Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

The meeting of the Board of Directors
To be held on Tuesday 28 November 2017 at 9.00am
in the Boardroom, Bassetlaw 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 Graham Moore - Orthotics DRI Therapy Professional Lead	Presentation
Reports for decision		
5.	Enabling Strategies Richard Parker – Chief Executive Marie Purdue – Director of Strategy and Transformation	Enclosure B
6.	Use of Trust Seal Matthew Kane – Trust Board Secretary	Enclosure C
Reports for assurance		
7.	Chairs Assurance Log for Board Committees held 23 November 2017 Neil Rhodes – Chair of Finance and Performance Committee	Enclosure D
8.	Emergency Planning – Recent Developments and Future Plan David Purdue – Chief Operating Officer	Enclosure E
9.	Finance Report as at 30 September 2017 Jon Sargeant – Director of Finance	Enclosure F
10.	Performance Report – Month 7 Led by David Purdue – Chief Operating Officer	Enclosure G
11.	Well Led Governance Review – sign off Matthew Kane – Trust Board Secretary	Enclosure H

Reports for information

12.	Chair and NEDs' Report Suzy Brain England – Chair	Enclosure I
13.	Chief Executive's Report Richard Parker –Chief Executive	Enclosure J
14.	Minutes of Finance and Performance Committee, 24 October 2017 Neil Rhodes – Chair of Finance and Performance Committee	Enclosure K
15.	Minutes of Quality and Effectiveness Committees, 24 October 2017 Linn Phipps – Chair of Quality and Effectiveness Committee	Enclosure L
16.	Minutes of Management Board, 9 October 2017 Richard Parker – Chief Executive	Enclosure M
17.	**To note:** Board of Directors Agenda Calendar Matthew Kane – Trust Board Secretary	Enclosure N

Minutes

18.	To approve the minutes of the previous meeting held 31 October 2017	Enclosure O

19. Any other business (to be agreed with the Chair prior to the meeting)

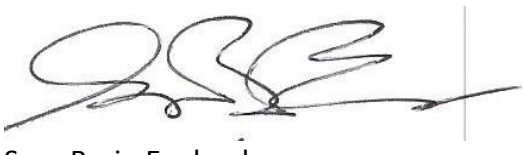
20. Governor questions regarding the business of the meeting

21. Date and time of next meeting

Date: 19 December 2017
Time: 9.00am
Venue: Boardroom, Montagu Hospital

22. 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 or text 0799 9924276.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Action Notes

Meeting: Board of Directors

Date of meeting: 31 October 2017

Location: Boardroom, DRI

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

Apologies: None

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. Target date changed from September.
2.	**17/04/32**	Timetable six month review of CIPs.	**JS**	**November 2017**	Complete. On agenda.
3.	**17/04/54**	Invite NEDs to future quality summit.	**MH**	**November 2017**	Complete.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

No.	Minute No	Action	Responsibility	Target Date	Update
4.	**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**	**November 2017**	Partially complete. Presentation on agenda.
5.	**17/06/34**	Board to meet with care group directors regarding EEPs.	**MK**	**December 2017**	To be arranged. Target date updated.
6.	**17/10/42**	Hold Board workshop on System Perfect involving partners.	**DP**	**December 2017**	Action not yet due.

Date of next meeting: 28 November 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

Title	**Strategy & Transformation Update**		
Report to	**Board of Directors**	**Date**	**28th November 2017**
Author	**Marie Purdue, Director of Strategy & Transformation**		
Purpose			Tick one as appropriate
	Decision		√
	Assurance		
	Information		

Executive summary containing key messages and issues
The purpose of this paper is to ensure that Board has sight of the development and updating of the remaining enabling strategies which support the implementation of the Strategic Direction 2017-2022.
Key questions posed by the report
Do the Board agree that the strategies align to the Strategic Direction 2017-2022?
How this report contributes to the delivery of the strategic objectives
This report identifies progress with the enabling strategies required to support the implementation of the strategy.
How this report impacts on current risks or highlights new risks
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.
Recommendation(s) and next steps
The Board of Directors is asked to **approve** the strategies and advise on any additional actions which may be required.

1 Introduction

Five of the enabling strategies were agreed at Board last month having already been reviewed in detail at Quality & Effectiveness Committee (QEC). The purpose of this paper is to update Board of Directors on the development of the remaining enabling strategies which support the implementation of the Strategic Direction 2017-2022.

2 Strategies Presented to Finance & Performance Committee

The following strategies were reviewed at the Finance & Performance Committee (F&P) at the end of October:

- Estates & Facilities Strategy
- Clinical Services Strategy (reviewed by F&P and QEC)
- Digital Strategy

Minor amendments to Estates & Facilities and the Clinical Services strategies have been made by the Executive owners in line with the committee feedback; the revised versions are included at Appendix 1 for approval. Following the Board meeting, these strategies will be formatted by the Communications Team to ensure standardisation.

Progress on key milestones will be monitored by the Executive owner and reviewed by QEC and F&P on a schedule identified by the Committees.

The Digital Strategy is still under development and will be submitted to Board in December, alongside the Finance Strategy.

The Research & Development Strategy is not due for review until next year and good progress is being made with the objectives. This will be reviewed in 2018.

