funding source identified and business plan agreed.			S
53	D	The trust should review the midwife to birth ratio.	a) Agree the plan to fund and recruit to Midwifery posts, in conjunction with CCGs.	C&F Care Group Management Team	DNMQ	Mar-16	Plan designed in conjunction with CCG's. Review of options to improve quality of care within the existing available workforce, as recruiting is optimised.	Vacancy fill rates have been optimised, but are in local competition between organisations. Over-recruiting when opportunities arise.		S
54			b) Undertake a resource need using Calderdale framework and optimise effective time of midwives.	C&F Care Group Management Team	DNMQ	Apr-16	Paper following review of midwifery activities and options for workforce planning	Workforce plan and schedule of implementation		S
55	D	The trust should review the rates of induction of labour and non-elective	a) Prevalence monitoring processes designed and implemented.	C&F Care Group Management Team	MD	Dec-15	Monitoring process with KPI's to be reported to CG meetings			S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
56		caesareans.	b) Audit of induction of labour and non-elective caesarean rates is added to the Audit Plan.	C&F Care Group Management Team	MD	Apr-16	Completion of audit	Completion of audit and action plan re findings		S
59	D	The trust should consider having a designated bereavement area in maternity.	a) Review the need for a bereavement area in Maternity, reviewing site and options available.	Head of Midwifery	DNMQ	Dec-15	Proposals to be shared with CIC.	Business case for preferred option.		S
60	D	The trust should review the domestic abuse policy to ensure it is consistent with NICE guidelines	a) Review of the Domestic Abuse Policy to ensure it reflects NICE guidance	Head of Safeguarding	DNMQ	Feb-16	Revised policy in line with best practice.	Draft policy being consulted on.		S
65	D	The trust should ensure that it has effective assessments and plans in place for any evacuation of the critical care unit.	c) Improvements to the infrastructure to increase fire safety integrity are implemented.	Director of Estates	COO/DNMQ	Mar-15	Completed works.	Improvements and redesign of fire safety integrity nearing completion and works expected to commence at the end of November and be concluded by March in this area.		S
66	D	The trust should take action to improve the provision of storage facilities across the critical care unit.	a) Review the storage space and optimise utility.	SCG HoN	DNMQ	Dec-15	Review and options appraisal provided.	Review of storage undertaken by external provider and Trust estates team. Multiple options have been planned and are being drafted to ensure that most effective use of all available storage.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
67	D	The trust should improve the standards of infection prevention practice on the critical care unit.	a) Increase the frequency of hand hygiene audits to closely monitor compliance.	SCG HoN	DNMQ	Dec-15	Improved compliance realised through audit results.	IPC accreditation programme in place and followed by DCC on an ongoing basis. This includes specified monthly hand hygiene audits – ongoing. Matron / HoN ward rounds on DCC to include hand hygiene observation audit on a monthly basis.		S
68			b) Ensure that all clinical staff have attended hand hygiene training within the expected time frame as set out in the SET training needs analysis.	SCG HoN	DNMQ	Mar-16	Training needs scheduled and monitored for attainment.	Band 7 Sister leading on IPC with a group of Band 5 & 6 nurses who all deliver hand hygiene training to ensure each member of staff has undergone annual hand hygiene training and assessment. This is a standard in the IPC accreditation programme.		S
70	D	The trust should consider in its overall development strategy a more suitable location for its critical care unit.	a) Consider the location of critical care in the strategic planning of DRI site redevelopment as those decisions are being made.	Executive Team/ Director of Facilities	DFI	Jan-16	Review of proposed options.	Proposals for future development strategy for DRI site to be taken to Management Board on 30 November. This to include long term siting of critical care.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
71	D	The trust should review segregation of children from adults in the recovery areas of the theatres.	a) Matrons for Recovery and Childrens Service to undertake a review of the current processes in place to achieve segregation of children from adults in theatre recovery areas and report through Care Group Clinical Governance Committees in Surgical and Children and Families Care Group	HoN's Peads/Surgical	DNMQ	Dec-15 Jan-16	Options identified and presented to management team;	Outcome of review on DRI / BDGH area to be shared at SCG & CFCG – Dec 2015. Datix reports when not achieved. Matrons from both Surgical and Paediatrics completing their review in January 2016, due to scheduling issues.		S
72	D/B	The trust should review the individual risk assessment tools with in the children's service. For example, the service should ensure the initial nursing assessment includes nutritional status and nutritional risk assessments.	a) Review the paediatric risk assessment tools and redesign to include relevant best practice nutritional risk assessment.	HoN Paediatrics	DNMQ	Dec-15	Review of risk assessment documentation	PYMS IPOC (nutritional tool) passed by CRC week commenced 14/12/15. Training underway Manual Handling RA tool discussed. Awaiting final approval between care group and Trust manual handling lead Janet Scott	Dec-15	S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/Should/Reg
74	D/B	The trust should review the system for recording mental capacity assessments for patient's unable to be involved in discussions about DNACPR decision	a) Review the procedural documents and Trust documentation to appropriately document mental capacity assessment for patients who require DNACPR decisions.	Head of Safeguarding/ DMD	MD	Jan-16	Approved policy and systems for supporting appropriate use of MCA and the supporting documentation.	The trust DNACPR policy is in the process of being updated and this clarifies the circumstances in which a Mental Capacity Assessment should be performed as part of the DNACPR decision making process. This is also covered in the Regional DNACPR video which has, and continues to be used, as part of the resuscitation training for all Adult Level 2-4 courses (it is being sent out as part of the pre-course learning for ILS).		S
75			b) Audit compliance in practice by modifying the audit questions in the current clinical audit.	Head of Safeguarding/ DMD	MD	Jan-16	Revised audit process			S
76	D	The trust should support staff involved in receiving bodies into the mortuary with adequate training to carry out the role	a) Review the training provision and need for further training beyond that provided on induction, potentially linked to needs identified through appraisal.	DD Education/ Director of Estates	DPOD	Jan-16	Review undertaken and reported on.	Short term review to complete by December. Project reports back in December to implement March 2016.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
77	D/B/M /R	The trust should identify clear systems and processes to evidence post incident feedback, shared learning and changes in practice resulting from incidents.	a) Adopt the feedback systems for outpatient and radiology that are used in other parts of the Trust: Individual reporter feedback by the investigator; department incident reports and feedback and cascade of key learning from PSRG.	Care Group Management Team	MD	Dec-15	Demonstrated system for feedback is in place. CG minutes.	Training of managers re Datix. Safety initiative for Urgent and Emergency Care teams. Already in place via Datix system and departmental / governance meetings in place	Dec-15	S
78	D/B/M /R	The trust should review the audit programme to monitor the effectiveness of services within outpatients and diagnostic imaging.	a) Undertake a risk based analysis of clinical practice issues that should be added to the audit programme for outpatient and radiology services.	D&P Clinical Governance Leads	MD	Jan-16	Contributions from services, the board and clinical governance activities for the 2016/17 programme	Ongoing review at care and speciality governance groups around need for more outcome data. Currently exploring possibilities around double reporting, prospective audits on complication rates etc.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
79	D	The trust should review actions to improve safety and privacy within the medical imaging department particularly for inpatients who attend the department on beds.	a) Review the provision of safety, supervision and privacy when considering inpatients and outpatient activities.	D&P Care Group Management Team	MD/DN MQ	Dec-15	CGQC minutes	Raised with HON/Matrons re nursing responsibility to ensure patient receive appropriate escort-this has been raised corporately via CGQC who have a group looking at current policy. Issues around ensuring appropriate facilities particularly for in-patients with appropriate supervision to be addressed in the longer term by developing a business case for medical imaging for this. In the meantime temporary solutions such as screens, raising staff awareness are being addressed by the management team. Transfer policy working group tackling these issues.	Dec 2015	S
81	D/B/M /R	The trust should review the processes for identifying and managing patients requiring a review or follow-up appointment.	a) Review the process for patients attending who require a review or follow up as part of the CAMIS project and operational processes.	General Manager/ Matron/ iHosptial Project Lead/ Head of Performance	COO	Mar-16	System for ensuring failsafe to follow up	Validation and system review as part of CAMIS implementation.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
82	D/B/M /R	The trust should further develop the outpatient's services strategy to include effective service delivery.	a) Incorporate the effective service delivery into the strategic approach and scoping exercise being taken.	D&P Care Group Management Team	COO	Dec-15	Corporate overview as part of DBH2020 service development work streams and strategy development	Minutes of DBH2020 meetings Care group annual planning and strategy. Included in exercise. Scheduled for completion in February.	Dec-15	S
83	D/B/M /R	The trust should identify and monitor key performance indicators for outpatients.	a) Review the existing KPI's used in accountability meetings, the BIR and within the care groups monitoring processes.	D&P Care Group Management Team/ Head of Performance	COO	Mar-16	Review of KPI's	Existing KPI's reported in BIR and through accountability meetings. Refreshing KPI's currently.		S
89	B	The trust should review access to equipment in the emergency department.	a) Review the need for ultrasound FAST scan in line with best practice guidance.	Emergency Care Group Management Team	MD	Jan-16	Equipment available for use.	DRI in place, Bassetlaw on order		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
90	B	The trust should review engagement of medical staff with training, particularly in Mental Capacity Act and emergency planning.	a) Care group and Directorate management teams to monitor their services Medical Staff access to Statutory and Essential to Role training, including MCA and Emergency Planning	Care Group Directors, Director of Education	DPOD/ DNMQ	Dec-15	Risk to compliance identified. Monitoring of the uptake of MCA and emergency planning training, with a trajectory of improvement set within each care group.	The Trust safeguarding training programme contains a session on MCA and this programme is available for medical staff. A Friday lunchtime lecture was delivered on the 11th December on the topic of MCA/DoLs. MCA/DoLs half day training sessions to be delivered by the Trust Solicitor are being arranged for Spring 2016. Monitoring process in place for care group management action to improve compliance. Placed on Care Group Risk Registers.	Dec-15	S
92	B	The trust should review the pain evaluation tool incorporated within the NEWS score observations to measure the pain experienced by patients	a) Review of the pain assessment tools and processes in use as part of physiological observation recording.	SCG HoN	DNMQ/ MD	Dec-15	Short report to be discussed at Anaesthetic Clinical Governance meeting	Lead pain nurse reviewing current Modified EWS tool and pain assessment tool and will carry out comparison with NEWS.		S
96	B	The trust should review the how toilet facilities can be improved on the cardiology ward to ensure separate designated facilities	a) Review and improve signage and EMSA principles.	SSCG HoN	DNMQ	Nov-15 Jan-16	Designated toilets are in place	New Door signs ordered. Unable to progress further as awaiting signage installation.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/Should/Reg
		are maintained for men and women.								
97	B	The trust should ensure that they follow best practice in terms of medical staff with appropriate intensive care qualifications.	a) Undertake a gap analysis compared to Best Practice in order to fully inform a Risk Assessment and Risk Register entry and enable discussion with commissioners about service provision options.	Surgical Care Group Management Team	MD/COO	Dec-15	Report and option appraisal provided.	Report provided and now for discussion of options presented.		S
100	B	The trust should ensure that appropriate access is available from supporting clinical services where required, including pharmacy, dietetics and the ear, nose and throat departments.	a) Review the service provision of Pharmacy, Dietetics and ENT to the Critical Care environment	Surgical and MSK&F Care Group Management Teams	MD/DN MQ	Dec-15	Evidence of review of resources. Review of pharmacy service to DCC against national standards and action plan to include business case for increased pharmacy services if appropriate	Review of Pharmacy and dietetic support underway. ENT support process already in place, however will be re communicated to ICU staff at BDGH.		S
101	B	The trust should review maintenance and deep cleaning schedules.	a) Review the Deep Cleaning Schedules for the Operating Theatre Environment.	Surgical Care Group Management Team/ Director of Estates	DNMQ/D FI	Jan-16	Evidence of a review being completed.	Review underway by Estates.		S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
105	B	The trust should review 24 hour availability of an obstetric anaesthetist.	a) Review the service provision in line with best practice evidence and historical NHSLA risk management standards for Maternity and the service model based on number of births.	Care Group Management Teams	MD	Dec-15	Review of the evidence base and site birth rate context.	The out of hours obstetric service is covered by an anaesthetist as it is at DRI.		S
107	B	The trust should make available appropriate equipment for the care of bariatric patients after death.	a) Undertake a review of bariatric equipment for concealment, safe transfer and manual handling of the deceased.	DD Education/ Care Group Management Team	DPOD	Dec-15 Mar 15	Equipment delivery and commissioned for use with relevant training for users.	<p>The new XCcube frame has been recommended by the Trust Moving and Handling Lead. This had been ordered but the Trust continues to await delivery. <i>A manufacturing issue has caused a delay in provision.</i></p> <p>Appropriate training will support the introduction. Purchase order/ equipment on site Staff training log Trust has plan to expanded its facilities for care of patients after death.</p>		S
108	B	The trust should review equity of access to palliative and end of life care services across both Bassetlaw DGH and Doncaster	a) Evaluate the effectiveness and equity of access to palliative end of life care services across DRI and BDGH	SS Care Group Management Team	MD/DN MQ	Dec-15	Referrals from each area monitored against baseline	All wards are aware of SPC and EoL teams and staff.SPC/ EoL Staff complete daily ward rounds of all areas to proactively engage with staff and identify suitable	Dec-15	S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/ Should/ Reg
		Royal Infirmary.						patients etc.		
111	M	The trust should review systems in place to monitor the quality and outcomes of care on the Minor Injuries Unit.	a) Review the system for monitoring quality and outcomes for the MIU, in line with other services and the contribution to the audit programme	Emergency Care Group Management Team/DDNM Q/DDQG	DNMQ/COO	Dec-15	Establish Key performance indicators for use as part of quality measures.			S
113	M	The trust should review staff understanding of major incidents and their role.	a) Brief staff on their duties for Major Incidents and provide any additional support or training where a need is identified.	Head of Emergency Planning/ ECG Head of Nursing	COO	Dec-15	Major incident briefing and targeted training for key roles is scheduled.			S
114	M	The trust should review the impact of introducing seven day therapy services on the therapy staffing levels and take appropriate action if required.	a) Review the therapy service provision in the context of the wider workforce and rehabilitation needs.	MSK&F Care Group Management Team	DNMQ	Dec-15	Staffing provision and models of service to be reviewed.			S
115	M	The trust should review availability of information about making a complaint so it is easily accessible for all patients and their	a) Establish the use of Pledge Place Mats and Signage to promote how to raise concerns and complaints.	DDQG, HoN, HoT	DNMQ	Dec-15	Promote methods of raising a concern or complaint			S

