



**The meeting of the Board of Directors**  
**To be held on Tuesday 19 December 2017 at 9.00am**  
**in the Boardroom, Montagu Hospital**

**AGENDA**  
**Part I**

**Enclosures**

- |    |   |              |
|----|---|--------------|
| 1. | Apologies for absence   | (Verbal)     |
| 2. | Declarations of Interest  | (Verbal)     |
| 3. | Actions from the previous meeting   | Enclosure A  |
| 4. | Orthotics Service<br>Graham Moore - Orthotics DRI Therapy Professional Lead | Presentation |

**Reports for decision**

- |    |  |             |
|----|--|-------------|
| 5. | Strategy and Transformation Update<br>Richard Parker – Chief Executive<br>Marie Purdue – Director of Strategy and Transformation | Enclosure B |
| 6. | Becoming a Veteran Friendly Hospital<br>Richard Parker – Chief Executive   | Enclosure C |

**Reports for assurance**

- |    |  |                            |
|----|--|----------------------------|
| 7. | Chairs Assurance Logs for Board Committees held 14 December 2017<br>Neil Rhodes – Chair of Finance and Performance Committee<br>Linn Phipps – Chair of Quality and Effectiveness Committee | Enclosure D<br>(To follow) |
| 8. | Finance Report<br>Jon Sargeant – Director of Finance   | Enclosure E                |
| 9. | Performance Report<br>Led by David Purdue – Chief Operating Officer  | Enclosure F                |

**Reports for information**

- |     |   |             |
|-----|---|-------------|
| 10. | Chair and NEDs' Report<br>Suzy Brain England – Chair  | Enclosure G |
| 11. | Chief Executive's Report<br>Richard Parker – Chief Executive  | Enclosure H |
| 12. | Minutes of Quality and Effectiveness Committee, 24 October 2017<br>Linn Phipps – Chair of Quality and Effectiveness Committee | Enclosure I |

13. Minutes of Charitable Funds Committee, 26 September 2017  
John Parker – Chair of Charitable Funds Committee  
Enclosure J
14. Minutes of Management Board, 13 November 2017  
Richard Parker – Chief Executive  
Enclosure K
15. **To note:**  
Board of Directors Agenda Calendar  
Matthew Kane – Trust Board Secretary  
Enclosure L

## Minutes

16. To approve the minutes of the previous meeting held 28 November 2017  
Enclosure M
17. **Any other business (to be agreed with the Chair prior to the meeting)**
18. **Governor questions regarding the business of the meeting**
19. **Date and time of next meeting**  
Date: 30 January 2018  
Time: 9.00am  
Venue: Boardroom, DRI
20. **Withdrawal of Press and Public**  
Board to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.



Suzy Brain England  
Chair of the Board

## NOTICE FOR THE PUBLIC

DBTH is committed to ensuring its Part 1 Board meetings are open and accessible. If any adjustments need to be made in order for you to access this meeting, please contact us.

If you are Deaf and need a BSL interpreter, or would like to request information in Braille, you can contact us at [matthew.kane1@nhs.net](mailto:matthew.kane1@nhs.net) or text 0799 9924276.



## Action Notes

**Meeting:** Board of Directors  
**Date of meeting:** 28 November 2017  
**Location:** Boardroom, DRI  
**Attendees:** SBE, RP, KB, MH, DP, SS, AA, LP, JP, NR, JS, PS, RA  
**Apologies:** PS

No.	Minute No	Action	Responsibility	Target Date	Update
1.	17/01/13	Director of Education to share the Teaching Hospital phase two development plan at a future Board.	MK	Following discussions at QEC	To be arranged. Research and development discussions at QEC delayed until January 2018 earliest.
2.	17/05/30	Once the Emergency Planning Officer had considered the existing business continuity plans, a presentation would be brought to Board and the plans would be tested by internal audit.	DP	To be confirmed	Partially complete. Presentation at November meeting. Policy review by internal audit to be scheduled.
3.	17/06/34	Board to meet with care group directors regarding EEPs.	MK	January 2018	To be arranged. Target date updated.



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

No.	Minute No	Action	Responsibility	Target Date	Update
4.	17/10/42	Hold Board workshop on System Perfect involving partners.	DP	January 2018	To be arranged. Target date updated.
5.	C/17/11/7	Establish priority list for strategies.	KEJ	To be confirmed	Update to be given at meeting.

Date of next meeting:

19 December 2017

Action notes prepared by:

M Kane

Circulation:

SBE, AA, NR, KB, DJ, MH, RA, DP, JS, SS, JP, RP, LP, PS





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

<b>Title</b>	<b>Strategy &amp; Transformation Update</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>19<sup>th</sup> December 2017</b>
<b>Author</b>	<b>Marie Purdue, Director of Strategy &amp; Transformation</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision	✓	
	Assurance		
	Information		

<b>Executive summary containing key messages and issues</b>
The purpose of this paper is to provide Board with the IM&T Digital Strategy, which is one of the two remaining enabling strategies that support the implementation of the Strategic Direction 2017-2022. Secondly the paper proposes to change the nature of the Strategy & Transformation Board report as we move into a period of strategy development to implementation and review.
<b>Key questions posed by the report</b>
Does the Board agree that the Digital Strategy aligns to the Strategic Direction 2017-2022? Does the new format of reporting meet the assurance needs of the Board?
<b>How this report contributes to the delivery of the strategic objectives</b>
This report identifies progress with the enabling strategies required to support the implementation of the strategy and the process of reporting to ensure the Board is kept up to date with strategic development at a national, regional and local level.
<b>How this report impacts on current risks or highlights new risks</b>
The main risk is that we will not have a credible and supported plan to deliver the transformation required at local, or system level, to ensure we can sustain high quality services in line with our revised Strategic Direction.
<b>Recommendation(s) and next steps</b>
The Board of Directors is asked to <b>approve</b> the IM&T Digital Strategy and the revised format of the Strategy & Transformation report proposed for 2018.

## **1 Introduction**

The purpose of this paper is twofold, first of all to update Board of Directors on the development of the remaining enabling strategies that support the implementation of the Strategic Direction 2017-2022 and secondly the paper proposes to change the nature of the Strategy & Transformation Board report as we move into a period of strategy development to implementation and review.

## **2 Strategies Presented to Finance & Performance Committee**

The Digital Strategy has been reviewed at the Finance & Performance Committee (F&P) at the end of October and amendments were required. These have been made and the revised strategy is attached at Appendix 1 of this report.

A data and information strategy has also been requested to drive internal Trust performance at all levels. This high level strategy is being developed and will be a separate document once completed. This will be by the end of December 2017 for presentation to F&P and then Board in January 2018.

The Finance Strategy is to follow in February.

Once all the enabling strategies have been agreed, the summary document and a supporting animation will be completed to explain the implementation of the Strategic Direction 2017-2022, as agreed at the November meeting.

## **3 Strategy Reporting**

It is proposed that from January 2018 the strategy & transformation report will consist of a strategic update on developments in the following areas:

- **National/Regional**  
This will include any national strategic changes that will influence the DBTH Strategic Direction 2017-22 and will also provide an updates from the South Yorkshire & Bassetlaw Accountable Care System (ACS).
- **Place Plan**  
This will include updates on the Doncaster and Bassetlaw place plans and in particular any elements that DBTH is actively involved in developing.
- **Strategic Direction implementation**  
This section will include an overview on the progress made in the strategic workstreams: Elective care, Urgent & Emergency Care and Childrens & Families Board.

Implementation of key milestones of the enabling strategies will be monitored by the Executive owner and reviewed by Quality & Effectiveness Committee (QEC) and F&P on a schedule identified by the Committees. Work is currently underway to finalise these with the Executive owners and a schedule of reporting will be agreed with the relevant committees. The Director of strategy will actively manage this process and attend both the F&P and QEC.

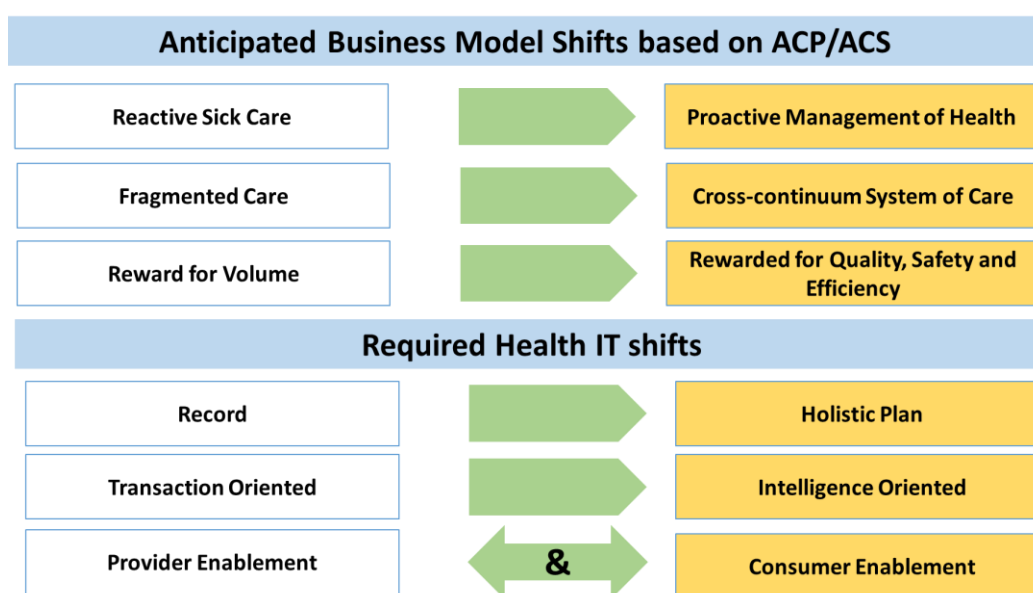
To avoid any duplication, some strategic elements currently covered by the Chief Executive's report will be included in this paper as appropriate.

# **Corporate Directorate Digital Strategy 2017-2022**



# Executive Summary

This strategy has been created against a background of increasing technological innovation, one that is being designed and deployed across the entirety of the NHS. Indeed, there are national, regional, local and DBTH Trust initiatives that need to be delivered, in order to support the wider healthcare agenda and these cannot be completed at scale, without the use of sophisticated technology. This agenda therefore requires a sustained executive and management focus, in order to deliver digital interoperability and integration between providers in health and social care. It is worth noting that this capability has not usually been required for providing services at an individual organisation level. The diagram below summarises the anticipated shifts in the underlying patient care and business model during the course of this strategy and the shifts in technology required to support these requirements.



To fully support the patient journey, new models of working are required. For instance, at all levels of society, the traditional use of paper is being replaced by digital communications and technologies. This means that patients and staff increasingly want electronic access to high quality information, along with details of their healthcare records, to be available via their smart phones. After all, they now use these devices in every other aspect of their lives. This is not to say that paper will be totally replaced. Indeed, there will be an extended transitional period wherein both paper and technology will continue to co-exist.

The recent cyber incidents, that affected the NHS in May 2017, highlighted the importance of robust technical and information governance and the dangers to ongoing operations and patient data when breaches occur, whether within the organisation, or external to it. The interoperability technology being deployed at local, regional and national levels requires a cyber, technical and information governance environment that protects the Trust from being adversely impacted by such attacks. New European General Data Protection Regulations (GDPR) are to be introduced in May 2018 and will require the Trust to modify existing data protection frameworks and policies, so that they comply with the revised IG governance framework.

The number one priority for the department is the provision of a secure, resilient, supported and sustainable



technical environment that enables 24\*7\*365 operations at the trust. Everything else, including the delivery of technology to support the digital change agenda, is secondary to this primary objective. As there remains uncertainty to the availability of Trust capital and revenue, all projects will be prioritised against strict guidelines. Thus, some of the projects outlined within this document are aspirational, but remain a focus area for delivering improved patient care. When funding becomes available, including from external sources, to meet the NHS strategic goals and objectives, project delivery plans will be modified on an annual basis.

Workforce, along with the recruitment and retention of staff with highly technical skills, is necessary to deliver the business-as-usual activities and the change agenda remains a constant challenge. The department is embarking on a recruitment strategy that includes apprentices and developing connections with universities, in order to bring on board computing students with a variety of skills. This latter initiative will create a symbiotic relationship and lead to the development of technologies more applicable to the digital age.

A recent SWOT analysis, set out below, shows that there are considerable internal and external risks to the delivery of the strategy, as well as opportunities to bring about a significant step change in the way that technology is brought together and used within the Trust and the wider environment. Business transformation through the use of technology requires a sustained yet adaptable approach to process change. This requires skills that are not normally prevalent within the organisation. Considerable care will be necessary before embarking on projects that require a high degree of process re-engineering and training, especially to large groups of clinical staff. This is to ensure the benefits are realised from the project. These qualitative and quantitative benefits are likely to be considerable if the correct approach is taken.

#### **IM&T SWOT Analysis for delivery of 2017/22 Strategy**

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Robust supported application stack</li> <li>• Extensible resilient IT core infrastructure</li> <li>• A number of existing enterprise business systems, which will support the transition to paperless / digital ways of working</li> <li>• Flexible In-house development and technical support capability with relevant knowledge and experience</li> <li>• A cohort of clinicians who are active advocates for promoting paperless / digital ways of working</li> <li>• Robust and tested cyber security environment</li> <li>• A number of enabling initiatives which will support the sharing of information across organisational boundaries (e.g. MIG, ICDR)</li> <li>• Vision to improve overall patient and clinician experience</li> <li>• Relationships with local and regional NHS providers, including information sharing and learning lessons that aid rapid deployment of new technologies</li> </ul>	<ul style="list-style-type: none"> <li>• Non-Integrated application stack, leading to disjointed view of a patient record</li> <li>• Continued reliance on paper-based notes prevents digital transfer of care between departments and trust sites and across care settings</li> <li>• Availability and ability of clinical expertise to lead transformation change through technology is not specifically called out as a function within the Trust.</li> <li>• Communications and engagement with staff regarding IT matters</li> <li>• Ageing end user computer environment causes dissatisfaction amongst clinical staff</li> <li>• Lack of funding for capital and revenue at Trust level</li> <li>• Loss of IT capability at a technical level and inability to recruit sufficiently knowledgeable staff</li> <li>• Expectation management of clinical and corporate staff as to technology performance and ability to improve to drive efficiencies and cost reductions</li> </ul>

Opportunities	Threats
<ul style="list-style-type: none"> <li>• Availability of funding from other sources based on robust business case development and defined outcomes</li> <li>• Deployment of technology and access to granular data can drive business intelligence, efficiencies and cost improvement at Trust level</li> <li>• Work with third party providers in health and social care to improve overall patient experience and deliver cost efficiencies to realise CIPs</li> </ul>	<ul style="list-style-type: none"> <li>• Carter and activities in support of the wider ACP and ACS agenda may deflect from delivery of Trust strategic plan.</li> <li>• Changing reporting or standards based requirements of national and local bodies</li> <li>• Inability to meet NHS mandated requirements that need investment</li> <li>• Lock in with external suppliers may prohibit ability to drive an integrated digital agenda</li> <li>• Evolving cyber security threat</li> </ul>



# Where are we now?

In 2014 and in line with the previous IT strategy, the Trust invested in the iHospital programme to modernise the underlying infrastructure across all sites and to migrate a number of core patient-facing systems to newer, supported technology. The core infrastructure included a new data centre with upgraded computer and storage capability, renewed internal networks, the implementation of a robust Wi-Fi system and the provision of upgraded internet capability. Patient-facing system implementations included the replacement of the Patient Administration System (PAS) to CAMIS, a new Emergency Department (ED) system, Symphony (both from EMIS) and a new maternity system, K2.

The Trust has 26 systems containing patient data with 93 systems in total supported either by the trust or hosted at a national level. These have been implemented over time and are generally specialist in nature, designed and developed to meet the needs of particular clinical requirements. These systems are integrated at a basic level by a Trust Integration Engine (TIE). This ensures the patient demographic information, held in the Master Patient Index in CAMIS, is used consistently throughout the other systems, in order to correctly identify the patient in multiple settings within the Trust. There are a number of standalone systems that do not integrate with CAMIS, including the GUMED system (due to the confidential nature of the data and the system used by Therapies (due to the challenges integrating this system at a technical level). Additional clinical and corporate systems are provided by NHS sponsored national or commercial bodies, including ICE Order Comms, e-mail, financial systems, HR systems and others specific to patient pathways.

The Trust continues to operate at a patient level, using paper-based notes for inpatient episodes and outpatient appointments. Outpatient letters are produced primarily from the Medisec system. There are a number of systems, including Symphony, JAC (the pharmacy system) and K2, that produce electronic documentation and correspondence related to ongoing patient care.

The Trust produces management information for local, regional and national bodies via a sophisticated data warehouse. This requires continuous development, due to changing requirements. Clinical coding is performed with a mix of internal and external resource, using both paper-based notes and the electronic notes when available. The coding department supports the Trust's income functions at a local and national level, as well as reporting for HMSR statistics and other related information.

At a local, regional and national level, there are requirements set out within digital roadmaps and NHS England and NHS Digital mandates. These include the Doncaster Local Digital Roadmap (LDR), the Bassetlaw LDR, the Five Year Forward View (FYFV), the evolving requirements set out in support of the Local Accountable Care Partnership (ACP) and the Integrated Digital Care Record, and for the South Yorkshire and Bassetlaw Accountable Care System (ACS). The main requirement at a national level is the need for an Electronic Patient Record by 2020.

Digital Interoperability across organisations will be needed to support many of these regional and national requirements. This will entail the development of standards based interfacing between organisations and the secure sharing of digital data on behalf of patients continuing care across a number of providers.

Cyber security will remain a high priority within the Trust and in its relationships with other providers within the ACP and ACS. Recent cyber-attacks have identified many potential weaknesses within NHS organisations. DBTH has a robust and tested technical infrastructure and relationships with the NHS Digital Care Cert organisation to inform of new potential threats. Policies exist to ensure anti-virus and



anti-malware software is updated regularly, to reduce the cyber risk to the Trust.

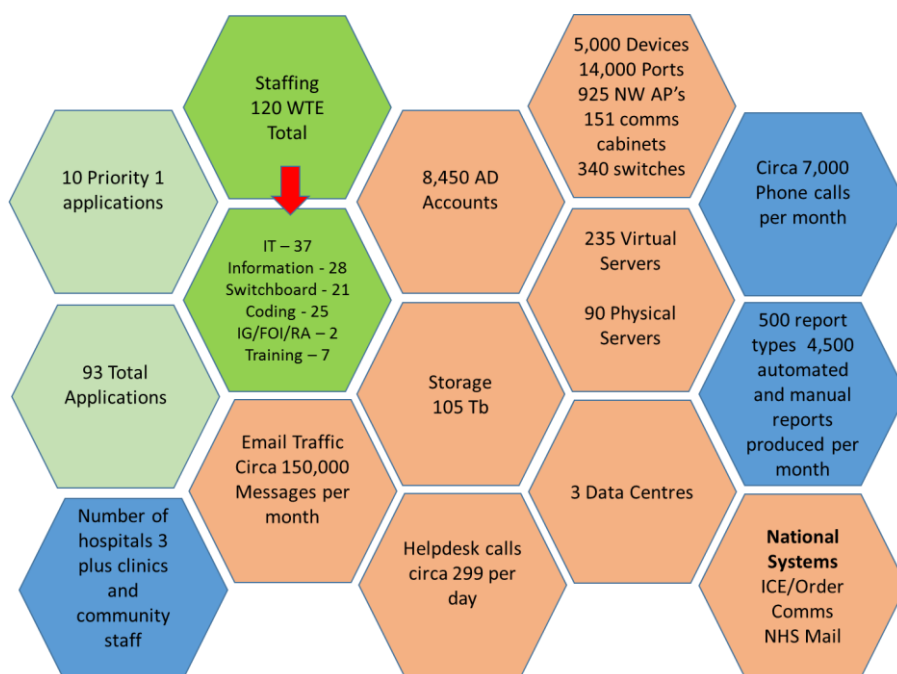
Similarly, within Information Governance (IG), regulation provides protection for both corporate and patient data and the requirements of Caldicott are an ever-changing landscape. The current Data Protection Act (DPA) is to be replaced by the European General Data Protection Regulations (GDPR) in 2018. GDPR changes the underlying governance of data protection, introduces significantly higher penalties for organisations that break the regulations and also allows for subject access requests to become free at point of request. The strategic nature of digital data sharing at a system level requires a governance and technical framework that is strong, well understood, trained and secure. Data sharing agreements under DPA are in place across Doncaster and Bassetlaw, in conjunction with the relevant CCGs.

The financial constraints that exist across the NHS, necessitate that the trust prioritises technology spend at both a capital and revenue level. The prioritised investment, using Trust funds, has been set as follows:

1. The current technical and infrastructure environment across all sites remains fit for purpose and is supported, resilient and secure - **ESSENTIAL**
2. Delivery of new functionality in support of national mandated functionality - **DESIREABLE**
3. Procurement of new software, including clinical decision systems, associated computing devices, the EPR, integration and interoperability with other organisations – **DISCRETIONARY**.

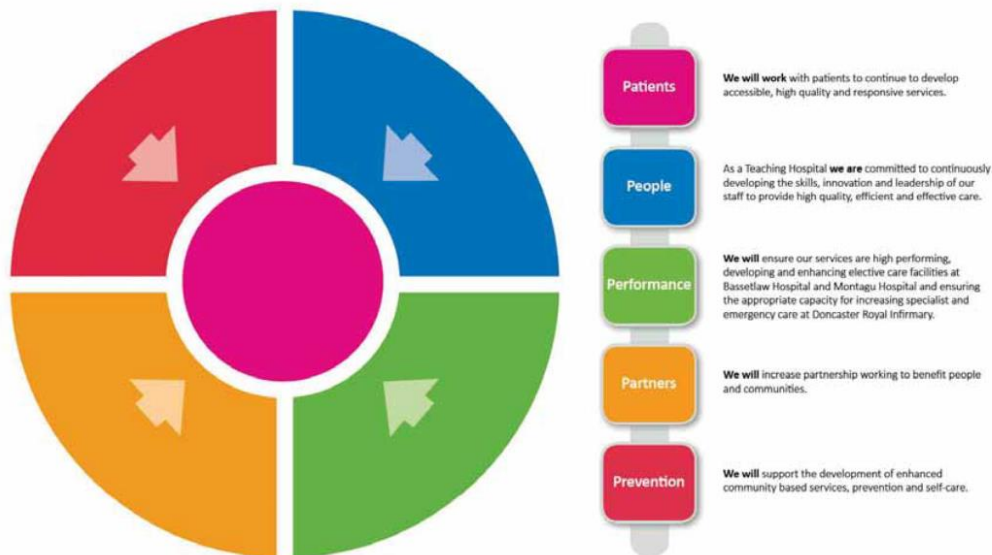
NHS England, NHS Digital and other organisations frequently have funds against which bids can be made to support all three categories of spend. These tend to be capital in nature and therefore do not require revenue to implement or to run a service in future years. Adding revenue (either non-recurrent for implementation of services, or recurrent for support and maintenance agreements) is likely to be considered only if there is a corresponding reduction in costs elsewhere in the organisation, or across the ACP or ACS.

The diagram below displays the core statistics of the current supported environment



# Where do we want to be?

## Our strategic Objectives



[www.dbth.nhs.uk](http://www.dbth.nhs.uk)

Having established the background to the Trust and the current digital environment, the strategy will now take into account the multiple stakeholders that will have an input in the digital journey of DBTH and consider where we want to be, what this is working to achieve and the projects and functionality that will need to be delivered to achieve these strategic aims.

There are a number of priorities for the use of limited Trust resources in delivering the digital strategy. Resources in this context includes people, time, and capital & revenue funding.

**The first priority** includes but is not limited to support and investment in capability to provide a secure, resilient and scalable technical and software infrastructure to enable the Trust to operate 7\*24\*365 both internally and supporting the wider health economy especially at ACP level. This includes maintenance and appropriate investment in:

- Core server, storage and network infrastructure
- Data Security and Protection (Information Governance and Cyber Security)
- Telephony, email and capabilities enabling telemedicine, video consultation and virtual meetings
- End user computing (including laptop, desktop, smart mobile device and virtual desktop) together with appropriate Mobile Device Management and secure access to clinical and other trust systems
- Software licensing, maintenance and support
- Periodic upgrade and expansion of core clinical systems across the entire Trust
- The efficient creation and delivery of management and coding information to NHS national and regional organisations and local commissioners

- Integration of Trust patient data into the wider health economy with appropriate safeguards and security including opt-in/opt-out in accordance with Caldicott principles and any other identified information governance constraints

**Second priority** includes the delivery of time bound and mandated Government and NHS initiatives including investment in:

- Delivery of GDPR by May 2018
- Creation of a Trust EPR capable of meeting the 2020 requirements
- SNOMED clinical coding by 2020

**The third and final priority** are deliverables that require investment in new technologies. These are expected to improve the effectiveness of the internal organisation, support the wider interoperability agenda at ACS level, deliver the technical aspects of Trust projects that enable new ways of working in the digital age and deliver improved patient care and operational efficiencies. It is expected that delivery of this capability will be supported in some way by internal and external funding sources:

- Delivery of a Trust wide BI capability
- Digital communications between the Trust and patients and their carer's
- Delivery of full patient data interoperability and integration across organisation's within the ACS for ongoing patient care in multiple provider settings
- Delivery of new functionality within existing Trust clinical systems
- Investment in additional clinical systems including:
  - Bed management
  - Hospital at Night
  - Clinical Noting
  - E-Observations
  - Trust wide Electronic forms development
- Replacement of the patient communications system (bedside TV and Radio)
- Patient portal

The digital strategy fully supports the overall Trust strategy and the five Ps as described in the diagram above. It allows for transfers of care between providers within the Accountable Care Partnerships of Doncaster and Bassetlaw and provides significant input to the wider Accountable Care System of South Yorkshire and Bassetlaw. The strategy supports the ability to provide new models of care between specialists, care providers and patients, and the delivery of a clinical viewer to allow for clinicians and consultants to have full knowledge of a patient's healthcare journey through a single system.

However, many of the proposed projects will require process re-designs and business implementation activities to run alongside the technical work. The availability and ability of staff, together with funding constraints, may prohibit some of these projects from being delivered.

There is pent-up demand from patients, clinicians and operational management at all levels, to improve the way the Trust interacts with patients and staff during their entire journey from primary, through acute and into the community based care models. Making data from multiple sources available for the care of the patient during their healthcare journey will be a primary goal of the digital strategy. Some of the planned initiatives and projects will serve multiple purposes. For example, the creation of the systems and infrastructure for an EPR/clinical viewer will allow for the digital transfer of care into the community (ACP) and the organisations within the ACS.



As digital technologies evolve, smart phone and computer usage is increasing across all age groups. The ability to communicate with patients (carers and advocates) so that they can manage their end to end healthcare needs is changing. However, not all patients will have, or be comfortable with, such technology and therefore traditional methods of communication will still be necessary. Within the confines of the evolving GDPR regulations, personal preferences for how patients (carers and advocates) want to receive communication will be used, in order to determine the best and most effective method.

There are significant challenges in the sharing of patient information across care settings, both at a technical level and from an Information Governance perspective. Within Doncaster, there are six main care providers – Primary Care across circa 57 GP surgeries, DBTH, RDaSH, Urgent Care via Fylde Medical, Doncaster Council for Adult Social Care and the Doncaster Children's Trust for care of children. For Bassetlaw there are 10 GP practices, Nottinghamshire Healthcare NHS Foundation Trust for Mental health and community services and Nottinghamshire County Council for adult and children's social care. In addition, there may also be a need to share data with NHS111, YAS and EMAS.

The digital strategy takes into account a number of national and regional CCG initiatives, alongside expectations and mandated requirements that have an effect on the Trust digital agenda<sup>1</sup>. This includes the LDR guidance from NHS England, which called for universal capabilities to be delivered across all care settings, by the end of March 2018. These Universal capabilities are:

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions.
2. Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC).
3. Patients can access their GP record.
4. GPs can refer electronically to secondary care.
5. GPs receive timely electronic discharge summaries from secondary care.
6. Social care receives timely electronic Assessment, Discharge and Withdrawal Notices from acute care.
7. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly.
8. Professionals across care settings made aware of end-of-life preference information
9. GPs and community pharmacists can utilise electronic prescriptions.
10. Patients can book appointments and order repeat prescriptions from their GP practice.

For DBTH, significant progress has already been made for items 1, 4, 5 and 7 and pilot activities are underway. These will be rolled out to all local GPs within 2017, subject to CCG approval. Other activities, as they affect the Trust, are under consideration for delivery in 2017/18.

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<sup>1</sup> **2016 Five Year Forward View** (as originally published and updated in March 2017)

**Personalised Health and Care 2020** that hopes to exploit the information revolution and accelerate the digital capabilities of the health and care sectors

**The 2016 National Advisory Group on Health Information Technology in England, also known as the Wachter Review**, published their recommendations in *Making IT work: harnessing the power of health information technology to improve care in England*.

**Doncaster CCG Vision of Integrated Digital Care Record**

Developments to deliver the contained within the **Local Digital roadmaps**



There are a number of key themes, identified by DBTH and by partner agencies, which act as drivers for change within a Trust Wide Transformation Programme focused upon service delivery for the future.

### **Trust Stakeholder Requirements**

The development of this strategy included a number of engagement sessions with key stakeholders at Trust level, including patients, clinicians, managers and administrators.

**Patients** will be placed at the centre of their care. The expectation is that they will be active participants and in control, given online access to all aspects of their health record (and sharing that holistic record during and after their hospital stay), to trusted internet sites and to digital communication apps that help with health and lifestyle choices. Information such as patient letters, appointment letters and other correspondence will be digitally enabled to allow the patient to choose how the Trust communicates with them for their needs. This will also involve, as required, carers and advocates. These new models of patient/clinician interaction will be developed including virtual and video consultation. Consent to information sharing across organisations will be in accordance with GDPR and Caldicott principles.

**Clinicians want** technology that permits speedy access to all clinical systems, regardless of location and they also want access to a holistic view of a patient's history and diagnostics across all care settings. In addition to this, they require real time bed management, along with access to guidelines and knowledge which will support decision making about a patient's treatment and care. Clinicians want to be able to pro-actively identify and treat patients with increasing healthcare needs, using recognised industry standard risk stratification tools. Finally, they require the ability to communicate rapidly with each other, across DBTH's various sites and across organisational ACP and ACS boundaries. This includes the capacity to securely share patient images, results or documents with clinical or social care colleagues for advice or an opinion.

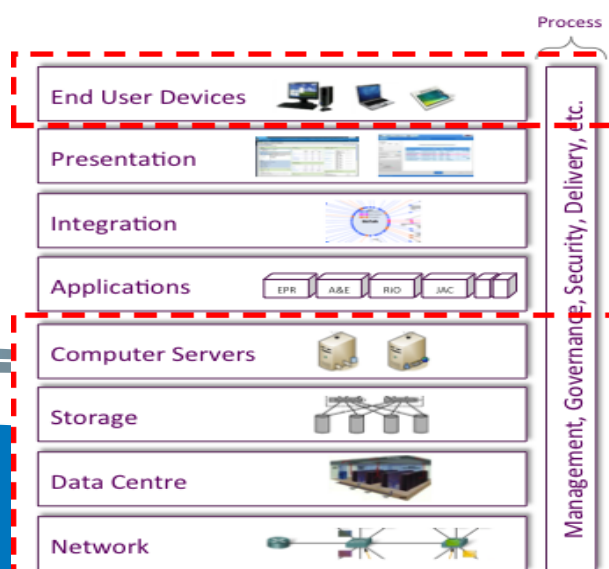
**Managers / Decision Makers want** tools to allow the development of innovative healthcare services that will improve the health of the local population, to allow GPs and other referrers to be able to book direct access services via the national e-Referral Service and to receive electronic discharge summaries from DBTH. They also want access to drill-down dashboard style information for monitoring and managing the performance of the Trust and their own department, access to ACS data, and other real time tools and right first time data that allow efficiency improvements without compromising patient care.

**Clinical coding** requires access to electronic patient data and tools that allow for the easier and more efficient ability to code inpatient, outpatient and ED data in support of the new SNOMED reporting protocols.

**Operations and supporting departments** require BI and MI that enable faster access to real time information, enabling the most efficient use of Trust resources. They also need improved data quality via an 'enter once and use many times' approach to entry and a reduction in paper-based activities via the use of improved digital technologies from an end-to-end perspective.

**Agile working** will be enhanced to enable role-based care at bedside and in community and residential settings, using the most up to date and securely provided digital patient information.

**The IT Technical and application environment** will be upgraded regularly to maintain an up to date and secure setting. This will include data centre,



server, storage, network and End User Computing (EUC) devices. Patient Wi-Fi will also be introduced in accordance with NHS England requirements.