3 Strategy Summaries and Communication

As requested at Board, work has commenced on a summary document and a supporting animation to explain the implementation of the Strategic Direction 2017-2022. This will be structured around the five objectives with patient experience at the centre and will contain highlights from the enabling strategies, including some examples of what the future state will look like.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Clinical Site Development Strategy

Introduction

The Clinical Site Development Strategy sets out our ambition for the future and provides a framework of how the Trust will retain its strong reputation by working with patients, partners, and the public to maintain and improve the delivery of high quality, integrated care.

To be able to deliver high quality and high performing, efficient and effective care we need to make best use of the facilities on each of our sites.

The main clinical sites are:

Doncaster Royal Infirmary (DRI): A large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to the full range of district general hospital care, DRI also provides some specialist services including vascular surgery. It has inpatient, day case, diagnostic and outpatient facilities.

Bassetlaw Hospital (BH) in Worksop: An acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services including a breast care unit and renal dialysis. BH has inpatient, day case and outpatient facilities

Montagu Hospital (MH) in Mexborough: A small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led minor injuries unit, open 9am to 9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the abdominal aortic aneurysm screening programme.

We aim to improve pathways for patients who require planned care and we want to make sure that all of our expensive theatre, clinic and diagnostic resources are utilised to optimal levels.

We also need to respond to changes resulting from implementing national best practice that are likely to result in increased pressure on emergency capacity at the DRI site and make sure that front door emergency services on both BH and DRI sites are functioning as efficiently and effectively as possible to deliver the right care in the right place.
Over the next five years we will continue to strengthen our partnerships with our community care providers, social care and primary care services, alongside our other multi-agency partners to deliver our mission and vision and improve the health and outcomes for our local communities.

Key Outcomes

- Improved patient experience by care being delivered in the right place, first time
- Efficient and effective use of elective services and moving more elective care to the Bassetlaw site
- Developing Urgent Care services at DRI as the second Emergency unit in the Accountable Care System
- Developing a centre of excellence for rehabilitation services at Mexborough Montagu

Executive Summary

As a Trust, we are extremely proud of the excellent improvements in the quality of care we continue to provide for our patients, an achievement we have sustained for the fourth year in a row. As part of this achievement, we have seen further reductions in severe avoidable pressure ulcers, falls and infections and our mortality rate has also reduced in comparison to last year and well within the expected range. Maintaining quality of care is fundamental to our future plans and lies at the heart of all we do.

In January 2017, we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). We gained this accreditation due to our long-standing commitment to improving education and growing research, as well as ensuring that we are an integral partner in the training of clinical and medical staff in the region. Becoming a teaching hospital is of huge benefit to both our patients and staff, with further improvements to be made in innovative and quality health care, delivered by our professional team that is actively teaching and involved in research initiatives.

Following financial challenges which became apparent in Autumn 2015, we have also made great progress in our cost saving and efficiency efforts and these will continue into the future. The progress we have made has been due to a number of factors, but can be mostly attributed to the 'can-do' attitude and enthusiasm of our staff, who have been working in different and innovative ways. Throughout this process it has been our goal to ensure that the patient remains our focus and we believe that, despite increased demands and challenges, we have achieved this.

Thanks to our identified savings, and a one-off support payment from NHS Improvement for our strong performance against our financial plan, we have started this planning period in a better position than expected. Like many other NHS organisations we will continue to face significant changes and challenges, and in order to meet these, we have developed our strategic direction in anticipation to ensure we work effectively both internally and with partners to develop solutions.

Over recent years we have strengthened our links with health and care partners in South Yorkshire and Bassetlaw, working as part of the Working Together Vanguard to develop new care models. We are also an integral partner of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) which has now become a first wave Accountable Care System (ACS).

This is thanks to established strong relationships with neighboring trusts and clinical commissioning groups, and is built on the foundations of a proven history of working together to improve health and care for our population.

Where are we now?

We provide a range of services and are uniquely placed in the north of the South Yorkshire and Bassetlaw area with good access routes to and from our hospital sites. Our multiple sites provide a number of benefits in terms of access and flexibility which presents opportunities for development.

Regional funding is likely to be available to support capital investment requirements associated with new models and changes to pathways as part of the South Yorkshire and Bassetlaw Accountable Care System (ACS).

Whilst being a multi-site organisation provides many opportunities it can also create difficulties in providing staffing, especially given national and local shortages in appropriately qualified staff.

Our estate is mixed, with recent investment in new buildings and services, and some older facilities and infrastructure with associated costs.

Changes to clinical pathways and increased demand puts pressure on our diagnostic facilities, which we are addressing but we are also constantly looking for ways to ensure these are used as efficiently as possible.

Where are we now?