No	Source	Recommendation	Actions planned	Action Owner	Exec Lead	Target date	Expected evidence	Evidence and progress	Completed date	Must/Should/Reg
		families/carers on the wards.								
116	M	The trust should review maintenance and deep cleaning schedules on the day surgical unit.	a) Review the schedule for deep cleaning and maintenance for the Rockingham Unit	HoN Surgical CG/ Director of Estates	DNMQ/D FI	Dec-15	Review existing arrangements and assess options for improvement.	Current specification being reviewed. Deep cleaning of DSUR units trust wide is currently not included in annual plan.		S

Appendix 2

Indicator	October 2013	March 2014	July 2014	December 2014	May 2015	Comment	Forecast	Update 11-1-16	Forecast Risk
Never Event incidence	Risk	Risk	-	-	-	There was a retained swab Never Event investigation for DRI Maternity Services.	We continue to work to improve safety, but cannot exclude the possibility of a future event. There has been the running total of 2 cases in the last 12 months	Follow up of the actions for the most recent case is underway.	-
Potential under-reporting of patient safety incidents	Risk	Risk	-	Risk (01-06-13 to 31-05-14)	-	Datix-web implementation and set-up by vendor have had an impact to some extent, with the position much improved by end of November 2014.	Not likely to recur while monitoring system is in place.	Systems in place appear to be effective and are monitored each month.	-
Referral to treatment times under 18 weeks: admitted pathway	Risk	-	-	-	-	We have delivered the planned RTT programme to close tolerances.	We do not expect to flag under this in future, subject to adequate commissioning by CCGs of the appropriate elective activity to manage the profile of referrals.	Continuation of existing management plan.	-

Indicator	October 2013	March 2014	July 2014	December 2014	May 2015	Comment	Forecast	Update 11-1-16	Forecast Risk
Data quality of trust returns to the HSCIC	Risk	-	-	-	-	Relatively minor issue of dataset delivery, dealt with as soon as flagged in the first IMR report	We need to be mindful of the impact of new IT systems and processes on our ability to maintain delivery of key datasets and their data quality. This is a key risk to any IT programme and this is why we have moved Replacement PAS to a "Go live when ready" approach.	Continuation of existing management plan.	-
NHS Staff Survey - KF7. % staff appraised in last 12 months	Risk	Elevated Risk	Elevated Risk (01-Sep-13 to 31-Dec-13)	Elevated Risk (01-Sep-13 to 31-Dec-13)	Elevated Risk (01-Sep-14 to 31-Dec-14)	Drive for PDA completion and monitoring in place and evidence of increasing percentage of appraisals delivered. Ref Corporate objectives.	Will not come off the IMR until resolved through the next staff survey.	There is an appraisal improvement plan and a corporate objective set, with >80% progressed at the time of writing.	
NHS Staff Survey - KF9. Support from immediate managers	Risk	-	-	-	-	Dropped from framework	-	-	-
NHS Staff Survey - KF10. % staff receiving health and safety training in last 12 months	Risk	Elevated Risk	Elevated Risk (01-Sep-13 to 31-Dec-13)	Elevated Risk (01-Sep-13 to 31-Dec-13)	-	A positive outlier in the latest staff survey.	Will remain as compliant until next staff survey.	SET plan in place. Monitoring process in place.	-

Indicator	October 2013	March 2014	July 2014	December 2014	May 2015	Comment	Forecast	Update 11-1-16	Forecast Risk
Composite risk rating of ESR items relating to staff registration	Risk	-	-	-	-	Minor data issue resolved quickly and permanently.	-	-	-
GMC - Serious Education Concerns/Enhanced Monitoring	Risk	Risk	Risk (01-Mar-09 to 21-Apr-14)	Risk (01-Mar-09 to 22-Jul-14)	-	This has been resolved as of 12/1/15. Continued working with Deanery and GMC led by the Director of Education.	No concerns anticipated.	Management plans and monitoring systems in place to mitigate risks.	-
Dr Foster Intelligence: Composite of Hospital Standardised Mortality Ratio indicators		Elevated Risk		Elevated Risk (01-Apr-13 to 30-Mar-14)	Elevated Risk (01-Jul-13 to 30-Jun-14)	Mortality Monitoring processes in place, being refined on an ongoing basis. New seven day pathways instituted and crude (non risk adjusted) mortality reducing. External review sought and reported.	Monthly monitoring and increased mortality review process. The data period relevant to this will determine if this remains an issue for the Trust.	Continuation of current management plan. HSMR rolling 12 month is 101 and within expected range. SHMI is 107.86 Aug 14 - July 15. And for the month of July 15 it was 88.	
Composite of Central Alerting System (CAS) safety Alert indicators			(01-Apr-04 to 30-Apr-14)	-	-	New item July 2014 – flagged two alerts not closed on the system in 2007- alerts were acted upon at the time, but not closed off on the system.	Medical engineering have an advanced database to track and record CAS alert action. National database verified up to date with DBH records. Unlikely to reappear.	Continued active management.	