Current applications will be updated to ensure they remain supported by the supplier. The Trust is expected to securely integrate patient information with interoperability achieved, using standards based technology.

The Trust's clinical viewer and EPR will be a major project of work throughout the course of this strategy, subject to funding. The integrated EPR is a major NHS requirement and is mandated to be delivered by 2020. Decisions will need to be made concerning the scanning of existing paper-based notes and the approach to developing a clinically compliant digital noting system, capable of being used across multiple care settings.

Other clinical decision systems will be procured and implemented in accordance with business needs and Trust governance. There is a desire across the ACS and the NHS that when systems get to the end of their natural life, a choice is made from current suppliers.

There are no plans within this strategy to implement a new PAS or Emergency Department system.

***Cyber Security and Information Governance*** will remain the highest consideration at the Trust. This will apply to current and future regulations and will include consistent testing of both the technical and the human factors environments.



# Objectives and Goals

In order to deliver the requirements laid out in the previous section, a set of objectives and projects have been established. These objectives, while wide ranging, will directly contribute to or lead in the delivery of, the overall Trust objectives around the 5 Ps of **People, Performance, Partners, Prevention and Patients**. There are additional objectives (6-9 in the table below) that also need to be progressed to deliver operational efficiencies and maintain a supported technical environment.

The projects to deliver against these objectives, together with the risks to delivery, are set out in appendixes 1 and 2. Projects will be prioritised in order of need and as and when capital and revenue resources are available.

Business projects that deliver sustainable transformation change are likely to be underpinned by the deployment of technology, or changes to working practices and process re-design. It is expected that these business transformation activities will be conducted by care groups and other corporate teams, while the technology elements will be delivered by IM&T.

1	<b>People</b> - As a teaching hospital, we are committed to continuously developing the skills, innovation and leadership of our IM&T staff. This is required to provide high quality services to our internal and external stakeholder communities, as the needs of the digital agenda evolve over time.
2	<b>Performance</b> - We will ensure our technical and information services are high performing, supporting the development and enhancement of urgent and elective care facilities at Doncaster, Bassetlaw and Montagu Hospitals. We will provide appropriate business intelligence capability that will allow staff to meet national performance targets and enable business managers to improve the performance and knowledge of their care groups.
3	<b>Partners</b> - We will increase partnership and interoperable working to benefit people and communities by working closely with the member organisations of the Doncaster and Bassetlaw ACP and the wider South Yorkshire and Bassetlaw ACS. We will develop technical solutions to enable new care models (including new methods of consultation) and ensure a secure digital patient record is available for the patient's journey through the healthcare system.
4	<b>Prevention</b> - We will support the development of technology and information that is general or specific in nature, to support the Trust's work in improving the health of the patient.
5	<b>Patients</b> - We will work with internal stakeholders to identify ways in which technology can enable the Trust to communicate with patients, carers and advocates, thereby improving the information flow and reducing DNA rates. In turn, this will develop accessible and responsive tools, along with consolidated health information, to ensure up to date patient data is available at point of need. We will look to deliver technology that enhances a patient's stay as an inpatient or outpatient by providing free or chargeable access to Wi-Fi and entertainment.



6	<b>Eliminate or considerably reduce paper</b> – we will seek to reduce paper sent outside of the Trust, received by the trust and used internally. We will develop an EPR that, together with the deployment of tools and technology, will allow for the seamless digital usage of integrated information. This means that it only has to be collected once and can then be used many times as part of the patient's journey within and external to the Trust. We will implement electronic referrals and discharges as part of an effort to provide timely and up to date information concerning a patient to internal clinicians and to GPs and community workers. We will also implement a digital clinical noting capability across the trust that will, over time, eliminate the need for a paper-based patient record.
7	<b>Reduce Administrative and Cost overheads</b> – We will seek, within resource and financial constraints, to be responsive to the needs of care groups and corporate directorates, implementing technology as part of cost reduction programmes sponsored by these departments
8	<b>Increase Business and Operational Intelligence</b> – we will seek to deliver the toolsets that allow care groups and corporate managers to mine a comprehensive data set to improve the underlying performance of the Trust.
9	<b>Maintain a secure, cost effective, resilient, secure and fully supported environment</b> – this is the core objective for the IM&T department. This requirement includes not just hardware, networks and software, but also access to high quality information produced for the benefit of the organisation as a whole.





# Accountability and Timescales

An IT and Information Governance group will be established with membership from the technical, business and clinical departments. This group will report to both the Trust Management Board and to the Finance and Performance sub-committee of the main board. The responsibilities of the governance group will include:

- Assurance that the Digital Strategy for the Trust is reviewed and updated on an annual basis. This will be for approval by the Finance and Performance Sub Committee of the Board of Directors.
- To identify corporate changes or development needs and priorities that can be enabled or assisted by input from IM&T.
- To review and accept documentation for all Digital and Information projects, including the oversight of IT projects, deliverables, and accountability.
- To review the wider operational and business implications of Digital projects and system changes/implementations and liaise with the medical governance committees where clinical services input is required.
- To oversee compliance and the implementation of Information Governance standards and training with the introduction of GDPR in 2018.
- Identify any technology risks to be reported to Finance and Performance Committee.

## Five Year Plan

The outline high five-year strategic level plan is set out below.

Area	Point	2017/18	2018/19	2019/20	2020/21	2021/22
Electronic Patient Record		Digital Patient Noting				
		Electronic Patient Record				
		E-Observations				
		CAMIS optimisation and RightFirst Time data projects				
		Doncaster Intermediate Care Record and STP integration and interoperability				
Information Management Coding and Analytics		Development of New BI dashboard framework and BIR				
		SNOMED implementation				
		Improved reporting at commissioner and national level				
		Self Service Reporting				
Infrastructure		Complete VOIP Telephony rollout				
		Standard upgrade activities inc capacity planning				
		End User Computing development and refresh				
		NHS Mail2				
		Windows 10 planning and upgrade				
		Telemedicine and Virtual Clinics				
		STP Support - Martini Project				
People		Replace Patient Entertainment				
		Implementation of new delivery approach				
Governance		Skill Mix assessment and implementation				
		Implement new delivery authority				
Information Governance		Implementation of GDPR				

Detailed projects that support these broad objectives can be found in Appendix 1.

The primary source of capital and revenue funding for Trust specific requirements is likely to come from Trust resource. Delivery of more transformational change, especially the secure transfer of electronic data between care providers, will need to be funded from other sources. This is likely to include, but will not be limited to; the Better Care Fund, Doncaster and Bassetlaw CCGs, ACS , NHS England, NHS Digital, Health Education Funding, strategic partnerships with suppliers and partnerships with educational establishments.

It may also be necessary to combine capital and non-recurrent revenue funding from different sources, in order to deliver interoperability programmes.

Priorities for investment will be set based on business requirements identified during the annual business and financial planning cycle. This will take into account availability of capital, recurring and non-recurring revenue necessary to both procure, implement and support (maintenance fees, resource etc.) the new functionality and the return on that investment both financially and qualitatively as it affects patient safety and patient care. With the exception of that investment needed to maintain the current business as usual environment that will be sponsored by the CIO, it is expected that discretionary and desirable investment will be sponsored by the appropriate care group or directorate with IT driving the technical aspects of the project.



# Evaluation and Monitoring

The IT and Information Governance Group , chaired by the Chief Information Officer, will report to the Management Board and the Finance and Performance sub-committee of the main Board.

Under the Terms of Reference for the group, a report will be submitted to the superior boards on a bi-monthly basis to assure the performance of the department against agreed operational performance metrics and the delivery of agreed projects and programmes of work.

As appropriate, the group will also submit reports to the Trust Audit and Non-Clinical Risk Committee for cyber risk and any IG related activities.

Progress against deliverables for the LDR, for any associated ACS interoperability requirements or for other bodies who provide funding, will be provided as required.

There are a number of initiatives at ACS and national level that seek to reduce the cost and complexity of running IT systems and other services within the NHS. These broadly fall under the title 'Carter Initiatives'. IT systems and technical environments at local organisations across both the ACP and ACS are very complex. There is a need to retain knowledge of such infrastructure and, within the organisation's control, to ensure a sustainable service in the short to medium term. Initiatives to develop shared services over the longer term, without introducing significant operational risk, will be included in the overall governance framework and be a management responsibility.

Risks to strategy delivery are set out in appendix 2

# Communication and Engagement

This strategy has been developed in consultation with the various stakeholder communities within the Trust and external bodies including the Doncaster and Bassetlaw CCGs.

NHS England and NHS Digital have been consulted to ensure the strategy reflects current thinking with reference to centralised technologies and emerging national digital technology requirements.

Progress against the strategy will be provided periodically and at least annually to the Board of Directors, Governors and the CCGs.

Once agreed by the Board of Directors, the strategy will be communicated to all staff and stakeholders.

Changes to underlying policies required to support the strategy will be delivered and updated in accordance with Trust procedures.

The strategy will be updated annually and will include a revised and detailed delivery plan based upon capacity and funding.

# Appendix 1 – Projects

These objectives, while wide ranging, will directly contribute to or lead in the delivery of, the overall Trust objectives around the 5 Ps of **People, Performance, Partners, Prevention and Patients**. There are additional objectives (6-9 in the table below) that also need to be progressed to deliver operational efficiencies and maintain a supported technical environment.

The priorities for capital investment are set out within this strategy. The annual planning round, access to other financial resource and agreement on Trust annual strategic and operational objectives will determine what can be delivered within a particular financial year. As such IT projects will fully support the business within available resource. It is not possible to provide a detailed five year forecast. However, the tables below, and the links between projects and objectives provide the quantifiable benefits (quantitative and qualitative) that should be expected to be delivered.

Some of these projects are likely to either multi-year (phased implementation) or cross financial year boundaries where agreement on capital or resource allocation occurs late in the financial year.

For new technologies there will always be an approach of a proof of concept, a pilot at one or more sites and then a full scale rollout. This will limit the capital risk but may introduce delivery risk for a project or programme of work. All new clinical or operational projects will be led by a care group or operational department and be fully supported by IM&T.

Objective	Impact on IM&T
Operate within the business plan and budget.	Prioritisation of available capital, revenue and non-recurring revenue.
Ensure DBTH is the lead partner for the wider health and social care economy.	DBTH as an acute provider expects to drive a number of initiatives across the ACS and local areas.
Reconfigure clinical services across geographic boundaries for quality, effectiveness and financial efficiency.	Provide a mobile first approach to applications with secure access from other health sites, using shared networks if feasible.
Provision of co-ordinated integrated care which is patient focused and needs based.	Provision of an integrated health care record and access to patient and other relevant healthcare information at clinician, patient and carer level.
Improved access and responsiveness of services, particularly within ED, and the provision of care in alternate settings.	NHS 111, YAS and EMAS accessibility to Trust data.
Improve patient experience of poor transition between care teams (within and external to the organisation).	Provision of Trust held electronic patient data to other care providers in a secure manner.
Improved multi-disciplinary and multi-agency working, including third sector organisations and private providers.	Provision of Trust held electronic patient data to other care providers in a secure manner.

Objective	Impact on IM&T
Improved liaison and joint working with primary care, mental health and community care.	Provision of Trust held electronic patient data to other care providers in a secure manner.
Support of Place Based planning and service delivery.	Provision of Trust held electronic patient data to other care providers in a secure manner and holistic data sets.
Provision of shared business services across provider organisations.	This is a highly complex area. Trust systems are tied into operational processes and changes need careful planning and co-ordination to ensure minimal risk to ongoing Trust technical operations and support.
Generation of shared procurement opportunities and consolidated contracting across provider organisations.	Where new products and services are being implemented, seek joint development opportunities to reduce overall cost and introduce holistic approaches to support.
Changes to board reporting and extended use of the Model Hospital performance framework.	Re-write of current data sets, implementation of BI dashboards and introduction of reporting tools to be used by all levels of management.
Raise the profile of research and education.	Introduction of EPR and clinical viewer
Increase relevance of performance monitoring and board reporting.	Reduce reliance on Informatics team to produce basic data. Increase underlying data quality through process changes and system automation
Provision of multi-site video conferencing capability and provision of tele-medicine capability	Further analysis will be required to understand the scale of this to determine an investment profile. Possible use of NHS Mail Skype for business
Digitisation of patient records.	This is by far the largest project within the digital portfolio and underpins all the ACS and Place-based initiatives. Analysis needs to take place in 17/18 to determine the scope and scale of the project and whether historic notes need to be digitised. Implementation, subject to capital and revenue funding, is likely to start in 2018/19.
Sharing data with others in the wider health and social care economy.	Will require the EPR and appropriate IG
Future use of the DBTH Estate and to support whatever structural changes are necessary.	Will require continued investment in networking and Wi-Fi capabilities to ensure adequate coverage in all locations.
Opportunities for Intermediate care.	Will require the EPR.
Clinical coding and new ways to record income.	The EPR, clinical noting and deployment of other systems will increase the depth of coding and generate additional income. Having an EPR as opposed to paper-based notes will allow for coding to be done remotely from the Trust. SNOMED will be introduced in 2020 to standardise coding.

## **Projects**

The projects set out below support the core corporate strategic goals.

The numbered columns represent the goals that each objective supports. Note that column 9 in the table below - **Maintain a secure, cost effective, resilient and fully supported technical environment** – is the number one priority for the department.

1	<b>People</b> - As a teaching hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care
2	<b>Performance</b> - We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary
3	<b>Partners</b> - We will increase partnership working to benefit people and communities
4	<b>Prevention</b> - We will support the development of enhanced community based services, prevention and self-care
5	<b>Patients</b> - We will work with patients to continue to develop high accessible, high quality and responsive services
6	Eliminate or considerably reduce paper
7	Reduce Administrative and Cost overheads
8	Increase Business and Operational Intelligence
9	Maintain a secure, cost effective, resilient and fully supported technical environment

#	Objective	1	2	3	4	5	6	7	8	9
1	Provide ability for patients to access a summary of their own health record.					X				
2	Develop high quality patient communications and make available via a variety of channels, including mobile apps, SMS messaging, email and social networking.					X		X		
3	Develop capability to use mobile technology including handheld tablets within all care settings.				X	X	X	X		
4	Develop functionality with the Local CCGs and other local partners as part of the Intermediate Care Record programme and place based planning and at ACS level, enabling secure sharing of patient information and seamless care across organisational boundaries.			X	X	X	X	X	X	
5	In line with national standards and policies, continue to develop the capability to deliver digital transmission of information from and into GP systems.			X		X	X	X		
6	Ensure a robust wireless infrastructure, supporting mobile devices is deployed throughout all Trust sites, including the ability for patient access to Wi-Fi.				X	X	X	X		X
7	Continue to deliver modern, relevant IT systems and devices	X			X	X	X	X		X
8	Provide where feasible, Single Log-in access for clinicians.	X			X	X	X	X		X
9	Use, where feasible, based on the clinical and business system, Active Directory to provide role-based access and permissions.	X			X	X	X	X		X
10	Procure and implement the technical capability to provide a single integrated EPR/clinical noting system.	X	X	X	X	X	X	X	X	
11	Develop and implement 'right first time' digital technologies that enable alternate means of engagement with patients and colleagues to replace paper-based communication flows.	X		X	X	X	X	X	X	
12	Deliver a document management (scanning) solution to provide secure, in context, access to patient clinical notes that cannot be maintained	X		X	X	X	X	X	X	

#	Objective	1	2	3	4	5	6	7	8	9
	within the Trust's current digital systems.									
13	This same Document Management solution will also provide secure access to corporate documentation	X					X	X	X	
14	Provide core workflow functionality that is fit for purpose that allows clinicians an effective and efficient means of conducting patient related activities in a paper-lite environment.	X	X	X	X	X	X	X	X	
15	Develop the capability to provide teleconferencing, telemedicine and virtual clinics at clinician to clinician and clinician to patient level.	X	X	X	X	X	X	X		
16	Develop and implement a centralised, near real time, Business Intelligence solution.	X		X	X	X	X	X	X	
17	Continue investment towards the expansion and performance of the existing 'virtual desktop' for fixed location computing requirements.		X		X		X	X		X
18	Where VDI is not feasible, replace laptop and desktop with high performance equipment that should be more than 5 years old.		X		X		X	X		X
19	Invest in mobile and tablet devices, and explore the use of Bring Your Own Device (BYOD) in a secure and IG compliant way	X				X	X	X		X
20	Provide fast connectivity to Trust systems in alternate care settings especially in community hubs depending on the new models of care.	X			X	X	X	X	X	X
21	Enabled Trust staff with laptops to access Trust systems from organisations connected to the GOVROAM service.	X			X	X	X	X	X	
22	Implement a contact centre and Voice Recognition Platform alongside VOIP to improve telephony call handling.	X			X	X	X	X	X	X
23	Implement dynamic wireless bandwidth and improved performance to create Trusted, Semi-Trusted and Non-Trusted networks on a single Wi-Fi Infrastructure to support staff and patient Wi-Fi access.	X			X	X	X	X	X	X
24	Investigate with other Healthcare Providers, and potential third parties, to provide off-site back up data centres.							X		X
25	Investigate the use of G-CLOUD and other approved and secure off-premise technologies to support production, pre-production, test and development environments.							X		X
26	Review and periodically test the disaster recovery and business continuity plan.			X	X	X	X			X
27	Continue to patch equipment to meet emerging Cyber security threats.			X	X	X	X			X
28	Conduct annual storage and server capacity planning based on performance metrics.			X	X	X	X			X
29	Investigate an archiving solution to store infrequently accessed data.							X		X
30	Analysis and planning to introduce 'tiered' storage to reduce costs.							X		X
31	Annual review of data retention policy.									X
32	Investigate the upgrade to Windows 10 and to Office 2016 to stay current on supported MS products. To include analysis of clinical and business system compatibility.				X			X		X

#	Objective	1	2	3	4	5	6	7	8	9
33	Conduct a review of the current licensing agreements and licence management processes for all applications.							X		X
34	With care group support, ensure upgrades to systems are planned and implemented such that systems remain no older than n-2 where n is the current release.					X		X		X
35	Create and implement transparent governance framework to prioritise, assess, initiate and manage technology projects and Trust projects with a technology requirement within agreed financial and resource parameters.			X	X	X	X	X	X	X
36	Develop and continuously monitor Service Level Agreements with Care Group and Directorate senior managers with a joint emphasis on current operational performance and establishing future plans.					X		X		X
37	Implement the new General Data Protection Regulations as a regulatory activity.			X	X	X	X	X		
38	Develop access controls to Trust systems such that they require confirmation of annual IG SET training.	X		X	X	X	X	X	X	X
39	Create and develop, with Education, a robust model for the development, implementation and monitoring of digital training packages to increase staff digital literacy and at application level.	X				X		X	X	X
40	Continually redevelop, train and monitor compliance of processes to increase the 'Right First Time' Data quality within the Trust.	X				X	X	X	X	X
41	Continue to develop staff in technical, service and business competencies as the implementation of the strategy evolves.	X				X				X
42	Develop system management competency on core clinical systems.	X				X				X
43	Partner with commercial third parties and educational establishments to maximise opportunities for learning and development in new technologies.	X		X		X	X	X	X	X



## Appendix 2 – Risks

There are significant identified risks to the delivery of the strategy and these are set out below.

Ref	Description	Impact	Mitigation
R001	End User Device refresh budget constraints.	Inconsistent approach to replacement of older devices mean they are in use for longer, not fit for purpose, and provide a poor user experience.	Implement a more centrally coordinated and funded approach to device refresh, aligned to broader business objectives and roadmap. This may include the expansion of the Virtual Desktop.
R002	Clinical Portal and EPR development may not produce required technical and business transformational change.	The Trust may not be able to meet its digital obligations regarding the FYFV and be unable to contribute fully to Doncaster care based strategies or the wider ACS interoperability agenda for patient care.	A robust analysis and design phase will be required that includes all stakeholder communities especially consultants, doctors and nursing staff. A staged approach to development implementation and making this transformation programme one of the core underpinning technologies sponsored at Executive and Board Level.
R003	The revenue and capital budgets at Trust level may not be sufficient to complete the strategy as anticipated.	Large scale transformation projects, including the portal and digital interoperability with other care organisations, will likely be 2-3 years in duration. Should finance not be available for the complete period, considerable sums may have been spent without the opportunity to realise the tangible and intangible benefits. This would leave the trust with orphaned assets and associated revenue support and maintenance costs.	Secure commitment to funding the strategy at Trust and at NHSi level, given the importance of the digital agenda to patient care and underlying efficiencies at all levels of Trust operations. Seek funding from other sources including other NHS organisations and within the local council, the ACS and national bodies. Seek strategic partnerships with vendors and other bodies, including academia for health informatics and other relevant projects. Prioritise projects at planning round based on this strategy and gain board sign off for the deliverables on an annual basis.
R0004	The IM&T team is insufficiently resourced to cope with delivery and ongoing management of the technical and application environment, including the support of the clinical portal.	The implementation of new solution requires considerable input in the analysis and design stage at both a technical and a user level. Without a dedicated resource pool for these major activities, the projects will take longer to deliver and may fail due to lack of	During the development of business cases to support investment and ongoing operations, there will be considerable focus on staffing and the skills required for technical and clinical skills with the aim to create a combined delivery team for implementation and ongoing operational support. External funding will be sought to provide staffing

		sustainable engagement.	during 17/18.
R0005	Extended mobile/agile working.	Increases in new working practices and demand for supporting technology, could overload IT's ability to service requirements.	Ensure a clear statement of requirements is available, together with an understanding of what is required and when, in a planned roadmap form and alignment against IT related initiatives to meet demand.
R0006	Impact of Carter and WTP efficiency activities that could lead to merging of local IT activities.	Loss of corporate memory, moving service and merging technical functions and staff and generally seeking efficiencies that are not in the best interest of the Trust during the period of transformational change will have a damaging and lasting impact on service and strategic change agenda.	The Trust Executive should satisfy themselves to the compelling operational reason to proceed with such an activity in light of the digital agenda. Closer working relationships need to be formed with ACS members at a technology level and alignment of activities such that efficiency savings can be gained in alternate ways.
R0007	Failure to deliver the strategy over the five year period effects the ability of the Trust to fulfil its strategic objectives and contribute fully to the ACS	Technology change and digitisation underpins cost effective partnership working and ability to digitally transfer patient information to alternate care settings. Failure to invest in and deliver the strategy severely impacts the ability of the trust to meet these Trust and wider corporate objectives	The Trust needs to agree upon a multi-year investment profile both internally and within the wider ACS. Prioritisation of activities and projects that meet corporate objectives including maintenance capital for existing systems will be required. Additional resource will be needed on a capital basis to provide delivery capability at business and technical transformation level.



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

<b>Title</b>	<b>Becoming a 'Veterans Friendly Hospital'</b>		
<b>Report to</b>	<b>Trust Board</b>	<b>Date</b>	<b>14<sup>th</sup> December 2017</b>
<b>Author</b>	<b>Mandy Espey</b>		
<b>Purpose</b>	Seek approval that the Trust becomes part of the Veterans Covenant Hospital Alliance – please see presentation attached	Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

**Executive summary containing key messages and issues**

- During the GIRFT visit from Professor Tim Briggs, we were asked whether we were prepared to become part of the Veteran Friendly Hospital Alliance network – currently 20 hospitals have signed up
- Strong support from service charities, the NHS bodies, the Department of Health and the Ministry of Defence that this is the right thing to do for veterans and a positive opportunity for participating trusts, in terms of building a positive profile nationally and in the local community
- Require a clinical champion (Mr Andrew Bruce) and a Management champion (Mandy Espey)
- Manifesto sets out expectations of participating hospital and what is expected for accreditation to be Veteran Friendly – as follows:

**In hospital:**

- Make information, including a leaflet and posters, available to veterans and their families explaining what to expect
- Train staff to be aware of veterans' needs, that they should not face disadvantage and that special consideration is appropriate in some cases
- Inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces
- Ensure veterans and their partners who have moved as a result of Armed Forces service do

<p>not lose their place on any waiting list</p> <ul style="list-style-type: none"> <li>• Signpost to extra services that might be provided to the Armed Forces community by a charity or service organisation in the hospital.</li> </ul> <p><b>After Hospital</b></p> <ul style="list-style-type: none"> <li>• Look into what services are available in their locality and which patients would benefit from being referred to these services</li> </ul>
<b>Key questions posed by the report</b>
<ul style="list-style-type: none"> <li>• Are we happy to become part of the Veterans Covenant Hospital Alliance</li> </ul>
<b>How this report contributes to the delivery of the strategic objectives</b>
<p><b>Patients : We will work</b> with patients to continue to develop accessible, high quality and responsive services.</p> <p><b>Partners : We will</b> increase partnership working to benefit people and communities</p> <p>There are a number of services already set up for veterans in primary care and with RDASH – we need to increase awareness of staff to link patients into the existing networks</p>
<b>How this report impacts on current risks or highlights new risks</b>
<b>No risks</b>
<b>Recommendation(s) and next steps</b>
<ul style="list-style-type: none"> <li>• To agree to become part of the Veterans Covenant Hospital Alliance</li> <li>• To sign the Armed Service Covenant</li> <li>• To work with partners to deliver key expectations laid out in the manifesto in order to gain accreditation</li> </ul>



# Veterans Covenant Alliance Hospitals

**December 2017**



## What is Veterans Covenant Hospital Alliance

- The Veterans Covenant Hospital Alliance (VC HA) is a group of over 20 NHS acute hospitals and Health Boards which have volunteered to develop, share and drive the implementation of best practice
- This will improve UK Armed Forces veterans care, in line with the commitments set out in the Armed Forces Covenant
- The VC HA will also link hospitals to the Armed Forces charities<sup>1</sup>, which provide rehabilitation services and resources for veterans. When fully utilised, these services will enhance the recovery pathway for veterans in NHS hospitals.





# Veterans Covenant - VC

## Membership of Hospitals



**The Trusts selected at this pilot stage will need to demonstrate a number of key features to be part of the network:**

- They understand the Armed Forces Covenant and have an appointed and trained Veterans Champion
- They understand veterans needs and can demonstrate a record of providing their care
- They provide excellent orthopaedic and other care (as defined by GIRFT provider dashboards)
- They can identify veterans and fast track their care if clinically indicated and subject to the clinical needs of others
  - They participate in joint education with the DMS Regional Rehabilitation Units (RRUs)
- They link to CCGs, service charities, charity provided Personnel Recovery Centres (PRCs) and others in their locality
- They work with CCGs to provide a methodology to identify those medically discharged into their catchment area to enable a seamless transition of care for those being medically discharged
- They participate in an annual meeting of the NHS Veteran Hospital Provider Network for peer learning & review

26 Trusts who expressed interest in being part of the Veterans Network:

Cambridge University Hospitals NHS Foundation Trust  
 Chelsea & Westminster NHS Foundation Trust  
 City Hospitals Sunderland NHS Foundation Trust  
 Colchester NHS Foundation Trust  
 Doncaster and Bassetlaw Foundation Trust  
 Guy's & St Thomas' Foundation Trust  
 Leeds NHS Foundation Trust  
 Newcastle upon Tyne Hospitals NHS Foundation Trust  
 Norfolk and Norwich NHS Foundation Trust  
 North Bristol NHS Trust  
 North Tees & Hartlepool NHS Foundation Trust  
 Northumbria NHS Foundation Trust  
 Peterborough & Stamford NHS Foundation Trust  
 Robert Jones & Agnes Hunt Hospitals NHS Foundation Trust  
 Royal Devon & Exeter Foundation Trust  
 Royal Edinburgh Hospitals NHS Lothian  
 Royal National Orthopaedic Hospital NHS Trust  
 Royal Orthopaedic Hospital NHS Foundation Trust  
 Salisbury NHS Foundation Trust  
 South Tees Hospitals NHS Foundation Trust & Frimley Hospital Northallerton  
 Stockport NHS Foundation Trust  
 Sussex Armed Forces Network  
 Swansea Morriston Hospital  
 University Hospitals Birmingham NHS Foundation Trust  
 University Hospital of Wales, Cardiff  
 Wrightington, Wigan and Leigh NHS Foundation Trust

KEY:

Ministry of Defence Hospital Units

Proposed Veterans Network

Regional Rehabilitation Unit (RRU)

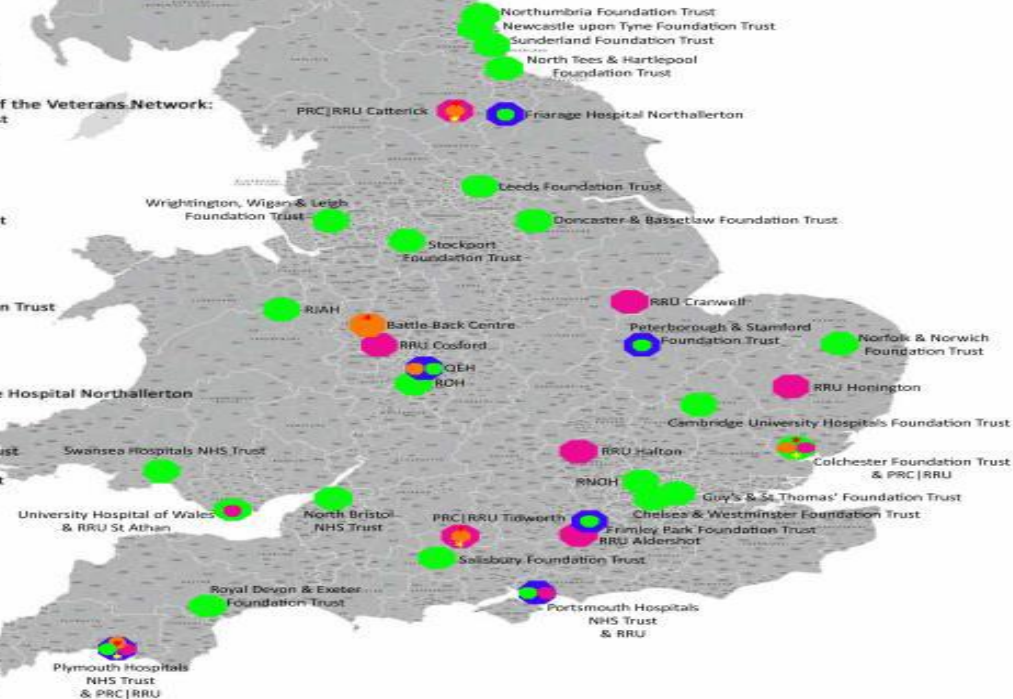
Personnel Recovery Unit (PRC)

Combined Units

Sponsorship:

Royal British Legion

Help for Heroes





## Veterans Covenant Hospital Alliance (VC HA) Manifesto

- Manifesto has strong support of the service charities, the NHS bodies, the Department of Health and the Ministry of Defence
- First cohort of volunteer hospitals, will be guided and equipped to help implement the manifesto







# Manifesto : what do Veteran Aware Hospitals do?

## In hospital

- Make information, including a leaflet and posters, available to veterans and their families explaining what to expect
- Train staff to be aware of veterans' needs, that they should not face disadvantage and that special consideration is appropriate in some cases
- Inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces
- Ensure veterans and their partners who have moved as a result of Armed Forces service do not lose their place on any waiting list
- Signpost to extra services that might be provided to the Armed Forces community by a charity or service organisation in the hospital.





# Manifesto, what do Veteran Aware Hospitals do?

## After Hospital

- Look into what services are available in their locality and which patients would benefit from being referred to these services

## Including:

- NHS England's Transition, Intervention and Liaison (TILs) mental health service for Armed Forces personnel approaching discharge and veterans
- Recovery & welfare services for veterans provided by service charities & organisations in local centres or through staff embedded in NHS providers
- Rehabilitation services provided by service charities and organisations
- Prosthetics through services at the enhanced 'Murrison' disablement support centres
- Veterans UK on service-related financial and/or benefit claims.