STRENGTHS	WEAKNESSES
✓ Uniquely placed in the north of the STP footprint with a large population size (420,000+) and engaged local communities with two way communication ✓ Resilient leadership team – with excellent external relationships ✓ Major stake holder in Doncaster and Bassetlaw Place plans ✓ Increased confidence in DBTH - result of delivery of licence actions, Internal management of Financial Improvement Programme (FIP), maintaining market share with tender success and governance review showing high leave of transparency/external scrutiny ✓ Continued achievement of other quality indicators and good position relative to other trusts on key target ✓ Award winning established professional teams and services with committed, efficient and resilient staff and national recognition for discharge with good trust membership and governor influence ✓ Increasingly specialised workforce, potentially producing better outcomes ✓ Track record of working with local strategic partners to develop services including a range of specialist services. Designation as a trauma unit. AAA, satellite chemo, onsite urgent care centre and bowel screening provider.	• Reputational damage from financial misreporting – still present although fading • Physical infrastructure and backlog maintenance requires significant investment – funding source not currently identified for all work required • Position of DRI site makes physical expansion for increasing emergency/specialist services in line with ACS difficult to achieve whilst maintaining local provision for Doncaster population • Split site operations relatively inefficient and generate staffing challenges • Bassetlaw Hospital serves a population of less than 110,000 – challenge to sustain some local services especially given significant shortages of staff (especially for on call/specialist workforce) reflecting national picture • Elective and non-elective capacity challenges leading to RTT challenges
OPPORTUNITIES	**THREATS**
✓ Refreshed Boar and Teaching Hospital status represents an opportunity for strategic site development ✓ ACS is both an opportunity and a threat – threat mitigated by proactive involvement ✓ Can optimise position in the north of the ACS footprint with a large population size (420,000+) and become an established second major emergency care site with associated specialisms ✓ Recent Teaching Hospital status should attract workforce and investment ✓ Recent recruitment to Quality Improvement and Innovation posts to increase Qii capability and capacity ✓ Opportunity for development of new model/review utilisation of space ✓ Potential to address infrastructure investment requirements through joint public/private partnerships ✓ Development of screening services across local and wider areas ✓ Providing a strong service offer through vibrant local hospitals and off site clinics to deliver additional catchment population for specialist services, Opportunities to take on services to use sites better eg. consistent dementia care across sites, additional CT capacity ✓ Develop alternative staffing solutions in key specialties and services ✓ Further improve our Research, Development and Innovation profile ✓ Increased governors membership may benefit the Trust ✓ Stability and organisational memory, high standards of care at DBTH to be benchmarked against ✓ Partnership working with other Trusts/organisations and Community based services, intermediate care	• Pace of ACS changes not sufficient to address current operational challenges and suspicions on plans with insufficient public information engagement • Lack of identified funding for pathway changes and any physical expansion for increasing emergency/specialist services in line with ACS • Staffing – recruitment and retention challenges mirroring national picture • Impact of locum agency cap and impact of any local or regional non-compliance on fill rates • Contract challenges – demand might not reduce as anticipated by commissioners • Impact of service challenges elsewhere increasing demand for services from DBH before ACS plans are available to address this in a proactive way • Potential changes to key commissioned services as a result of regional reviews • Sustained financial recovery • Priorities partnership working – ensure all partners inputting as needed (greater dependencies)

Where do we want to be?

Clinical Site Development Plan

In 2016 DBTH a detailed analysis of clinical services was conducted by speciality level, led by the Care Group Directors and supported by the senior clinical and managerial staff.

Using the information, statistics and outcomes from the analysis each Care Group determined their priority objectives for the strategy over the next five years. This has enabled detailed plans for each of the services to be developed in line with our vision and objectives.

Our strategic objectives are:

- We will work with patients to continue to develop accessible, high quality and responsive services.
- 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.
- We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
- We will increase partnership working to benefit people and communities.
- We will support the development of enhanced community based services, prevention and self-care.

The analysis of services on each main site used a set of principles which where adhered to throughout the review.

- Patient centred, safe services
- Maximise the efficiency and effectiveness of Trust sites
- Work in partnership with other providers to improve outcomes
- Standardised approach to pathway delivery across CCGs and hospitals
- Senior clinical triage with access to multi-disciplinary triage where appropriate
- Diagnostics ordered once and only when clinically necessary
- One stop services/co location to improve patient experience
- Follow up once and only when necessary
- Increase the use of Integrated IT/information

Where do we want to be?

The analysis undertaken by each of the six Care Groups provide the basis of a framework for the Clinical Site Strategy, in line with the Strategic Direction, that takes into account staff views, engagement with clinical commissioners, partners and the wider community.

Each Care Group assessed services based on the above principles, taking into account the following:-

- Patient experience, complaints/compliment information
- Workforce sustainability, locum/agency spend as a percentage of permanent staff
- Clinical sustainability, based on best practice clinical guidelines
- Financial sustainability, efficiency and effectiveness
- Opportunities to work better together, internal and external to the organisation
- Bassetlaw and Doncaster Place Plans and the South Yorkshire and Bassetlaw Accountable Care System

The analysis has been used to plan for each service element within Care Groups a number of options such as development/expansion, partnership working, providing it in a different way, or understanding when service provision at DBTH does not add to value to patients and communities.

A key element of this is to ensure our three main sites are utilised effectively and efficiently in delivering services, which might include considering single site working for some specialities.

Services on each site have been categorised into:

Core Services/ Interdependent
These services are essential for the delivery of the hospitals fundamental purpose of providing rapid access to acute care for the local and tertiary population. Core services define the Trust's priorities for development and further investment.

Partnership with interdependent services
These services are closely linked to the provision of core services, example chemotherapy, provided locally for patient experience but supported by Sheffield Teaching Hospital or internal synergies between elective and trauma services.

Partnership with a purpose is vital in ensuring local provision in the wider ACS and is a key objective for a number of specialties for them to remain sustainable.

Minimal interdependencies
Those services which are important to our role in providing a comprehensive range of services to our population, but that stand alone and not necessarily required on site for other services to be maintained.

Where do we want to be?