Indicator	October 2013	March 2014	July 2014	December 2014	May 2015	Comment	Forecast	Update 11-1-16	Forecast Risk
SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator			Elevated Risk (01-Apr-04 to 30-Apr-14)	Elevated Risk (01-Apr-04 to 30-Jun-14)	Elevated Risk (01-Jul-14 to 30-Sep-14)	Incremental improvements taking place, recognised by external stroke network.	Further review expected.	Rating review has changed to B, so risk reduced.	
Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures			Risk	-	-	Risk not indicated/validated by internal systems or Dr Foster benchmarking, proactively or reactively in terms of the specifics of this alert.	We do not know why this was raised in the third framework or why it has then been taken out, ergo we do not know what may cause it to be raised in future	Not associated to any current alerts.	-
Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test				Risk (01-Jul-14 to 31-Jul-14)	Risk (01-Dec-14 to 31-Dec-14)	Work-plan in place, working towards resolution by end of January 15. Issue is excessive waits for non-obstetric ultrasound and increasing CT scanner requests.	Likely to be resolved for next cycle of reporting, depending on the data period selected.	Position recovered	
Maternity outlier alert: Neonatal readmissions				Elevated Risk (1-4-12 to 19-11-14)	Risk (Case status at 15-May-15)	Local inspector oversight, reducing risk rating following actions taken.	May be resolved through Comprehensive Inspection, but unknown.	Will explore with local inspector following the inspection report if necessary.	

Indicator	October 2013	March 2014	July 2014	December 2014	May 2015	Comment	Forecast	Update 11-1-16	Forecast Risk
Composite indicator: In-hospital mortality – Haematological conditions					Risk (01-Nov-13 to 31-Oct-14)	No formal request has been received from the CQC, but has taken place which identified coding issues for anaemia.	Due to the rising risk rating, further investigation is required to determine the causes for this and so may remain a risk in the next cycle of reporting.	The latest 12 months available (Jul 14-June 15) shows the Risk Rating has moved to 202 and remains outside of control limits (lower control limit is 120) . There are no deaths in May or June 2015 so currently a reducing risk rating.	
Composite indicator: In-hospital mortality – Musculoskeletal conditions					Risk (01-Nov-13 to 31-Oct-14)	No formal request has been received from the CQC, but a review is underway to determine if there are any lapses in care.	If control limits and the improved position persists, then this should resolve in the next cycle of reporting.	The latest 12 months available (Jul 14-June 15) shows the Risk Rating has moved to 119 and within control limits, compared to 157 and the lower control limit being 120.	

Indicator	October 2013	March 2014	July 2014	December 2014	May 2015	Comment	Forecast	Update 11-1-16	Forecast Risk
Inpatients response percentage rate from NHS England Friends and Family Test					Risk(01-Jan-14 to 31-Dec-14)	There is a lower rate of improvement compared to the national average. DBHFT position in the December IMR was 22.9% and now 24.7% expected rate was 32.9% and now 36%	Dependent on the rate of improvement and the reporting cycle. This data was 4 months old at the time of report production.	Rate improvement in July 2015, so should see an improving 12 month rate at next interval. November rate was 36%	
Risk score	9	9	10	13	11				3
Risk Banding	3	3	3	2	Recently Inspected				-



Title	Chair – Job Description & Person Specification		
Report to:	Board of Governors	Date:	19 January 2016
Author:	Geraldine Broderick, Senior Independent Director Maria Dixon, Head of Corporate Affairs		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>To seek the approval of the Board of Governors in relation to the job description and person specification for the Chair role, before the post is put out to advertisement.</p> <p>The Appointments and Remuneration Committee, led by the Senior Independent Director and supported by the Head of Corporate Affairs, will undertake the recruitment process on behalf of the Board of Governors. The committee will be meeting shortly to take the work forwards and agree advertising methods.</p>			
Recommendation(s)			
<p>It is recommended that the Board of Governors APPROVE the attached job description and person specification for the Chair role</p>			
Related Strategic Objectives			
<ul style="list-style-type: none"> • Provide the safest, most effective care possible • Control and reduce the cost of healthcare • Focus on innovation for improvement • Develop responsibly, delivering the right services with the right staff 			
Analysis of risks			
<p>Risk of failure to attract and recruit suitable candidates for the role of Trust Chair.</p>			



Job Title: Chair of Doncaster and Bassetlaw Hospitals NHS Foundation Trust

1. WE CARE FOR YOU

We care because:

- We always put the patient first.
- Everyone counts – we treat each other with courtesy, honesty, respect and dignity
- Committed to quality and continuously improving patient experience.
- Always caring and compassionate.
- Responsible and accountable for our actions – taking pride in our work.
- Encouraging and valuing our diverse staff and rewarding ability and innovation

2. JOB IDENTIFICATION

Job Title: Trust Chair

Grade: n/a

Department(s): n/a

Responsible to: Board of Governors

Accountable to: Board of Governors

JD Ref No: (for A4C office use)



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3. JOB PURPOSE

The Chair will lead both the Board of Directors and the Board of Governors, and leads the other non-executive directors in holding the executive to account. The Chair plays a pivotal role in the success of the Trust.

The Chair will demonstrate and ensure high standards of probity and governance, and ensure that the Trust remains compliant with its Provider Licence.

The Chair is the Trust's ambassador within the local community as well as its representative at a regional and national level.

The Board of Directors is collectively responsible for the success of the Trust. There is no legal distinction between executive and non-executive directors. Non-executive directors, including the Chair, have the same legal duties, responsibilities and potential liabilities as the executive directors.

4. MAIN DUTIES/RESPONSIBILITIES

A. Strategy and leadership

- Provide clear and coherent leadership to the Trust. Lead the Board in setting the strategic direction, mission and vision of the Trust, including the Trust's values and standards.
- Lead the non-executives in holding the executive to account for the effective implementation of Board decisions and the effective management and delivery of the Trust's strategic aims and objectives.
- Act as the guardian of due process.
- Contribute positively to the strategic development of healthcare plans for the community.
- Develop a close and constructive relationship with executive and non-executive directors.
- Ensure effective and constructive relations and communications are established and maintained between executive directors, non-executive directors, governors, members, and wider stakeholders.
- Ensure that the Board of Directors and Board of Governors work together effectively, and that there are good flows of information between the two.
- Ensure that the Board takes into account the views of the Board of Governors and other stakeholders in relation to the forward plans of the Trust and other board decisions.



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- Act as an ambassador for the Trust, safeguarding the reputation of the Trust, and representing the Trust in the wider community.
- Ensure that the Trust promotes equality and diversity, equality of opportunity and human rights in its treatment of staff, patients and other stakeholders.
- Lead by example, upholding the values of the Trust and the highest standards of integrity and probity, adhering to the Nolan Principles.
- Establish and maintain constructive and appropriate relations with Monitor, the Care Quality Commission, other regulators or inspectorates, and NHS organisations.

B. Compliance

- Promote the highest standards of governance in compliance with the *Code of Governance*, other regulatory requirements and best practice, where appropriate.
- Ensure that the Board of Directors and Board of Governors discharge their statutory powers and duties in accordance with the Constitution and relevant legislation and regulations.
- Lead the Board of Directors in:
 - Ensuring that the Trust complies with its Provider Licence and any other applicable legislation and regulations.
 - Ensuring the maintenance of commissioner requested services and retention of protected property as defined in the Provider Licence.
 - Ensuring the continued financial viability of the Trust, using resources effectively, controlling and reporting on financial affairs in accordance with the requirements set out by Monitor.

C. Board of Directors

- Chair and provide leadership to the Board of Directors.
- Set the agenda, style and tone of meetings and discussions to promote effective decision-making and constructive debate, and to allow all directors the opportunity to contribute.
- Ensure the effectiveness of the Board of Directors in all aspects of its role.
- Ensure the board identifies and takes full account of important strategic issues and key risks in its decision making.
- Ensure that the board collectively and directors individually apply sufficient challenge, ensuring that all significant decisions are sufficiently tested.
- Ensure that there is appropriate delegation of authority from the Board of Directors.
- Ensure that directors receive accurate, timely and clear information to enable sound decision making.



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- Ensure that the training and development needs of the Board of Directors, both individually and as a whole, are identified and met.
- Ensure the performance of the Board of Directors, its committees and individual directors is evaluated at least annually, and act on the results of such evaluation.
- Ensure that effective succession planning is undertaken for appointments to the Board.
- Conduct the annual performance appraisal of the Chief Executive.
- Promote an understanding of the role of the board, the scheme of delegation, the role of non-executive directors and the role of executive directors.
- Liaise with and consult the Senior Independent Director on board matters.
- Where necessary, lead in seeking the removal of executive and non-executive directors.

D. Board of Governors

- Chair and provide leadership to the Board of Governors.
- Set the agenda, style and tone of meetings and discussions to promote effective decision-making and constructive debate, and to allow all governors the opportunity to contribute.
- Provide leadership to the Board of Governors in holding non-executive directors to account for the performance of the Board of Directors.
- Ensure the effectiveness of the Board of Governors in all aspects of its role.
- Ensure that governors receive accurate, timely and clear information.
- Ensure that the training and development needs of the Board of Governors, both individually and as a whole, are identified and met.
- Ensure the performance of the Board of Governors is evaluated at least annually, and act on the results of such evaluation.
- Ensure fair and open elections for governor seats.
- Ensure the Council of Governors has the means for effective communication with members.

E. Directors' duties:

- To act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.
- To avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the trust.
- Not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.



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- To declare any relevant business interests, positions of authority and other connections with commercial, public or voluntary bodies. These will be published in the Trust's Register of Interests.

This Job Description will be subject to review and amendment in consultation with the post holder and in line with the needs of the service.

5. SCOPE AND RANGE

The Trust has an annual revenue of circa £365m, employing circa 6,500 staff and serving a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas. We run three hospitals:

- **Doncaster Royal Infirmary (DRI)** a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to the full range of district general hospital care it also provides some specialist services including vascular surgery and renal services. It has inpatient, day case and outpatient facilities.
- **Bassetlaw Hospital in Worksop** an acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services including a breast care unit and renal dialysis. It has inpatient, day case and outpatient facilities.
- **Montagu Hospital in Mexborough** a small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am-9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Fred & Ann Green Rehabilitation Centre, Clinical Simulation Centre and the base for the Abdominal Aortic Aneurysm screening programme, provided to South Yorkshire.

We are also registered to provide outpatient and other health services at **Retford Hospital**, including clinical therapies and medical imaging. Our site at **Chequer Road Clinic** in Doncaster town centre offers audiology and breast screening services. We provide some services in community settings across South Yorkshire and Bassetlaw.