# What does Accreditation involve?

- Identification of a Clinical Champion and managerial Champion
- Signing Armed Services Covenant
- Completing a short 'annual report'

Answers will be used to:

- Offer hospitals support if facing difficulties
- Create an agenda for Champions workshop in April
- Improve supporting materials and provide links to helpful resources
- Ensure that hospitals have met the kitemark standards





## Working with partners?

- Spoken to David Crichton
- There is a Veterans Group hosted at the Local Authority and they hold a MOD Employer recognition Gold award
- Work undertaken in Primary care to raise awareness, (courses were provided to Practice managers)
- Ask people at registration and on referral to hospital and then coding problem titles - History of military service.
- RDASH provide accelerated service for ex-servicemen
- It is clear there are lots of opportunities to join up the links across Doncaster and Bassetlaw







# Signing the Armed Service Covenant

*What would we be agreeing to?*

- *Promote the fact that we are an armed forces-friendly organisation*
- *Support the employment of veterans young and old and working with the Career Transition Partnership (CTP), in order to establish a tailored employment pathway for Service Leavers*
- *Support the employment of Service spouses and partners*
- *Offer a degree of flexibility in granting leave for Service spouses and partners before, during and after a partner's deployment*
- *Support our employees who choose to be members of the Reserve forces, including by accommodating their training and deployment where possible*
- *Actively participate in Armed Forces Day*
- *Do we agree?*





## The Next Step

- Sign Armed Services Covenant
- Consider how record veterans as part of signing in
- Work with partners to identify local services for veterans
- Develop web links to available services
- Consider introduction of APP
- Consider how might increase awareness and training for all staff around veterans – including 'so what'
- Consider opportunities for setting up appointments with clinicians' who understand the needs of veterans
- Review / develop HR policies to better support veterans and their families





Thank you, any questions?

**Chair's Log - Finance and Performance Committee 14.12.17****Overview**

The meeting was held earlier in the month than usual to facilitate the holding of a full Board meeting before Christmas. Detailed finance and performance information was not available and so a light touch overview was taken in relation to our normal principal areas of business.

A more detailed Finance report and Performance picture has now been shared with the main Board as substantive agenda items. This richer picture was not fully available to F+P.

The meeting had intended to receive a presentation from the General Surgery Care Group. Unfortunately, the unannounced CCG inspection meant it had not been possible to prepare a presentation and the Committee chose to defer the item to next month rather than receive a verbal presentation.

Julia Docherty from BDO gave a detailed presentation in relation to the activity underway in relation to assisting DBTH to close the financial gap whilst becoming a more efficient service provider. The purpose of the presentation was for the Committee to gain a more granular appreciation of the work being done, and that was achieved, spending over an hour on the item.

The Trust and BDO are certainly working hard to understand better our business and develop tools, systems and processes to ensure medium term efficiency and effectiveness. The Director of Finance's stated challenge is to push hard to ensure sufficient progress which is also realised short term to make a fist of this year's financial picture.

We were assured that all efforts were being made, however the challenge remains tough.

A main element in our meeting was a lengthy discussion to frame the workplan of the committee in the year ahead. Functional leads had been asked to identify the principal areas of their business that they believed F+P needed to seek assurance around in 2018/19.

We considered five priorities each under the heads of Finance, Performance, People + OD, IT, Estates and Risk – all looked at through a strategic development lens. The Trust Board Secretary was asked to work with the functional leads, post meeting to take forward the areas identified, colleague's views and comments, and to mesh that into an outline workplan for the next F+P Committee.

**Neil Rhodes****Chair – Finance and Performance Committee**



## **DBH Board 19. 12 17**

### **DBH Quality & Effectiveness Committee (QEC) 14 12 17 - Chair's report**

#### **Escalation**

No items for escalation to QEC or to the Board.

#### **Participants**

Some of our Deputy Directors elected to join this meeting, and this may or may not become a regular feature.

We also welcomed CQC Inspector Karen Knapton, who advised that CQC observations of the Board and its Committees will be a regular part of their process.

#### **Action log/matters arising**

Escalation process: Governors had helpfully raised some assurance questions on process, including how we close off an issue which we have escalated to the Board. Agreed that we will table a report back to QEC on progress with mitigating the risks.

In relation to the specific item escalated (delays to communications between clinicians due to staffing pressures on the Switchboard), the Medical Director updated QEC on the five additional mitigations which have been put in place. He had also consulted clinical colleagues, and no recent problems had been identified.

The QEC planning group had met to develop a definition of “exception reporting.”

#### **Meeting outputs and outcomes**

##### **Strategic thematic discussions**

(1) R&D Assurance discussion (2<sup>nd</sup> part of a two-phased approach to reviewing **how we are assured on Research & Development (R&D)**). **Deferred** owing to the need to retime QEC so that the Directors could attend the CQC feedback session on their unannounced inspection. We are looking at holding a Special QEC for this item asap, possibly 4 1 18 (tbc).

(2) QEC carried out a second “deep dive” **interrogation of a key risk** “How are we assured on **improving staff morale**”, seeded by an excellent paper, and structured around the Risk Review Template’s assurance questions for interrogating a Key Risk. The key elements of the risk were identified as:

- Deteriorating staff survey results
- Reduction in applicants for vacant posts
- Increase in vacant posts
- Increased use of temporary staffing
- Higher sickness absence rates
- Higher turnover rates
- Reduction in retention rates
- Increase in grievances,

Resulting in a potential impact on service provision and quality of patient care.

A detailed Action Plan has been developed, for which actual KPIs for the measures will be needed, and the Action Plan will be closely monitored at the Workforce & Employment Committee, which is a sub-committee of QEC.

### **Quality and Care**

The main QEC strategic item was presentation and examination of the Trust's new **Quality Dashboard**. This brings together all of the Trust's quantitative quality metrics and shows data over time. "Red" scores will be evident as will direction of travel. The Medical Director expressed the intent that all staff will be able to access this as "live" data, so that data can be reviewed at all levels of the Trust's governance. Inclusion of a wider range of data eg Workforce is still being worked on, and debate is under way around how to include qualitative data eg patient experience and stories, using composite scores. Also around how the work under development for a Balanced Scorecard or similar - for Patient Experience – will feed in. Finally, QEC discussed how this data would align with the new Integrated Performance Report, which will be structured around the SOF (Single Oversight Framework).

The Clinical Governance Assurance Report and the Quality Metrics Assurance Report were also reviewed. All reports to QEC have now adopted the agreed 6 Assurance Questions (see Appendix 1). As well as noting good practices and achievements, attention inevitably focussed on areas of concern and progress with mitigations and improvements. In relation to the Clinical Governance Assurance Report, there are particular concerns around the availability of (temporary) medical records. QEC was assured by the Medical Director that this was now a reducing problem, currently affecting around 5% of records.

The Quality Metrics Assurance Report drew attention to a further occurrence of quality triggers relating to the Respiratory Unit, which had been the subject of a recent Quality Summit, and around C Diff.

### **Leadership & improvement capability**

#### **Workforce and Education Assurance report**

QEC reviewed a very helpful report which enabled us to focus clearly on areas of concern, around staffing sickness and appraisals. There was particular probing around appraisals and potential ways to improve the percentages, such as how team and personal objectives align, and how this can be seen as a positive opportunity.

The report cover paper (6 Assurance Qs) is attached for assurance as Appendix 2.

## **Governance & Risk**

### **RCOG Action Plan – Maternity Services**

QEC reviewed an update focussed on that dozen of the recommendations on which least progress had been made hitherto, and on which the previous QEC had requested further regular updates. It was noted that most of the target dates were short term, whereas the issues relating to cultural change would be longer-term. It was also noted that the concept of Amber and Red needed clear definition. It was agreed that the Action Plan is demonstrating delivery of the RCOG recommended actions, whereas the QEC will have an interest in assurance on longer-term and more qualitative changes.

In response to a question from the Chair about timescales for planned the DBH 6-monthly survey on “soft” issues, the Medical Director confirmed that the baseline survey had started in December. [Post meeting note: re-review of the questions had caused a last-minute deferment and the baseline survey is now starting].

### **Board Assurance Framework / CRR**

A new risk had been added around failure to deliver target response time for formal complaints, and reasons were probed.

### **Minutes of sub-committees – CGC.**

The Chair expressed concern around the descriptor “adequate” in relation to patient care where death had occurred and whether this aligned with Trust Values regarding care. QEC were assured that this is an established term in regional use, and that the Deputy Medical Director would look at whether a different descriptor could be adopted.

### **Governor questions**

Explored further the process for verbal versus written complaints, with the delay lying with the written stage.

### **Meeting reflections – what have we learnt?**

- Allowing enough time for full debate – whilst not extending the meetings
- Everyone likes the 6 Assurance Qs for Assurance Report, and how they help us focus strategically and on assurance, and avoid operational detail – “so what” Qs
- Good openness and frank challenge
- Focus is on improvement
- Good meeting with helpful steers and useful deep dives
- Need to keep looking at potential overlap with FPC- may want to look at same areas (eg staffing) from different viewpoint (eg costs versus quality)
- Very pleased to have opportunity to review the Quality Dashboard

### **Future discussion items identified for Work plan**

- BIR (Quality section) scope and QEC role in providing assurance to the Board eg
- Use of NQB metrics
- R&D – presentation on assurance questions? January?
- Risk interrogation
- Presentation – learning from triangulation of staff and patient experience
- CQC/progress on maternity (RCOG report) – assurance on progressing the longer-term and “soft” changes such as teamwork and cultural change, and embedding good practices
- What we mean by “Effectiveness”

*Linn Phipps*

*Chair Quality & Effectiveness Committee*

*15 12 17*

### **Appendix 1**

The scope and structure of Assurance reports (and data reports) agreed at QEC meeting 22.8.17 (minutes, Appendix 1) is :

1. What is the data telling us (where are we now)? How are we triangulating data to give a richer picture of what is happening (e.g.staff and quality data)?
2. What are our good practices and achievements?
3. What are the causes for concern (what are the problem issues, “the red areas”?)
4. Where there are concerns, are we assured on having action plans to address these/ improve and to monitor these?
5. What assurances are there on progress with mitigatory actions on the causes of concern, and on next steps?
6. What is the future trajectory, better or worse?



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

<b>Title</b>	<b>Workforce and Education Assurance report</b>		
<b>Report to</b>	<b>Quality &amp; Effectiveness Committee</b>	<b>Date</b>	<b>December 2017</b>
<b>Author</b>	<b>Karen Barnard, Director of People &amp; OD</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information		

<b>Executive summary containing key messages and issues</b>
<p>Within the Single Oversight Framework on the Model Hospital portal the key measures relating to leadership and improvement are staff engagement (staff survey data), proportion of temporary staff and sickness absence. This portal is still developing in respect of workforce indicators. This report this month therefore takes account of these elements plus others included within the reports to the Finance &amp; Performance Committee and Board. Future reports will be expanded to include education data.</p> <p><u>What is the data telling us?</u></p> <p>Vacancy rates – on the whole the Trust benchmarks favourably with other Trusts. The main area where there are still significant levels of vacancies is amongst the medical and dental workforce. This data is currently being validated through a piece of work with BDO.</p> <p>Temporary staff – there has been regular reporting of agency data with extra hours worked by our own staff recently being reported upon. The data is telling us that we have a high rate of temporary staff usage. Demand is however now reducing with improved grip and control being in place across all categories of staff groups.</p> <p>Turnover and stability data – whilst benchmarking data is available in respect of turnover which indicates we are middle of the pack the high rate is due to the figure including all turnover other than purely voluntary turnover (ie fixed term appointments). We have just started reporting on stability data and benchmarking data is not yet available. In addition further work is required to understand</p>

what is included within those figures.

Sickness rates – we continue to have difficulty in achieving the Trust target of 3.5% across the board. Benchmarking data indicates that there is further work to be done to reduce levels of sickness absence.

Appraisal and SET compliance rates – the data tells us that significant improvements have been achieved in respect of SET training over the last 2 years; the same cannot be said around appraisals.

Staff engagement – the main data is only available once a year, relying on quarterly staff friends and family test data for more frequent feedback. We are aware that the staff survey data in 2016 saw a significant deterioration as compared with 2015. However there has been some improvement on the data provided on a quarterly basis in respect of recommending the Trust as a place to receive treatment and work.

#### Are there causes for concern?

We are aware that where there are particular staffing issues, for example Emergency Care, the managers are struggling to conduct appraisals and that these also include areas with higher sickness rates. However there are also areas where that is not the case.

A particular area of concern is the capacity for teams to undertake appraisals – this will therefore receive particular attention in the coming months in preparation for a changed approach for 2018/19.

#### Where there are concerns, how are we triangulating data to give a richer picture of what is happening (e.g. staff and quality data)

The evidence contained within the WQAT report indicates there is a level of triangulation between staff and patient experience; this is an area that we wish to drill down into further. There is also staff experience data which is collected but not reported in the WQAT monthly reports – this will therefore be considered for reporting in to the Workforce and Education Committee.

#### What assurances are there on mitigatory actions of the causes of concern?

Medical and nursing recruitment is receiving particular attention which can be demonstrated by the improvement seen in respect of a number of Consultant appointments being made and improvements in the junior medical staff rotations. On the whole our nursing and midwifery vacancy levels are lower than many Trusts; we do recognise that there are some areas which do struggle. Work has therefore included how such areas are appropriately led and what options are available in relation to skill mix changes.

#### What is the future trajectory, better or worse?

Vacancies – we have been having improved success in recruiting to Consultant vacancies – for example Emergency Care, Paediatrics. We have also seen improvements in our midwifery staffing levels.

SET training – over the last 2 years we have seen improving rates from 45% to 74% with rates continuing to improve.

Appraisal rates have seen a small improvement in the last month following a period of stagnation. But it is recognised that there needs to be further work undertaken to explore how we improve compliance rates.

Use of temporary staffing – we expect to see a continuing reduction in the requirement for bank and agency staff.

#### How assured do we feel and how would we rate our assurance?

The People and OD strategy recently approved by the Board provides a focus on all relevant areas. The

development of the implementation plan for that strategy is almost complete having been discussed at the Workforce and Education committee. QEC will then be able to monitor achievement against than plan to assure itself.
<b>Key questions posed by the report</b>
<p>Do members of the committee feel assured that appropriate actions are taking place?</p> <p>Is this the data that the committee wishes to receive?</p> <p>Is there other data that the committee would wish to receive to assure themselves?</p>
<b>How this report contributes to the delivery of the strategic objectives</b>
People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care
<b>How this report impacts on current risks or highlights new risks</b>
Staff morale – the actions contained within the report look to provide assurance that the Trust is taking steps to reduce reliance on agency staff and to recruit to vacancies. These together with reviewing sickness absence levels seek to improve staff morale.
<b>Recommendation(s) and next steps</b>
Members are asked to receive this report.



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

<b>Title</b>	<b>Financial Performance – November 2017</b>		
<b>Report to</b>	<b>Trust Board</b>	<b>Date</b>	<b>19.12.2017</b>
<b>Author</b>	<b>Jon Sargeant - Director of Finance</b>		
<b>Purpose</b>	To update the Board on the financial position for the month of November 2017.	Tick one as appropriate	
	Decision		
	Assurance		
	Information	✓	

<b>Executive summary containing key messages and issues</b>
<ul style="list-style-type: none"> <li>• In month position £1.044m deficit, £500k worse than plan, £252k worse than forecast.</li> <li>• YTD position £15.675m deficit, £1,932k worse than plan</li> <li>• The month 8 in month position was £253k worse than the forecast deficit. Clinical income variance has improved from the last two months and run rate expenditure has continued to reduce.</li> </ul>
<b>Key questions posed by the report</b>
<ul style="list-style-type: none"> <li>• How will the gap in the financial plan be closed</li> <li>• How will the gap in the CIP plan be closed</li> </ul>
<b>How this report contributes to the delivery of the strategic objectives</b>
<ul style="list-style-type: none"> <li>• Identify the most effective care possible</li> <li>• Assist in the control and reduction of the cost of healthcare</li> <li>• Aid focus on innovation for improvement</li> <li>• Assist in developing responsibly and delivering the right services with the right staff</li> </ul>
<b>How this report impacts on current risks or highlights new risks</b>
<ul style="list-style-type: none"> <li>• Identifies the size and scale of the gap in the financial and CIP plans for 2017/18</li> </ul>
<b>Recommendation(s) and next steps</b>
<ul style="list-style-type: none"> <li>• The Board is asked to note the month 8 2017/18 financial position of £15.7 million deficit, £1,932k adverse to plan after removal of the 16/17 STF funding and any</li> </ul>



variance related to donated asset income.

- The Board is asked to note the progress made with the implementation of the recovery plan agreed at the last meeting.
- The Board is asked to note the risks particularly those relating to Doncaster CCG.



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

## **FINANCIAL PERFORMANCE**

**P8 November 2017**

**14<sup>th</sup> December 2017**

1. Income and Expenditure vs. Forecast								2. CIPs														
Performance Indicator	Monthly Performance			YTD Performance		Annual	Forecast	Performance Indicator	Monthly Performance			YTD Performance		Annual	Forecast							
	Actual £'000	Variance to budget £'000	Variance to Forecast	Actual £'000	Variance £'000				Plan £'000	£'000	Actual £'000	Variance to budget £'000	Variance to Forecast £'000			Actual £'000	Variance £'000	Plan £'000	£'000			
I&E Perf Exc Impairments	1,044	500 A	252	15,263	1,252 A	16,489	16,070	Employee Expenses	1,635	(460) F	(1,017) A	3,237	2,993 A	11,675	9,265							
Income	(31,259)	(631) F	(150)	(245,243)	(3,011) F	(361,705)	(367,541)	Drugs	2	6 A	20 A	23	10 A	65	30							
STF Incentive	(1,155)	0 F	0	(6,351)	0	(11,547)	(11,547)	Clinical Supplies	70	24 A	68 A	370	358 A	1,156	947							
STF Adjustment 16/17	0	0	0	(419)	(419) F	0	(419)	Non Clinical Supplies	0	1 A	1 A	0	5 A	10	100							
Donated Asset Income	0	0	0	7	(261) F			Non Pay Operating Expenses	82	38 A	70 A	379	241 A	1,224	1,339							
Operating Expenditure	32,378	1,128 A	400	258,638	4,706 A	376,905	382,646	Income	52	(21) F	32 A	273	(27) F	369	724							
Pay	21,483	347 A	182	173,006	3,785 A	253,683	257,974															
Non Pay	10,895	781 A	218	85,632	921 A	123,222	124,672															
I&E Perf Exc 16/17 STF and Donated Asset																						
Income	1,044	500 A	252	15,675	1,932 A	16,489	16,489	Total	1,840	(411) F	(826) F	4,282	3,580 A	14,500	12,406							
F = Favourable A = Adverse																						
Financial Sustainability Risk Rating				Plan	Actual			4. Other														
UOR				4	3			Performance Indicator		Monthly Performance			YTD Performance		Annual	Forecast						
CoSRR				1	2				Plan £'000	Actual £'000		Plan £'000	Actual £'000	Plan £'000	£'000							
3. Statement of Financial Position								Cash Balance								1,900	1,854		1,900	1,854	1,900	1,900
All figures £m				Opening Balance 01.04.17	Current Balance 30.11.17	Movement in year		Capital Expenditure		635	596		3,942	1,913	6,481	8,245						
								5. Workforce														
Non Current Assets				196,907	193,066	(3,841)			Funded WTE	Actual WTE			Bank WTE	Agency WTE	Total in Post WTE	Under / (over)						
Current Assets				33,612	58,460	24,848																
Current Liabilities				(31,967)	(64,748)	(32,781)																
Non Current liabilities				(79,348)	(82,834)	(3,486)		Current Month	6,041	5,612			217	113	5,942	99						
Total Assets Employed				119,204	103,944	(15,260)		Previous Month	6,051	5,644			137	101	5,882	169						
Total Tax Payers Equity				119,204	103,944	(15,260)		Movement	10	32 0			(80)	(12) 0	(60)	(70)						

## 1. Context/Background

The month 8 position for 2017/18 is a deficit of £15,675k, which is £1,932k behind the planned year to date deficit of £13,744k (after allowing for donated asset income and STF income).

The month 8 in month position was £252k worse than the forecast deficit. The Clinical income position has improved from that seen in month 6 and 7, and run rate expenditure has been largely in line with forecast levels.

## 2. Executive Summary

Subjective Code	In Month Budget	In Month Actual	In Month Variance to budget	In Month Forecast	In Month Variance to forecast	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast
1. Income	-31,783	-32,414	-631	-32,196	-218	-248,314	-252,006	-3,691	-373,252	-379,507
2. Costs	31,249	32,378	1,128	31,909	469	253,932	258,638	4,706	376,905	382,646
3.Capital Charges	1,078	1,080	3	1,079	1	8,394	8,631	237	12,836	12,929
<b>Total Position Before Impairments</b>	<b>545</b>	<b>1,044</b>	<b>500</b>	<b>791</b>	<b>253</b>	<b>14,012</b>	<b>15,263</b>	<b>1,252</b>	<b>16,489</b>	<b>16,069</b>
4.Impairments	0	0	0	0	0	0	0	0	0	0
<b>Total Position After Impairments</b>	<b>545</b>	<b>1,044</b>	<b>500</b>	<b>791</b>	<b>253</b>	<b>14,012</b>	<b>15,263</b>	<b>1,252</b>	<b>16,489</b>	<b>16,069</b>
Remove STF relating to 16/17	0	0	0	0	0	0	419	419	0	419
Remove variance relating to Donated Asset Income						-268	-7	261		
<b>Position to compare to control total</b>	<b>545</b>	<b>1,044</b>	<b>500</b>	<b>791</b>	<b>253</b>	<b>13,744</b>	<b>15,675</b>	<b>1,932</b>	<b>16,489</b>	<b>16,488</b>

I&E position	In Month Plan	In Month Actual	In Month Variance	2017/18 Plan
Position before STF	1,700	2,199	500	28,036
STF funding	-1,155	-1,155	0	-11,547
STF funding relating to 16/17	0	0	0	0
Reported position	545	1,044	500	16,489

During November, income has been £631k better than plan (£218k better than forecast), clinical income (excluding Non PbR drugs) is £225k better than plan. The main area of under-performance in month continues to be around elective activity which is £323k behind plan in month (£227k behind forecast) and £1,401k behind plan YTD. During November, Care Group expenditure was £1.1m higher than budgeted levels (£469k higher than forecast levels). This overspend against budget includes £230k of pay costs where agency premium costs are over and above funded levels.

The cumulative income position at the end of Month 8 is £3,691k favourable to plan.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-302,386	-25,656	-25,881	-224	-202,436	-203,605	-1,169
Drugs	-22,601	-1,917	-2,087	-170	-15,056	-16,330	-1,274
STF	-11,547	-1,155	-1,155	0	-6,351	-6,770	-419
Trading Income	-36,718	-3,055	-3,291	-236	-24,472	-25,301	-829
<b>Grand Total</b>	<b>-373,252</b>	<b>-31,783</b>	<b>-32,414</b>	<b>-631</b>	<b>-248,314</b>	<b>-252,006</b>	<b>-3,691</b>

The expenditure position in November was £1,129k higher than budgeted levels, after underspend of £767k within reserves.

Subjective Code	In Month Budget	In Month Actual	In Month Variance	In Month Forecast	In Month Variance to forecast	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Forecast
1. Pay	21,136	21,483	347	21,744	-261	169,221	173,006	3,785	253,683	260,930
2. Non-Pay	9,479	11,027	1,549	10,024	1,003	77,846	88,228	10,382	114,380	122,466
3. Reserves	635	-132	-767	140	-273	6,866	-2,596	-9,461	8,842	-750
<b>Total Expenditure Position</b>	<b>31,249</b>	<b>32,378</b>	<b>1,129</b>	<b>31,909</b>	<b>469</b>	<b>253,932</b>	<b>258,638</b>	<b>4,706</b>	<b>376,905</b>	<b>382,646</b>

Please note all future CIP savings are currently shown as non-pay reductions.

### 3. Conclusion

There are some positive messages to take from the month 8 financial position. Clinical income has moved closer to forecast levels with an overperformance in relation to emergency income helping to offset continued lower than forecast elective activity. In addition, pay expenditure has continued to be lower than forecast.

Key areas for the deliverability of the financial plan for 2017/18 continue to be;

- Elective activity recovery, particularly given the unpredictability of emergency income which has eased the pressure on clinical income this month.
- CCG affordability – Exec level meetings regarding in year contract challenges and contract outturn are continuing but continue to be a risk for delivery of the financial plan.
- Delivery of the full £12.4m required CIP savings.
- Continued control of run rate costs, particularly as we enter the busiest months of the year.

### 4. Recommendations

The Committee is asked to note the month 8 2017/18 financial position of £15.7 million deficit, £1,931k adverse to plan after removal of the 16/17 STF funding and any variance related to donated asset income. The in month position is £252k worse than forecast, which whilst substantially better than the previous month (£1m adverse) is still a deteriorating position.

The Board is asked to note the progress made with the implementation of the recovery plan and that the Trust is still not on trajectory.

**Jon Sargeant**  
**Director Of Finance**  
**December 2017**





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

<b>Title</b>	<b>Performance Report</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>19 December 2017</b>
<b>Author</b>	<b>David Purdue, Chief Operating Officer</b> <b>Sewa Singh, Medical Director</b> <b>Moirra Hardy, Acting Director of Nursing, Midwifery and Quality</b> <b>Karen Barnard, Director of People and Organisational Development</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

**Executive summary containing key messages and issues**

This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance.

The report focuses on the 3 main performance area for NHSi compliance:

Cancer 62 day classic, measured on average quarterly performance

4hr Access, measured on average quarterly performance

18 weeks measured on monthly performance against active waiters, performance measured on the worst performing month in the quarter

Diagnostics performance against 14 key tests

Infection control measures, CDiff and MRSA Bacteraemia

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

The Workforce report identifies vacancy levels, agency spend and usage, sickness rates, appraisals and SET training.

<b>Key questions posed by the report</b>
<p>Is the Trust maintaining performance against agreed trajectories with NHSi?</p> <p>Is the Trust providing a quality service for the patients?</p> <p>Are Governors assured by the actions being taken to maintain a quality service?</p>
<b>How this report contributes to the delivery of the strategic objectives</b>
<p>This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.</p>
<b>How this report impacts on current risks or highlights new risks</b>
<p>The corporate risks supported by this report are related to NHSi single oversight framework, especially in line with quality, patient experience, performance and workforce.</p>
<b>Recommendation(s) and next steps</b>
<p>That the report be noted.</p>





## **Executive summary Board of Directors December 2017**

**The performance report is against operational delivery in September, October and November 2017**

### **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 report also highlights key local targets which ensure care is being provided effectively and safely by the Trust.

### **Referral to Treatment**

The Referral to Treatment Target, active waiters below 18 weeks set at 92%, is the target which is causing the most significant issues for the Trust.

Though performing above the National average, the Trust position remains at 90.8% in November, which is an improvement of 0.1% on the October position. The key issues relate to 5 significant specialities which have high numbers of patients above 18 weeks caused due to a shortfall in capacity. Trajectories are set for these specialities which are reliant on external support and additional sessions to bring performance back to the required standard

The 5 specialities with the largest capacity gaps are

- Ophthalmology , currently above trajectory
- ENT, currently above trajectory
- General Surgery, currently above trajectory
- Orthopaedics, below trajectory, plans in place to recover
- Dermatology, significant risks due to staffing shortfalls in January.

NHSI are aware of the current capacity shortfalls and performance is planned to achieve in March 2018.

The diagnostic target was achieved in November at 99.3%.

Key to performance is the need to be maintaining contracted activity and ensuring the cancelled clinics and new to follow up ratios are within the ratios set by the CCG.

Work continues to reduce both short notice hospital driven changes and cancellations and to reduce DNA rates. These pieces of work are monitored through the planned care stream of the patient pathway transformation project.

## **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.

## **November Performance**

**Trust 91.2%**, Including alternative pathways 92.3%

**Quarter 3 92.01%**, NHSI trajectory for Q2 90.3%

A total of 13293 attendances 1176 patients failed to be seen in 4hrs

**14.6%** of patients were transferred to the urgent care centre at DRI. **9.2%** of patients were streamed to primary care at BDGH

The key issues for breaches remains internal ED waits to see or be reviewed by a doctor. Potential improvements are expected after successful recruitment to the consultant tier and a review of rotas to increase the time on the shop floor of the consultants.

Bed capacity was an issue on the DRI site in November with periods of beds being closed due to infection control issues.

The DBTH remains in the top third of Trusts nationally for 4hr access and is currently above trajectory for quarter 3 STF.

The quality metrics for 4hr access remain above the required standards.

The additional metrics for winter are now reviewed as part of the weekly review of 4hr access, working groups have been tasked with reviewing weekend discharge levels on both DRI and BDGH

18.5% of all of DRI discharges take place at a weekend and 14.8% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 160 patients a week at DRI and an extra 111 patients at BDGH

A&E attendances on a Monday at DRI account for 15.5% of weekly activity rising to 16.0% at BDGH

Non Elective Admissions on a weekday that GP admissions account for is 20.3% of all Emergency Admissions on a weekday at DRI but only 9.3% at BDGH.

When we move into the weekend this drops to 11.1% at DRI and 2.5% at BDGH

## **Cancer Performance**

**October 62 day performance 86.2%, TWW performance 93.4%**

A 10 high impact intervention plan has been completed nationally to address the national performance shortfall against 62 day target. The inter patient transfer policy is now agreed at day 38.

62 day pathways remain a national priority and the key performance target for the Accountable Care System.

## **Stroke Performance**

Stroke performance against direct access in 4hrs reduced to 66% in August but had the highest proportion of admissions between 0 and 3 hours for the year to date at 56% of the total.

There were 10 patients who experienced pathway delays, once again those waiting for diagnosis and ambulance transfer from Bassetlaw (5). .

CT within 1hr performance was maintained at 56%.