The following tables identify the category of each service that are provided on the three main sites
Doncaster Royal Infirmary

Care Group	Service		
	Core/ Interdependent	**Partnership with interdependencies**	**Minimal interdependencies**
Emergency	Emergency Dept		
	Acute Medicine		
	Respiratory Medicine		
	Gastroenterology		
Frailty	COTE		Rheumatology
	Trauma	Elective Orthopaedics complex	
	Acute Physiotherapy	Physiotherapy	
		Occupational Therapy	
		Dietetics	
		Speech and Language	
Surgery	Emergency Surgery	Colorectal	Audiology
	Endoscopy	Upper GI	Pain Management
	ENT	Bariatric, complex	Ophthalmology Elective/complex and paediatrics
	Anaesthesia		
	DCC		
Specialist Services	Vascular Access	Urology	Dermatology
	Cardiology	Elective Vascular	
	Stroke	Breast Services	
	Haematology	Palliative Care	
		Oncology/Chemotherapy	
		Diabetes and Endocrine	
		Neurology	
Families	Acute Paediatrics	Elective Paediatric surgery	
	Neonatal Services	Elective Gynaecology	
	Maternity Servives		
	Acute Gynaecology		
	Pharmacy	Nuclear Medicine	
	Interventional radiology	Fluoroscopy	
	Radiology	Histopathology	

Diagnostics and Pharmacy	DSA	MRI	
	CT		
	Ultrasound		
	Blood Sciences		
	Transfusion Services	Microbiology	

Bassetlaw District General Hospital

Care Group	**Service**		
	Core/ Interdependent	**Partnership with interdependencies**	**Minimal interdependencies**
Emergency	Emergency Dept		
	Acute Medicine		
	Respiratory Medicine		
	Gastroenterology		
Frailty		Intermediate Care	Rheumatology
	Trauma	Elective Orthopaedics	
	Acute Physiotherapy	Physiotherapy	
		Occupational Therapy	
		Dietetics	
		Speech and Language	
Surgery	Endoscopy	Colorectal	Audiology
	DCC	Upper GI	Ophthalmology
	Anaesthesia	Bariatric	
			Pain Management
Specialist Services	Cardiology	Urology	Dermatology
		Breast Services	
		Palliative Care	
		Stroke Rehab	
		Diabetes and Endocrine	
		Haematology	
Families	Acute Paediatrics	Elective Gynaecology	Community Paediatrics
	SCBU		
	Maternity Services		
Diagnostics and Pharmacy	Pharmacy		Breast Screening
	Radiology		
	MRI		
	CT		
	Ultrasound		
	Blood Sciences		
	Transfusion Services		
	Microbiology		

Mexborough Montagu Hospital

Care Group	Service		
	Core/ Interdependent	**Partnership with interdependencies**	**Minimal interdependencies**
Emergency	Minor Injuries		
	OPD services		
Frailty	Rehabilitation		
	Stroke Rehabilitation	Physiotherapy	
		Occupational Therapy	
		Dietetics	
		Speech and Language	
Surgery	Day Surgery	Ophthalmology	Pain Management
	Anaesthesia		Maxillofacial
	OPD services		Orthodontics
Specialist Services	OPD services		Dermatology
Diagnostics and Pharmacy	Pharmacy		
	Radiology		

The Trust is a major stakeholder in the Doncaster and Bassetlaw place based plans as well as the South Yorkshire and Bassetlaw Accountable Care System (ACS). As key partners we are working jointly with our commissioners to ensure that our services meet the needs of the population we serve for the next five years.

For the South Yorkshire and Bassetlaw Accountable Care System plan see: ADD IN LINK
For the Doncaster Place Plan see: ADD IN LINK
For the Bassetlaw Place Plan see: ADD IN LINK

Objectives and Goals

The place plans are focused on urgent and emergency care, intermediate care, key elective services and early years to ensure the population are treated effectively in the right place, first time. Examples of some of the ways we will work together include:

Urgent and Emergency Care

The Trust will continue to develop the Emergency Department (ED) at DRI which is the second largest in South Yorkshire. In addition to the further development of front door streaming and co-located urgent care facilities, the Trust plans to transfer minor injuries to a separate area to create additional space in the main department to expand the ED. Dependent on national funding, the expanded area will include a nine bedded resuscitation room and a further 10 cubicles in the majors area to address the demand of the service as pathways to DRI increase with the proposed changes to the South Yorkshire and Bassetlaw stroke pathways and the potential impact from ACS developments. Part of this development will be the colocation of a CT scanner to improve patient pathways within emergency care.

At Bassetlaw Hospital we are committed to a 24/7 ED and will continue to work with the CCG to review streaming pathways and develop greater access to other urgent care services from ED. Funding has been agreed for improvements to the front door and streaming environment. In addition we will plan to develop our acute medical service increasing the provision of acute physicians and developing a dedicated facility which combines acute assessment, short stay beds and ambulatory care.

We constantly aim to provide care for the whole person and we continue to work in partnership with Rotherham, Doncaster and South Humber (RDASH) and Nottinghamshire Healthcare NHS Foundation Trusts to further enhance the mental health urgent care offer at both DRI and BH. We will also continue to develop services to respond specifically to the needs of frail older people, including access to specialist assessment skills and appropriate assessment areas.

We will continue to provide the well-used minor injuries service at MH and look to enhance the nurse led model in this area.