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6. PERSONAL ATTRIBUTES

A. Core Attributes

Provide the Safest Most Effective Care Possible

- Demonstrate an understanding of the importance of quality of care
- Be accountable for own actions and those of their team

Develop Responsibly, Delivering the Right Services with the Right Staff

- Have an ability to work efficiently, effectively and professionally in a multidisciplinary team
- Demonstrate that everyone's contribution is valued

Control and Reduce the Cost Of Healthcare

- Support the Chief Executive and Executive Directors in working to ensure the Trust improves efficiency and reduces waste
- Demonstrate that you will be open to improving everything that you do

Focus on Innovation for Improvement

- Have an ability to consider and implement new solutions
- Displays networking skills

B. Values Based Behaviours for Leaders

The following characteristics are expected for senior leaders in the organisation:

Strategic Approach

(be clear on objectives and clear on expectations)

- Will always plan and take initiative in the best interest of the patient
- Will make decisions based on the strategic direction of the organisation
- Can make success criteria clear to others and focuses them on what matters most



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- Avoid major problems by anticipation and contingency planning

Relationship Building

(can communicate effectively, be open and willing to help, courteous)

- Able to consistently understand and meet the needs and interests of patients
- Can develop joint solutions by use of open questions and listening to others
- Can involve key stakeholder and staff in planning organisational change

Personal credibility

(Is visible, approachable, confident, good role model, resilient and honest)

- Can articulate a compelling vision
- Will consistently deliver on promises and champions DBHs values
- Displays sensitivity to the needs and feelings of others
- Will have a zero tolerance to bad behaviour and actively manage poor performance

Passion to Succeed

(Is patient centred, positive attitude, takes responsibility, aspires to excellence)

- Will motivate others with enthusiasm and a positive attitude
- Can maintain optimism and sense of humour in stressful situations
- Can infuse pride and joy in work
- Always leads by example by taking responsibility, being compassionate and aspiring to excellence

Harness Performance through Teams

(Able to develop staff, actively listen and value contribution, give feedback, empower staff and respect diversity, champion positive change, creating a culture without fear of retribution)

- Able to take proactive steps to develop team members using a variety of approaches
- Will involve team members in planning and delivering change



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- Matches the needs of activity to available resources
- Seeks out and listens to team members and stakeholders, welcoming warnings or problems

7. TERM OF OFFICE AND REMOVAL

- The term of office is for a maximum of three years. There should be no expectation of automatic re-appointment and any term beyond six years will be subject to particularly rigorous review. The Board of Governors may determine to hold open public competition at the end of each or any term.
- Removal of the Chair, other than on the expiry of term of office, is a matter for the Board of Governors as set out in the Constitution. Monitor has statutory powers to remove any or all of the Board of Directors.



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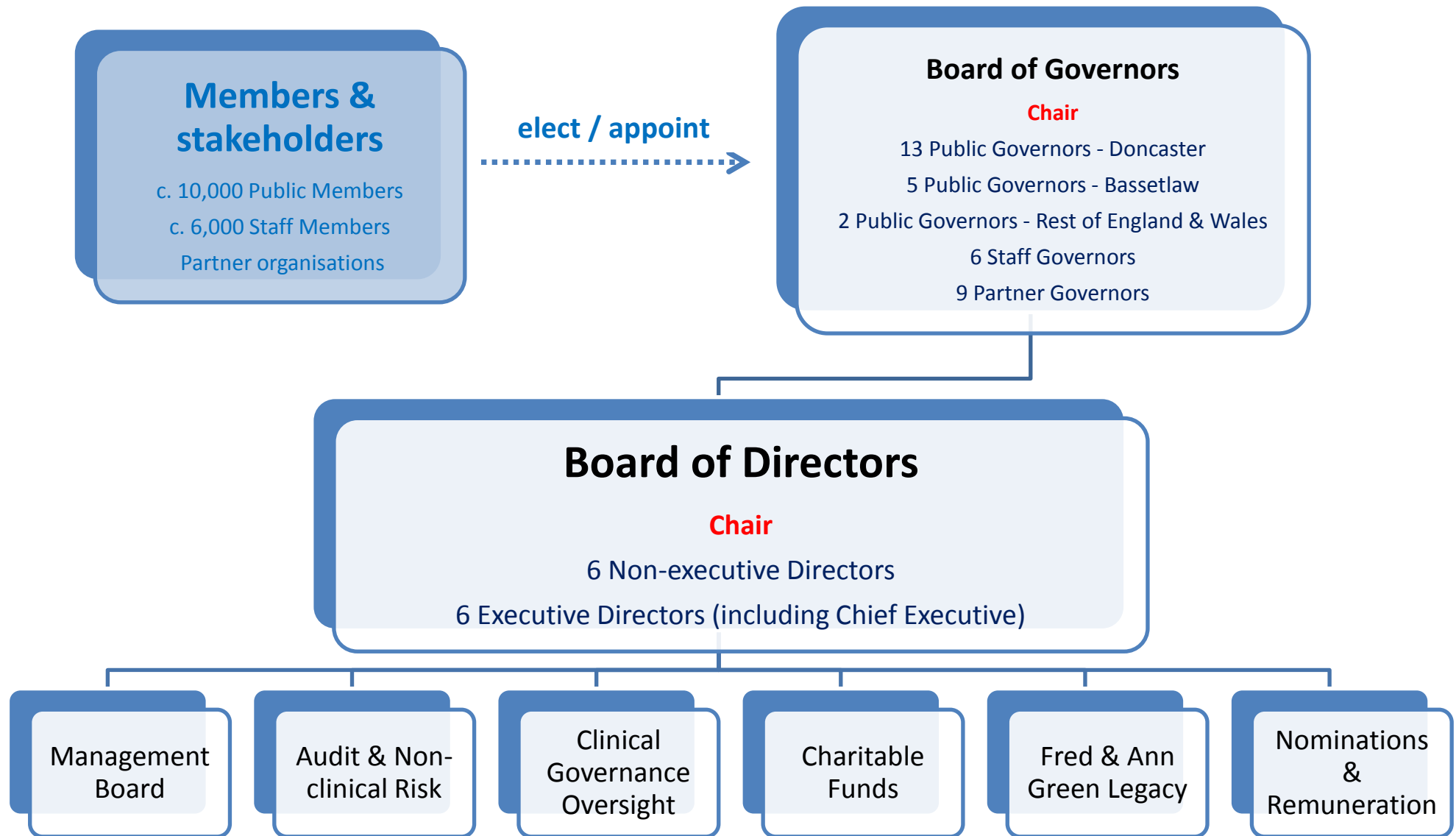


APPENDIX 1 - SPECIFIC TERMS

- All staff and volunteers working within the trust have a duty to be aware of their own and the organisation's roles and responsibilities for safeguarding and protecting children and young people, and vulnerable adults. You must be competent to recognise abuse, respond appropriately and contribute to the processes for safeguarding, accessing training and supervision as appropriate to your role. The prevention and control of infection is an integral part of the role of all health care personnel. Staff members, in conjunction with all relevant professionals will contribute to the prevention and control of infection through standard infection control practices and compliance with the Trust's infection control policies in order to ensure the highest quality of care to patients. If your normal duties are directly or indirectly concerned with patient care you must ensure you receive sufficient training, information and supervision on the measures required to prevent and control risks of infection.
- You must be aware of and adhere to Health and Safety legislation, policies and procedures, to ensure your own safety and that of colleagues, patients, visitors and any other person who may be affected by your actions at work. You are reminded of your duty under the Health & Safety at Work Act 1974 to take reasonable care to avoid injury to yourself and others; to officially report all incidents, accidents and hazards using the Critical Incident Reporting Procedure; to use safety equipment provided for your protection at all times and to co-operate with management in meeting statutory requirements.
- Maintaining confidentiality of information related to individual patients or members of staff is a very important aspect of your work within the Trust. Failure to maintain confidentiality of such information may constitute a serious disciplinary offence. Staff should also bear in mind the importance of sharing essential information with carers and others, with the consent of each patient. There will also be circumstances where critical risk information will need to be shared with partner agencies, subject to guidance and advice available from your manager. You should remember that your duty, to respect the confidentiality of the information to which you have access in the course of your employment with the Trust, continues even when you are no longer an employee.
- This job description is not intended to be a complete list of duties and responsibilities, but indicates the main ones attached to the post. It may be amended at a future time after discussion to take account of changing patterns of service and management.



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PERSON SPECIFICATION

Job Title: Trust Chair

Assessment Criteria	Essential	Desirable	Identified
Experience	<ul style="list-style-type: none"> Proven leadership skills, and the ability to lead to achieve high performance standards. Board level experience in an organisation of similar size and complexity. Track record of delivering organisational change. Evidence of successfully driving a culture of continuous improvement. Experience of holding senior management teams to account and, in turn, accustomed to a high level of accountability. Experience of building successful alliances and working relationships with a complex range of stakeholders. 	<ul style="list-style-type: none"> Significant successful board leadership experience in an organisation of similar size and complexity. Non-executive experience in an organisation of similar size and complexity. 	AF/In
Eligibility/Qualifications/Training	<ul style="list-style-type: none"> Registered member of the Trust's public constituency. Able to fulfil the expected time commitment. Meets the 'fit and proper person' requirements set out in The Health and Social Care Act 2008 (Regulated Activities) 		AF/In/CERT



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	<p>Regulations 2014.</p> <ul style="list-style-type: none"> • Further disqualification criteria are set out in the Trust Constitution. 		
Interpersonal Skills	<ul style="list-style-type: none"> • Demonstrates high standards of corporate and personal conduct, personal integrity and commitment to openness. • Able and willing to engender respect from others and ensure others' views are listened to and considered. • Highly developed interpersonal, engagement and communication skills, with a wide range of audiences. • Intellectual calibre and ability to understand complex strategic issues, analyse and resolve difficult problems. • Enabling style with good facilitation skills. • Evidence of commitment to Trust and NHS values. • High level of interest in healthcare issues, and a commitment to patients, carers, service users and the community. • Strategic thinker with a breadth of vision beyond organisational boundaries, whether functional or geographic. 		In





	<ul style="list-style-type: none"> Politically astute, with the ability to grasp relevant issues and understand relationships between interested parties. Sound judgment, common sense and diplomacy. 		
Organisational Skills	<ul style="list-style-type: none"> Strong business and financial acumen, supported by sound knowledge of corporate governance, strategic planning, risk and performance management Understanding, and acceptance, of the legal duties, liabilities and responsibilities of non-executive directors. Evidence of strong financial competence gained in a tough financial environment. Sound knowledge of corporate governance and an appreciation of the accountability principles. Appreciation of the difference between governance and management. 	<ul style="list-style-type: none"> High level of understanding of healthcare issues. High level of understanding of corporate governance within a Foundation Trust. 	AF/In

Key for 'Identified': AF = Application form, In = Interview, P = Presentation, REF= References, CERT=Certificates



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Board of Governors Meeting – Tuesday 19 January 2016

Appointment of Non-executive Directors

1. Purpose

The purpose of this paper is to seek the Board of Governors' approval for the re-appointment of Geraldine Broderick and John Parker as Non-executive Directors for terms of office of two years commencing 1 April 2016, subject to satisfactory performance review after one year.