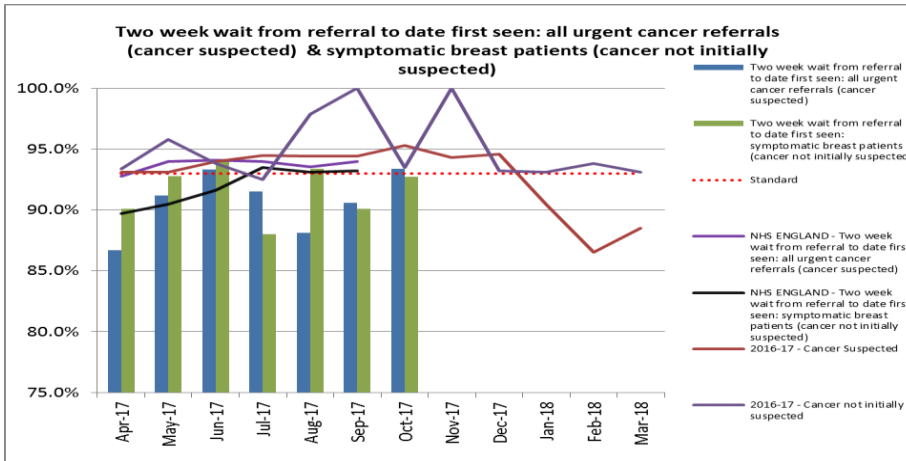
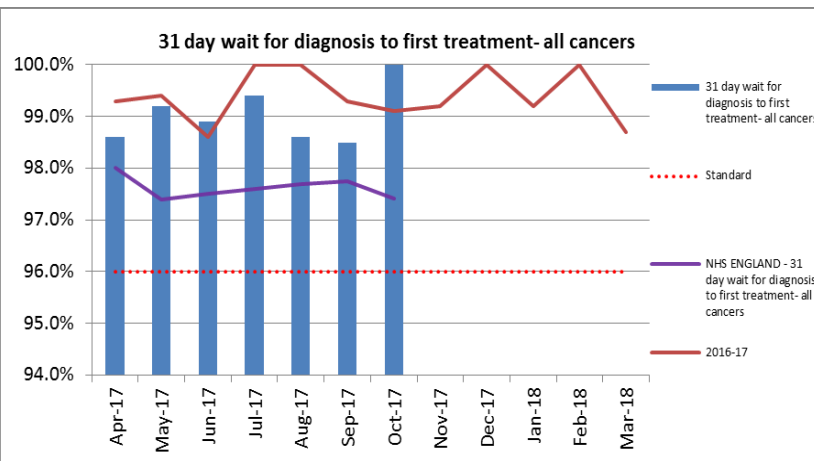
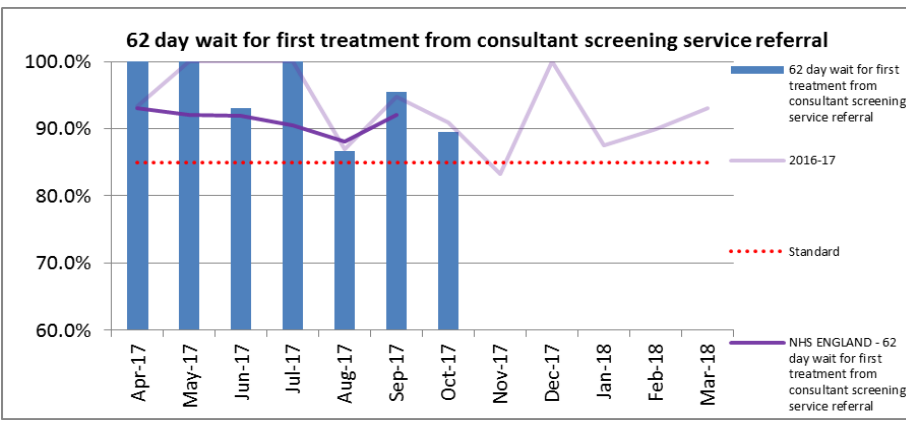
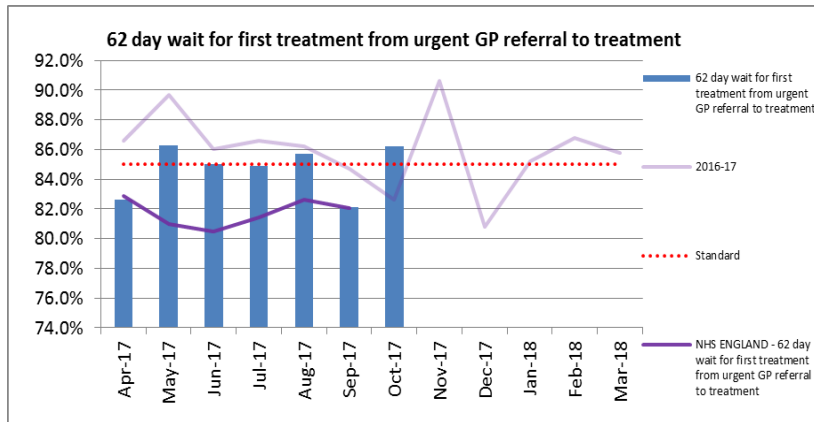
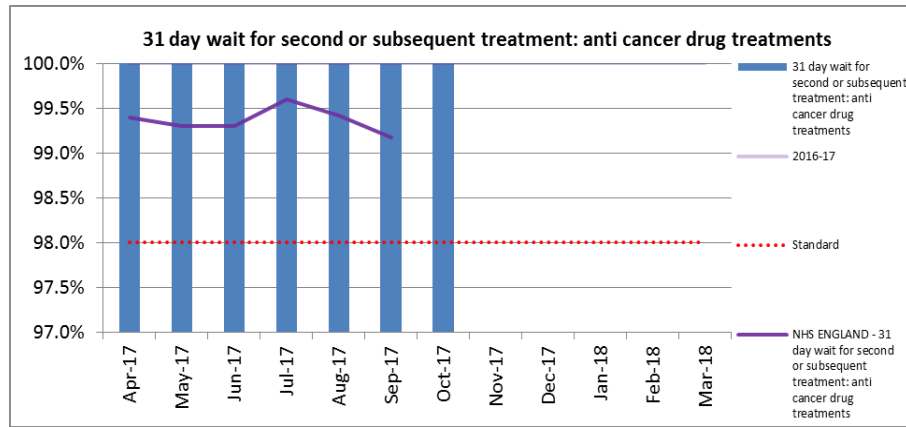
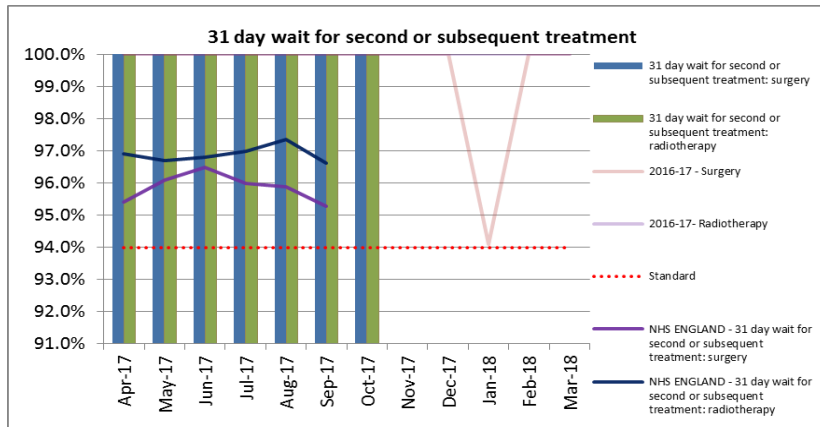
**David Purdue Chief Operating Officer November 2017**

At a Glance -November 2017 (Month 8)

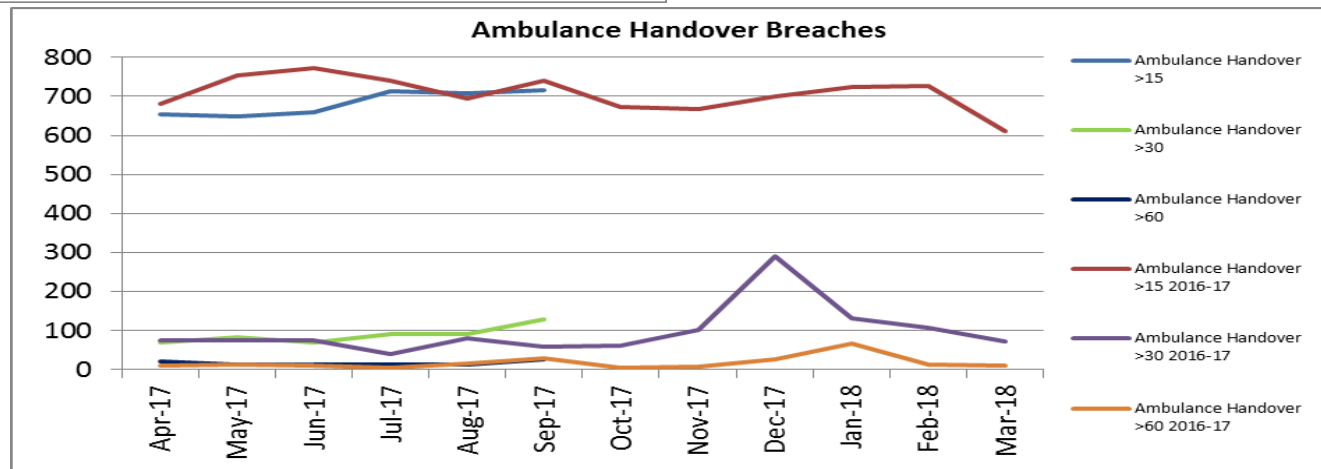
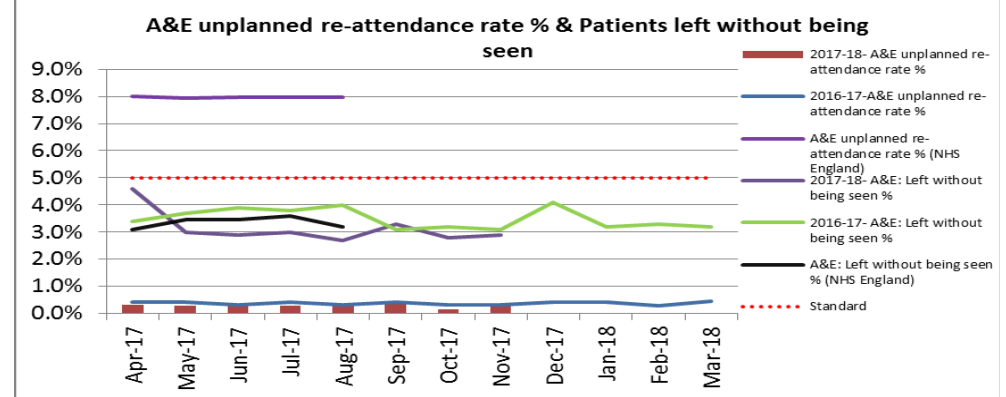
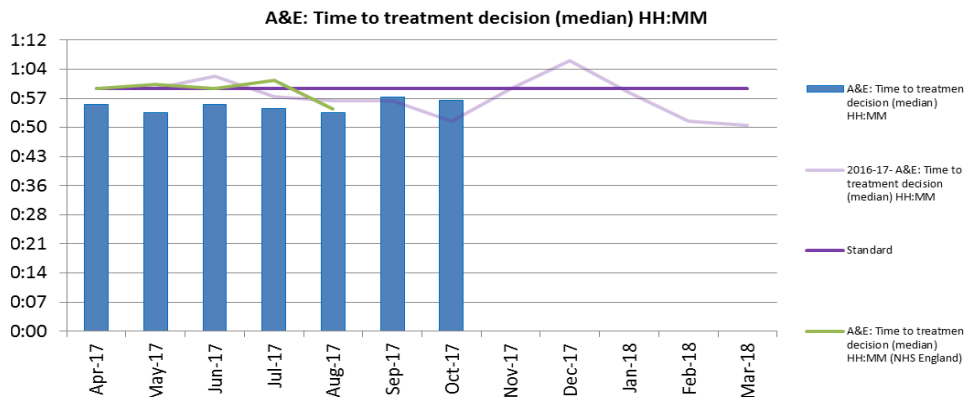
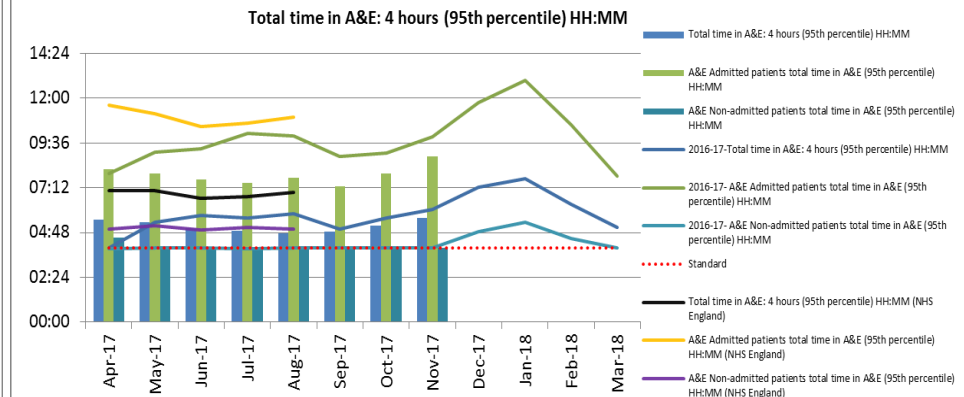
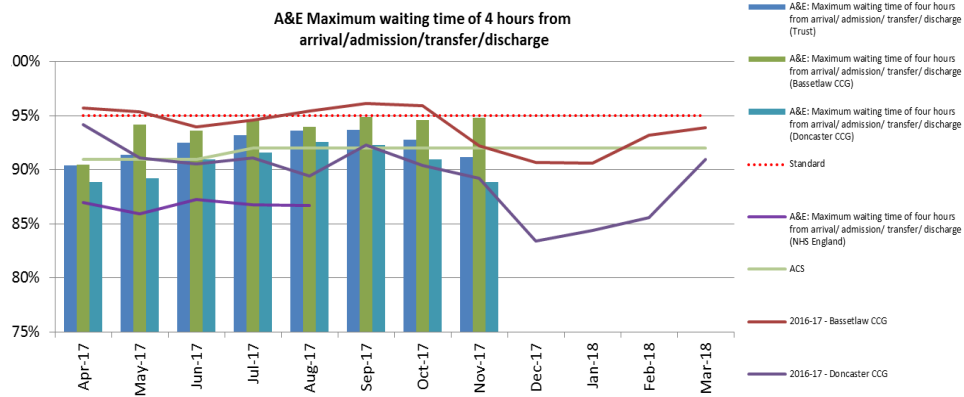
Page		Indicator	Standard (Local, National Or Monitor)		Current Month	Month Actual	Direction of travel	Narrative/Comparator
2	Monitor Compliance Framework	31 day wait for second or subsequent treatment: surgery	94.00%	M	October	100.00%		Achieved 62 day standard
		31 day wait for second or subsequent treatment: anti cancer drug treatments	98.00%	M		100.00%		
		31 day wait for second or subsequent treatment: radiotherapy	94.00%	M		100.00%		
		62 day wait for first treatment from urgent GP referral to treatment	85.00%	M		86.20%		
		62 day wait for first treatment from consultant screening service referral	90.00%	M		89.50%		
		31 day wait for diagnosis to first treatment- all cancers	96.00%	M		100.00%		
		Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%	M		93.40%		Compliant with TWW standard in October
		Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.00%	M		92.70%		Did not achieve breast symptomatic in October
3	Ambulance Handover Times	A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.00%	M	November	91.20%		Within top 35 of Trusts nationally
4		Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	M	November	90.80%		Further slight improvement in November
		% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.00%	N	October	99.45%		Significant improvement in performance October
3	Ambulance Handover Times	Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		N	September	716		Low handover times when compared with local comparable YAS an EMAS providers
		Ambulance Handovers Breaches-Number waited over 30 & under 60 Minutes				129		
		Ambulance Handovers Breaches -Number waited over 60 Minutes				26		
5	Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	48.00%	N	August	56.00%		Maintained improved position with access to stroke unit and time to scan.  SNAPP rating increased to A in July 2107, performing better than many Trustsin local peer group.
		Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (Trust)	90.00%	N		66.00%		
		Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (Trust)	20.00%	N		12.00%		
		Percentage of patients treated by a stroke skilled Early Supported Discharge team (Trust)	40.00%	N		70.50%		
		Percentage of those patients who are discharged alive who are given a named person to contact after discharge (Trust)	95.00%	N	August	90.90%		
		Implementation of Stroke Strategy - TIA Patients Assessed and Treated within 24 Hours	60.00%	N		89.30%		
	Theatres & Outpatients	Cancelled Operations	0.80%	N	November	1.00%		Maintained low rates of cancelled ops through November
		Cancelled Operations-28 Day Standard	0	N		1		
		Out Patients: DNA Rate		L		9.80%		
		Out Patients: Hospital Cancellation Rate		L		5.60%		
	Effective	Emergency Readmissions within 30 days (PbR Methodology)		L	September	5.90%		Slightly improved position

Page	Fractured Neck of Femur	Indicator			Current Month	Month Actual (TRUST)	Month Actual (DRI)	Month Actual (BDGH)	Data Quality RAG Rating
9		% of patients achieving Best Practice Tariff Criteria			Nov-17	38.2%	37.0%	42.9%	
		Best Practice Criteria							
		36 hours to surgery Performance			Oct-17	47.1%	40.7%	71.4%	
		72 hours to geriatrician assessment Performance				85.3%	92.6%	57.2%	
		% of patients who underwent a falls assessment				100.0%	100.0%	100.0%	
		% of patients receiving a bone protection medication assessment				100.0%	100.0%	100.0%	
Mortality-Deaths within 30 days of procedure			0.00%	3.70%		2.95%			
Page	Safe	Indicator		Standard (Local, National Or Monitor)		Current Month	Month Actual		Data Quality RAG Rating
11		Infection Control C.Diff		4 Per Month for Qtr 2 - 45 full year	M	Nov-17	1		
		Infection Control MRSA		0	L		0		
9		HSMR (rolling 12 Months)		100	N	Sep-17	86.42		
		Never Events		0	L	Nov-17	0		
		VTE		95.0%	N	Oct-17	95.1%		
11		Pressure Ulcers		12 Per Month 144 full Year	L	Nov-17	6		
			Falls that result in a serious Fracture		2 Per Month 23 full Year		L	0	
		Catheter UTI		Snap shot audit				1.38%	
Page	Complaints & Claims	Indicator			Current Month	Month Actual		Data Quality RAG Rating	
12		Complaints received (12 Month Rolling)			Oct-17	504			
		Concerns Received (12 Month Rolling)				788			
		Complaints Performance				70.0%			
		Clinical Negligence Scheme for Trusts (CNST)				4			
		Liabilities to Third Parties Scheme (LTPS)				0			
		Claims per 1000 occupied bed days				0.18			
Page	Workforce	Indicator			Current Month	YTD (Cumulative)		Data Quality RAG Rating	
17		Appraisals			Nov-11	60%			
16		SET Training				76%			

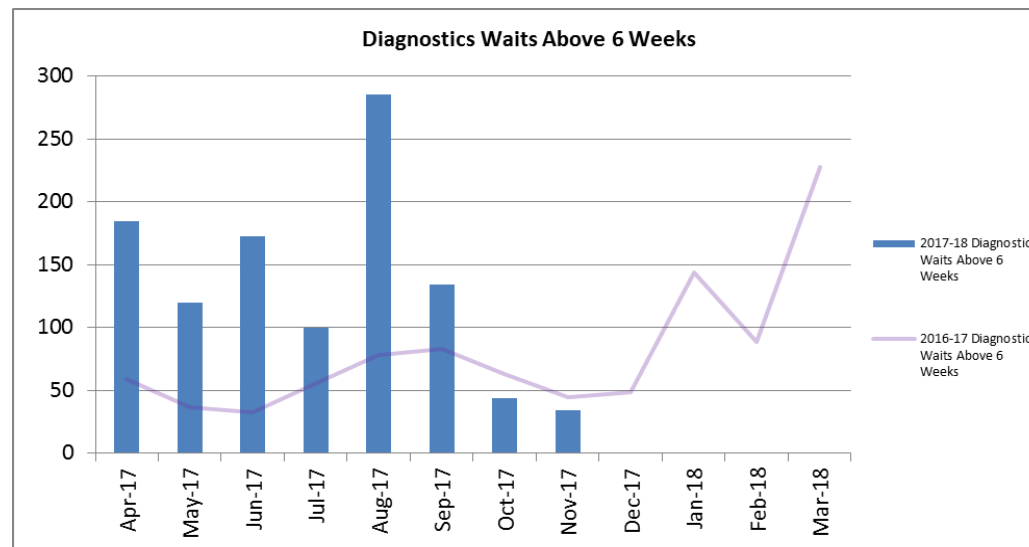
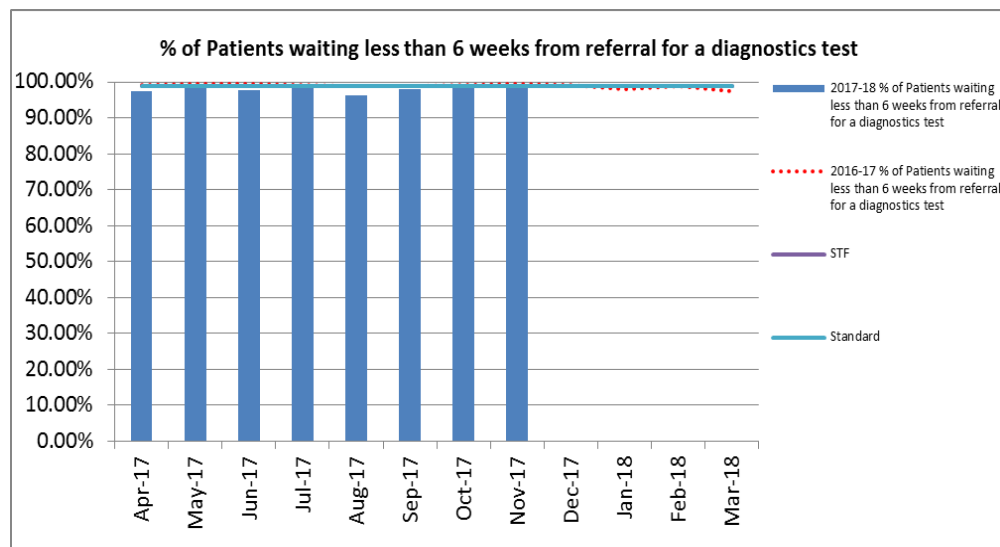
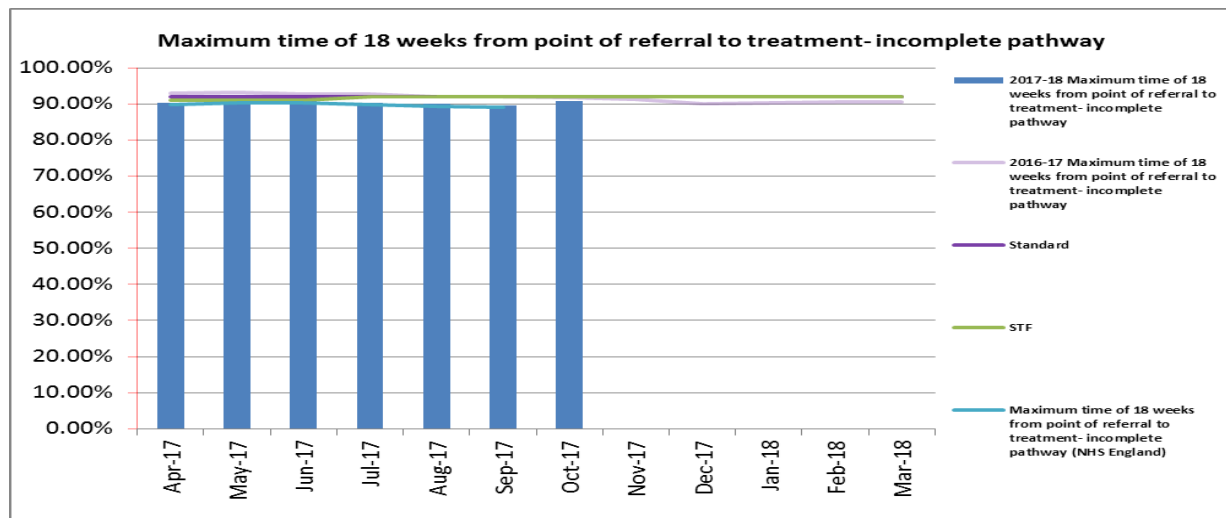
# Monitor Compliance Framework: Cancer - Graphs - October 2017 (Month 7)



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

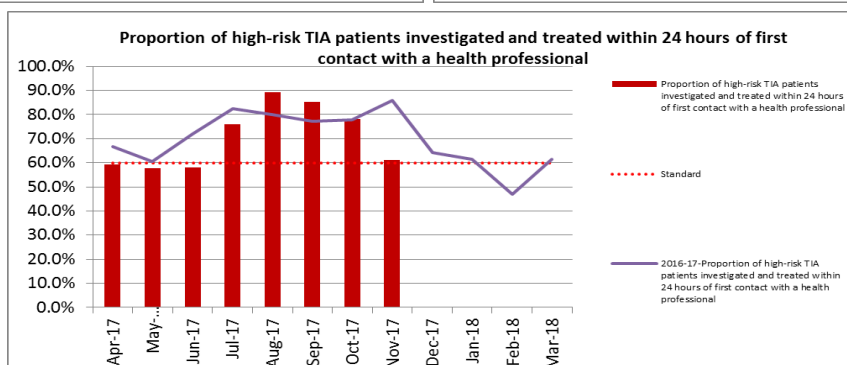
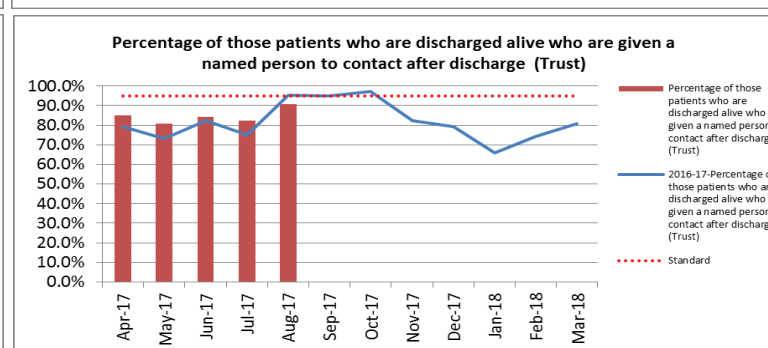
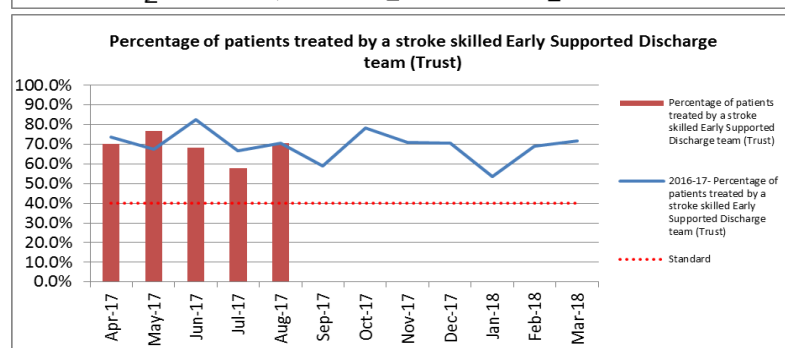
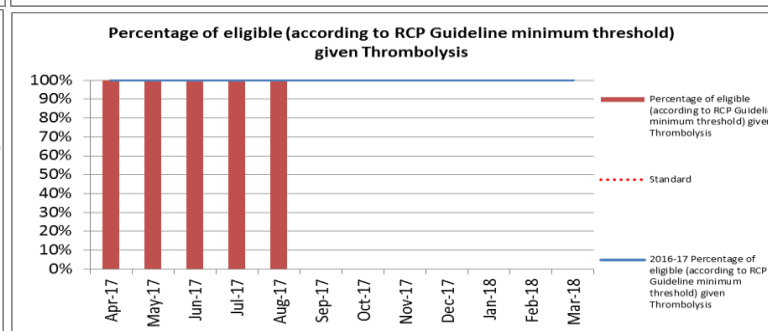
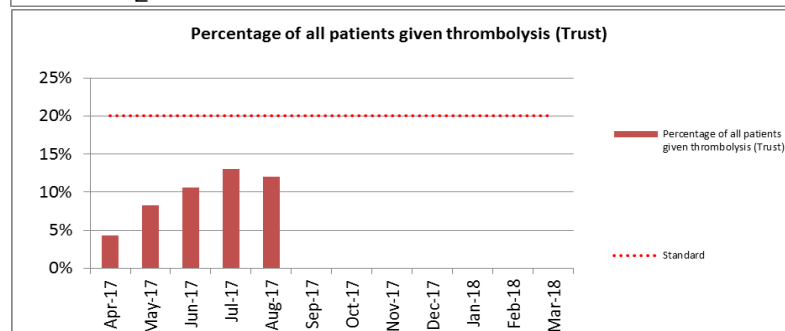
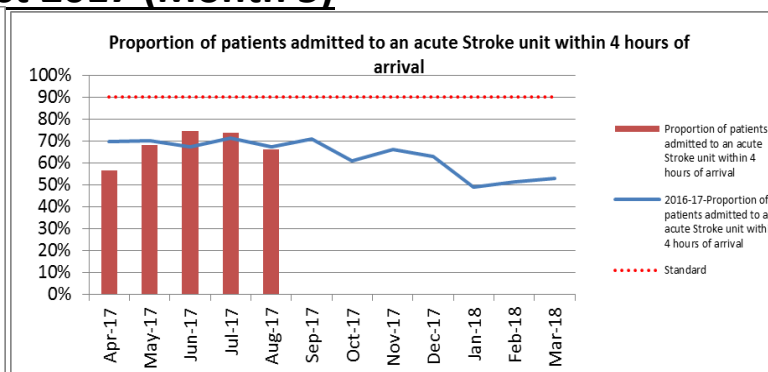
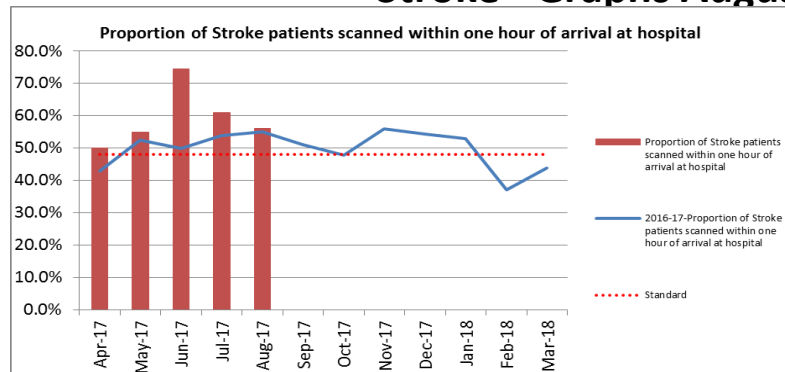


## Monitor Compliance Framework: 18 Weeks (October) & Diagnostics - November (Month 8)



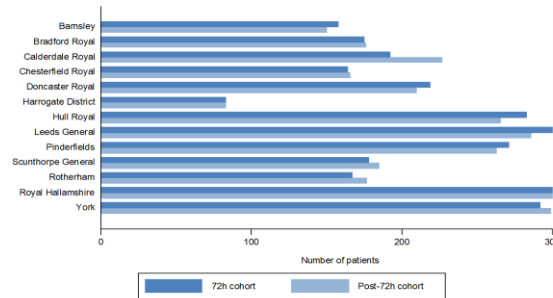


# Stroke - Graphs August 2017 (Month 5)



## Stroke - Graphs South Yorkshire April 2017- July 2017

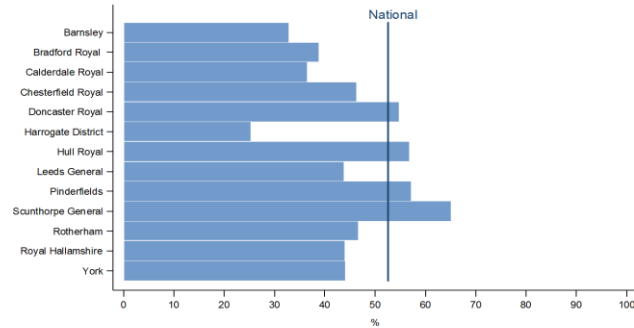
Number of patients per team



Source: SSNAP Apr-Jul 2017  
Number of patients in both patient-centred cohorts - D2.2 and D5.2

Yorkshire and The Humber

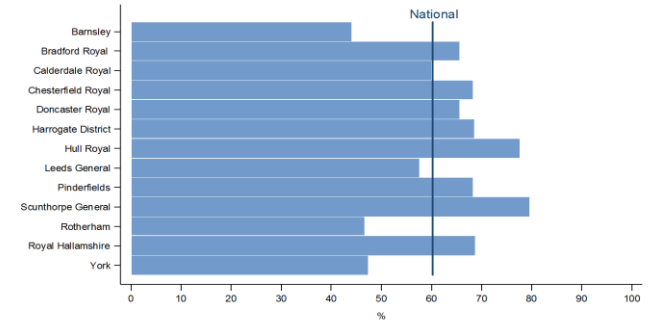
Scanned within 1 hour



Source: SSNAP Apr-Jul 2017  
Patient-centred results at team level for Key Indicator 1.1A

Yorkshire and The Humber SCN

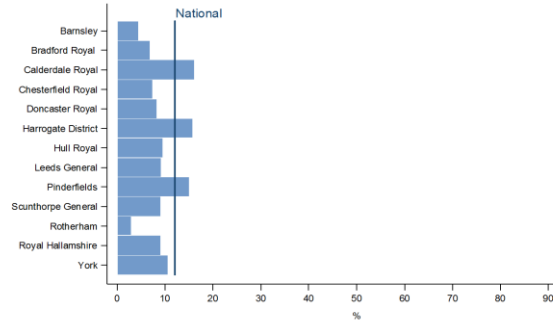
Direct to SU within 4 hours



Source: SSNAP Apr-Jul 2017  
Patient-centred results at team level for Key Indicator 2.1A

Yorkshire and The Humber SCN

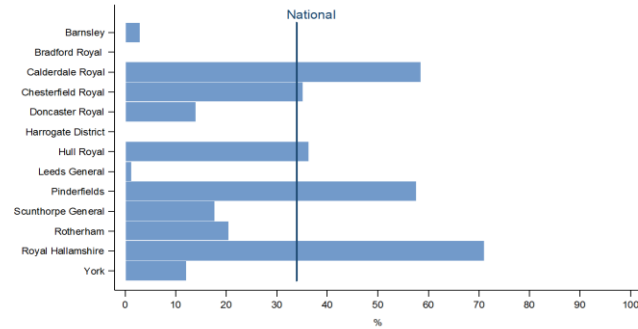
Thrombolysis rate (All stroke)



Source: SSNAP Apr-Jul 2017  
Patient-centred results at team level for Key Indicator 3.1A

Yorkshire and The H

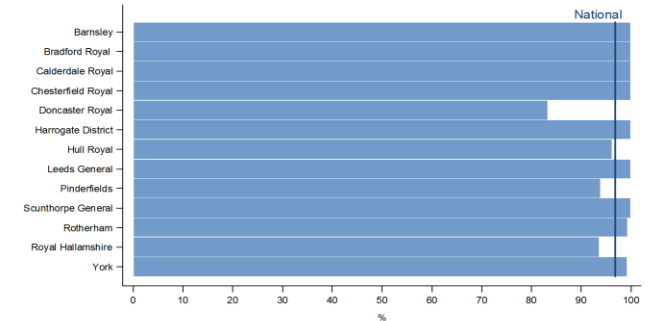
Discharged with stroke skilled ESD team



Source: SSNAP Apr-Jul 2017  
Patient-centred results at team level for Key Indicator 10.2A

Yorkshire and The Humber SCN

Discharged with a named contact



Source: SSNAP Apr-Jul 2017  
Patient-centred results at team level for Key Indicator 10.4A

Yorkshire and The Humber SCN



## **Executive Summary - Safety & Quality - November 2017 (Month 8)**

### **HSMR:**

#### **Fractured Neck of Femur:**

#### **Serious Incidents:**

### **Executive Lead:**

Mr S Singh

### **C-Diff**

The number of cases of C Diff is below trajectory for November, however the rate of cases YTD remains above trajectory compared to last year

### **Fall resulting in significant harm:**

The number of falls remains below trajectory

### **Hospital Acquired Pressure Ulcers:**

The rate of case is above trajectory this month, but this is expected to reduce when demonstrated unavoidable through investigation

### **Complaints and concerns:**

Normal variation is seen in the rate of complaints and concerns. Performance on complaint reply times has increased for the second month weekly meetings with care groups and Director of Nursing to review complaint reply compliance are being undertaken in conjunction with quality improvement work.