Intermediate Care

Identified within both Doncaster and Bassetlaw Place Plans the requirements for intermediate care are being reviewed. As a key stakeholder DBTH is committed to improving the provision of Intermediate Care. Within the Doncaster Place Plan we are working with partners to ensure that alternatives to admission and appropriate non acute bed based pathways are effective. These plans will assist with capacity on the DRI site. The further improvements in the frailty pathways play a key role in this plan.
Within the Bassetlaw Place Plan the need to enhance the provision of frailty assessment is pivotal in improving the pathways across primary and secondary care. The Trust is committed to supporting the provision of intermediate care on the Bassetlaw site.

Rehabilitation

Montagu Hospital provides medically led rehabilitation and offers excellent facilities for patients. With the Trust' Teaching Hospital status we are exploring the opportunities to develop the site as a rehabilitation educational facility, offering enhanced services for staff and patients.

Planned Care

DBTH will continue to deliver a comprehensive portfolio of planned care which is complementary to the delivery of our core acute services. As part of our efficiency programme we will improve the utilisation and productivity of our out-patient services and theatres.

We will transfer day cases to outpatient procedures and inpatient work to day-case in line with best practice to be top performing in all areas. As part of the Care Group review we plan to move appropriate services to Bassetlaw and Mexborough Montagu sites to ensure high quality estate and theatre capacity is used effectively at the same time as developing urgent surgical and trauma capacity at DRI.
Demand and capacity work has been undertaken to review how services will be delivered, in line with our strategic objective:
We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

The Trust is planning on increasing the capacity for key diagnostic imaging as the demand for these services increases.

The delivery of effective cancer care remains a core service for the hospital. We will continue to work as part of the Cancer Alliance seeking to deliver as much care locally where possible. The development of a second CT scanner is planned to ensure timely scans for the detection and staging of cancer patients.

Acute Paediatrics and Maternity Services

As a Trust we are committed to providing both maternity and children's services on both DRI and BH sites.

Acute Paediatrics

The Trust will continue to provide assessment and treatment of paediatrics on both the DRI and BH sites. Future models of paediatric care as identified in the Facing the Future document are being reviewed in the Accountable Care System and the Trust is an active stakeholder in reviewing the provision of safe, effective, paediatric care for our local population.

The Trust is working with commissioners and primary care to review paediatric services across the whole pathway to improve outcomes for children.

Maternity Services

The Trust will continue to provide a maternity service on both DRI and BH sites. These services will offer women a choice for local delivery including the increased provision for home births, depending on their needs. The Trust is working with the Accountable Care System to review the impact of the Better Births plan and how this may influence the services provided within South Yorkshire and Bassetlaw.

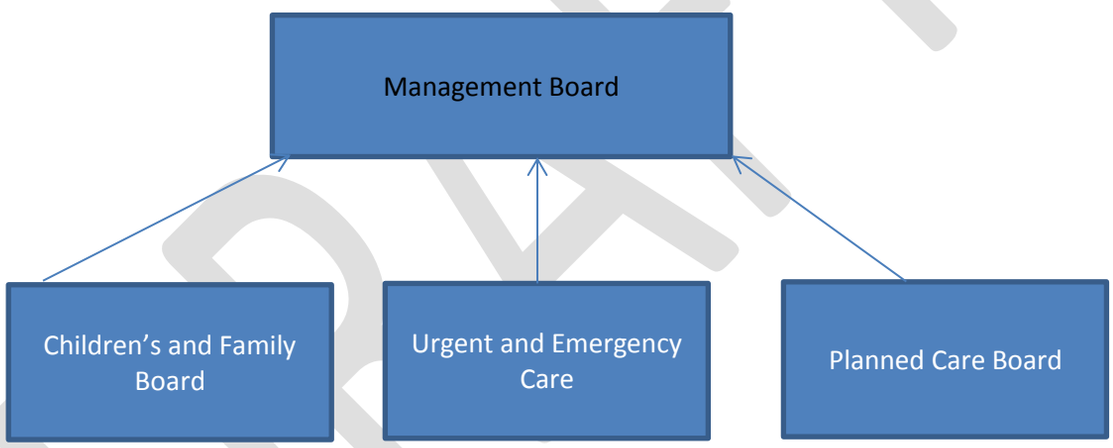
Evaluation and Monitoring

Implementing the Clinical Site Strategy

The Trust has set up three strategic steering boards in order to operationalise the clinical site development strategy.

- Urgent and Emergency Care
- Planned Care
- Families and Paediatric Care

Each Board is chaired by a Care Group Director and include members of the Executive Team, CCG representatives, care group staff and governors. Work plans are developed to ensure that the Trust meets the objectives set in the strategic direction. The 3 steering boards fit into the governance structures within the Trust and feed into the Management Board, with escalation to the Board of Directors.



The 3 Boards have work plans which will deliver the key strategic changes, examples are the transfer of elective work from Doncaster to Bassetlaw to improve Theatre and bed utilisation at Bassetlaw, the development of the out of hours workforce at Bassetlaw and the Tier 2 paediatric surgery designation requirements for Doncaster. Each element of the work plans have been agreed by the Boards with identified leads and timescales to ensure delivery of outcomes of the groups, which are aligned to the Trust Strategic Direction.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Estates and Facilities Strategy Summary 2017 – 2022

1. EXECUTIVE SUMMARY

This 5 year Estates & Facilities Strategy is one of the ten key strategies underpinning the delivery of the Trust's Strategic Direction 2017 – 2022 and is interlinked with the other nine. It recognises the value that delivering estates and facilities services can add by enabling an organisation to achieve its objectives and to continuously improve its performance.