2. Background

The appointment of Non-executive Directors is defined in the Constitution, which provides that the Board of Governors shall appoint Non-Executive Directors at a general meeting. Monitor's *Code of Governance* also states that the Governors are responsible for the appointment and removal of Non-executive Directors.

In relation to the re-appointment of, and independence of, Non-executive Directors, Monitor's *Code of Governance* states that:

Provision B.7.1 (Reappointments)

In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.

Provision B.1.1 (Independence)

*The board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The board of directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the director....
...has served on the board of the NHS foundation trust for more than six years from the date of their first appointment....*

3. Appointments & Remuneration Committee

The Board of Governors has delegated the task of conducting the selection process and recommending candidates for appointment to its Appointments and Remuneration Committee.

The committee has been convened once during the process conducted regarding the reappointment of Geraldine Broderick and John Parker. The committee considered both individuals' performance, skills and independence in detail on this occasion.

For all appointments, the committee has given due consideration to:

- The need to ensure an appropriate balance of skills and experience on the board.
- Compliance with the Code of Governance and other guidance where appropriate.
- The phasing of appointments, and the need to ensure ongoing refreshing of the board. The committee should aim to avoid a scenario where several experienced non-executive directors may leave post in the same year.

4. Re-appointment of Non-executive Directors

The committee has resolved to recommend to the Board of Governors that both Geraldine Broderick and John Parker be re-appointed, as outlined in the recommendation below.

If the Board of Governors approves these appointments, each of the Non-Executive Directors of the Board would have a term of office ending as follows:

Name	End of term of office	Years served at end of term
Alan Armstrong	30 September 2016	3
Chris Scholey (Chair)	31 December 2016	8
David Crowe	31 March 2017	8
Martin McAreavey	28 February 2018	3
John Parker	31 March 2018	8
Geraldine Broderick	31 March 2018	9
Philippe Serna	30 June 2018	3

5. Recommendation

The Board of Governors is invited to CONSIDER and if thought fit RESOLVE that in accordance with the provisions of the Constitution that:

- (a) Geraldine Broderick be reappointed as a Non-executive Director for a term of office of two years commencing 1 April 2016, subject to satisfactory performance review after one year.

- (b) John Parker be reappointed as a Non-executive Director for a term of office of two years commencing 1 April 2016, subject to satisfactory performance review after one year.

Chris Scholey

Chair of Appointments & Remuneration Sub-Committee

George Webb

Vice-Chair

Board of Governors Meeting – Tuesday 19 January 2016

Vice-Chair of the Board of Governors

1. Purpose

The purpose of this paper is to provide information regarding the vice-chair role and to outline the governance implications of the options available in order to enable the Board of Governors to consider a way forward in relation to the Vice Chair role.

2. Background

The current vice-chair, George Webb, will come to the end of his term of office as vice-chair on 31 March 2016. George Webb has served as vice-chair since the inception of the Trust in 2004, a total of 12 years, and is not eligible to stand for re-election under the terms of the Trust's constitution, which states that "No person may serve as the Vice-Chairman for more than a total of six years".¹

Nominations have been sought for the role of vice-chair. However, there are currently no eligible nominees. The Board of Governors should therefore consider a way forward.

3. Role of the Vice-Chair

The formal duties of the Vice-Chair are outlined in Appendix I to this paper. These duties fall into four categories, the first three of which are contained within the Constitution:

1. Preside at meetings of the Board of Governors in certain circumstances.
2. Participate in the process for the removal of Governors.
3. Act as a conduit for reporting the views of the Board of Governors to the Board of Directors.
4. Act as Lead Governor.

Although the vice-chair has historically undertaken other activities in addition to those above (such as providing information to other governors) these are not part of the formal role and may be undertaken by any governor.

¹ When the Constitution was revised in 2009, formal terms of office and limits on time served were introduced for roles such as the vice-chair and others to ensure the individuals carrying out those roles were refreshed in line with good governance practice. In 2010, the Board of Governors determined that years served prior to this constitution change would not be counted and that George Webb was therefore eligible to be re-elected as vice-chair despite the six-year limit.

The Lead Governor role is a Monitor requirement (see Appendix II). However, the Lead Governor does not have to be the same individual as the vice-chair, and the Board of Governors may choose to separate these into two roles. This action would not require a constitution change.

4. Eligibility criteria

The Trust Constitution contains two key eligibility criteria for the vice-chair role:

- (i) No person may serve as the Vice-Chairman for more than a total of six years.
- (ii) The Vice-Chairman shall be a Public Governor

It should be noted that the limit on time served to ensure turnover in the role represents good governance practice. Similar limits are in place for the Deputy Chair and Senior Independent Director roles.

If there is a need to widen the eligibility criteria to enable the role to be filled, consideration should be given to removing the restriction to public governors, rather than the limit on time served.

Monitor's *Code of Governance* states that "the lead governor may be any of the governors", and therefore does not limit this element of the role to public governors.

5. Consequences if the role is not filled

Although this Trust has had a governor vice-chair since its inception, there is no requirement for trusts to have a governor vice-chair and many Foundation Trusts do not have an equivalent role in their constitution.²

Monitor requires trusts to have a Lead Governor, but this represents only a small element of the current vice-chair role description, and could be separated from the vice-chair role without the requirement for a constitution change.

6. Nomination & election process

Nominations are currently being sought from eligible Public Governors.

Following receipt of nominations, the Board of Governors will be invited to elect a Vice-Chair. In order for a successful candidate to be elected, they will need a simple majority (a minimum of 50%) of the votes of those present and voting at the meeting. Proxy voting is not permitted.

In accordance with the Standing Orders of the Board of Governors, the election may be conducted by oral expression; by a show of hands; or by a paper ballot. In line with the procedure followed previously for this appointment, it is expected that the decision will be made using a paper ballot

² Local examples include Rotherham and Sheffield Teaching Hospitals.

during the meeting. As on previous occasions, the process used shall be consistent with the Single Transferable Vote system used when conducting elections to the Board of Governors.

7. Way forward

If there are no eligible nominees for the role, there are two potential courses of action for the Board of Governors to consider:

(i) No action - leave the role unfilled until an eligible nominee puts themselves forward.

If this is the case, the Board of Governors must consider how it wishes to fill the Lead Governor role, as this is a Monitor requirement. There are no eligibility restrictions for the Lead Governor role.

(ii) Consider an amendment to the Constitution to change the eligibility criteria (paragraph 4) and widen the pool of eligible candidates.

Any proposed change to the Constitution would require the approval of both the Board of Governors and Board of Directors. If the Board of Governors votes to propose an amendment to the constitution, then the proposal will be considered by the Board of Directors at its meeting on 26 January.³

If a majority of governors so request, voting on this issue may be conducted through a paper ballot. This would be consistent with the method usually used in relation to votes regarding the vice-chair role.

Maria Dixon
Head of Corporate Affairs

³ The Board of Directors cannot vote on the matter at the Board of Governors meeting, as it may only take formal decisions in a properly constituted Board of Directors meeting.

Vice-Chairman of the Board of Governors

Role Description

Eligibility

1. The Vice-Chairman shall be a Public Governor of Doncaster and Bassetlaw Hospitals NHS Foundation Trust.
2. A person appointed as the Vice-Chairman shall cease to be eligible to continue serving as the Vice-Chairman if he ceases to be a Governor or Member

Appointment and Removal

3. The Vice-Chairman shall be elected by a majority of the Board of Governors in a general meeting.
4. The Vice-Chairman's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Board of Governors.

Term of Office

5. The Vice-Chairman shall be elected for a term of office of up to 3 years.
6. No person may serve as the Vice-Chairman for more than a total of six years.

Responsibilities

7. If the Chairman and Deputy Chairman are unable to preside at meetings of the Board of Governors whether for reasons of absence, conflict of interest or otherwise the Vice Chairman shall preside.
8. The Vice-Chairman is to preside at meetings of the Board of Governors in respect of votes of the Board of Governors concerning Non-Executive Directors, including the Chairman.
9. The Vice-Chairman shall, alongside the Chairman and Senior Independent Director, participate in the process for the removal of Governors outlined in sections 3.1.3 and 3.1.4 of Annex 5 to the Constitution.
10. The Vice-Chairman shall act as a conduit through which the views of the Board of Governors may be reported to the Board of Directors as detailed in 7.3.5(d) of Annex 6 to the Constitution.

11. The Vice-Chairman shall also fulfil the role of Lead Governor, which carries the following responsibilities:
 - a. To act as the first point of contact in the event that Monitor need to communicate with the Board of Governors, without going through the Chairman or Trust Board Secretary. Examples of circumstances in which Monitor would contact the Lead Governor are as follows:
 - i. Where there are concerns regarding the leadership of the Trust, and a real risk that the Trust may be in significant breach of its Terms of Authorisation.
 - ii. Where Monitor has been made aware that the appointment of a Board member, Governor election, or other material decision has not complied with the Trust's constitution, or has been inappropriate.
 - b. To contact Monitor directly when the Board of Governors wishes to raise concerns regarding the Trust's adherence to its Licence.