### **Friends & Family Test:**

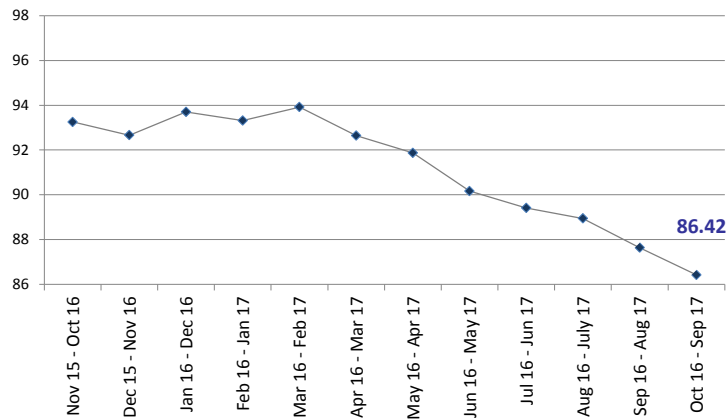
Performance for response rates in our inpatient areas dropped below national average in October, but has improved in November.  
Performance for likely to recommend remains at or better than the national average for both inpatient areas and ED. Response rates in ED continue to be below national average

### **Executive Lead:**

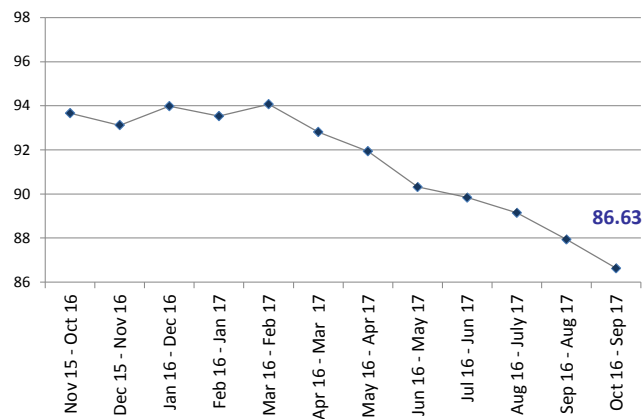
Mrs M Hardy

## Hospital Standardised Mortality Ratio (HSMR) - September 2017 (Month 6)

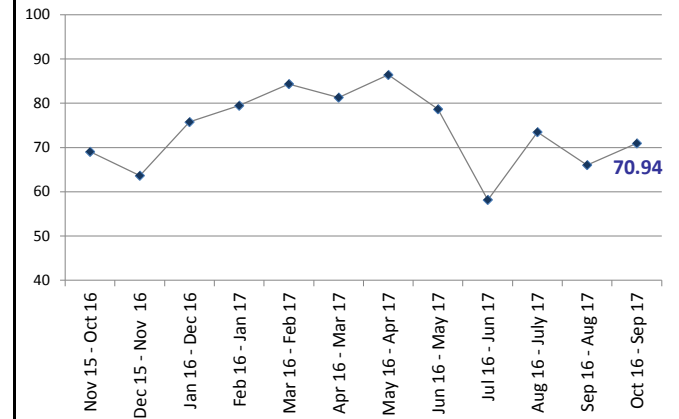
**Overall HSMR (Rolling 12 months)**



**HSMR - Non-elective Admission (Rolling 12 months)**



**HSMR - Elective Admission (Rolling 12 months)**

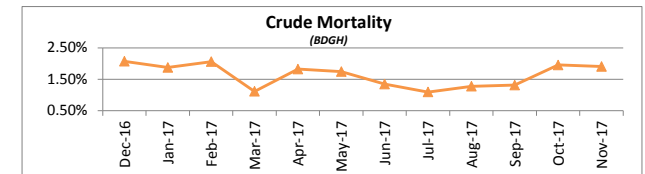
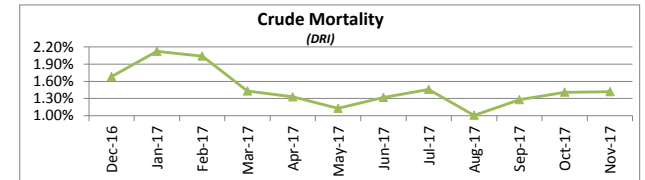
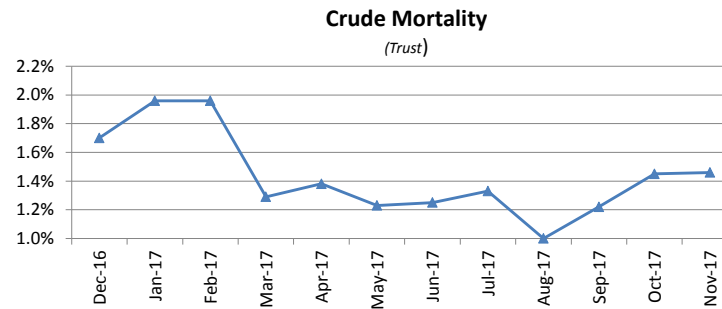


**HSMR Trend (monthly)**

	2014	2015	2016	2017
January	115.45	116.80	99.21	94.91
February	99.11	99.94	97.73	105.54
March	102.91	90.54	97.37	82.71
April	110.49	105.91	88.50	81.88
May	90.93	101.15	96.60	77.43
June	113.74	80.27	93.67	83.61
July	109.94	92.56	97.73	91.35
August	120.18	100.27	87.52	70.35
September	110.10	90.26	95.34	78.73
October	106.58	90.29	88.66	
November	106.84	88.98	82.30	
December	115.87	82.30	93.52	

**Crude Mortality (monthly) - November 2017 (Month 8)**

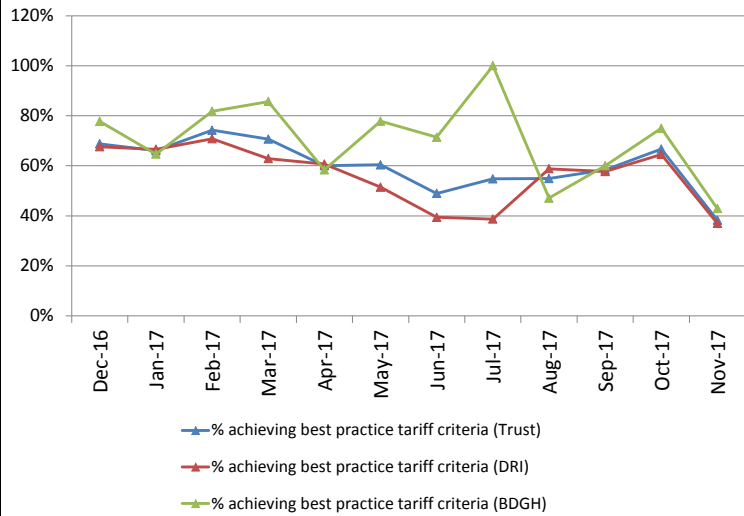
(number of deaths/number of patient discharged)



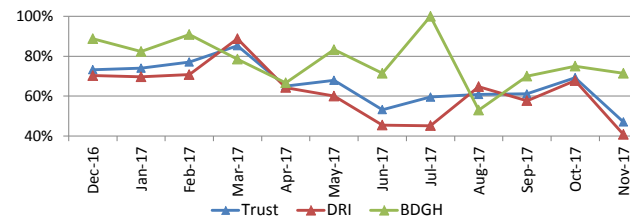
	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Trust	1.70%	1.96%	1.96%	1.29%	1.38%	1.22%	1.25%	1.33%	1.01%	1.22%	1.45%	1.46%
Doncaster	1.68%	2.12%	2.04%	1.43%	1.33%	1.13%	1.32%	1.46%	1.01%	1.28%	1.41%	1.42%
Bassetlaw	2.07%	1.87%	2.06%	1.11%	1.82%	1.74%	1.34%	1.09%	1.27%	1.31%	1.95%	1.90%

## NHFD Best Practice Pathway Performance - November 2017 (Month 8)

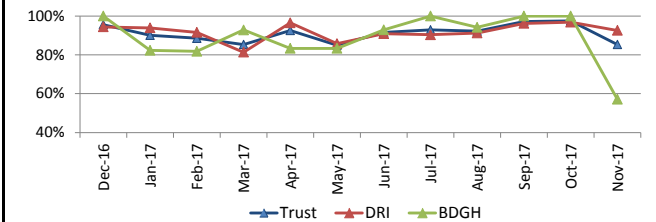
### Best Practice Criteria Performance



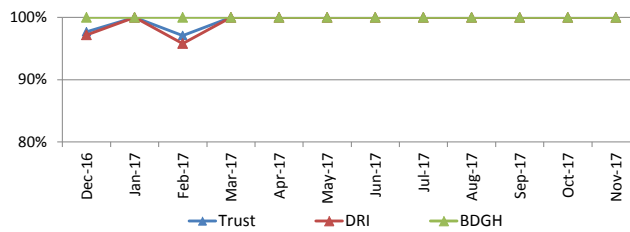
### 36 Hours to Surgery Performance



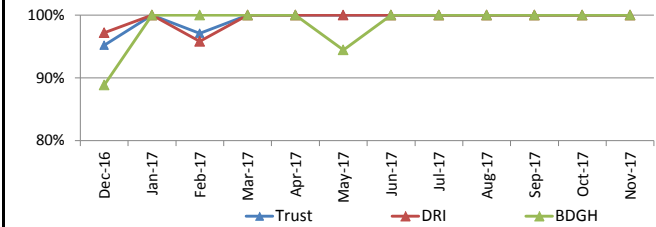
### 72 hours to Geriatrician Assessment Performance



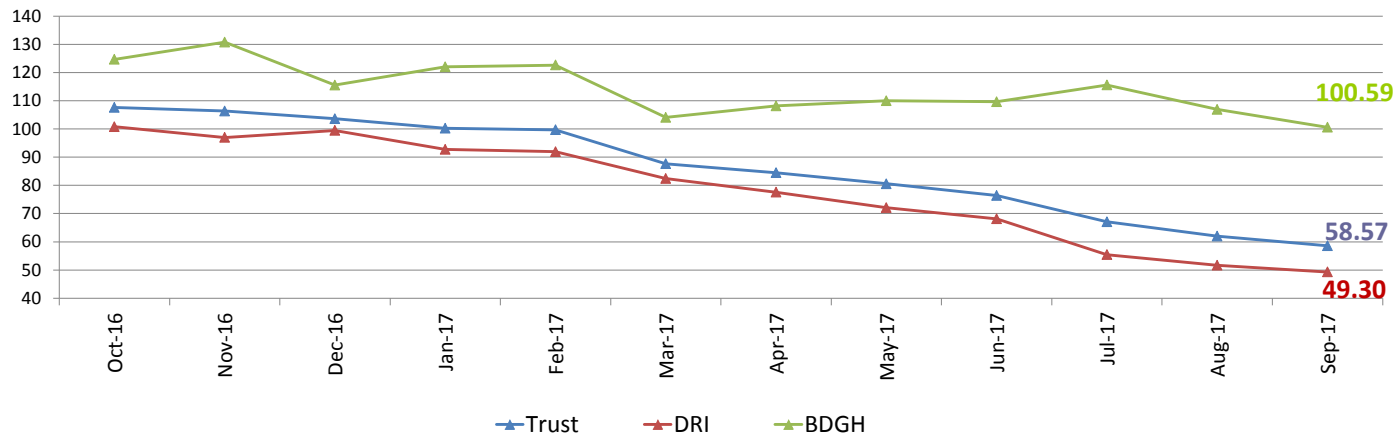
### Bone Protection Medication Assessment



### Falls Assessment Performance



### Relative Risk Mortality (HSMR) - Fractured Neck of Femur Rolling 12 month



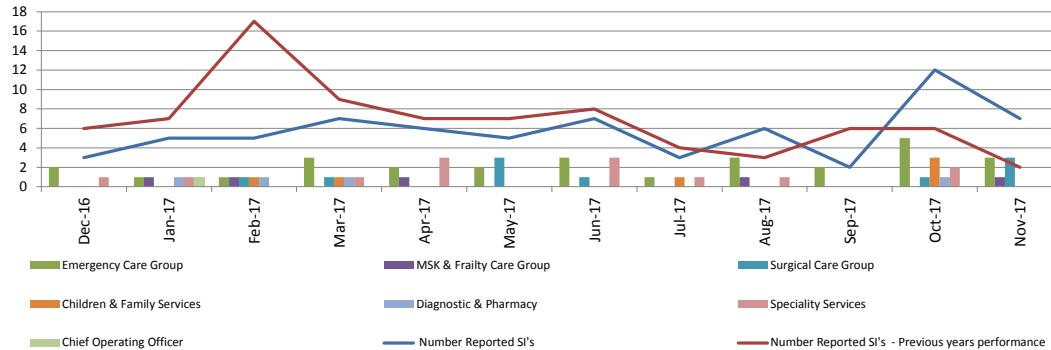
## Serious Incidents - November 2017 (Month 8)

(Data accurate as at 04/12/2017)

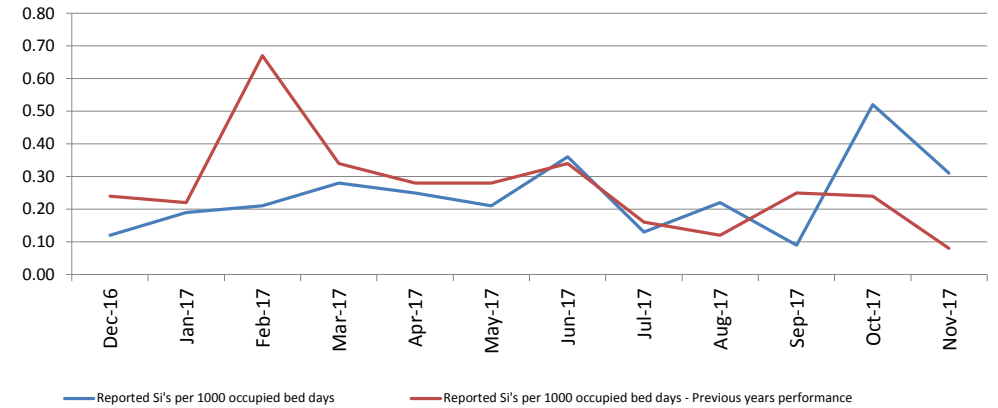
Please note: At the time of producing this report the number of serious incidents reported are prior to the RCA process being completed.

### Overall Serious Incidents

#### Number Serious Incidents Reported (Trust & Care Group)



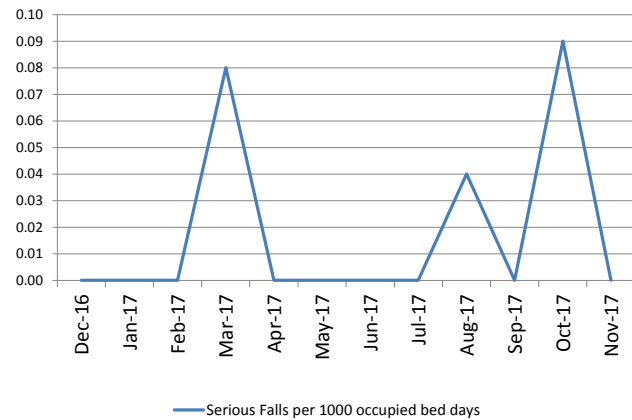
#### Serious Incidents per 1000 occupied bed days



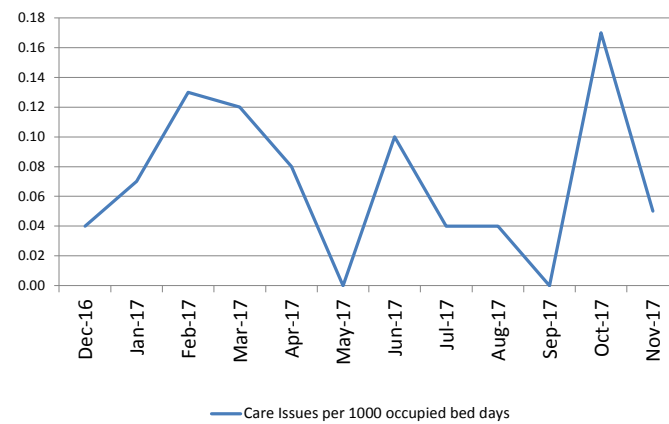
Current YTD reported SI's (Apr 17-Nov 17)	48	Number reported SI's (Apr 16-Nov 16)	43
Current YTD delogged SI's (Apr 17-Nov 17)	15	Number delogged SI's (Apr 16-Nov 16)	8

### Themes

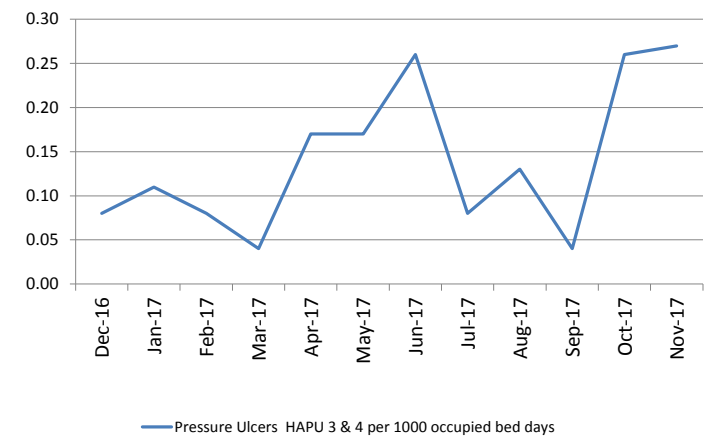
#### Serious Falls



#### Care Issues



#### Pressure Ulcers - Category 3 & 4 (HAPU)

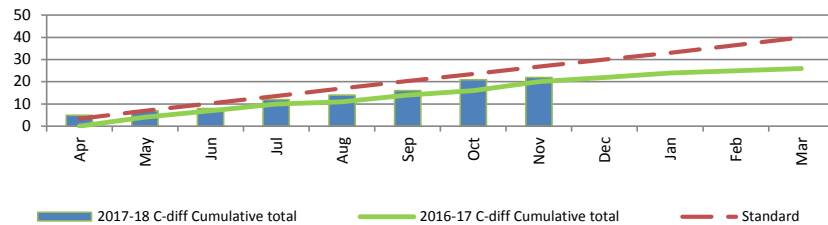


### Monitor Compliance Framework: Infection Control C.Diff - November 2017 (Month 8)

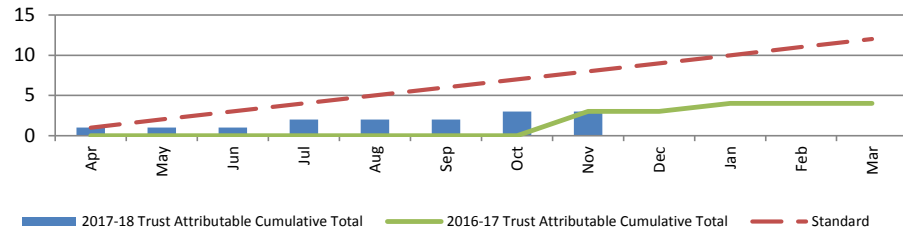
(Data accurate as at 12/12/2017)

	Standard	Q1	Q2	Oct	Nov	YTD
2017-18 Infection Control - C-diff	40 Full Year	8	8	5	1	22
2016-17 Infection Control - C-diff	40 Full Year	7	7	2	4	20
2017-18 Trust Attributable	12	1	1	1	0	3
2016-17 Trust Attributable	12	0	0	0	3	3

C-diff 2016-17



Trust Attributable C-diff 2016-17



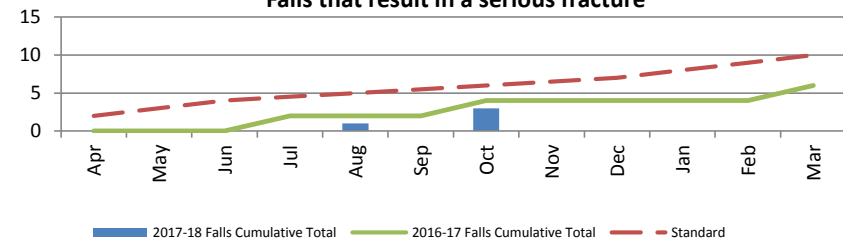
### Pressure Ulcers & Falls that result in a serious fracture - October 2017 (Month 7)

(Data accurate as at 17/11/2017)

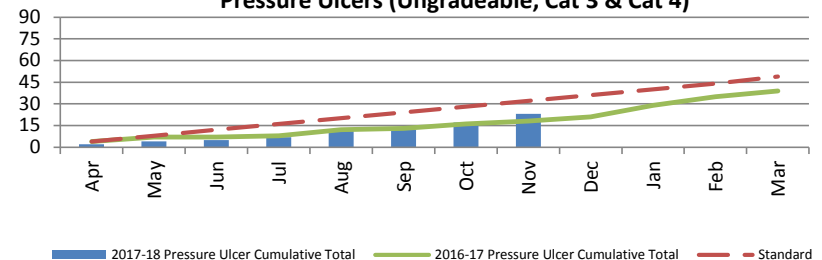
	Standard	Q1	Q2	Oct	Nov	YTD
2017-18 Serious Falls	10 Full Year	0	1	2	0	3
2016-17 Serious Falls	19 Full Year	0	2	2	0	4

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

Falls that result in a serious fracture



Pressure Ulcers (Ungradeable, Cat 3 & Cat 4)



	Standard	Q1	Q2	Oct	Nov	YTD
2017-18 Pressure Ulcers	34 Full Year	5	7	5	6	23
2016-17 Pressure Ulcers	60 Full Year	7	6	3	0	16

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

## Hard Truths - November 2017 (Month 8)

(Data accurate as at 14/12/2017)

				Planned v Actual		Safe	Effective	Caring	Responsive	Well Led	Profile	
Care Group	Matron	Ward	No of Funded Beds	CHPPD	Variance	Total score	Total score	Total score	Total score	QM total score	Work-force	Quality
Surgical	NS	B6	16	11.9	90%	1.5	0.0	0.0	1.0	2.5		
	NS	20	27	5.0	98%	1.0	0.5	1.0	1.0	3.5		
	NS	21	27	5.1	104%	1.0	0.5	0.0	1.0	2.5		
	LM	S12	20	6.1	116%	1.5	0.0	1.0	2.5	5.0		
	RF	SAW	21	7.7	97%	1.5	3.0	2.0	2.5	9.0		
	LC	ITU DRI	20	28.1	98%	1.5	1.0	0.0	1.5	4.0		
	LC	ITU BDGH	6	31.4	91%	2.5	0.0	0.5	0.5	3.5		
					99%							
MSK and Frailty	SS	A4	24	5.7	98%	1.0	0.0	1.0	0.0	2.0		
	SS	B5	30.7	7.2	86%	0.5	1.0	0.0	1.5	3.0		
	AH	St Leger	35	6.7	104%	2.5	1.5	2.0	1.0	7.0		
	AH	1&3	23	7.9	98%	0.5	0.0	0.0	1.0	1.5		
	SS	Mallard	16	9.2	111%	1.0	0.5	0.0	0.5	2.0		
	SS	Gresley	32	5.3	101%	0.5	1.0	0.5	1.0	3.0		
	SS	Stirling	16	7.8	102%	0.5	1.0	0.0	0.5	2.0		
	KM	Rehab 2	19	5.5	102%	0.0	0.0	0.0	1.5	1.5		
					100%	3.0	0.0	1.0	3.0	7.0		
Specialty Service	JP	18	12	7.3	101%	1.5	0.0	0.0	0.5	2.0		
	JP	18 CCU	12	7.5	101%	0.0	0.0	1.0	1.0	2.0		
	AW	32	18	6.3	98%	2.0	1.0	0.5	1.5	5.0		
	AW	16	24	7.2	92%	2.5	0.0	0.0	1.0	3.5		
	RM	17	24	6.1	101%	3.5	3.0	3.0	1.5	11.0		
	JP	CCU/C2	18	6.9	103%	1.5	0.0	0.0	2.0	3.5		
	RM	S10	20	5.2	97%	1.5	0.0	1.0	1.0	3.5		
	RM	S11	19	5.8	103%	0.5	0.0	0.0	2.0	2.5		
					99%							
Emergency	MH	ATC	21	8.5	96%	1.0	1.0	2.0	1.0	5.0		
	SS	AMU	40	8.1	109%	2.5	1.0	3.0	1.0	7.5		
	MH	A5	16	6.3	103%	3.0	2.0	0.0	3.0	8.0		
	MH	C1	16	7.2	92%	1.0	1.0	1.0	1.5	4.5		
	SC	24	24	5.6	97%	1.5	3.0	0.0	2.0	6.5		
	SC	25	16	7.9	131%	1.0	1.0	3.0	1.5	6.5		
	SC	Respiratory unit	56	5.7	96%	3.5	2.0	1.0	1.5	8.0		
					103%							
Children and Families	AB	SCBU	8	12.8	100%	0.0	0.0	0.0	1.5	1.5		
	AB	NNU	18	8.9	99%	0.0	0.0	0.0	1.0	1.0		
	AB	CHW	18	9.6	98%	0.5	0.0	0.0	0.0	0.5		
	AB	COU/CSU	21	11.1	99%	0.5	0.0	0.5	0.5	1.5		
	SS	G5	24	7.5	99%	1.5	1.0	1.0	1.0	4.5		
	SS	M1	26	7.6	87%	1.0	2.0	0.0	1.5	5.0		
	SS	M2	18	8.1	81%	1.0	2.0	1.0	0.5	4.5		
	SS	CDS	14	23.8	87%	1.0	0.0	2.0	1.0	4.0		
	SS	A2	18	8.5	92%	0.0	0.0	0.0	1.5	1.5		
					83%	1.0	0.0	1.0	1.0	3.0		
					93%							
Trust Position					99%							

The workforce data submitted to UNIFY provides the actual hours worked in November 2017 by registered nurses and health care support workers compared to the planned hours. The Trusts overall planned versus actual hours worked was 99% in November 2017, similar to recent months.

Actual versus planned staffing levels (based on daily data capture)  
The data for November 2017 demonstrates that the actual available hours compared to planned hours were:

- within 5% for 27 Wards (58%), two more than October
- between 5% – 10% for 5 Wards (24%) 5 less than October
- surpluses over 10% for 3 Wards (9%) one less than October
- deficits over 10% for 6 Wards (9%) two more than October

The wards where there were surpluses in excess of 10% of the planned hours are Ward S12, Ward 25 and Mallard Ward; The additional staff have been providing enhanced care for patients on Mallard and Ward 25, with S12 having high acuity with patients who had additional airway management needs.

The wards where there were deficits in excess of 10% of the planned hours are Ward B6, B5, M1, M2 and Labour Ward (Bassetlaw Hospital). The lower than planned staffing levels were due to staff sickness absence and maternity leave in the maternity wards/unit. B5 was due to lower bed occupancy and sickness. B6 was due to having lower bed occupancy and lower acuity, so staff supplementing wards elsewhere.

### Quality and Safety Profile

The November 2017 Quality Metrics data has highlighted that 1 ward, Ward17, has triggered Red for quality. This is the second month where ward 17 has been Red for quality.

The respiratory Unit has improved on its quality metrics overall, following the interventions taken to improve FFT, SET training and safety metrics performance stability.

Ward 17 has triggered red for the following metrics; SI, Hospital Acquired Pressure Ulcers (category 3, 4 or ungradable), clinical observation audit and fluid balance audit completion, handwashing compliance rate and all FFT metrics.

Ward 17 will have a Quality Summit to address these issues.



## Care Hours Per Patient Day (CHPPD) - November 2017 (Month 8)

(Data accurate as at 14/12/2017)

Utilising actual versus planned staffing data submitted to UNIFY and applying the CHPPD calculation the care hours for November 2017 are shown below

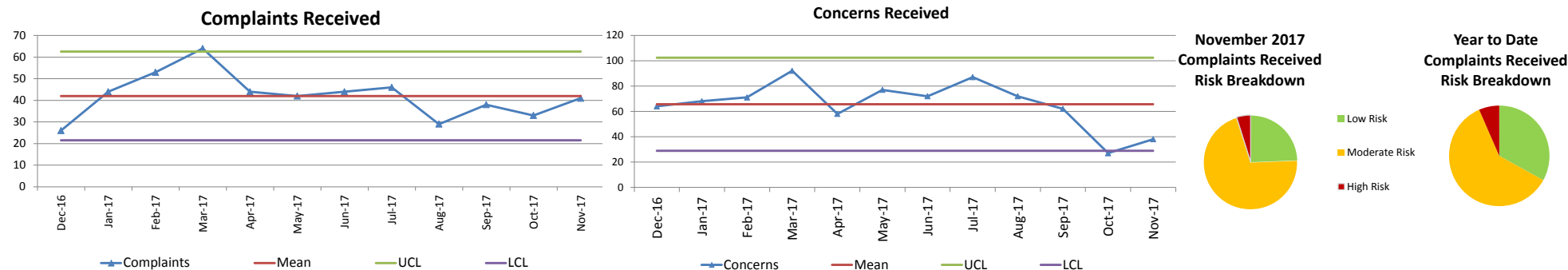
Site Name	Registered midwives/ nurses	Care Staff	Overall
BASSETLAW HOSPITAL	5.1	3.4	8.5
DONCASTER ROYAL INFIRMARY	4.4	3.1	7.4
MONTAGU HOSPITAL	2.4	2.4	4.8
<b>TRUST</b>	<b>4.37</b>	<b>3.08</b>	<b>7.45</b>

The CHPPD care hours data from May 2016 – November 2017 remain consistent.