The strategy has been developed in accordance with NHS Estates Guidance and aims to ensure that the Trust provides safe, secure, high quality healthcare buildings to support current and future needs. The strategy identifies where we are now, where we want to be, and how we will get there. Identifying the current state will be achieved by evaluating the condition of the existing estates through 7-Facet condition and performance surveys, and identifying backlog costs linked to estates risks. Qualitative and quantitative data will be used to assess our operational performance and to develop a transformation plan. Our future state will be identified in conjunction with clinical site development plans and through identifying local and national drivers for change. Key estates aims will be derived from this work, which will form the basis of site development plans detailing how we will get to our future state position taking account of key financial assumptions and risks to achievement. Our intentions to explore innovative partnerships with both the public and private sector to attract investment will be described. Performance will be measured against the following five Estates and Facilities strategic aims:

1. Have in place suitable systems and processes designed to ensure delivery of high quality services, working with internal customers to develop a Transformation Plan for Service Improvement.
2. Have appropriate staff deployed to deliver Estates and Facilities services to required standards.
3. Train and develop staff to maximise their individual performance and potential, ensuring they are engaged, motivated and empowered.

4. Demonstrate the achievement of both quality and efficiency through the delivery of quantitative KPI's and qualitative outcomes and measures.
5. Ensure the estate is fit for purpose in line with NHS Estate Code definitions.

The achievement of these strategic aims will be supported by a Transformation Plan which consists of the following three workstreams:

- Capacity & Capability Review
- Qii Performance Project
- Cultural Change Project

The transformation plan will be developed and delivered by a Virtual Improvement Team, drawing upon internal and external expertise as required.

The delivery of this 5 year Estates and Facilities Strategy will provide the physical infrastructure, and quality performance framework, with which the Trust can ensure the delivery of sustainable services into the future.

1.1. Where are we now?

The services which form the wider Estates and Facilities Directorate at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) are unusual when compared to peers in that most of the services are currently provided in-house, with the exception of security services and linen and laundry. However, work to market test in-house services which began in 2016/17 has recently resulted in Trust Board approval to outsource Patient and Retail Catering Services, achieving significant benefits to the Trust including improved quality and choice for patients, staff and visitors, and significant capital investment in infrastructure and equipment replacement. In addition, at the time of writing, tender evaluations are underway for the outsourcing of HSDU services with the aim of achieving similar benefits to those being realized within the catering outsource project, with the additional benefit of a potential to release valuable clinical accommodation on site.

In conjunction with the outsourcing of Patient and Retail Catering Services, Facilities Services have recently undergone significant transformation following a complete redesign of cleaning and portering services at the Doncaster Royal Infirmary (DRI) site. The 18 month LEAN project completed in the early part of 2017 and realised an improvement to the quality of services, at the same time as achieving significant efficiency savings.

During the last year a number of assets identified for disposal have successfully been disposed of, either on the open market or at auction, serving to both reduce underutilized estate and attract sales receipts. These include;

- Barrowby House – Worksop
- Victoria Residences – Worksop
- Highland Grove Plot – Worksop
- 9, 19 and 21 St David's Close – Worksop

In addition, a mothballed Day Nursery building situated on the BDGH site has been leased to a local nursery provider, with the added benefit of offering priority places for Trust staff. Following a successful OFSTED inspection in August, the nursery opened in September 2017.

Property currently on the market for disposal is:

- 5 Highland Grove, Worksop

Plans are in development to identify further underutilised assets for disposal, development, and off-site assets that require significant capital investment including:

- Southside Plot, Bassetlaw
- Nurses Home plot, Mexborough
- Chequer Road Clinic, Doncaster

Whilst successes have been seen in recent times within the Facilities Services areas, and in terms of asset disposals, the Estates Services face significant challenges due to the need to function from an aged estate which has endured chronic under investment for an extended period, particularly at the DRI site, and the need for substantial capital investment in the infrastructure. The most recent 7-Facet Survey undertaken in 2015/16 identified £58m of

backlog maintenance, with a risk-adjusted figure of £24m, and a further £1.8m relating to statutory compliance. This type of historical lack of investment in the infrastructure can place Trusts at risk of severe interruption to services, as well as enforcement action by regulators. Both have been experienced in recent times at the DRI site, with intermittent power loss due to a historical lack of maintenance of the High Voltage system and generators being over 50 years old, and the issuing of enforcement notices by the local Fire Service. There is also a need to review the capacity and capability of the Estates workforce due to the requirement to improve performance with respect to planned preventative and reactive maintenance.

1.2. Where do we want to be?

The Estates and Facilities Services must be able to ensure the delivery of a quality, safe environment within which the Trust delivers its services. All services delivered by Estates and Facilities must be of a high quality and be cost effective, being benchmarked in the top quarter percentile for quality and value in national metrics such as Carter and ERIC.

The Carter review, published in Feb 2016, identified a number of headline metrics for Estates and Facilities to achieve, followed a year later by the Naylor review which included recommendations to support better utilization of the estate and accelerated disposal schemes. Estates and Facilities must be responsive in adapting its services to changing clinical activity levels and specialties mix of the Trust.

The 5 Year Estates and Facilities Strategy is an underpinning strategy of the Trusts new Strategy Direction 2017 – 2022. Contained within the new Strategy are the following Trust objectives:

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

Maintaining quality of care is fundamental to our future plans and is at the heart of all we do. Our CQC rating is good in caring and well-led. Despite 74% of all areas being judged to be good, we were also judged as requires improvement in safe, effective and responsive therefore robust plans are in place to address these issues and continue to improve.