Extract from Monitor's *Guide for Governors*

Lead governor

Monitor has asked all NHS foundation trusts to nominate a “lead governor”. This individual will liaise between Monitor and the council of governors where, for example, we have concerns about the leadership provided to an NHS foundation trust or in circumstances where it would be inappropriate for the chair to contact us, or vice versa (for example, regarding concerns about the appointment or removal of the chair).

However, the term “lead governor” has created some confusion. Monitor did not intend the person holding this role to “lead” the council of governors or assume greater power or responsibility than other governors. We recognise that many NHS foundation trusts have broadened the original intention of this role and given greater responsibility or power to their lead governor. Every trust can decide how best to structure its own council; we continue to require only that the lead governor act as a point of contact between Monitor and the council of governors when needed. Directors and governors alike should always remember that the council of governors as a whole has the responsibilities and powers in statute, and not individual governors.

Where NHS foundation trusts choose to broaden the lead governor’s role, directors and the council of governors should agree what it should and should not include. The council of governors should vote on or otherwise decide who the lead governor will be; directors (including the chair) should not be involved in this process.

Having a lead governor does not, in itself, prevent any other governor from making contact with Monitor directly if they feel this is necessary. The Independent Panel for Advising Governors can provide advice if the council approves the submission of a question to it (see Chapter 3).

Communication from Monitor to governors will, as a matter of course, be disseminated by trust secretaries.

Board of Governors Meeting – Tuesday 19 January 2016

Governance Processes – Discussion Paper

1. Purpose

This paper aims to provide governors with the information to enable them to consider what improvements could be made to the Board of Governors' governance processes, within the context of the governor role and related framework.

2. Background

Following the recent change in financial position, governors have queried the sufficiency of the processes and committee structure of the Board of Governors, and have asked what, if any, action is required to make improvements.

Any processes which governors establish must be consistent with the governor remit and statutory duties. The core governor role is one of oversight and holding to account, and it will not therefore be appropriate for governors to get involved in monitoring performance or making decisions at an operational level.

3. The Governor role and remit

The role and duties of governors are outlined at Appendix I, and extracts from Monitor's guidance are shown at Appendix II.

While the statutory duties are numerous, there are two key aspects of the governor role which are most relevant to this discussion, and these should be the starting point when governors consider how to respond to the current challenges:

- (a) Hold the non-executive directors individually and collectively to account for the performance of the Board.
- (b) Appoint and, if appropriate, remove the external auditor, and receive the auditor's report.

Hold the non-executive directors individually and collectively to account for the performance of the Board

This has been the subject of debate over the past year, and the Board of Governors currently has a number of mechanisms for holding the non-executive directors to account and gaining assurance regarding the performance of non-executive directors and the level of challenge they provide.

One of the ways in which this achieved is that Governors are involved in the main governance sub-committees of the Board of Directors, and therefore have direct contact with both internal and external auditors, and with the non-executive directors who carry out assurance work on behalf of the Board of Directors:

- Financial Oversight Committee – 1 governor observer
- Audit & Non-clinical Risk Committee – 2 governor observers
- Clinical Governance Oversight Committee – 2 governor observers

In addition to the above, non-executive directors report on rotation at quarterly Board of Governors timeouts regarding their activities outside of Board meetings, the areas of work they are involved in, and any current areas of concern.

It has been queried whether a sub-committee should be established for the purposes of reviewing the accounts. However, a committee like this would directly duplicate the remit and work of the Audit & Non-clinical Risk and Financial Oversight Committees without adding any additional value, and is not therefore recommended.

In addition, Monitor's advice to trusts in a turnaround position is to decrease, rather than increase, the number of committees and boards in order to free up time to enable managers to focus on delivering turnaround.

One option that could add value would be to introduce a system of formal reporting from those governors who attend the governance sub-committees of the Board of Directors. This would enable any concerns to be communicated openly and formally, and would ensure that all governors have access to information regarding the work of these committees.

Appoint and, if appropriate, remove the external auditor, and receive the auditor's report

The Board of Governors has undertaken this duty in the past, and governors have been involved in the selection process when assessing potential audit providers.

Given the questions and concerns regarding the 2014/15 accounts and reported year end position, once the investigation has been completed, the Board of Governors will need to consider what, if any action, may be required in relation to the external auditors. The Audit and Non-clinical Risk Committee will engage with the Board of Governors and provide any advice and support required in relation to this work.

4. Other relevant actions currently underway

Finance reports

Work is currently underway to improve the information that gets presented to both the Board of Directors and the Board of Governors in order to improve accountability and the increase opportunities for scrutiny and challenge. The outcome of the investigation will inform the exact changes to be made, but the changes will include the addition of a balance sheet and cashflows to the finance reports.

Committee Structure

Monitor advises trusts in a turnaround position to decrease the number of committees and boards in order to free up time to enable managers to focus on delivering turnaround.

With this in mind, the Board of Directors will be considering proposed changes to the committee and governance structure of the Trust on 26 January. It is likely that the new structure will offer opportunities for governor involvement where appropriate (i.e. at oversight rather than operational level).

5. Recommendation

It is recommended that governors CONSIDER and DISCUSS any changes or improvements which it feels may add value, in the context of the governor role and remit and in light of the information set out above.

Roles and Responsibilities of the Board of Governors
(approved by the Board of Governors, 23 April 2013)

1. INTRODUCTION

1.1. Provision B.1.4 of Monitor's *Code of Governance* states that:

"the roles and responsibilities of the board of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the board of governors towards members and other stakeholders and how governors will seek their views and inform them."

2. STATUTORY ROLE

2.1. The Board of Governors is responsible for fulfilling the specific statutory duties laid out in the National Health Service Act 2006 and the Health and Social Care Act 2012:

- (c) Hold the Non-executive Directors individually and collectively to account for the performance of the Board;
- (d) Represent the interests of members of the Trust and the public;
- (e) Appoint and, if appropriate, remove the chair;
- (f) Appoint and, if appropriate, remove the other non-executive directors;
- (g) Decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors;
- (h) Approve the appointment of the chief executive;
- (i) Appoint and, if appropriate, remove the NHS foundation trust's auditor;
- (j) Receive the NHS foundation trust's annual accounts, auditor's report and the annual report;
- (k) Approve significant transactions, mergers, acquisitions, separations, and dissolutions;
- (l) Approve increases in non-NHS income of over 5%; and
- (m) Decide whether it is satisfied that any plans which involve non-NHS income will not interfere with the trust's principal purpose, and notify directors of this decision.
- (n) Receive the agenda and minutes of Board of Directors meetings.

2.2. In addition to the above, the board of directors must have regard to the views of the board of governors in preparing the NHS foundation trust's forward plan.

3. NON-STATUTORY AND OTHER DUTIES

3.1. Non-statutory duties for governors outlined in Monitor's *Code of Governance* include to:

- (a) act in the best interests of the trust and adhere to its values and code of conduct;
- (b) hold the board of directors to account for the performance of the trust;
- (a) regularly feedback information about the trust, its vision and its performance to the constituencies and stakeholder organisations that either elected or appointed them.

4. RESPONSIBILITIES TOWARDS MEMBERS AND OTHER STAKEHOLDERS

4.1. Governors provide an important link between the Trust and the members and stakeholders who have either elected or appointed them.

4.2. The Board of Governors is responsible for:

- (a) promoting membership, and governorship, of the Trust;
- (b) establishing links with the members and stakeholders who elected or appointed them and maintaining these links through effective communication and engagement
- (c) seeking the views of members in order to inform the work of the Board of Governors and the Trust;
- (d) representing the interests of the local community, staff, patients and the partner organisations which work with the Trust;
- (e) communicating information about the activities and plans of the Trust with the members and stakeholders who elected or appointed them; and
- (f) raising awareness of developments and service improvements at the Trust among the members and stakeholders who elected or appointed them.

4.3. The Board of Governors may delegate these responsibilities to one of its sub-committees as it see fit.

4.4. The methods the Board of Governors will employ to discharge these responsibilities include, but are not limited to:

- (a) a regular member magazine;
- (b) member events;
- (c) member recruitment campaigns; and
- (d) member surveys.

4.5. Governors are not expected to deal with complaints from patients or visitors or press enquires. All complaints should be directed to PALS, and press enquiries should be directed to the Communications team.

Relevant extracts from Monitor's *Guide for Governors*

"Governors do not manage the operations of the trusts; rather, they challenge the board of directors and hold the non-executive directors to account for the performance of the board"

"The concept of an NHS foundation trust rests on local accountability, which governors perform a pivotal role in providing."

"Governors are not expected to undertake the [directors] duties or to be ultimately responsible for the performance of the trust... the board of directors remains ultimately responsible for the trust's operations and performance."

"the overriding role of the council of governors is to hold the non-executive directors, individually and collectively, to account for the performance of the board of directors and to represent the interests of foundation trust members and of the public. The board is therefore responsible for the direction and performance of the trust, while the council of governors is responsible primarily for assuring the performance of the board. "

"Governors may also become involved in many areas not covered by the legislation. However, they should remember that they do not play an operational role within the trust. Although NHS foundation trusts may choose to involve governors in hospital visits or volunteering, governors neither have a right to inspect NHS foundation trust property or services nor a duty to meet patients and conduct quality reviews."

**Meeting of the Agenda Planning Sub-committee of the Board of Governors
held on 27 November 2015 at 10 am
in the Board Room, DRI**

Present:	Chris Scholey	Chairman
	Bev Marshall	Public Governor
	Susan Overend	Public Governor
	Patricia Ricketts	Public Governor
	Clive Tattley	Partner Governor
	George Webb	Public Governor

In attendance:	Maria Dixon	Head of Corporate Affairs
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Action

Apologies for Absence

- 15/11/1** Apologies were received from Maureen Young.

Minutes of the meeting held on 21 August 2015

- 15/11/2** The minutes of the meeting held on 21 August May 2015 were APPROVED as an accurate record.

Matters arising

- 15/11/3** None.