## Complaints & Claims - November 2017 (Month 8)

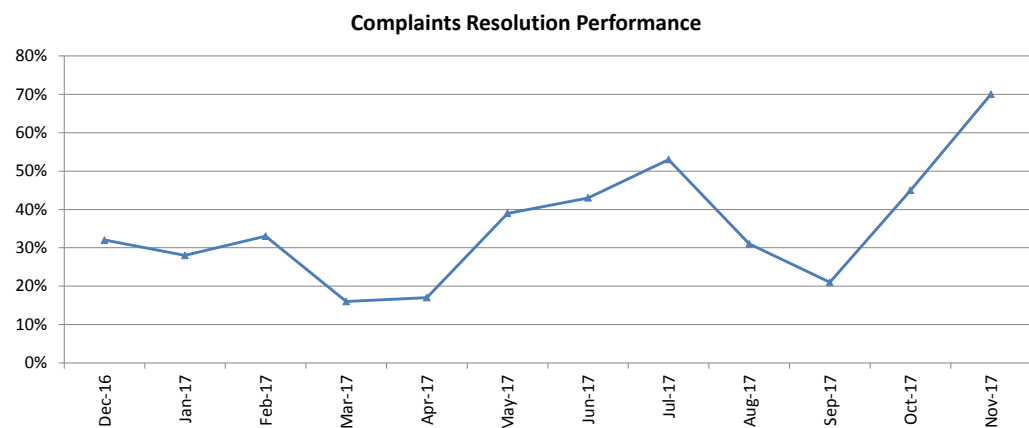
(Data accurate as at 20/11/2017)

### Complaints



### Complaints - Resolution Performance

(% achieved resolution within timescales)



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

### Parliamentary Health Service Ombudsman (PHSO)

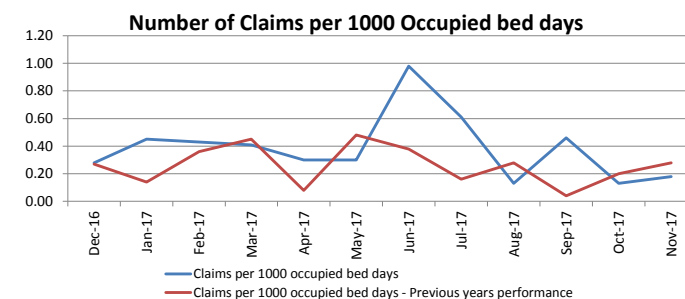
Month	Number of cases referred for investigation	Number Currently Outstanding
Nov-17	Awaiting data	6

	Number referred for investigation YTD	Outcomes YTD
2016/17	8	Fully / Partially Upheld
		2
		Not Upheld
		4
2017/18	3	No further Investigation
		0
		Case Withdrawn
		0
2017/18	3	Fully / Partially Upheld
		0
		Not Upheld
		0
2017/18	3	No further Investigation
		0
		Case Withdrawn
		0

### Claims

	Current Month	Month Actual	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	Nov-17	4	47
Liabilities to Third Parties Scheme (LTPS)	Nov-17	0	9

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



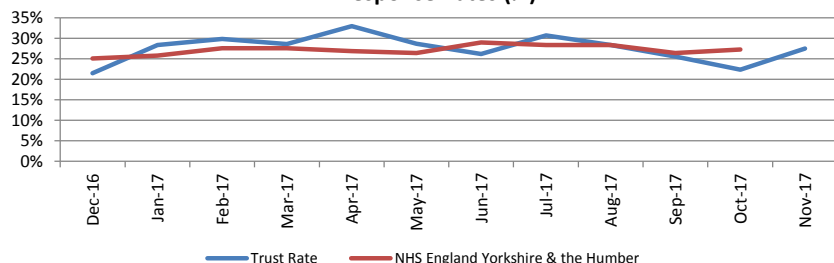
# Friends & Family - November 2017 (Month 7)

(Data accurate as at 11/12/2017)

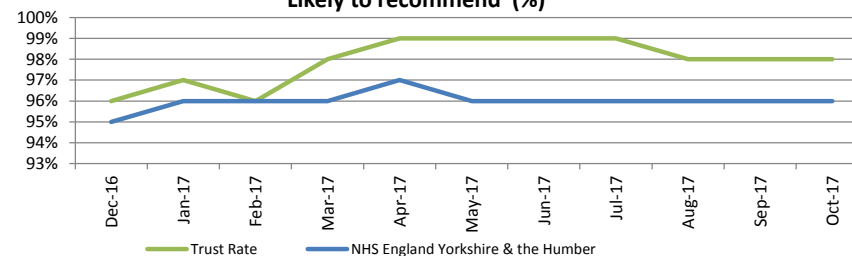
## Inpatients

Please note: At the time of producing this report no further benchmarking data is available from NHS England.

Response Rates (%)



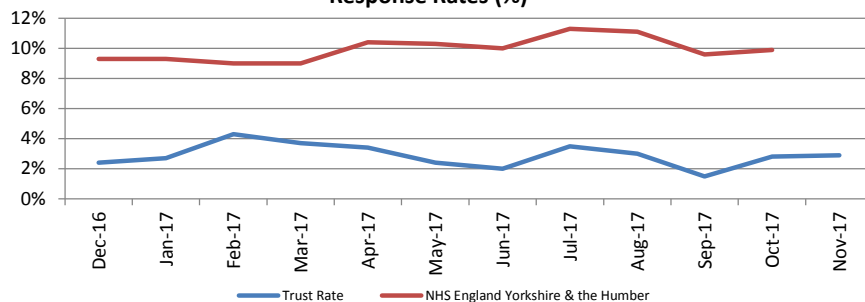
Likely to recommend (%)



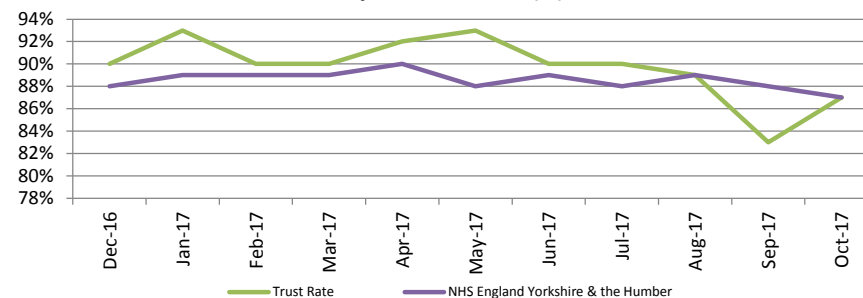
## Accident & Emergency

Please note: At the time of producing this report no further benchmarking data is available from NHS England.

Response Rates (%)



Likely to recommend (%)



Appendix 1. Quality Indicator Metrics

Measure	Detail	Red	Amber	Green	Blue
U's (excluding pressure ulcers)	number (avoidable)	any	none	none	none
Falls resulting in harm	number per 1000 bed days per month against trajectory	more than 2014/15	Same number of falls as last year	less falls than last year (by 0.1-0.9%) less than trajectory	exceeds 10% improvement and no available
Repeated falls	number per 1000 bed days per month against trajectory	more than 2014/15	same number of repeated falls as last year	within trajectory	exceeds 10% improvement
Constipation Difficile	number against trajectory plan	exceeds trajectory		better than trajectory	better than trajectory and no available
Safety thermometer - all homes	% new homes have 2 alarms, new VTE's and new UFT's	100%	92.6% better than	94.9% better than	100% better than
Pressure ulcers	avoidable wound Pressure Ulcers	exceeds trajectory	within trajectory	within trajectory	better than trajectory and no available
Physiological observation audit					
FTT INPATIENT	Productive ward data until Safety Facilitator review	100%	100%	100%	100%
FTT	not adopted - % positive scores	Less than 54%	54% - 91.49%	91.5% - 96.99%	97% and above
FTT	unlikely to recommend	Greater than 1%	0.5% - 1%	0.5% - 0.5%	0%
FTT	response rate	Less than 23%	23% - 35.49%	35.5% - 95.99%	96% and above
FTT MATERNITY TOUCH POINT 1					
FTT	not adopted - % positive scores	Less than 91%	91% - 94.49%	94.5% - 97.99%	98% and above
FTT	unlikely to recommend	Greater than 2%	1.5% - 2%	1% - 1.49%	Less than 1%
FTT MATERNITY TOUCH POINT 2					
FTT	not adopted - % positive scores	Less than 89%	91.01% - 95.49%	95.5% - 97.99%	98% and above
FTT	unlikely to recommend	Greater than 2%	0.5% - 1%	0.5% - 0.5%	0%
FTT	response rate	Greater than 60%	55.5% - 64.99%	65% - 75.99%	77% and above
FTT MATERNITY TOUCH POINT 3					
FTT	not adopted - % positive scores	Less than 83%	83% - 91.49%	91.5% - 96.99%	97% and above
FTT	unlikely to recommend	More than 1%	1.5% - 1.99%	1.5% - 1.99%	Below 1%
FTT MATERNITY TOUCH POINT 4					
FTT	not adopted - % positive scores	Less than 82%	80.01% - 93.99%	93% - 98.99%	99% and above
FTT	unlikely to recommend	Greater than 1%	1.5% - 1.99%	1.5% - 1.99%	Below 1%
OVERALL RATING		2 or more Red	1 Red indicator OR 2 Amber indicators	No red indicators OR 2 Blue indicators OR 1 amber, 1 green 1 Blue	2 or more blue indicators with 1 green indicator
Patient discharges	50% discharges before 12 noon	2014/15	Exceeded Target 2014 result and 30%	met target of 50%	Met 50% target and a 10% improvement on 2014 result
Length of Stay	reduce LOS by 10% based on 2014/5 out-turn	100% from 2014/5	A longer LOS than 10% better, case mix adjusted LOS but improved by 10% from 2014/5	As the 10 better case mix adjusted LOS or less	Lower than 10 better case mix adjusted LOS by 10%exceeds 10% improvement and no available
Appraisal	within 12 month appraisal rate	100%	100% 80%	100%	100%
Statutory and Essential to Role training	within 60 days training rate	100%	100% 80%	100%	100%
U-Poster	effective time should be 70%	100% or less than 70%	77.80% or 75.70%	75.77	exceeds for 6 months
Complaints attributed to Care Group	Care Group rather than ward level	Less than 2014/5	Same number as 2014/5	Less complaints than 2014/5	Less complaints than 2014 and exceeds 10% improvement

No available
Results in top 10% consistently - 75% of time including 2 months prior to assessment
Results above 2014/15 and through assessment period with 50% being in top 20%
Results above 2014/15 and through assessment period but not in top 20% results below 2014/5



## **Executive summary - Workforce - November 2017 (Month 8)**

### **Sickness absence**

Due to the timing of the Board of Directors November sickness data is not yet available. October saw a further rise in the monthly sickness levels to 4.6% in month resulting in a slight rise in the cumulative figure to 4.25%. This figure is an improvement from the same period last year (4.64% in month and 4.53% cumulative). The increase in episodes of absence has been associated with absences of less than 28 days which is often to be expected at this time of year. The HR Business Partners continue to emphasise the need to undertake return to work interviews.

### **Appraisals**

The Trusts appraisal completion rate has seen a further rise to 60.39% which is promising as it is the first month at this level of appraisal compliance since April 2017.

### **SET**

We have seen a further rise in compliance with Statutory and Essential Training in November to 75.6% , with discussions at WEC focusing on the individual topics to ensure compliance is achieved.

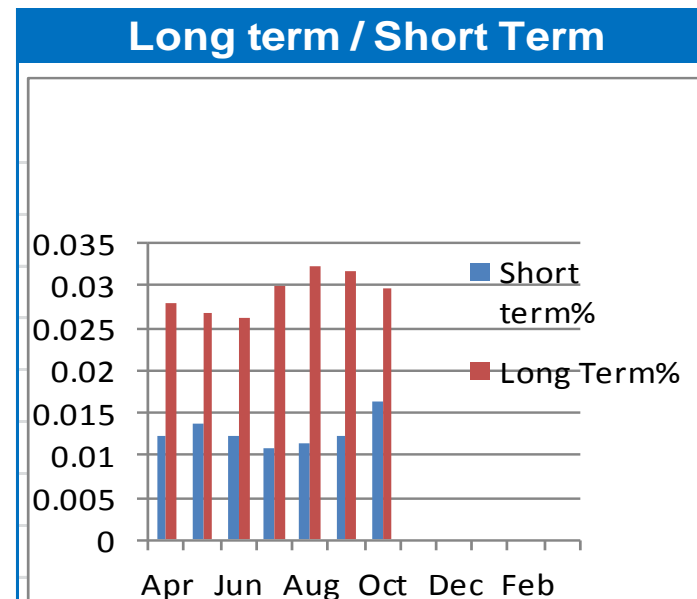
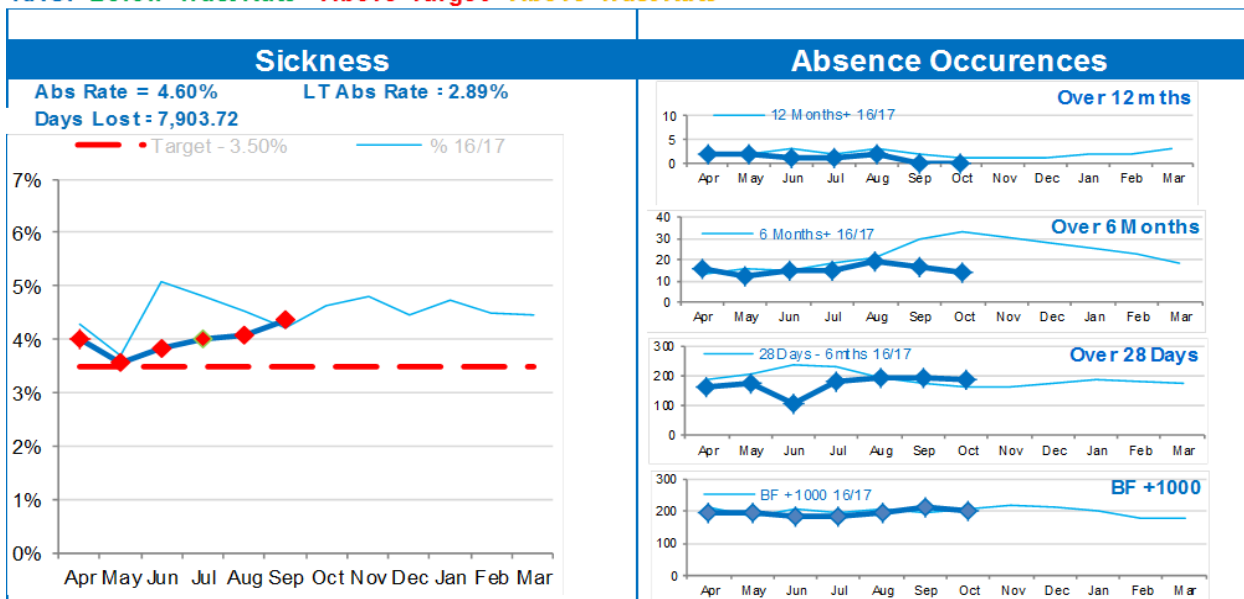
### **Staff in post**

Please see attached tab covering staff in post by staff group - due to the timing of the Board of Directors this month the November data is not yet available.

# Workforce: Sickness Absence - October (Month 7)

## CG & Directorate Sickness Absence - Oct 2017 (Q3)

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



	Apr-17		May-17		Jun-17		Jul-17		Aug-17		Sep-17		Oct-17		Cumulative	
	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate	Days Lost	% Rate
Doncaster & Bassetlaw Teaching Hospital	6616.12	4.01%	5553.89	3.26%	5770.06	3.50%	6862.34	4.02%	7025.61	4.12%	7200.57	4.37%	7903.72	4.60%	50,094.57	4.25%
Chief Executive Directorate	21.00	2.56%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.69	0.08%	0.00	0.00%	21.69	0.36%
Children & Family Care Group	837.73	4.78%	672.61	3.75%	738.05	4.28%	790.83	4.43%	746.01	4.21%	704.77	4.05%	753.22	4.03%	5,242.63	4.22%
Diagnostic & Pharmacy Care Group	699.21	3.87%	507.84	2.72%	427.74	2.39%	507.66	2.73%	652.67	3.49%	748.19	4.18%	674.27	3.66%	5,058.23	3.94%
Directorate Of Strategy & Improvement	1.00	0.23%	0.00	0.00%	1.80	0.42%	27.00	6.09%	5.00	0.99%	1.81	0.35%	12.09	2.12%	26.71	0.78%
Emergency Care Group	1049.38	4.84%	931.75	4.19%	628.94	2.92%	739.50	3.32%	745.49	3.38%	871.92	4.08%	1157.35	5.20%	6,775.69	4.42%
Estates & Facilities Directorate	1105.83	6.50%	892.26	5.09%	1014.74	6.00%	1182.10	6.76%	1277.73	7.33%	1128.03	6.71%	1136.25	6.55%	7,573.52	6.30%
Recharge Medics	1.00	0.06%	0.00	0.00%	2.00	0.13%	2.00	0.12%	0.00	0.00%	19.00	1.08%	20.00	1.00%	47.00	0.39%
Finance & Healthcare Contracting	43.60	2.00%	13.40	0.60%	93.41	4.35%	92.04	4.20%	113.84	5.05%	82.60	3.86%	78.00	3.56%	569.88	3.70%
IT Information & Telecoms Directorate	66.97	2.05%	39.13	1.15%	51.73	1.58%	122.75	3.72%	92.27	2.84%	58.00	1.79%	132.09	3.96%	723.45	3.14%
MSK & Frailty Care Group	722.98	3.00%	681.04	2.71%	751.38	3.06%	899.74	3.52%	795.62	3.11%	759.90	3.07%	799.37	3.10%	5,842.12	3.33%
Medical Director Directorate	2.00	0.94%	0.00	0.00%	0.00	0.00%	3.00	1.36%	0.00	0.00%	0.00	0.00%	0.90	0.41%	8.14	0.52%
Nursing Services Directorate	33.27	2.17%	24.80	1.51%	36.20	2.22%	52.41	3.00%	49.60	2.87%	62.93	3.75%	55.01	3.07%	377.86	3.19%
People & Organisational Development	42.28	1.55%	34.00	1.18%	66.08	2.40%	102.05	3.60%	102.00	3.73%	57.75	2.13%	51.99	1.78%	634.87	3.24%
Performance Management Directorate	120.40	1.95%	102.52	1.60%	109.79	1.76%	126.85	1.96%	163.09	2.56%	221.13	3.70%	208.00	3.49%	1,324.36	3.05%
Speciality Services Care Group	602.71	3.42%	574.26	3.13%	693.14	3.91%	723.88	3.94%	766.62	4.19%	880.99	5.00%	935.86	5.14%	5,696.76	4.52%
Surgical Care Group	1266.77	4.21%	1080.28	3.48%	1155.05	3.87%	1490.53	4.84%	1515.67	4.91%	1602.85	5.34%	1889.32	6.02%	10,167.66	4.75%

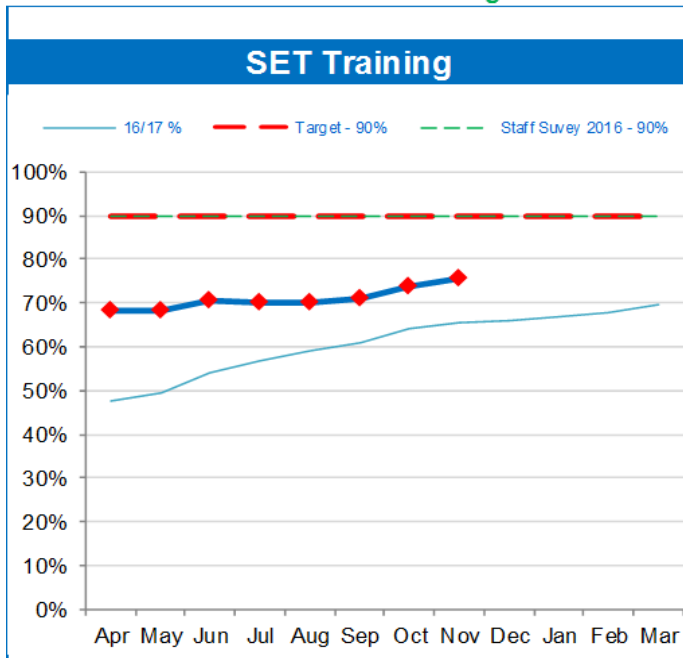
### Top 10 Absence Reasons

Absence Reason	Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	2,077.00	21.20
S25 Gastrointestinal problems	1,121.00	11.50
S12 Other musculoskeletal problems	1,095.00	11.20
S11 Back Problems	927.00	9.50
S13 Cold, Cough, Flu - Influenza	812.00	8.30
S98 Other known causes - not elsewhere classified	789.00	8.10
S26 Genitourinary & gynaecological disorders	496.00	5.10
S28 Injury, fracture	411.00	4.20
S99 Unknown causes / Not specified	321.00	3.30
S21 Ear, nose, throat (ENT)	277.00	2.80

## Workforce: SET Training - November (Month 8)

### CG & Directorate SET Training - Nov 2017 (Q3)

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

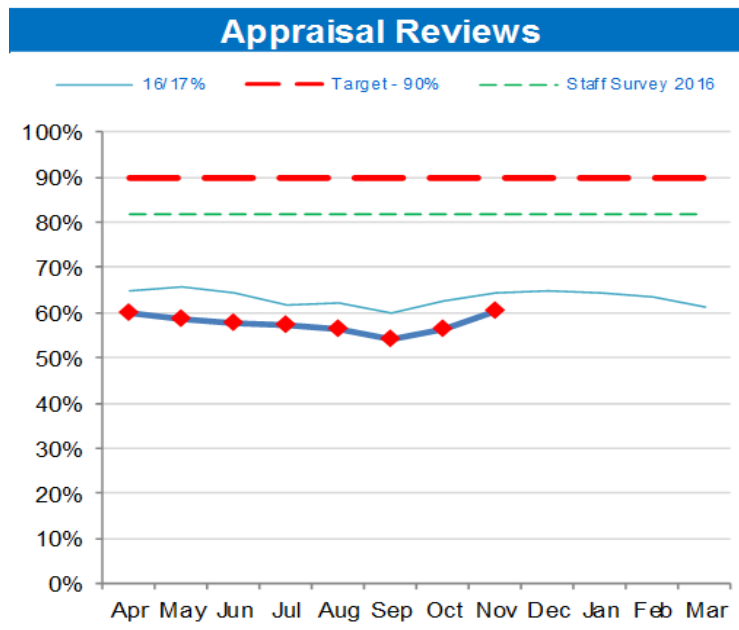


	% Compliance
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>75.60%</b>
Chief Executive Directorate	75.21%
Children & Family Care Group	80.45%
Diagnostic & Pharmacy Care Group	86.30%
Directorate Of Strategy & Improvement	99.48%
Emergency Care Group	66.81%
Estates & Facilities	58.30%
Finance & Healthcare Contracting Directorate	95.30%
IT Information & Telecoms Directorate	94.71%
MSK & Frailty Care Group	83.53%
Medical Director Directorate	86.11%
Nursing Services Directorate	79.53%
People & Organisational Directorate	96.91%
Performance Directorate	78.31%
Speciality Services Care Group	72.06%
Surgical Care Group	74.38%

## Workforce: Appraisals - November (Month 8)

### CG & Directorate Appraisals - Nov 2017 (Q3)

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



### Trust Total

	% Completed
<b>Doncaster &amp; Bassetlaw Teaching Hospitals NHS FT</b>	<b>60.39</b>
Chief Executive Directorate	64.20
Children & Family Care Group	72.91
Diagnostic & Pharmacy Care Group	65.05
Directorate Of Strategy & Improvement	94.12
Emergency Care Group	54.72
Estates & Facilities	19.46
Finance & Healthcare Contracting Directorate	86.96
IT Information & Telecoms Directorate	77.12
MSK & Frailty Care Group	81.72
Medical Director Directorate	100.00
Nursing Services Directorate	66.67
People & Organisational Directorate	88.30
Performance Directorate	78.49
Speciality Services Care Group	51.15
Surgical Care Group	61.33



### **Workforce: Staff in post - October (Month 7)**

	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
Staff Group	Apr-17		May-17		Jun-17		Jul-17		Aug-17		Sep-17		Oct-17	
Add Prof Scientific and Technic	173.34	189.00	173.68	189.00	174.74	191.00	172.45	188.00	176.46	192.00	171.70	187.00	171.90	187.00
Additional Clinical Services	1,116.66	1,356.00	1,124.68	1,365.00	1,134.49	1,376.00	1,136.40	1,378.00	1,126.65	1,366.00	1,135.30	1,373.00	1,123.63	1,361.00
Administrative and Clerical	1,089.28	1,338.00	1,097.51	1,344.00	1,091.66	1,339.00	1,090.42	1,338.00	1,086.26	1,333.00	1,084.51	1,327.00	1,085.93	1,323.00
Allied Health Professionals	317.79	369.00	316.78	367.00	320.54	372.00	325.55	378.00	331.05	384.00	336.40	389.00	333.98	385.00
Estates and Ancillary	572.83	825.00	571.80	827.00	571.28	826.00	572.38	828.00	569.27	828.00	565.03	821.00	567.59	826.00
Healthcare Scientists	129.53	143.00	129.10	142.00	127.60	141.00	127.07	140.00	124.47	137.00	122.23	136.00	125.30	139.00
Medical and Dental	498.11	523.00	497.26	522.00	501.41	616.00	500.76	617.00	497.55	636.00	499.65	633.00	505.78	637.00
Nursing and Midwifery Registered	1,593.42	1,850.00	1,593.67	1,850.00	1,585.23	1,838.00	1,584.72	1,838.00	1,581.52	1,835.00	1,568.02	1,821.00	1,580.79	1,831.00
Students	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.44	2.00	8.36	9.00
<b>Grand Total</b>	<b>5,493.97</b>	<b>6,596.00</b>	<b>5,504.48</b>	<b>6,606.00</b>	<b>5,506.95</b>	<b>6,699.00</b>	<b>5,509.75</b>	<b>6,705.00</b>	<b>5,493.23</b>	<b>6,711.00</b>	<b>5,484.28</b>	<b>6,689.00</b>	<b>5,503.26</b>	<b>6,698.00</b>



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

<b>Title</b>	<b>Chair's and NEDs' Report</b>		
<b>Report to</b>	<b>Board of Directors</b>	<b>Date</b>	<b>19 December 2017</b>
<b>Author</b>	<b>Suzy Brain England, Chair</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance		
	Information	x	

<b>Executive summary containing key messages and issues</b>
<p>The report covers the Chair and NEDs' work in November/December 2017 and includes updates on a number of activities:</p> <ul style="list-style-type: none"><li>• Person-centred Care</li><li>• Cancer Detection Trust</li><li>• Non-executive Director update</li><li>• Christmas Festivities</li><li>• NED activity</li></ul>
<b>Key questions posed by the report</b>
N/A
<b>How this report contributes to the delivery of the strategic objectives</b>
The report relates to all of the strategic objectives.
<b>How this report impacts on current risks or highlights new risks</b>

N/A
<b>Recommendation(s) and next steps</b>
That the report be noted.

## **Chair's Report – December 2017**

### **Person-centred Care is the Future**

I was pleased to be asked by Cindy Storer, Head of Nursing in MSK and Frailty, to open the Future Care Conference at Doncaster Royal Infirmary on 1 December.

The purpose of the day was to share, collaboratively, our passion in providing Person-centred Care to our patients and service users across the Doncaster area. We had attendees from Doncaster and Bassetlaw Teaching Hospitals, RDASH and the social care sector.

Future care from a person-centred perspective is about asking the questions: “What matters to you” and “What is important to you”? It is about focusing on delivering care that has the person's needs at the centre not the services. For people that access a range of Health and Social care services, being person-centred is a way of working together as equal partners in planning, developing and monitoring care to make sure we meet the needs of the people and deliver the best possible service to them.

Although there are different models and the delivery of person centeredness varies, respecting the needs and preferences of individuals receiving care is paramount. By working collaboratively we can seek to improve our person-centred principles and address gaps in our practice.

Person-centred Care supports people to develop the knowledge, skills and confidence they need to make more informed decisions around their care. Whilst in our care and under our support we can take this a step further and help prevent the person from becoming deconditioned by supporting them to keep moving, to move around and to mobilise dressed in their own clothes, increasing identity and purpose.

These initiatives have been proven to reduce length of stay which in turn improves patient safety and lessens the risk of experiencing harm.

### **Cancer Detection Trust**

I was very grateful to Jeanette Fish of the Cancer Detection Trust for giving up her time to meet with me on 1 December.

The CDT helps to fund equipment and facilities to prevent, detect, treat and cure cancer. They are proud of the fact that they are Doncaster's oldest local cancer charity and run entirely by volunteers.

Since their formation in 1972 they have donated over 80 pieces of front line cancer equipment to Doncaster Hospitals alongside millions of pounds worth of facilities and medical expertise.

The CDT is an endless support to us and now they are looking to do more. We know that internationally there is a clear correlation between CT scanning facilities and people living longer.

The CDT want to assist us in our aim of developing another CT scanning facility and my meeting with Jeanette was about how we help them to do that and continue to benefit the people of Doncaster and Bassetlaw for years to come.

The Trust truly has some wonderful people helping to raise money for our fantastic facility. We need to harness that energy and ensure we both deliver and never take their goodwill for granted.

### **Non-executive Director update**

We received a great response to the first of our two recruitment exercises for non-executive directors. Governors met on 27 November to decide on the interview process, agreeing a panel that is balanced taking account of the wider make-up of the Trust and the current membership of the Committee.

Yesterday (18 December) Governors shortlisted the applications and, from 33 generic applicants and six for the clinical role, we have a total interview list of 12 candidates. I am grateful to Brenda, Phil, Hazel and David Cuckson for giving up their time by being part of the formal selection process and to Neil, Richard and David for advising us.

### **Christmas Festivities**

I was indebted to my Vice Chair, Mike Addenbrooke, who switched on the Christmas Lights at Bassetlaw Hospital in my absence. I know Mike was very impressed by the carol singing by local children and by the teachers and parents who supported them.

On 14 December, I represented the Trust and did a reading at the Christmas Carol Concert at Doncaster Minister.

It meant I was unable to attend the Governor Briefing that evening but I was again grateful to Mike for standing in and to Richard and Karen for leading the session around the past 12 months and the People and OD strategy.



Governors also participated in the Timeout on 18 December which saw a return to the popular carousel format with tables on the Bassetlaw 'open surgery', PALS, overseas visitors and the Butterfly Visitors (profiled in last month's Chair's report). My thanks go to Hazel Brand, Lisette Caygill, Julie Robinson, Karen Lanaghan and the other volunteers for facilitating.

**To all our Board, staff, governors and patients, I wish you a merry Christmas and prosperous 2018.**

## **NED Reports**

*Linn Phipps*

Linn was able to attend the recent Quality Summit for the Respiratory Unit and visit the ward, and gain assurance about the rigour of the Quality Summit process. She heard about the many challenges that the Unit faces such as recruitment, and induction of temporary staff, as well as good practice such as End of Life accommodation for visiting relatives. Linn asked about how we actually capture a report of the discussions.

Linn also joined a recent meeting of the Mortality Review Group for assurance on its processes and actions.

*Philippe Serna*

On 1st December, I attended the 2nd meeting of the South Yorkshire and Bassetlaw ACS Audit Chairs. The meeting was chaired by Sir Andrew Cash (ACS Lead) with Chris Ham (Kings Fund) as facilitator.

The goal of these meetings is to discuss the new governance arrangements that will be required for collective decision making in an environment of mutual accountability. The ACS timescales as well as progress made to date were outlined to us by Andrew Cash and any parallels (or not) and the experience of other ACSs was presented to the meeting by Chris Ham.

Much like the first meeting, there was a workshop element to this one too and, also like the first meeting, the workshop element metamorphosed into a general discussion where the principal themes of transfer of sovereignty, inter organisational trust and transitional responses in advance of changes to the legal framework (and therefore legislated accountabilities) were discussed.

The next meeting was scheduled for the end of January 2018.

On 4th December, I deputised for Suzy and attended a Working Together meeting with Richard Parker.



## Chief Executive's Report 19 December 2017

### Activity Capture in urgent and Emergency Care

Further to a letter concerning the need to ensure consistency in the recording of urgent and emergency care pathways the SYB ACS has agreed a way forward which has confirmed that each provider is already recording consistently the activity in Type 1 (General Accident and Emergency units) and the activity relating to Type 3 (Walk in Centres and Minor Injury Units), where relevant.



The review identified a number of Type 2 areas where we plan to either improve the consistency of activity recording or to start capturing activity in the urgent and emergency care pathway for the first time:

- GP Direct Admissions (new data capture)
- Ambulatory Care Units (new data capture)
- Urgent Speciality / Assessment Units (improved consistency)
- Early Pregnancy Assessment Units (new data capture)

The review has confirmed that patients attending these facilities would otherwise attend Type 1 Accident and Emergency facilities. We plan to commence the new reporting arrangements from 1 January 2018. We believe that these new arrangements will assure our Boards, the ACS and NHS Improvement that urgent and emergency care activity is recorded consistently across South Yorkshire & Bassetlaw.

### Visit from Freedom to Speak Up Guardian

Dr Henrietta Hughes, the National Guardian for the NHS visited the Trust last month and met with our Freedom to Speak Up Guardians (FTSUG), Executive Team and staff.

Guardians are appointed by their trusts to lead the culture change within their own organisations.



This involves supporting workers who wish to speak up, ensuring that they are thanked for speaking up, that the issues they raise are responded to, and making sure that they receive feedback on the actions taken as a result of them raising an issue. Guardians also work proactively to tackle barriers to speaking up and to promote openness and transparency.

### **Power Outage**

At around 6pm on 28 November, the power at DRI was cut to a small section of the hospital site, with the back-up generator kicking-in moments later to restore electricity and light.

The issue was caused due to a faulty breaker on the power system. A temporary generator was installed and is supplying all essential and non-essential power. A replacement was created and is now operational.



Patient care remained unaffected due to our business continuity plans which prepare for issues such as a power outage, with staff continuing to treat and see patients throughout this period.

### **Emergency Care Data Set**

The Emergency Care Data Set (ECDS) is a new national dataset for Emergency Departments (ED) which has been developed to provide a consistent and improved level of information that can properly capture and represent the full extent of ED activity.

We have implemented this at Doncaster and Bassetlaw EDs, as well as at the Minor Injuries Unit at Montagu. With strong collaboration between the Emergency, Information, Clinical and System Management Teams, we went live on time and are now well above the 95% national target for Chief Complaint and Diagnosis.

### **Library gets top marks!**

The Knowledge, Library & Information Service has been awarded a compliance score of 100% for the second year running.