We have made good progress relative to our peers in delivering care in line with national standards and have seen improvements in mortality statistics and other quality markers, despite considerable financial difficulties. We strive to maintain and improve this position in the future by investing in improving access for all our staff to Quality Improvement and Innovation (Qii) tools to empower a culture of continuous improvement and innovation.

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.*

We have a vibrant and resilient workforce that has remained dedicated to maintaining high standards of care through a very difficult financial period and beyond. Our workforce has been engaged to shape the strategic vision and re-visit our values. We recognise that to deliver our vision we need to invest in the people in the organisation at all levels to make sure we have the leadership and skills necessary for delivering care now, and into the future. Building on our recent teaching hospital status, we will continue to develop our education, research and leadership offer.

Making our organisation a good place to work improves recruitment and retention of existing staff. We offer flexible working within the context of service demands and are supporting the development of new roles to meet service needs and to address workforce challenges.

Performance: *We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the*

appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

To be able to deliver high quality and high performing, efficient and effective care we need to make best use of the facilities on each of our sites. We aim to improve pathways for patients who require planned care and we want to make sure that all of our expensive theatre, clinic and diagnostic resources are utilised to optimal levels.

We also need to respond to changes resulting from implementing national best practice that are likely to result in increased pressure on emergency capacity at the DRI site and make sure that front door emergency services on both BH and DRI sites are functioning as efficiently and effectively as possible to deliver the right care in the right place.

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

To achieve all of our objectives we need to be the best partner we can be to other health and social care providers, our local communities and most importantly our patients and service users.

We will continue to work in a 'place-based way' to provide the right services in the right place. We will effectively promote our organisational values and achievements, working with our stakeholders and staff to engage with the public we serve.

Prevention: *Support the development of enhanced community based services, prevention and self-care.*

We provide a number of screening and community based services and intend to continue to do so. We will work in partnership to develop and implement appropriate models to provide care with the best outcomes in the right environment for patients and families. In our services we will support and encourage self-care and re-ablement, as appropriate.

We will also continue ongoing work to make sure that we maximise health promotion and wellbeing opportunities for our workforce, patients and visitors.

1.2.1. Strategic Objectives - Estates & Facilities Delivery

In aligning the five Estates and Facilities strategic aims to the Trust "5 P's", the contribution of the Estates and Facilities strategy to the delivery of the Trust Strategic Direction can be identified:

Patients: EFM Strategic Aim 1. *Have in place suitable systems and processes designed to ensure delivery of high quality services, working with internal customers to develop a Transformation Plan for Service Improvement.*

People: EFM Strategic Aim 3. *Train and develop staff to maximise their individual performance and potential, ensuring they are engaged, motivated and empowered.*

Performance: EFM Strategic Aims 2 & 4. *Have appropriate numbers of staff to deliver Estates and Facilities services to required standards. 4. Demonstrate the achievement of both quality and efficiency through the delivery of quantitative KPI's and qualitative outcomes and measures.*

Partners: EFM Strategic Aim 5. *Ensure the Estate is fit for purpose in line with NHS Estate Code definitions*

1.2.2 Estates & Facilities SWOT (Strengths, Weaknesses, Opportunities & Threats)

Summarising all the above into a SWOT table, progressively "zooming in" from the external context to the Trust-wide and finally the Estates & Facilities Department perspective:

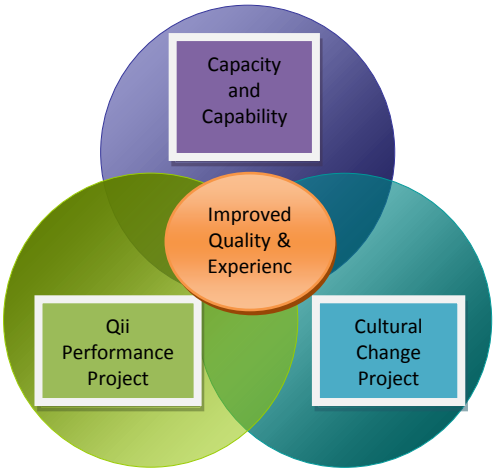
External Opportunities	**External Threats**
• STP/Accountable Care Organisations • STP 'Outstanding' Rating • Locality Estates Planning & Rationalisation • Adoption of new technology to reduce costs	• Department of Health, CQC, HSE, Fire Service or other regulator curtailing Trust operation. • Changes in NHS tariff model results in reduced income
Trust Strengths	**Trust Weaknesses**
• Full range of clinical services offered • Second largest Acute Trust in STP • Potential to reduce occupancy (m^2)	• Substantial Financial Deficit (ongoing) • Non-Clinical Space Usage above Carter benchmark
E&F Strengths	**E&F Weaknesses**

• Above average PLACE scores • E&F Staff Goodwill • Engagement with other Trust Stakeholders • Total E&F Costs significantly below Carter benchmark	• £50m+ in critical maintenance backlog • Fire Improvement Notices • DRI electrical supply at capacity limit

2. HOW ARE WE GOING TO GET THERE?

With regard to the physical estate, due to the complexity, range and scope of works associated with any programme of works that would be needed to manage the identified backlog maintenance, a realistic phased critical path approach would need to be developed based around prioritisation of hierarchical risks and phased over a 4-7 year programme. The works cannot be achieved instantaneously as they are intrinsically linked to associated systems, services and operational factors such as isolations, shut downs, refurbishments, space management and vacation of space. A delivery programme of 4-7 years is considered a realistic model of delivery based on the quantity, scope and nature of the works involved.