Review of Previous Board of Governors Meeting

- 15/11/4** Chris Scholey discussed the previous meeting, commenting that the size of the screen had not been large enough for the venue, as members had had difficulty reading presentation slides. However, the stalls and displays had been well set out. He reported that William Skelley had resigned following the meeting, having objected to the decision to bring the start of the Board of Governors meeting forward when the Annual Members Meeting finished early. It was noted that all members and governors had been notified in writing that this would happen, and governors were expected to attend the Annual Member Meeting.
- 15/11/5** Chris Scholey also noted that the Board of Governors had received a positive report from the external auditors at the meeting. However, it had subsequently become clear that the assurance provided was not robust, and that the 2014/15 accounts had been misstated.

Draft Board of Governors Agenda: 19 January 2016

The following reports were agreed for inclusion on the agenda:

15/11/6 Standing Items - The usual standing items, including Chairman's Report and Correspondence, and matters arising from Board of Directors minutes, were agreed.

15/11/7 Executive Reports

- Chief Executive's Report
- Finance Report
- Business Intelligence Report
- People & OD Report
- CQC Visit Report

15/11/8 It was agreed that, with the exception of the Finance and CQC reports, the Chair should continue to take papers as read, with executives only verbally reporting on items by exception. It was agreed that the finance report should include some contextual information about the wider NHS position.

15/11/9 The CQC report had been very positive, with the Trust achieving a 'good' rating in 74% of areas and being in the top 20% nationally. Chris Scholey advised that, which work was needed to reduce costs, this would need to be balanced with quality, to ensure that performance did not deteriorate.

15/11/10 George Webb emphasized the importance of keeping the public informed regarding the financial position and actions to move forward. Chris Scholey acknowledged that this was important and undertook to discuss this with Mike Pinkerton. There were a number of issues that staff, governor and wider stakeholders could be updated on including the development of a Grip and Control Plan and the investigation process.

CS

15/11/11 Bev Marshall stated that it was likely the public would have many questions regarding the financial position, as at the last meeting good financial performance had been reported. George Webb acknowledged this, and also noted the importance of governors demonstrating their confidence in the Board. Chris Scholey advised that by the time of the meeting there would be more information to report.

15/11/12 The financial position, and its potential impact on investment at DRI and Bassetlaw Hospital, was discussed further.

15/11/13 Pat Ricketts requested confirmation that the Fred and Ann Green Legacy funds would not be spent, and Chris Scholey advised that he felt charitable donations should be used to improve patient care rather than left unspent. This was discussed further, and Chris Scholey advised that as the services provided with NHS funding became more limited, the bar for using charitable funds was lowered. However, charitable funds would not be spent on revenue, and would only be invested in projects where a

clear benefit to patients could be demonstrated.

15/11/14 Governance & Statutory Compliance

- Chair appointment - job description & person specification
- NED appointments
- Vice-Chair appointment

15/11/15 The question of when the Board of Governors should discuss the annual plan was discussed, and it was agreed that a separate meeting would be held to allow sufficient time for discussion and scrutiny.

15/11/16 Governor/Member matters

- Feedback from members
- Minutes of the sub-committees
- Governor reports from committees and other activities (Governors would be invited to submit text to Maria Dixon, who would collate submissions to produce a paper)

Any Other Business

15/11/17 CaMIS – Clive Tattley expressed concern that clinics were being run without patient notes or cancelled following the implementation of the new CaMIS system. As well as being bad for patients, this would also adversely affect income. Chris Scholey stated that introducing new IT systems could always cause problems. He advised that he had highlighted the risks to the executive team previously, and other non-executives had challenged the executive team regarding the impact on revenue. He noted that the question should be raised at the Board of Governors meeting.

CT

Date & Time of Next Meeting

15/11/18 10 am, 4 March 2016
Members Room 1, DRI

**Minutes of the Health and Care of Adults Sub-committee Meeting
Held at 1pm on 1 December 2015
in the Multi-function Room, DRI**

Present:	Patricia Ricketts	Public Governor (Chair)
	Mike Addenbrooke	Public Governor
	Utpal Barua	Public Governor
	Peter Husselbee	Public Governor
	Clive Tattley	Partner Governor
In attendance:	Maria Dixon	Head of Corporate Affairs
	Alison Luscombe	FT Office Coordinator
	David Purdue	Chief Operating Officer
	Richard Dickinson	Deputy Director of Quality & Governance

Action

Welcome and Apologies

15/12/1 Apologies were received from Hazel Brand.

Minutes of the previous meeting

15/12/2 The committee approved the minutes of the meeting held on 8 September 2015 were APPROVED subject to the following amendments:

15/12/3 15/09/24 – “the Trust may not be received an appropriate service” to be amended to “the Trust may not be receiving an appropriate service”.

15/12/4 15/09/26 – “as presentation” to be amended to “a presentation”.

Matters Arising

15/12/5 15/09/19 – Alison Luscombe was arranging a visit to the CDU.

AL

15/12/6 15/09/9 – Mike Addenbrooke and Peter Husselbee commented on the privacy screens, stating that they felt they did not provide adequate privacy. They reported seeing, on a number of occasions, patients queuing at the reception desk due to the lack of visible volunteers to help patients at the self-check-in kiosks. David Purdue agreed to look into this and report back.

DP

Outliers

15/12/7 David Purdue advised that the number of outliers was reported in the Business Intelligence Report and formed part of the bed plan. The numbers were calculated as a monthly average, and the bed plan factored in length of stay and readmissions information, and the nurse to bed ratio on all wards. The number of outliers had decreased significantly over the past two years.

- 15/12/8** The introduction of the Integrated Discharge Team had been a positive step to improve patient flow. Working with DMBC and Doncaster CCG had enabled patients with more complex health needs to be transferred to social care beds, care homes and residential homes for further assessment outside of the hospital.
- 15/12/9** Following a question regarding relationships with social care teams outside of the Doncaster and Bassetlaw areas, David Purdue advised that this could be difficult and that there was work to be undertaken in areas where there were particular difficulties ensuring timely discharge, such as Derbyshire and Goole.
- 15/12/10** There had been significant improvements at Bassetlaw, with the integrated discharge pathway working closely with the new directors, at Bassetlaw District and North Nottinghamshire Councils.
- 15/12/11** In answer to a question about the cost of the IDT, David Purdue advised that there had been no additional cost to the Trust.
- 15/12/12** Mike Addenbrooke commented on a recent news article regarding the cost of treating overseas visitors. David Purdue advised that the Trust had an overseas visitors team that was responsible for the implementation of the National Health Service (Charges to Overseas Visitors) Regulations 2015. The Trust could be penalized if it did not meet the targets set by the Department of Health.
- 15/12/13** In answer to a comment about EU residents, David Purdue confirmed that EU residents received free emergency treatment.
- 15/12/14** In answer to a question about the Patient Level Information Costing Systems (PLICS), David Purdue advised that the system was used by the Trust, together with reference costs, to gain an understanding of the Trust's position with regard to cost efficiency. The data could be broken down at specialty and consultant level. The current PLICS data showed that costs were higher at Bassetlaw Hospital than DRI. The Trust also used the benchmarking data used in the Lord Carter Coles efficiency report.
- 15/12/15** Utpal Barua commented on the dialysis units at Mexborough and Bassetlaw Hospitals. David Purdue advised that Fresenius currently provided the dialysis service, which included the kit manufactured by Fresenius. The contract would be up for renewal in 2017 and going forward there would be a review of the process and associated costs including buildings, infrastructure and the complexity of patients.
- 15/12/16** Utpal Barua asked if it would be cheaper to provide dialysis at home. David Purdue advised it would be cheaper to provide the service at home although there were strict criteria to meet.
- 15/12/17** Following a comment regarding ward refurbishment in light of the current

financial position and downscaling of capital spending, David Purdue confirmed that the Acute Medical Unit (AMU) Phase 2 had been completed at the end of November, which gave a further 21 beds in four three-bedded bays with en-suite facilities; a four-bedded observation bay; and a five trolley area for ambulatory care. Ward 20 was currently scheduled for refurbishment in 2016.

The presentation regarding outliers was NOTED.

[David Purdue left the meeting and Richard Dickinson entered the meeting]

Patient Experience Team

- 15/12/18** Richard Dickinson tabled the complaints caseload status report up to 20 November 2015 and gave a brief overview.
- 15/12/19** He reported that complaints were known to escalate when patient expectations were not met. There were national guidelines regarding the formal complaints process and a written acknowledgement of the complaint should be sent within three working days, together with an agreed timescale for the investigation and resolution. The Patient Advice & Liaison Service (PALS) office was located in the main entrance at DRI where enquiries are dealt with at source.
- 15/12/20** Externally, the Trust had been recognised for the work it had undertaken to improve investigations. Outcomes were currently better than at the same position in the previous year.
- 15/12/21** Peter Husselbee referred to a negative comment he had received regarding the PALS acronym when he had recently signposted a patient to the PALS office. Richard Dickinson discussed the different patient expectations regarding which staff would deal with complaints, and highlighted that some complainants wished to deal with the Chief Executive, which was not appropriate. Meetings with complainants were undertaken by senior staff, and ward staff were making an effort to listen, respond to and resolve complaints appropriately at ward level.
- 15/12/22** Mike Addenbrooke stated that he believed that improvements in communication and staff attitudes would reduce the number of complaints. Peter Husselbee agreed and gave an example of poor communication in A&E that he was aware of. Richard Dickinson acknowledged this and stated that the Trust aimed to achieve effective communication through all mediums, including digital communication.
- 15/12/23** Following a question regarding neurology services and radioactive iodine treatment from Dr Barua, Richard Dickinson advised he was not aware that the Trust offered this treatment. He advised Governors to encourage patients and members with queries and complaints to contact PALS, as this was the appropriate channel for such queries.
- 15/12/24** In answer to a question regarding the percentage of complaints received

that related to communication, Richard Dickinson reported it was around 70-80% of the total.