As a result of the high score, the service has once again received the highest green rating in the annual NHS Library Quality Assurance Framework (LQAF) process. The Knowledge, Library and Information Service at the Trust is one of only ten services achieving this excellent standard out of 67 services in the North of England, and one of only three in Yorkshire and the Humber.

Well done team!



## Consultation on Hospital Services Review

SYB ACS has launched a series of events over the last two months with the public, patients and staff on the Hospital Services Review. These have focused on diagnosing the problems within the five services in the review, exploring what is happening in other parts of the country and developing ideas for how to improve them.



There have been:

- Workshops with clinical staff working in the services
- Local events for the public
- A region-wide event that explored both the services under review and also the work of the Accountable Care System. This event included updates on mental health and primary care developments as people said they wanted these at the last region-wide event. Around 68 people attended the event, with on average around eleven people from each area.

In addition, the ACS has:

- Held conversations on the review and the wider context with seldom heard communities
- Carried out a telephone survey with a 1,000 people across the region – using Census data to ensure a cross section of the population are spoken with that matches our regional demographics
- Continued to promote the engagement opportunities and to ask people to complete our online survey
- Visited some GP surgeries and hospitals to talk with staff and the public

This follows a successful event with Foundation Trust governors to discuss the developing ways of working across the South Yorkshire and Bassetlaw region with a further event for councillors and elected members set to take place. Originally scheduled for January 2018, a new date is now being sought for March. MPs and councillors will hear from a series of speakers on what is happening locally in the Accountable Care System, as well as have the opportunity to share their views.

## NHS Improvement

Ian Dalton CBE has been appointed as the new chief executive of NHS Improvement on a permanent basis, replacing Jim Mackey from 4 December. He was previously Chief Executive at Imperial College Healthcare NHS Foundation Trust.



## Q awarded OBE



Mr Muhammad Shahed Quraishi, a Consultant Ear, Nose and Throat (ENT) Surgeon at DBTH, has received the prestigious accolade for the care and treatment he has provided to the many patients he has seen in the 30 years he has spent working in the NHS, 16 of which at the Trust.

Launched in Doncaster more than 13 years ago, the pioneering series of Masterclasses provide high quality training in the study of diseases of the ear, nose, and throat, for free and have taken place across four continents with participants from across the globe.

## Kirsty becomes a doctor

Congratulations too to (the newly styled) Dr Kirsty Edmondson Jones, Director of Estates & Facilities (pictured), who has recently successfully completed a Research Doctorate in the field of Bioengineering which she has conducted on a part-time basis with Sheffield Hallam University.



# UNAPPROVED

## DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

### Minutes of the Quality & Effectiveness Committee held at 2pm on Tuesday 24 October 2017 in the Boardroom, DRI

PRESENT	:	Linn Phipps, Non-executive Director (Chair) Alan Armstrong, Non-executive Director Sewa Singh, Medical Director Karen Barnard, Director of People & OD Moira Hardy, Acting Director of Nursing, Midwifery & Quality
IN ATTENDANCE	:	David Purdue, Chief Operating Officer Clive Tattley, Governor Observer Peter Abell, Governor Observer Andrew Beardsall, Doncaster and Bassetlaw CCGs Lisette Caygill, Acting Deputy Director of Quality & Governance Emma Shaheen, Head of Communications & Engagement Matthew Kane, Trust Board Secretary Kate Sullivan, Corporate Governance Officer
APOLOGIES:		None

#### Action

#### Introductions

- 17/10/1** The members, officers and governor observers were welcomed to the meeting and introductions were made around the table. Mark Bright would be observing the meeting and would arrive later.

#### Apologies

- 17/10/2** No apologies were received.

#### Agenda Review

- 17/10/3** The Chair took the opportunity to reflect on the proposed agenda and outlined the format of the meeting. Reflecting on the presentation of the papers the Chair suggested paginating the pdf pack to improve electronic navigation and doing away with enclosure references as the agenda items were numbered. Colleagues were reminded to include cover papers with all papers and to ensure that report titles aligned with the agenda. The committee would pause after each question to consider to what extent the committee was assured and after item 13 - RCOG Action Plan exception report; it would be helpful if the committee could reflect on what exception reporting was. The Chair thanked colleagues for the timely submission of papers given the recent challenges of the CQC data collection.

KS

ALL

- 17/10/4** ToRs - The governance tree would be updated to reflect that PEEC reported to CGC.

MK

## Action Log

**17/10/5** The action log was reviewed and updated.

**17/10/6** 17/6/7 – A discussion to consider the proposed questions to be addressed in a presentation on Research & Development would take place later in the meeting and would be considered further at the planning meeting in December. The governance tree for R&D, including reporting arrangements, would be agreed after the December meeting.

**Debrief  
&  
Planning  
Group**

## Deep Dive of Quality & Effectiveness risk

**17/10/7** One of the key risks allocated to the committee is how the Trust communicates service changes. Emma Shaheen delivered a presentation on 'How we communicate service changes with the public' which addressed the risk "Failure to engage with patients around the quality of care and proposed service change". Emma had adopted a list of questions to enable the Committee to interrogate the issue. This was the first risk interrogation presentation to the committee and members would reflect on the issues as well as the usefulness of the interrogation tool after the presentation.

**17/10/8** The presentation considered the following questions:

- Which organisation's risk is it?
- What are the key elements of the risk?
- What is the risk rating?
- What are the key milestones to mitigating the risk?
- What actions are in place to mitigate the risk?
- What resources do we have to mitigate the risk?
- What corporate action is necessary?
- Who needs to know about the risk?
- What could impact on mitigating the risk?

**17/10/9** The committee discussed internal and external communications in terms of communication with patients, staff and Governors; it was important to ensure that internal and external communications were aligned. Peter Abell had attended a Governor Surgery at Bassetlaw Hospital the previous day, he fed back some of the staff comments about the recent publicity surrounding the Hospital and this was discussed; it was key that staff were informed of service changes first and that Governors were kept informed. He also commented that the Trust needed to be clear on ownership of communication.

**17/10/10** The committee reflected on the key elements of the risk in detail, in particular engagement with staff. The committee felt that although the key issues had been captured in the presentation, the risk itself needed to capture the broader perspective of: the risk of failure to engage hearts and mind, both internally and externally, risk to staff morale, risk of long term recruitment difficulties, risk of delay to changes and risk of loss of public trust.

**17/10/11** There was further discussion about the communication of changes to Paediatric Services at Bassetlaw Hospital and what had been learnt. Peter Abell

noted a report by Sir Bruce Keogh et al regarding significant recruitment challenges experienced by some Hospitals following negative publicity. The changes to Paediatric Services at Bassetlaw Hospital had been due to shortages of suitably trained staff, a national issue, and the decisions taken had been to ensure the safety of children. The changes could not have been delayed in order to communicate the issues prior to those decisions being taken forward. Unfortunately, due to negative publicity, some staff and the public had come to believe the reasons for the changes to be purely financial, which was not the case, and had become concerned about the future of the Hospital. The Trust had recognised the risks and had changed its communication approach to ensure staff and the public were regularly updated on the position using a range of communication methods; since that time there had been a significant decrease in negative comments on social media.

**17/10/12** The committee reflected on the risk interrogation tool used to develop the presentation. The process of using the tool had enabled challenge and it had opened up thinking about the risk. The tool had been particularly helpful in terms of starting to see the difference between capturing an issue and capturing a risk. The committee agreed to adopt the tool for future risk interrogations.

**17/10/13** The presentation would be circulated outside of the meeting.

**KS**

**17/10/14** The *How do we communicate service change to the public* presentation was DISCUSSED and NOTED.

### **Enabling Strategies**

**17/10/15** **Clinical Site Development Strategy** - The strategy set out the Trusts ambition for the future and provided a framework of how the Trust would retain its strong reputation by working with patients, partners and the public to maintain and improve the delivery of high quality, integrated care making best use of the facilities on each site.

**17/10/16** It was reported that there may be some cross cutting with the ACS Acute Services Review, due to be published later the same week, but it was noted that strategy remained focussed on the most efficient and effective strategy for the Trust and its patients.

**17/10/17** The Chair set out the process by which the Committee had reviewed strategies at the previous meeting and it was agreed to review the Clinical Site Strategy using the same approach which was to consider areas of good practice and any areas for improvement, and the particular good practices listed in the Appendix to the minutes, e.g.

- Consider interdependencies with other strategies and whether the strategy demonstrated how it would support the 5Ps and the strategic objectives.
- Consider the strength of monitoring and evaluation of the strategy; how the Trust will be assured the strategy is actually working / being delivered.

<b>17/10/18</b>	<p>Reflecting on the considerations of the committee at the previous meeting in terms of good practices to be included in all strategies, the following were proposed for inclusion before this strategy was presented for Board approval:</p> <ul style="list-style-type: none"> <li>• To include SWOT</li> <li>• To strengthen links to DBTH values</li> <li>• To consider governance/accountability tree</li> <li>• To consider how the Trust would be assured the strategy was working</li> </ul> <p>It was also agreed to review the Strategy with the Medical Director to consider the categorisation of services.</p>	<b>DP</b>
<b>17/10/19</b>	In response to a question from Alan Armstrong about implementation of the strategy and how the Steering Groups, which had been setup in order to operationalise the clinical site development strategy, would work in practice, David Purdue gave an overview of the membership and scope of the steering groups. Each steering group was clinically led by a Care Group Director, with representation at senior management level from all Care Groups and from the CCGs. There were some interdependencies and cross over work would be put through task and finish groups.	<b>DP/SS</b>
<b>17/10/20</b>	<p>On behalf of the committee the Chair would verbally RECOMMEND the strategy presented subject the incorporation of the feedback set out in 17/10/19.</p> <p><b>Strategic Discussion Items</b></p> <p><b>Research &amp; Development</b></p>	<b>LP</b>
<b>17/10/21</b>	An annual R&D report to the committee had been suggested, with an interim / update report to Clinical Governance Committee (CGC) at 6 months and this was to be included in the work plan. The committee had previously started to develop some assurance questions to be considered by the report; the Chair invited the committee to reflect on the questions so far and consider whether there were any to add.	
<b>17/10/22</b>	The committee discussed, amongst other things, how the committee could be assured about various aspects of R&D, how NICE best practice was shared, how well the Trust was networked in terms of R&D, the Trust's R&D objectives and how R&D linked to patient outcomes. Peter Abell suggested that there should be an objective for all staff to be involved in some sort of reflective or developmental practice irrespective of role, this discussion led the committee to consider interdependencies with the QII team and other strategies.	
<b>17/10/23</b>	The committee broadly agreed the questions to be considered by the report as set out below. These would be developed further at the debrief and planning meetings and the committee would determine the final Governance questions, including the scope and frequency of reporting, at the next meeting.	<b>ALL</b>

- *How do we ensure that research is ethically sound, with appropriate financial governance in place?*
- *What assurance do we have that all research opportunities to develop capacity and capability are being explored?*
- *How will we extend research beyond medical matters to include other professions?*
- *How do we ensure that research is progressing Teaching Hospital status?*
- *How assured are we that the Governance Tree for R&D is clear and effective?*
- *How do we ensure our metrics for success in R&D sufficiently measure patient outcomes as well as activity?*
- *How do we ensure we are well networked in terms of research?*  
*How do we ensure that we have identified interdependencies with enabling strategies?*

**17/10/24** The Committee DISCUSSED and broadly AGREED the assurance questions for a future R&D report and actions as set out above.

#### **Quality Metrics**

**17/10/25** The committee had previously started to develop some assurance questions to be considered by the quality metrics assurance report; the Chair invited the committee to reflect on the questions and consider whether they were the right questions and was there anything to add. She also asked the committee to consider what level of information should be received at each level of the governance tree; for example if the committee were to receive the full report, should the Board be provided with reporting on an exception basis.

**17/10/26** The Medical Director gave an overview of significant work undertaken over the previous 6 months to develop a Quality Assurance Dashboard. This incorporated all of the quality measures used by regulatory bodies to measure the quality & safety of services in Trust. Further metrics had been added to this and the Dashboard was now updated on a monthly basis.

**17/10/27** The document had been made available to all clinical governance groups in every speciality and care group as a live electronic document via the Trust's network. The intention was to make the Dashboard available to all staff that had access to an electronic device or PC and for reporting to become standardised throughout the Trust. The Medical Director proposed the Quality Assurance Dashboard as the basis for the report to the committee and this was discussed.

**17/10/28** In response to a question about workforce quality data, the Medical Director confirmed that these metrics were included; it was agreed to clarify the indicators required under Single Oversight Framework and to ensure these were linked to the quality assurance dashboard.

**KB/SS**

**17/10/29** The committee broadly agreed the questions, as set out below, to be considered by the new Quality Assurance Dashboard which would be presented at the next meeting:

**SS**

- *What have we got and does it include all the metrics we should be looking at?*
- *Does it sufficiently cover some of the softer questions/stories?*
- *Does it link to NHSI Single Oversight Framework?*
- *How will the committee get the assurance right in terms of providing assurance to Board?*

Executives would examine whether the new Quality Dashboard included sufficient breadth and depth of Nursing, Patient and Workforce metrics.

**SS/MH/  
KB**

**17/10/30** The Committee DISCUSSED Quality Metrics Reporting and AGREED the assurance question to be considered by a future report.

### **Nursing Workforce & Ward Quality Metrics Assurance Report**

**17/10/31** The Committee received both the standard report and supporting data and an executive summary report that adopted the new assurance questions format. Moira Hardy summarised the key areas using the assurance headings below.

- What is the data telling us?
- Are there causes for concern, if any?
- Where there are concerns, how are we triangulating data to give a richer picture of what is happening (e.g. staff and quality data)?
- What assurances are there on mitigations of the causes of concern?
- What is the future trajectory, better or worse?

**17/10/32** An overview of planned versus actual hours, care hours per patient day and agency usage rates were provided.

**17/10/33** Reflecting on a reported deficit in planned versus actual hours in the respiratory unit, the Chair asked whether an over performance against planned hours would raise concerns (as would an underperformance), and this was discussed. This would usually occur where 1:1 care was being provided for patients. Concerns would usually arise in terms of cost implications but also where high rates of bank or agency were being used that might be less experiences in the Trusts processes.

**17/10/34** In terms of the question 'Where there are concerns, how are we triangulating data to give a richer picture of what is happening (e.g. staff and quality data)' appendix 1 provided both workforce and quality data by ward. Attention was drawn to the workforce data for Ward A5, which showed a surplus of staff, and the Respiratory Unit, which as previously reported showed a 10% deficit in staffing. This area of the report required further development; A quality summit was due to be held and this would provide an opportunity to further triangulate data to provide a richer picture of the concerns and to put an action plan in place.

**17/10/35** The Chair commended the report and invited the committee to reflection on how helpful the new reporting format had been. It was felt that the report provided broader assurance and had been particularly helpful in terms of



bringing out areas of concern. Executives would consider whether the assurance questions should be answered as part of the executive summary, as had been the case with this report, or within the body of the report. It had been helpful to continue to receive the supporting data and the committee did not want to lose this from the reporting.

**17/10/36** The Nursing Workforce and Ward Quality Metrics report was NOTED.

#### **Clinical Governance Assurance Report**

**17/10/37** The report provided assurance to the Committee that the necessary systems were in place to contribute to patient safety and care. Several annual and assurance reports had been provide to the CGC (listed below) and the Medical Director provided a summary of key issues that required consideration and action.

- Medicines Management Quarterly Report
- Point of Care Testing Committee
- Clinical Audit
- CQUINs Quarterly Report
- Patient Safety Review Group
- Monitoring Mortality Group

**17/10/38** A key issue was switchboard response times and this was discussed; although a technical solution had been put in place to prioritise calls to switchboard from Theatres, ED, Resuscitation and the Labour suite in the event of an emergency, some delays were still being reported. An update would be provided at the next meeting.

**SS**

**17/10/39** The Medical Director provided an update on key issues relating to medicines management. Alan Armstrong noted that the last report to the CGC had identified a recent deterioration in compliance with the Trust's Policy for the Safe and Secure Handling of Medicines. He asked for further assurance on the specific actions taken to mitigate the issues. This had been one of the areas looked at by KPMG as part of the CQC compliance review; they had identified two key areas of concern; the safe management and storage of medicines and the monitoring of the process. The Trust was focussing on those areas where there had been a recurrence of issues and there had been improvements in some areas. Moira Hardy gave an overview of some of the issues in specific departments and the actions being taken.

**17/10/40** There was discussion about key areas of risk for the Trust identified by the Patient Safety Review Group relating to evidencing of learning from Serious Incidents (SIs), closure of SI action plans and embedded Duty of Candour processes. The Medical Director summarised the actions being taken to address the issues. SI action plans were reported through the CGC, a few plans were long standing and the clinical teams in each CG were reviewing them to close them down. In terms of the Duty of Candour process, the Trust sought to be completely open with patients and families; evidence of the conversations was being recorded however there had been some issues in terms of following this up with a letter and Moira Hardy was working to ensure the whole process

was followed as described.

SS/MK

**17/10/41** The Chair questioned the process for reviewing risks that had been formally raised by the Patient Safety Review Group in terms of what happened when a concern was raised; for example was a formal risk review carried out. The process for reviewing risks when concerns are formally raised by the Patient Safety Review Group would be clarified outside of the meeting.

**17/10/42** The Clinical Governance Committee Assurance Report was NOTED.

**Readiness for CQC Inspection & Future Plans**

**17/10/43** The paper summarised activities and progress to demonstrate the Trust's readiness for inspection and provided an update on the CQC inspection and monitoring arrangements, action planning, engagement meetings, the CQC Insight Report, self-assessment, and next steps.

**17/10/44** Self-assessment and mock inspection activities were ongoing across the Trust, by Care Groups, with independent checks from the DNS team.

**17/10/45** The Insights report from the CQC has been released recently and was being analysed for risk exposure.

**17/10/46** The report triangulated externally reported data, local intelligence and exposure through the CQC's revised Key Lines of Enquiry, this assisted the Trust in terms of identifying issues before a regulator; The Acting Director of Nursing Midwifery & Quality gave an overview of the data sources used.

**17/10/47** Appendix 2 was provided in respect of the internal audit of CQC compliance. KPMG had been commissioned to undertake a further mock inspection assessment which had shown some improvements, and these were reflected in the action plan. Each care Group had its own action plan which would also pick up any actions to come out of PLACE results; follow up inspections would take once the results had been received.

**17/10/48** Alan Armstrong noted that there had been a decline in the CQC composite indicator for confidence and trust in nurses and he asked for more information about this. The indicator was based on information collected in June/July 2016 and had been collected nationally from Picker. The full report would be received in the new year. There were more recent patient questionnaires which asked similar questions and Moira Hardy would look in to whether this could be used to provide evidence of improvement to the CQC.

**17/10/49** The CQC Inspection Update was NOTED and QEC supported the identified next steps.

**17/10/50 Patient Experience & Engagement Assurance Report**

**17/10/51** The Committee received the Patient Experience & Engagement Assurance Report and supporting data relating to Quarter 2 performance using the information available from Datix and the learning points from the Patient

Experience & Engagement Committee. It was noted that the report circulated in the pack had been replaced with an updated report, circulated by email the previous day and included the following as appendices:

- Risk Management Report on Incidents
- Patient experience dashboard
- PEEC Care Group reporting template

<b>17/10/52</b>	The report aligned key priorities and outcomes that were measured through patient feedback, and outlined the intentions to implement and monitor performance against the Patient Experience & Engagement Strategy. It was agreed to adopt the assurance questions format for future reports.	<b>MH/LC</b>
<b>17/10/53</b>	Alan Armstrong commented that one of the key things to demonstrate in terms of complaints was what had been learnt and what improvements there had been in patient care. This was a key area of focus for the PEEC and Lisette Caygill noted examples of sharing learning in the report.	
<b>17/10/54</b>	The Patient Experience & Engagement Assurance Report was NOTED.	
<b>17/10/55</b>	<b>LEADERHIP AND IMPROVEMENT CAPABILITY</b>	
<b>17/10/56</b>	<b>Workforce &amp; Education Assurance Report</b>	
<b>17/10/57</b>	Karen Barnard summarised the key areas of focus for the Workforce & Education Committee, including workforce planning, areas for concern in terms of the CQC and work being undertaken to clarify the indicators required under Single Oversight Framework. It was agreed to adopt the new assurance questions format for future reports.	<b>KB</b>
<b>17/10/58</b>	The key area of concern in terms of the CQC was appraisal rates data. This was being investigated and discussed at accountability meetings. What was coming out was that the issues related to the timeliness of entering data onto system and this was being addressed.	
<b>17/10/59</b>	A key feature of discussion at steering groups was workforce planning and ensuring right workforce and skill mix was in place and ensuring the pace of changes to deliver service changes.	
<b>17/10/60</b>	The Workforce and Education Assurance Report was NOTED.	
<b>17/10/61</b>	<b>GOVERNANCE AND RISK</b>	
<b>17/10/62</b>	<b>RCOG Action Plan</b>	
<b>17/10/63</b>	The Medical Director presented the update on actions resulting from Royal College of Obstetricians & Gynaecologists (RCOG) recommendations 2016.	
<b>17/10/64</b>	The action plan was monitored by the CGC and most actions were now completed. Since the last meeting the Trust had received a letter from the	

RCOG which had contained a number of recommendations. The Trust's response to the letter and to the recommendations was included in the papers as an appendix.

**17/10/65** The Chair thanked the Medical Director for the detailed report and she invited the committee to consider what information it needed to receive in the future and also to share their thoughts on exception reporting. The committee considered what level of detail should be provided in future reports, whether there were any areas that had not progressed/residual issues and the frequency and context of future reports; for example should the committee receive reports to provide assurance that the completion of actions and recommendations had resulted in improved outcomes for patients, culture change and improved team working.

**17/10/66** It was agreed to provide an update on recommendations/actions to the meetings in December 2017 and February 2018 with a more in depth report to cover embedded/cultural changes and team working in April 2018. The planning group would develop a definition of "exception reporting" and consider when it will be appropriate for the committee to receive exception report only.

**SS**

**Planning  
Group**

**17/10/67** In response to a query from Alan Armstrong about staff morale, the Medical Director advised that a baseline study was being undertaken by HR Business Partners and work was being done to foster good relationships with staff. A plan was being progressed to rotate midwifery staff between the two sites together with orientation packages to support this. A second survey would be carried out in 6 months; this could then be compared to the National Staff Survey.

**17/10/68** The RCOG Action Plan was DISCUSSED and NOTED.

**17/10/69** **Board Assurance Framework and Corporate Risk Register**

**17/10/70** The Trust Board Secretary updated the Committee on changes to the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) since the last meeting of the Committee. A list of current risks and their alignment to the respective committees was provided for information.

**17/10/71** In order to ensure appropriate staff knowledge a series of risk refresher sessions had taken place with staff across all sites and further sessions were planned. There had been good attendance but some focussed work would be carried out for future sessions to ensure the right staff attended.

**17/10/72** It was agreed that the committee would undertake an interrogation of a presentation on risk 5 – failure to improve staff morale, at the next meeting.

**KB**

**17/10/73** The Board Assurance and Corporate Risk Register were NOTED and the Committee AGREED to adopt use of the risk interrogation template provided by the Chair.

**17/10/74 Minutes of sub-committees**

**17/10/75** The minutes of the following committees were NOTED:

- Clinical Governance & Quality Committee held on 21 July 2017
- Workforce & Education Committee held on 31 July & 18 August 2017.

**17/10/76 Minutes of the meetings held on 22 August 2017 & 26 September 2017**

**17/10/77** The minutes were APPROVED as a true record.

**17/10/78 Any other business**

**17/10/79** No other business was declared.

**17/10/80 Governor questions regarding the business of the meeting**

**17/10/81** Reflecting on the Nursing Workforce report, Peter Abell asked why the hours worked on wards C2 and CCU despite having a significant difference in the number of beds and this was discussed; this was due to the higher acuity and dependency of patients on CCU.

**17/10/82** Deviation from NICE Guidelines and Readiness for CQC – In response to a request from Clive Tattley for an exception report on NICE Guidelines non-compliance the matter was discussed and further questions were raised by the committee; did any areas of non-compliance represent a risk in terms of the forthcoming CQC inspection? Were patients at risk due to NICE Guidelines non-compliance? Lisette Caygill reminded the committee that NICE Guidelines were guidelines and not rules; some NICE Guidelines did not apply to the Trust and she gave assurance that work was underway to ensure that reasons for deviation from the Guidelines were documented and monitored. This was monitored by Audit and Effectiveness forum which reported to the CGC. The Medical Director advised that no issues had been raised at the CGC however he undertook to check that the Audit & Effectiveness Forum were on top of deviations that there was an upward process for assurance.

SS

**17/10/83** Quality Assurance Dashboard – In response to a query from Clive Tattley it was agreed to provide online access to NEDs and Governors to view the Quality Dashboard.

SS/MK

**17/10/84** Clive Tattley recognised the primary role of the committee was to look at assurance and process but he raised concern that, in his opinion, it had not focus sufficiently on considering the information and data presented in the reports. This was discussed; the Chair acknowledged his concerns and she invited Clive to discuss the matter with herself and the Board Secretary outside of the meeting.

LP/CT

**17/10/85** In response to concerns raised by Mark Bright about previously reported staffing shortages on the respiratory unit, Karen Barnard provided an overview of the issues; the unit required specialist nurses and she confirmed that it was an area with one of the greatest shortages of staff. Regular bank staff were used to fill shortfall. Mark Bright went on to share several concerns with the committee about the experience of a patient on the respiratory ward; Lisette

Caygill noted the concerns and undertook to ensure concerns relating to estates matters were brought to the attention of the Director of Nursing and ward manager.

LC

*Post meeting note: The Chair is attending a Respiratory Unit Quality Summit in November 2017.*

- 17/10/86** CQC Composite Indicators – With regard to the previously reported decline in the CQC composite indicator for confidence and trust in nurses based on, Mark Bright asked for more information about the data collected. The report provided an overview of the CQCs intelligence on the Trust and it had not been possible to analyse the indicator as very little data could be extracted from the report, the full report was due in the new year but in the meantime Lisette Caygill undertook to provide Mark with the Trust's patient survey report outside of the meeting.

LC

### **Meeting Round-up**

- 17/10/87** The chair reflected that although timekeeping to the agenda had been good the meeting had been quite long and she invited colleagues to provide feedback outside of the meeting on how the committee could be more efficient and effective. For future meetings it was agreed to assume the papers had been read prior to meetings, reducing time on presenting; and that verbal reports would not normally be received. The committee had found the assurance report format very useful and wished to see this approach used in future reports.

- 17/10/88** Reflecting on Clive Tattley's comments (17/10/78), and the concerns raised by Mark Bright (17/10/79) Peter Abell added that in the future the committee might consider the balance of discussion about assurance process with "actualities" and this was discussed. While the committee was at the top of the assurance tree, it needed to consider how it remained aware of the specifics and actual patient experience, without duplicating the work of its sub-committees. The chair invited Governors to provide examples of actualities areas they would like to probe and this would be considered by the planning group.

### **17/10/89 Future Discussion Topics**

- 17/10/90** The Chair summarised the following topics identified for future discussion:

- Research Activity & Governance Arrangements
- QEC's Quality Metrics Requirements
- Quality Assurance Dashboard
- Risk Interrogation – How we are assured on improving staff morale?
- Update on RCOG Recommendations and more in-depth report.
- Governance Arrangements for Assurance to the Board

Any additional items for inclusion should be shared with the Chair.

- 17/10/91 Identification of New Risks**
- 17/10/92** No new risks were identified.
- 17/10/93 Items for Escalation to the Board**
- 17/10/94** None.
- 17/10/95 Time and date of next meeting:**
- 17/10/96 Regular Bi-Monthly Meeting**  
Date: 14 December 2017  
Time: 2pm  
Venue: Boardroom, DRI

Signed:.....  
Linn Phipps

.....  
Date

**Minutes of the meeting of the Charitable Funds Committee**  
**Held on Tuesday 26 September 2017**  
**In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	John Parker	Non-executive Director (Chair)
	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Richard Parker	Chief Executive
	Martin McAreavey	Non-executive Director
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director

<b>In attendance:</b>	Matthew Kane	Trust Board Secretary
	Peter Brindley	Executor of Fred and Ann Green Estate
	Phil Beavers	Public Governor
	Emma Shaheen	Head of Communications and Engagement
	David Richardson	Investec (part)

**ACTION**

**Welcome and apologies for absence**

**17/09/1** Apologies for absence were presented on behalf of Linn Phipps, Neil Rhodes and Philippe Serna.

**Minutes of the meeting held on 25 July 2017**

**17/09/2** The minutes of the meeting of the Committee held on 25 July 2017 were APPROVED as a correct record.

**Investment Update**

**17/09/3** The Committee welcomed to the meeting David Richardson of Investec who provided an update on the position of the Trust's investments as at 21 September 2017.

**17/09/4** The economic and political context was provided. The Trust's investments were performing better than the index. It was reported that the Trust's attitude to risk was 'medium' but this needed to be reviewed, along with the investment support, as a period had passed since it was last tested. There was a brief discussion about the importance of Committee members' understanding of 'medium' being consistent amongst them.

**JS**

**17/09/5** The income from the portfolio per annum was approximately £240k. The Committee was advised that the Director of Finance was the only signatory for investments. This could be rectified by the Chief Executive becoming the second signatory by way of a letter to Investec.

**JS**

**17/09/6** The update was NOTED.



## **Review of dormant funds and appropriate sources of donation**

**17/09/7** The Committee considered a report of the Director of Finance which requested that a number of dormant and 'designated' funds that were no longer required be moved into the general fund to ensure transparent decisions were made on the Fund and to ease the burden of administration. The funds were listed in the report.

**17/09/8** It was AGREED that holders of the accounts identified be contacted and advised that they may continue to draw on the accounts until the end of the financial year, after which they will be consolidated into the general fund.

**JS**

## **Request for Funding from the Committee – Charitable Accounting System**

**17/09/9** The Committee considered a report of the Director of Finance which sought a £12,600 contribution from unrestricted charitable funds to purchase a new charitable funds accounting system. The Committee were supportive of the scheme which would enhance how the Funds were managed.

**17/09/10** In response to a question from Peter Brindley, the Committee was advised of the current status of the Trust's commitment to fund the Montagu shuttle bus. The Committee was advised that the commitment was based on a key condition that the Ophthalmology Scheme be in surplus which had not yet been realised and an explanation was given. Should the Trust decide to finance the bus then it would create a cost pressure that would need to be mitigated elsewhere in the organisation.

**17/09/11** Directors reiterated their appreciation for the Legacy and an offer was made to attend a Fred and Ann Green Advisory Group meeting to talk about the clinical benefits the Legacy had brought to the Trust. It was further agreed that next year's Charitable Funds Annual Report be considered at the 2018 Annual Members' Meeting.

**SS**

**17/09/12** The case for the new accounting system was APPROVED.

**JS**

## **Charitable Funds Branding and Communications**

**17/09/13** The Trust considered a verbal report of the Head of Communications and Engagement which provided options for branding of the Charity. Examples were circulated at the meeting.

**17/09/14** Although it was noted that the public liked the concept of giving to designated 'local' charities (I.e. Doncaster, Bassetlaw, Montagu) utilisation of the donations in one particular hospital could not be guaranteed and the Trust needed to recognise its corporate identity as Doncaster and

Bassetlaw Teaching Hospitals.

<b>17/09/15</b>	It was AGREED to brand on the basis of Doncaster and Bassetlaw Teaching Hospitals Charity.	<b>ES</b>
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**Review of Fund Balances 31 August 2017**

<b>17/09/16</b>	The Committee considered a report of the Director of Finance which reported the current position on the Fund up to 31 August 2017.
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<b>17/09/17</b>	The charity had net transactions of £3,674 surplus in the five months to the end of August 2017 with income of £205,385 and expenditure of £201,711. The current balance stood at £8.9m.
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<b>17/09/18</b>	The report was NOTED.
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**Update on progress with the Charitable Funds action plan**

<b>17/09/19</b>	The Committee considered a report of the Director of Finance which gave an update on the charitable funds rectification action plan.
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<b>17/09/20</b>	All actions pre-dating October 2017 had been actioned, with the exception of deadlines concerning fund signatory listings and documentation. As of the 18th September, up to date signatory data was required for three funds.
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<b>17/09/21</b>	Suzy Brain England emphasised the need for the Trust to 'tell the story', large and small, of what benefit charitable funds brought and where the benefit was seen. Further income should also be seen on other accounts e.g. Bassetlaw League of Friends.
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<b>17/09/22</b>	The update was NOTED.
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**Any other business**

<b>17/09/23</b>	There was none.
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**Date and time of next meeting**

<b>17/09/24</b>	The next meeting of the Committee would take place on 28 November 2017 after Board of Directors in the Boardroom, Bassetlaw Hospital.
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John Parker  
Chair of the Committee

Date



**UNAPPROVED**



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

**Minutes of the Meeting of the Management Board  
of  
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust  
on  
Monday 13 November 2017 at 2pm  
in the Boardroom, DRI**

**Present:**

David Purdue	Chief Operating Officer (Chair)
Andrew Barker	Care Group Director - Diagnostics & Pharmacy
Karen Barnard	Director of People & Organisational Development
Kirsty Edmondson-Jones	Director of Estates & Facilities
Eki Emovon	Care Group Director - Children and Families
Moiria Hardy	Acting Director of Nursing, Midwifery and Quality
Thrinath Kumar	Care Group Director - MSK & Frailty
Karen McAlpine	General Manager - Surgical Care Group ( <i>for Jochen Seidel</i> )
Nick Mallaband	Acting Care Group Director - Emergency
Simon Marsh	Chief Information Officer
Tim Noble	Associate Medical Director
Gillian Payne	Care Group Director - Speciality Services
Willy Pillay	Deputy Medical Director ( <i>for Sewa Singh</i> )
Marie Purdue	Acting Director of Strategy & Improvement
Jon Sargeant	Director of Finance

**In attendance:**

Dr Neelam Dugar	Consultant Radiologist
Matthew Kane	Trust Board Secretary
Julie Robinson	Overseas Patients Manager
Kate Sullivan	Corporate Governance Officer
Clare Taylor	Acting Head of Income & Contracting

**Apologies:**

Richard Parker	Chief Executive (in the Chair)
Jochen Seidel	Acting Care Group Director - Surgical
Sewa Singh	Medical Director

**Action**

**Minutes of the previous meeting**

<b>MB/17/11/1</b>	The minutes of Management Board on 9 October 2017 were approved as an accurate record of the meeting.
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**Matters arising and action notes**

<b>MB/17/11/2</b>	The action notes were reviewed and updated.
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**Professional Records & Standards Board (PRSB) Update**

<b>MB/17/11/3</b>	A briefing on Patient Safety Issues and Paperless Medical Records had been included in the papers and was NOTED. Neelam Dugar delivered a presentation on 'Paperless Hospital: a Strategic View' and she gave an overview of the
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following:

- Current System
  - Integrated Paper Record
  - How paper records are compiled
  - Function and how they are used
  - Fragmented IT records
  - Risks – Multiple data silos, multiple log-ins/passwords, inefficient for front-line doctors, not available at the patient bedside, safety risks
- Overview of the 3 pillars of a Paperless Strategy
  - **Clinical Portal** - Integrated Enterprise Viewer of patient information
  - **Enterprise Archive** - of images, graphs and documents - Role of a Vendor Neutral Archive
  - **Task Management Systems** - Allow a doctor, nurse or healthcare professional to do specific tasks on patients by providing a work list and updating statuses when tasks are completed.

**MB/17/11/4** A detailed presentation on each of the 3 pillars of the Paperless Strategy was provided and examples of the clinical portal and integrated IT record were illustrated including an overview and the information accessible via each tab. The components of the clinical portal included structured and unstructured data (referral letters, hand written notes etc.) and the Trust needed to have a strategy for converting, storing and archiving this information. Document standard formatting, naming standards and indexing were discussed.

**MB/17/11/5** In terms of the enterprise archive and going paperless there were similarities with when DBTH Radiology went filmless in 2006; a detailed account of that process and learning that could be taken from it was provided. There was discussion about the current system and Neelam Dugar provided some clarity on requests for pre 2007 images.

**MB/17/11/6** A summary was provided of task management systems and modules integrated with PAS including radiology, ophthalmology, cardiology, clinical letters and Critical Care systems.

**MB/17/11/7** The Chief Information Officer advised that as part of the IT strategic plan the Trust was looking to consolidate all of the electronic clinical information currently held in to a single view; clinical notes needed to be part of this and would be considered after the consolidation. A key issue was to what degree historical notes were included and that decision was yet to be made. This was discussed; many hospitals were partially scanning previous notes for those patients returning to hospital and complete sets of notes were being made available for those clinicians that wanted them. Prior to launch of a single electronic portal there would need to be a period of time where the digital archive was stored in tandem with paper notes so that an archive had already been built up.



- MB/17/11/8** During further discussion some of the possible issues and issues experienced with existing systems were highlighted. It was noted that an electronic portal steering group was being set up as part of the overall IT strategy; this would be clarified following discussion at Board level.
- MB/17/11/9** The DoF clarified that the steering group would not be able to commit to any expenditure as no Trust level funding was available to support the work required; a clear plan needed to be developed to include finance/funding which would require authorisation. This would be discussed further by the executive team. **ND**  
**Execs**
- MB/17/11/10** The presentation would be circulated outside of the meeting. **KS**
- The Professional Records & Standards Board (PRSB) Update & Paperless Hospital a Strategic View Presentation were discussed and NOTED.
- Strategy Steering Group Brief**
- MB/17/11/11** The three Strategy Steering groups had met in October (Elective, Urgent & Emergency Care Steering Groups and Children and Families Board) and agreed their respective work-plans. The work-plans consisted of projects which supported the delivery of the Trust Strategy and Strategic Objectives. The main activity within these work-plans were outlined in the paper.
- The Strategy Steering Group Brief was NOTED.
- Update on Overseas Visitors**
- MB/17/11/12** Julie Robinson delivered a presentation on changes to overseas charging regulations and she drew attention to the following:
- MB/17/11/13** The Overseas Patients Charging Regulations placed a legal obligation on NHS Trusts to investigate and identify any patient who should pay for any treatment given within a hospital setting, unless the treatment was covered via an exemption. From 23 October 2017 relevant services must not be provided to a chargeable overseas visitor until the estimated full cost of treatment had been secured upfront, unless doing so would prevent or delay immediately necessary or urgent treatment (i.e. maternity services).
- MB/17/11/14** The DoH were conducting pilots alongside planned pathway and emergency pathway services across the UK and the results from this would be available in the new year. An overview of how the pilots would be carried out and an illustration of both pathways was provided. In terms of Maternity Services the community midwives were already working with the OSV team at the Trust in identifying any possible OSVs to the Trust.
- MB/17/11/15** Several questions were raised; how staff were to know whether a patient was telling the truth, what would happen in an emergency situation or if a patients status could not be established or verified, what were the rules for returning Ex-Pats; It was clarified that the decision to commence or continue with treatment



would remain a clinical decision. Further concern was raised about the decision making process and this was discussed; standard national guidance was available and it was agreed to await the outcome of the 2 pilots and to bring the outcomes back to a future meeting.

JR

**MB/17/11/16** The Update on Overseas Visitors Presentation was NOTED.

**Update on Single Consultant on call rota T&O**

**MB/17/11/17** Thrinath Kumar delivered a presentation on progress with the Single Consultant on call rota in T&O providing a summary of the following:

- Background
- Key changes made
- How had it been received
  - Trauma pathways had improved but there remained some challenges
- Activity
  - Perfect storm – new rota and staffing issues
  - Lost 35.5 theatre sessions Sept and October, 30 due to theatre staffing and 5.5 due to orthopaedic staffing – could not have foreseen when planning
  - Orthopaedics: (-3) consultants and (-5) SAS Docs
  - Poor skill mix SAS Docs, less independent working
- Financial Recovery
  - 100 day plan optimising theatre and OP resources
  - Weekly finance meetings
- Engaging wider team in financial recovery
- Workforce Update
- Staff engagement
- Ongoing Challenges

**MB/17/11/18** Management Board discussed staff morale and whether changes to the rota had contributed towards a downturn in this area. This was discussed and Management Board reflected that it was important to understand the exact reasons for some staff deciding to leave the service and to acknowledge the impact these kinds of changes could have on people's circumstances.

**MB/17/11/19** There had been more challenges than anticipated and some of the issues had a greater impact than anticipated. It was key to learn from this experience and identify risks for the future as strategic plans may require similar changes to be implemented and it was important to take away learning. Further feedback was expected from staff at a meeting due to be held the same week. The Chief Operating Officer acknowledged the scale and impact of the changes on individuals; more work needed to be done with staff following the changes.

**MB/17/11/20** Key issues were discussed in detail. It had been a difficult process but it was important to note that the service was safer for patients and that elective capacity had increased. There was further discussion about future plans for



other specialities and rotas in the context of the ACS hospitals services review.

**MB/17/11/21** The Update on Single Consultant on call rota T&O Presentation was NOTED. The Executive Team would consider risks in terms of the wider implementation of similar changes. **Execs**

#### **Operational Standards for 4hr Access**

**MB/17/11/22** As part of the NHSI Emergency Care Improvement Programme, NHSI had published a guide on how ED should interact with other specialities. An ED Consultant at the Trust had drafted some proposed urgent care standards to guide how ED interacted with the wider hospital; Nick Mallaband summarised the guidelines.

**MB/17/11/23** It was noted that in large part the guidelines were already standard procedure and that the Trust's performance was comparatively good in terms of ED breaches and performance must be maintained. Some of the rationale for the guidance was that nationally a significant level of ED breaches was due to internal delays. NHSI had identified this was often due to other specialities and the purpose of the guidelines were to help understand where the issues were. The guidelines were discussed and it was suggested that CGDs pre-agree which speciality would take which patients instead of having these discussions every day; broadly it was agreed that ground rules would be helpful although it was noted that some cases would need to be agreed on an individual basis, examples were provided of where this might occur. The guidelines would be circulated for feedback and CGDs would provide suggestions for which specialities should take which patients.

**NM/ALL**

**MB/17/11/24** The Operational Standards for 4hr Access Update was NOTED.

#### **Feedback from Care Groups / Corporate Directorates**

**MB/17/11/25** Diagnostics & Pharmacy - Andrew Barker provided the following update;

- Pathology Job planning had been completed earlier in year and was being monitored. A second round would be undertaken later in year.
- Imaging was moving to new rotas
- Plans for new CT were progressing
- Work had started on a business case for an additional MRI at Bassetlaw
- Feedback was awaited on the Pharmacy model
- Interviews for a Head of Services Pathology were due to take place the following week and the CG expected to make permanent appointment
- The CG GM was leaving in the new year; recruitment would commence for a replacement.

**MB/17/11/26** Children's & Families - Eki Emovon provided the following update;

- The RC Report had been discussed at a recent meeting; listening events had been organised to provide the opportunity to raise issues and a staff survey would commence at the same time.



- There had also been discussions about the Trust's Emergency C-section and induction rates.
- Hysteroscopy - Nurses had been undertaking training and an improvement was expected from January 2018.
- Job planning was progressing. There was work to do with on-call areas. Weekly meetings were taking place.

**MB/17/11/27** MSK & Frailty – Thrinath Kumar provided the following update;

- The T&O financial position had improved compared to M6
- Safety and quality indicators were good and infection rates were low.

**MB/17/11/28** Emergency - Nick Mallaband provided the following update;

- Update on Job Plans
- On trajectory to achieve ED target
- An acute medicine consultant was taking a sabbatical from December. Locum cover may be required until January and this would present a cost pressure.
- BDGH front door work due to commence in next few weeks
- Discussions about single rota ongoing
- The GI Bleed rota would present a cost pressure on the days there would not have been one previously. There would be an incremental change and a business case would be taken through CIG. The PAs were already in the budget but further clarification was required in terms of financial impact / budget allocation of PAs to other areas.

**NM/JS**

**MB/17/11/29** Surgical – Karen McAlpine provided the following update;

- Job planning completed for surgical – a few cases in mediation
- Anaesthetics –workforce planning progressing but challenging. Feedback from anaesthetists awaited following meeting with Medical Director.
- M7 financial position improved
- Endoscopy – JAG accreditation report received – more data to be submitted and further work to be done.
- Children's Surgery & Anaesthesia visit next week – 1<sup>st</sup> in south Yorkshire to be visited.

**MB/17/11/30** Specialty Services - Gill Payne provided the following update;

- Ongoing Stroke HASU issues
- Staffing issues – still awaiting response to offer of position to stroke consultant candidate, only have 2 stroke consultants.
- Job planning - Overall progressing
  - Urology work had stalled due to a shortage of urologists so unable to implement on-call week.
  - Cardiology 1 case in mediation
  - Haematology agreed but requested back pay





The feedback from Care Groups / Corporate Directorates was NOTED.

### **Update on BDO Work and Trust Priorities**

**MB/17/11/31** Management Board had received a report at the previous meeting on the findings and recommendations of the review of the Trust's CIP Governance arrangement undertaken by BDO. It had been agreed with NHSI that BDO would provide support to the Trust with CIP delivery and Grip & Control and the DoF presented a report summarising progress with that work. The presentation was circulated electronically during the meeting.

**MB/17/11/32** Updates on the following were provided:

Grip & Control – Staffing (Core Areas)  
Grip & Control – Staffing (Additional Areas)  
Grip & Control – Activity & Capacity  
CIP – Stretch Areas

**MB/17/11/33** Most CGDs had now met with BDO regarding the Grip & Planning work. The BDO Team had started work in October and would spend 4 to 6 weeks focussing on G&C. Controls and SOPs had already been agreed for Nursing, Estates, Medical and AHPs. BDO would stay at the Trust until the end of March to support CIP, this had been approved by NHSI. BDO had agreed to be available outside of normal hours for meetings and colleagues should be as flexible as possible with diaries to accommodate meeting requests.

The Update on BDO Work and Trust Priorities was NOTED.

### **Finance Report as at 30 September 2017**

**MB/17/11/34** Jon Sargeant presented the Finance Report that set out the Trust's financial position at month 6 and drew attention to key points as follows;

- Lower income than expected had caused a significant pressure within the Month 6 and 7 positions.
- The main area of income underperformance was elective activity largely driven by issues relating to orthopaedic theatre utilisation and medical rotas.
- The Trust had forecast its year end position and this work indicated that without remedial action the Trust would miss its control total by £3.2m. A recovery plan including external support from BDO (that is paid for on delivery of results) closed this gap. The impact of the poor income performance in-month made this recovery more risky if the income was not recovered in future months and there was a risk that the Trust would not qualify for Q3 STF funding.
- During September, expenditure had reduced from previous run rate levels, largely driven by a reduction in medical agency spend.

**MB/17/11/35** The income position was discussed; details of where income had been lost, reasons for underperformance and a summary of the key issues was provided. The Care Group had developed a recovery plan which was also discussed. The



plan was being coordinated by the Care Group business manager.

The Finance Report was NOTED.

#### **Update on Finance & Performance Committee activity**

- MB/17/11/36** The Director of finance provided a brief update on the last F&P meeting; The meeting had focused predominantly on the financial forecast, the committee had also received various enabling strategies and a presentation from BDO on the likelihood of delivering the plan.

The Update on Finance & Performance Committee activity was NOTED

#### **Corporate Risk Register**

- MB/17/11/37** Matthew Kane presented the Corporate Risk Register and Board Assurance Framework and highlighted the extreme risks that had been registered on Datix.

- MB/17/11/38** **Escalation of Risks** - Management Board reviewed the risks registered on Datix as 'Extreme' and considered whether they should be escalated to the Corporate Risk Register and the following was agreed:

- MB/17/11/39** The risk relating to cross cover working at BDGH by GP VTS Trainees providing cover to paediatrics had been rated L5 x C4 = 20 (Extreme) on the CRR. Management Board considered the risk in detail and discussed the key issues, the likelihood and consequence of the risk and the controls put in place to mitigate the risk if issues were to arise. The risk had been known to the Trust for many years but had not previously been escalated to this level which gave rise to the question what, if anything, had changed; it was noted that events had been monitored on Datix and none had been recorded. It was agreed to review the risk rating in more detail outside of the meeting, to clarify the risk scoring process and to ensure controls were working.

**MK/EE/DP**

The Board Assurance Framework and Corporate Risk Register was NOTED.

#### **Forthcoming Assessments, Inspections and Reviews**

- MB/17/11/40** Matthew Kane presented the summary report showing forthcoming reviews and previous reviews which had resulted in action plans.

- MB/17/11/41** The Children's Tier 2 Surgery Designation visit would be added to the schedule.

**MK**

The Forthcoming Assessments, Inspections and Reviews report was NOTED.

#### **Chief Executive's Report**

- MB/17/11/42** The Chief Executives Report was provided for information and NOTED.

#### **Business Intelligence Report as at 30 September 2017**

- MB/17/11/43** The Business Intelligence Report was provided for information and NOTED.

**Minutes of the Corporate Investment Group meeting**

**MB/17/11/44** The minutes of the Corporate Investment Group meeting held on 25 September 2017 were provided for information and NOTED.

**Minutes of the Planned Care Board meeting**

**MB/17/11/45** The minutes of the Planned Care Board meeting held on 21 September were provided for information and NOTED.

**Any Other Business**

**MB/17/11/46** MoU - South Yorkshire and Bassetlaw Local Maternity System Board – the memorandum had been circulated prior to the meeting and was noted. It set out the nature of the Local Maternity System Board between Organisations to be agreed locally. It had been designed to support delivery of the LMS Board action plan and its shared ambition arising from Better Births, including agreed principles for engagement, roles and responsibilities, governance arrangements and terms of reference.

Recruitment & retention allowances – In response to concern raised by Nick Mallaband the process for approving recruitment & retention allowances would be reviewed to ensure CGDs and GMS were made aware of any approvals/offers.

**KB****Items for escalation to the Board of Directors**

**MB/17/11/47** None.

**Items for escalation from Sub-Committees**

**MB/17/11/48** None.

**Date and Time of Next Meeting:**

**MB/17/11/49** Date: 11 December 2017  
Time: 2pm  
Venue: Boardroom, DRI

## Board of Directors Agenda Calendar

STANDING ITEMS			OTHER / AD HOC ITEMS
MONTHLY	QUARTERLY	BIANNUAL / ANNUAL	
JANUARY 2018			
CE Report	ANCR minutes (16.12.16)	Budget Setting / Business Planning / Annual Plan	Constitution
Business Intelligence Report	Chief Executive’s Objectives	SOs, SFI, Scheme of Delegation	CT/HASU (part 2)
MB Minutes	Complaints, Compliments, Concerns and Comments Report		Joint working
Finance & Performance Minutes			External reviews policy
Finance Report			
Chairs’ Assurance Logs			
FEBRUARY 2018			
CE Report	QEC Minutes	Budget Setting / Business Planning / Annual Plan	Finance Strategy
Business Intelligence Report	Board Assurance Framework & corporate risk register Q3		
MB Minutes			
HWB Decision Summary			
Finance & Performance Minutes			
Finance Report			
Chairs’ Assurance Logs			
MARCH 2018			
CE Report		Budget Setting / Business Planning / Draft Annual Plan	
Business Intelligence Report		Staff Survey	
MB Minutes			
HWB Decision Summary			
Finance & Performance Minutes			

Finance Report			
Chairs' Assurance Logs			
<b>APRIL 2018</b>			
CE Report	ANCR minutes	Draft Annual Report	Mandatory training update
Business Intelligence Report	Chief Executive's Objectives	Draft Quality Account	
MB Minutes	Complaints, Compliments, Concerns and Comments Report	Budget Setting / Business Planning / Final Annual Plan	
HWB Decision Summary			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>MAY 2018</b>			
CE Report	Board Assurance Framework & corporate risk register Q4 (inc. annual assurance summary)	Annual Report	
Business Intelligence Report	QEC Minutes	Quality Account	
MB Minutes		Annual accounts	
HWB Decision Summary		ISA260 and quality account assurance	
Finance & Performance Minutes		Charitable Funds minutes	
Finance Report		Mixed Sex Accommodation	
Chairs' Assurance Logs			
<b>JUNE 2018</b>			
CE Report	Board Assurance Framework	MB Annual Report	
Business Intelligence Report	Report from the Chair of the ANCR committee (Verbal)	SOs, SFI, Scheme of Delegation	
Bed Plan		ANCR Annual Report	
MB Minutes			
Finance & Performance Minutes			
Finance Report			

Chairs' Assurance Logs			
<b>JULY 2018</b>			
CE Report	Chief Executive's Objectives		Reference Costs
Business Intelligence Report	ANCR Minutes		Diversity and Inclusion
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>AUGUST 2018</b>			
CE Report	QEC minutes	Proposed AMM arrangements	Health and Wellbeing
Business Intelligence Report	ANCR Minutes	Annual Security Report	
Nursing Workforce		Infection Control Annual Report	
MB Minutes		Risk Policy	
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>SEPTEMBER 2018</b>			
CE Report			Catering Report
Business Intelligence Report			Teaching Hospital
Nursing Workforce			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>OCTOBER 2018</b>			
CE Report	ANCR minutes	Charitable Funds minutes	
Business Intelligence Report	Chief Executive's Objectives	Fred & Ann Green Legacy minutes	
MB Minutes	Complaints, Compliments, Concerns and		

	Comments Report		
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>NOVEMBER 2018</b>			
CE Report	QEC minutes	Annual Compliance against the National Core Standards for Emergency Preparedness, Resilience and Response (EPRR)	
Business Intelligence Report	Board Assurance Framework & corporate risk register Q2		
Nursing Workforce			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
<b>DECEMBER 2018</b>			
CE Report	Report from the Chair of the ANCR committee (Verbal)		
Business Intelligence Report			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 28 November 2017**  
**In the Boardroom, Bassetlaw Hospital**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director

<b>In attendance:</b>	Ruth Allarton	Associate Non-executive Director
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement
	Clive Tattley	Governor
	Jeanette Reay	Emergency Planning Officer

Two members of the public were also present.

**ACTION**

**Welcome and apologies for absence**

- 17/11/1** Apologies for absence were given on behalf of Philippe Serna and Dr Kirsty Edmondson-Jones.

**Declarations of Interest**

- 17/11/2** Board was reminded of the need to keep their registers of interests up-to-date.

**Actions from the previous minutes**

- 17/11/3** The list of actions from previous meetings was noted and updated.
- 17/11/4** In relation to action 17/01/13, it was noted that the development of the phase two teaching hospital was tied to the work that was taking place at the Quality and Effectiveness Committee in relation to research and development.

**Orthotics**

- 17/11/5** Due to priorities within the Orthotics Team, this item had been DEFERRED until December's Board meeting.



*The Chair reordered the agenda as a result, with item 8 being taken as the next item.*

### **Emergency Planning – Recent Developments and Future Plans**

- 17/11/6** The Board considered a report and presentation of the Chief Operating Officer and Emergency Planning Officer that set out the developments and future plans for the Emergency Planning Team.
- 17/11/7** The presentation set out the structure for emergency planning at the Trust as well as the Trust's obligations in relation to the Civil Contingencies Act 2004 as a category one responder and key areas of work. Details of the Trust's approach, workplan and challenges were shared. The Trust was involved in several exercises to test plans:
- Exercise Latitude – July 2017
  - Exercise Seven Hills – October 2017
  - Exercise Mohawk – December 2017
  - Trust wide exercise – Spring 2018
- 17/11/8** Further board-level development was planned for February 2018. In response to questions, the Board was advised that feedback from exercises were routed through the Business Resilience Steering Group. Other work was planned to ensure business continuity became everyone's business at the Trust. Board requested that an update on the Trust's emergency planning work be presented on an annual basis.
- 17/11/9** The report and presentation on Emergency Planning was NOTED.

### **Strategy & Transformation Update**

- 17/11/10** The Board considered a report of the Director of Strategy and Transformation which presented for approval the enabling strategies relating to Estates and Facilities and Clinical Site Development.
- 17/11/11** Linn Phipps commented that the Clinical Site Development Strategy was much improved on the previous version but felt that it would still benefit from adding a section around 'where we want to be' on page 15 and including milestones in the evaluation monitoring section, emphasising the importance of working with patients and co-production. However, the importance of keeping the strategy flexible and dynamic so that it could respond to the issues set out in the emerging Hospital Services Review was emphasised.

**17/11/12** There was a thorough discussion on the Estates and Facilities Strategy. It was felt that the SWOT analysis may benefit from enhancement. The strategy set out the scale of the backlog maintenance challenge facing the Trust. The Trust was likely to benefit from some of the additional capital commitment made in the Budget but the need for a clear plan was emphasised. There was a wider discussion about the need to look at where services were best delivered but this would still require significant capital investment. The Board was advised that across the NHS there was still a gap between what was required and what was affordable. The Trust was in discussions with the regulator to understand how this might be achieved.

**17/11/13** The enabling strategies for Estates and Facilities and Clinical Site Development were APPROVED, subject to amendments above.

#### **Trust Seal**

**17/11/14** The use of the Trust seal in respect of the following items was APPROVED:

<b>Seal No.</b>	<b>Description</b>	<b>Signed</b>	<b>Date of sealing</b>
87 & 92	Deed of variation in relation to retail outlet in main foyer, East Ward Block, Doncaster Royal Infirmary	Richard Parker Chief Executive	20 October 2017 & 15 November 2017
		Jon Sargeant Director of Finance	
88-90	Leases relating to Sodexo Ltd and Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital for the supply of catering	Richard Parker Chief Executive	20 October 2017
		Jon Sargeant Director of Finance	
91	Licence to carry out alterations at Doncaster Royal Infirmary for Sodexo Ltd	Richard Parker Chief Executive	15 November 2017
		Jon Sargeant Director of Finance	

#### **Chair's Assurance Log for Board Committee held 23 November 2017**

**17/11/15** The Board considered the assurance report of the Chair of Finance and Performance Committee following its meeting on 23 November 2017.

**17/11/16** In addition to the report, Neil Rhodes advised that work with BDO had commenced and they were finding areas where the Trust could make improvements. Executives were aware of the financial challenges faced by the Trust and the Committee was receiving good levels of assurance as a result. Furthermore, the Committee were obtaining key assurances from staff below executive level.

**17/11/17** The Committee acknowledged the risk arising from the financial challenges of undoing the good work that had taken place on rebuilding staff morale after Turnaround and maintaining quality of care.

**17/11/18** Board RECEIVED the Chairs' Log for assurance.

#### **Finance Report – October 2017**

**17/11/19** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 7, 2017/18.

**17/11/20** The month seven position was a £1.213m deficit, £1.425m worse than plan due largely to under delivery of income. The main reasons for the Trust being behind plan were the negative impact of not doing as much elective work in September and October as originally planned, additional costs for temporary staff particularly medical agency and higher than expected costs for building maintenance.

**17/11/21** The key issues and risks were set out to the Board including forecast, CQUIN targets and the current issues with the CCG over Referral to Treatment. Cash balances were healthy and a new cash committee was being established to manage the cash position. Furthermore, a new Efficiency Director had been appointed reporting into the Director of Finance to drive CIP delivery. The Trust was currently working to ensure the delivery of all of its efficiency programmes.

**17/11/22** Achievement of the Q3 financial target was crucial to drawing down additional sustainability and transformation funding but the position regarding trauma and orthopaedic income was still a risk. In response to a question about the future financial position, Board was advised that future forecasts were being planned. Board was advised that everything was being done to ensure the Trust remained on plan.

**17/11/23** Furthermore, the Trust remained committed to its capital plans with funds in place for fire work, IT, medical equipment and beds.

**17/11/24** The Board NOTED:

(a) the month 7 2017/18 financial position of £14.9 million deficit, £1,425k adverse to plan after removal of the STF funding and any variance related to donated asset income.

(b) the progress made with the implementation of the recovery plan agreed at the last meeting.

(c) the continuing under delivery on income.

(d) the risks particularly those relating to Doncaster CCG.

## Performance Report as at 30 September 2017

**17/11/25** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 7, 2017/18.

**17/11/26** Performance against key metrics included:

*4 hour access* - In October the Trust achieved 92.8% against the 95% standard (including GP access). Quarter 2 performance was also 92.8%.

*RTT* – In September, the Trust performed below the standard of 92% achieving 90.7%, an improvement over the previous month. Four specialities remained with a high number of patients above 18 weeks, due to a shortfall in capacity, these being: Ophthalmology, ENT, General Surgery and Orthopaedics.

*Cancer targets* – In September 62-day performance did not achieve the 85% standard, coming in at 82.1%, with our Q2 performance just under at 84.8%. A preview of October showed an improvement in performance, following the changes to the prostrate pathway.

*HSMR* – The Trust's rolling 12 month HSMR remained better than expected at 87.8, an improvement from last month.

*C. Diff* – The rate of cases remained above trajectory compared to last year. Interventions on Deep Cleaning, Antibiotic Stewardship and monitoring hand washing compliance all continued.

*Nursing Workforce* - The Trust's overall planned versus actual hours worked in October was 99%. Two wards had scored red in the month and would be subject to a quality summit.

*Appraisal rate* - The Trust's appraisal completion rate dipped to 56.43%, lower than last month.

*SET training* - There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of October the rate was 73.91%.

*Sickness absence* – October had seen a further rise in the monthly sickness levels to 4.6% in month resulting in a slight rise in the cumulative figure to 4.25%. This figure was an improvement from the same period last year (4.64% in month and 4.53% cumulative). The increase in episodes of absence had been associated with short-term absence (less than 28 days). The HR Business Partners continued to emphasise the need to undertake return to work interviews.

- 17/11/27** In response to a question from John Parker, the Board was advised of the different streaming models that were in operation at the Doncaster and Bassetlaw sites. Bassetlaw was delivered through the Accountable Care Partnership and was working satisfactorily but required further capital work.
- 17/11/28** In response to a question from Alan Armstrong relating to the theatre transformation project, the Board was advised of three different work-streams in operation, looking at patient pathways, work in theatres and the scheduling system with outcomes expected next year.
- 17/11/29** In response to a further question from Alan Armstrong regarding expected increase in numbers from the development of the hyper-acute stroke service, Board was advised of the recruitment exercises taking place to attract new stroke consultants and that the hyper-acute element was a pull factor in attracting applicants.
- 17/11/30** In response to a question from Linn Phipps about how the Trust collected, measured and reported qualitative feedback, Board was advised of the different mechanisms through which intelligence was gathered including the Ward quality assessment tool, Patient Experience and Engagement Committee and the Hard Truths data. A report on A&E experience would be brought to a future Board meeting. Linn Phipps advised that the Quality and Effectiveness Committee were also considering a new quality dashboard at their next meeting.
- 17/11/31** In response to a question around Respiratory ward, which had scored red in the previous month, Board noted that the ward was multi-disciplinary, had formed of two previous wards and now consisted of 56 beds. There was a need to continue to monitor this and, in the long-term, decide whether a 56-bed ward was the best model.
- 17/11/32** The number of serious incidents in the month was comparatively high at 12 when compared with previous months and this was being investigated. In response to a question from Alan Armstrong, the Board was advised that the Trust still had a low SI rate per 1,000 patients but this month it had been out with the mean.
- 17/11/33** In response to a question from John Parker about the number of staff in the Estates and Facilities Team who had benefitted from an appraisal, Board were assured that plans were in place to drive up the current level and to also look at instigating a three-month window in which all appraisals would need to be conducted. It was noted that this was an aspect of good practice in other sectors.
- 17/11/34** The Performance Report was NOTED.

## **Well Led Governance Review Action Plan**

- 17/11/35** The Board considered a report of the Trust Board Secretary that presented for sign off the action plan from the Well Led Governance Review undertaken the previous year.
- 17/11/36** While one or two minor actions were still outstanding the action plan overall was green with all actions shown as complete. This would be triangulated as part of the KPMG audit into corporate governance.
- 17/11/37** The Board AGREED to sign off the Well Led action plan as complete.

## **Reports for Information**

- 17/11/38** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Finance and Performance Committee minutes, 24 October 2017
- Quality and Effectiveness Committee, 24 October 2017
- Minutes of Management Board, 9 October 2017
- Board of Directors' Calendar

## **Items escalated from Sub-Committees**

- 17/11/39** None.

## **Minutes**

- 17/11/40** The minutes of the meeting of the Board of Directors on 31 October 2017 were APPROVED as a correct record.

## **Any other business**

The Chair consented to one item of other business.

## *Still births news report*

- 17/11/41** Board was advised of a news item that day relating to the requirement for reviews into still births and whether the Trust had any learning to implement as a result. The Board was advised that the review had been instigated by the Coroners' Office. All still births at the Trust were investigated.

### **Governors questions regarding business of the meeting**

- 17/11/42** Clive Tattley asked whether the Trust had any issues with clinics being cancelled as a result of notes not being available. The Board was advised that this had not been flagged as a current issue. There had been some historic issues with notes not being available but storage had improved and the RFID electronic tracking system had been implemented.
- 17/11/43** In relation to a further question about the 62-day cancer wait being behind target in September 2017, the Board was advised that it was above target in October.

### **Date and time of next meeting**

- 17/11/44** 9.00am on Tuesday 19 December 2017 in the Boardroom, Montagu Hospital.

### **Exclusion of Press and Public**

- 17/11/45** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England  
**Chair of the Board**

**Date**