[Clive Tattley entered the meeting]

- 15/12/25** Patricia Ricketts commented on the number of patient information leaflets available. Utpal Barua noted that it could be difficult to communicate medical information in a way that patients could understand.
- 15/12/26** Richard Dickinson advised that effective communication at all levels was about supporting the right mix of staff. Joanne Blockley, Complaints Manager had undertaken an analysis of attitude and communication complaints relating to each care group and staff group. This would be revisited in future, and areas with problems would be challenged to take action.
- 15/12/27** The 'Care & Compassion Pledge Mats' that had been introduced on wards included the contact details for PALS, to ensure that patients knew where to go if they wished to complain.

The Patient Experience Team report was NOTED.

Any Other Business

- 15/12/28** 15 Step Challenge - A number of governors stated that they had had difficulties inputting data onto the '15 Step Challenge' system as there was no confirmation page to say that the information had been received or submitted correctly. Maria Dixon agreed to feedback this to Lib Jones.
- 15/12/29** Patient notes - In answer to a question about patient notes being unavailable and clinics cancelled, Richard Dickinson advised that the medical records library at DRI had been closed for a period of time. This was because a power outage had caused an air conditioning vent that had been out of action for some time to start working again and discharge dust and debris into the area. The area had been closed for deep clean, which had caused delays in access to notes. The deep clean had now been completed and the records returned; no more delays should be reported.
- 15/12/30** Self-check-in kiosks - Mike Addenbrooke reiterated what had been said previously regarding the kiosks and lack of visible volunteers. He asked if any volunteers were available to help and Richard Dickinson agreed to look into this and report back.

MD/LJ

RD

Date and Time of Next Meeting

- 15/12/31** 10 am, Tuesday 8 March 2016
Kilton Meeting Room, Bassetlaw Hospital

**Health and Care of Young People Sub-committee Meeting
held at 10am on Tuesday 15 September 2015
in the Members Room 1, DRI**

Present:	Maureen Young Patricia Ricketts	Public Governor (Chair) Public Governor
In attendance:	Andrea Bliss Maria Dixon Alison Luscombe Deborah Oughtibridge	Matron, Paediatrics Head of Corporate Affairs FT Office Coordinator Head of Safeguarding

Action

Welcome and apologies

15/09/1 Apologies were received from Mike Addenbrooke, Dev Das and Lynn Goy.

Minutes of the previous meeting

15/09/2 The minutes of the meeting held on 24 June 2015 were APPROVED subject to the following amendment:

15/09/3 15/06/4 – “this would be done by the team manager and recorded on OLM” to be amended to “this would be recorded on OLM by the Education Department”.

15/09/4 Deborah Oughtibridge reported that 1520 staff had been recorded as attending training to date since February.

15/09/5 Maureen Young asked whether safeguarding formed part of the induction programme. Deborah Oughtibridge stated that new starters received welcome packs that included safeguarding leaflets. Thereafter, they were booked onto the appropriate level of training for their role. Discussions were taking place regarding delivering more training, including safeguarding, through e-learning in order to make it easier for staff to attend training.

15/09/6 15/06/24 – It was agreed to contact Jackie Ford regarding the number of remaining tough books.

AL

Matters Arising

15/09/7 Following a discussion regarding the CQC visit in April, Deborah Oughtibridge advised that the draft report had been received at the end of August. The Trust had submitted over two hundred factual accuracy challenges for consideration by the CQC. It was therefore agreed to discuss the final report, and specifically the sections regarding children’s and maternity services, at the next meeting. Maria Dixon agreed to provide a summary for governors’

MD

information.

- 15/09/8** Following a comment regarding building design, Andrea Bliss advised that new parent beds had been sourced and that a pilot undertaken on ward A3 had gone well. The Trust was currently looking to purchase fifty-two of the new beds and work was ongoing to identify an appropriate funding source. Andrea Bliss agreed to report back on progress.

AB

Committee workplan / future agenda items

- 15/09/9** Clinical Educators - It was agreed to invite the Clinical Educators to discuss training packages for parents, including the process around nasal feeding tubes.
- 15/09/10** Education – It was agreed to invite Angela Sharpe, Head Teacher of the Hospital School to discuss current issues and the service provided.
- 15/09/11** Emergency Department – It was agreed to invite an appropriate representative to discuss the pathway for children in ED, including safeguarding issues and an update on the work undertaken following the CQC visit.
- 15/09/12** Safeguarding – Annual safeguarding update scheduled for June 2016.
- 15/09/13** Estates – It was agreed to invite a representative from Estates to provide an update on the position with regard to DRI site development.
- 15/09/14** CQC final report – Scheduled for discussion in December 2015. Items arising from this would be scheduled for further discussion by the committee during 2016.

Any Other Business

- 15/09/15** Children's ward visits for 2016 were discussed and it was agreed to undertake visits to DRI ED, including CDU and Bassetlaw Outpatients, accompanied by Jill Edwards. Andrea Bliss undertook to provide a list of dates. Deborah Oughtibridge advised that the ED visit should be undertaken prior to the ED being invited to report to the committee.

AB

Date and Time of Next Meeting

- 15/09/16** 10 am, Monday 14 December 2015
Kilton Meeting Room, BDGH

**Health and Care of Young People Sub-committee Meeting
held at 10 am on Monday 14 December 2015
in the Members Room 1, DRI**

Present: Maureen Young Public Governor (Chair)
Mike Addenbrooke Public Governor

In attendance: Maria Dixon Head of Corporate Affairs
Alison Luscombe FT Office Coordinator
Deborah Oughtibridge Head of Safeguarding

Action

Welcome and apologies

15/12/1 Apologies were received from Dev Das, Lynn Goy, Patricia Ricketts and Roy Underwood. It was noted that the meeting was not quorate.

Minutes of the previous meeting

15/12/2 The minutes of the meeting held on 15 September 2015 were AGREED as an accurate record subject to ratification at a future meeting.

Matters arising

15/12/3 Attendance - The low attendance at the previous meeting and the current one was discussed, and the possibility of reviewing the sub-committee terms of reference and membership was raised. It was noted that a discussion regarding the effectiveness of the current sub-committee structure and the adequacy of the information received by governors would take place at the next Board of Governors meeting.

15/12/4 It was acknowledged that a number of governors were involved in committees and attended a lot of meetings.

15/12/5 The mechanisms for feeding back information from the various committees and activities governors were involved in to the Board of Governors were discussed. Maria Dixon advised that governor reports from committees and other activities remained a standing item on the Board of Governors agenda.

15/12/6 Deborah Oughtibridge suggested the introduction of a template to enable governors to provide a brief report on the committees or activities they were involved in. It was agreed to bring this forward and factor it into the discussion at the Board of Governors meeting in January 2016.

MD

15/12/7 Safeguarding training - Deborah Oughtibridge reported that 2,100 staff to-date had attended safeguarding training. The training dates for 2016 had been circulated, but it was anticipated that it would continue to be a challenge to release staff to attend training moving forwards.

CQC Summary Report & Trust Response

- 15/12/8** Maria Dixon discussed the report, highlighting that the majority of trusts were rated as 'requires improvement'. The report highlighted the areas for improvement identified by the CQC. Many of these were relatively minor and some had been resolved prior to the end of the inspection. No serious deficiencies in care or concerns regarding safety had been identified.
- 15/12/9** Deborah Oughtibridge advised that a number of errors which had been challenged by the Trust in the draft report were included in the final report. In addition, many of the actions highlighted had already been completed or were underway. There was some positive feedback, and Deborah Oughtibridge drew attention to the parts of the report which related to safeguarding issues.
- 15/12/10** In answer to a concern raised regarding nurse staffing levels in maternity and paediatrics, Deborah Oughtibridge briefly discussed the ePANDA (Paediatric Acuity & Nurse Dependency Assessment) and midwifery tools used to review birth ratio to staffing levels and mix of skills. It was agreed to invite Helen Burroughs and Andrea Bliss to the next meeting to demonstrate the ePANDA system and to discuss staffing in maternity and paediatrics (both nursing and medical staffing).
- 15/12/11** Deborah Oughtibridge discussed the national shortage of trained nurses and challenges the Trust would face moving forward in relation to managing agency and locum costs.
- 15/12/12** Maria Dixon drew attention to the action plan in response to the CQC's findings, which had been discussed by the Board of Directors on 24 November. The plan identified a large number of priority actions, many of which were complete.
- 15/12/13** Following a comment on the capital plan, and the previously planned improvements to the ambulance drop-off area at gate 3, Maria Dixon advised that the capital expenditure plans were being scaled back. Only projects which were already underway or required for regulatory compliance would be completed during 2015/16.
- 15/12/14** In answer to a suggestion that patients could be asked to pay a nominal amount for using the Park & Ride bus, Deborah Oughtibridge advised that there could be security implications in relation to handling money on the bus. Maria Dixon agreed to feedback the suggestion, noting that car parking would be one of the areas considered as part of the work to improve the financial position.
- 15/12/15** Following a question on overseas recruitment, Maria Dixon advised that the number of candidates expected to join the Trust had reduced. This was

MD/AL

MD

mainly due to the national requirement for all candidates to pass a Masters level English language exam. Deborah Oughtibridge noted that a practical communication test, in the context of the requirements of the job, would have been a better way forward.

15/12/16 The staffing position was discussed. Maureen Young commented on the reduction in the number of funded nursing training places and the fact that bursaries were no longer available. Deborah Oughtibridge advised that nationally and locally there were a number of staffing challenges, including the NHS and local financial position.

15/12/17 Maria Dixon advised that it had been reported that inspections in this format would cease. Moving forwards, CQC would be using more risk based approach.

15/12/18 The CQC Summary Report and Trust Response were NOTED.

Any Other Business

15/12/19 CQC safeguarding inspection - Deborah Oughtibridge advised that a North Nottinghamshire health community safeguarding inspection had been carried out. The full report was awaited, but this would not be received for some time. The initial feedback had been good, there had been issues around liaison, and a Paediatric Liaison Pathway Workshop, for the purpose of learning and sharing information, was to be held in Bassetlaw in January 2016.

15/12/20 It was confirmed that a safeguarding update report would be presented at the next meeting in April.

DO

Date and Time of Next Meeting

15/12/21 10 am, Tuesday 5 April 2016
Boardroom, DRI