With regard to the achievement of the five objectives of this strategy, it will be necessary to undertake a comprehensive transformation project, split into the following three key areas of activity:



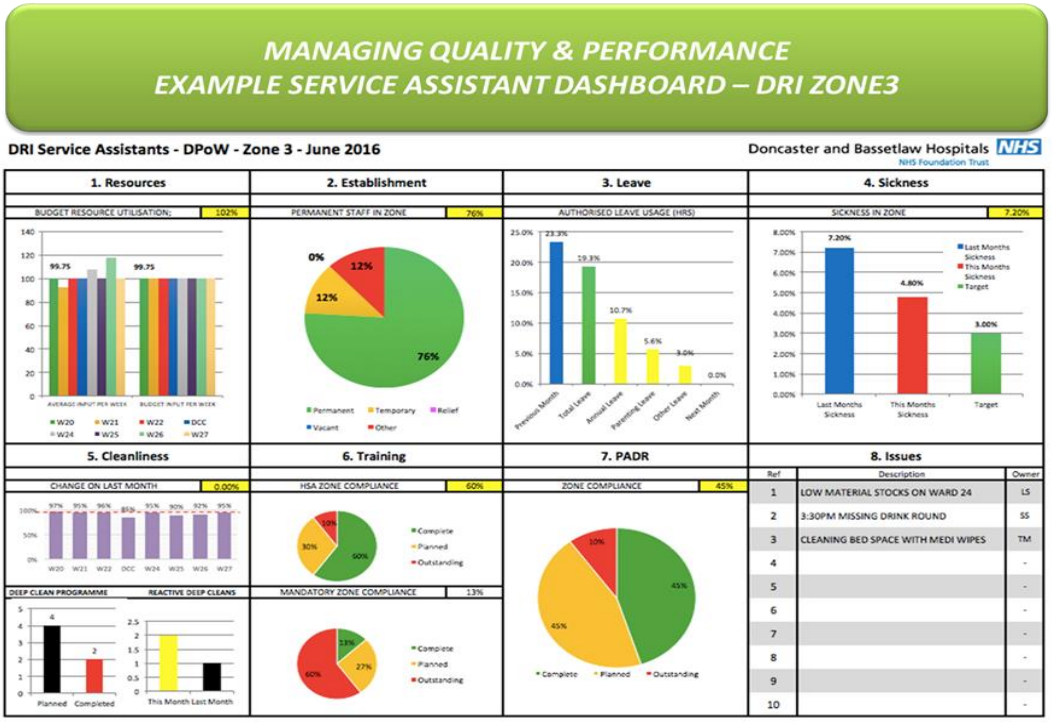
A new Patient Environment Team (PET) is to be established within the Estates Department structure. This newly formed team will subsume the current Painting and Ground and Gardens staff, in addition to the newly created band 1 Patient Environment Assistant (PEA) role that will perform basic handyman type maintenance duties in addition to cyclic and reactive front of house and external cleaning and maintenance duties. The fixed term appointments to the new B1 PEA role aims to pilot the model prior to the development of a full Business case to introduce the role on a zonal basis to synchronise with the new Service Assistant zonal model. The new PET team will work closely with the Service Assistant Team within the Facilities structure to create a seamless service aimed at ensuring the patient environment is maintained to a high standard at all times. This will also see the introduction of a PET Bleep for reactive cleaning and maintenance tasks in areas of high footfall, such as main entrances and ED.

A new committee structure is to be implemented which includes a new Estates and Facilities Committee (EFC), a sub-committee of Finance and Performance, in addition to a new Patient Environment Group (PEG). In order to address investment requirements with a patient facing focus it is proposed to ring-fencing of Patient Environment funding from the Estates Backlog budget.

2.1 An Example: Service Assistants Project

The Birch Foundation, a LEAN transformation specialist organisation working in healthcare, undertook a review of the Cleaning and Portering function in 2015. The review found that, through service redesign utilising LEAN methodology, the quality of the service could be greatly improved, avoiding and identified need for increased investment of circa £800k and increasing productivity and reducing costs by between £400,000 - £500,000 pa.

One of the many quality benefits of the review is the development of zonal working, and the ability to produce Zonal KPI Dashboards for staff, example below:



3. HOW WILL WE KNOW WHEN WE'VE GOT THERE?

As part of the metrics used to assess the successfully delivery of this strategy, such as asset disposal and capital developments, a comprehensive list of quantitative Key Performance Indicators will be developed. These will be supplemented by qualitative measures based on outcomes to measure the quality of services delivered across the directorate, and will be developed in collaboration with our customers and service users. This suite of EFM KPI's will include all statutory and legislative requirements, performance against Carter, ERIC and the Naylor review, and will provide Trust Board assurance via the provision of quarterly reports to Finance and Performance Committee.

4. CONCLUSION

This 5 year Estates & Facilities Strategy is one of the ten key strategies underpinning the delivery of the Trust's Strategic Direction 2017 – 2022 and is interlinked with the other nine, in addition to local and national drivers for change. Key Estates and Facilities strategic aims have been identified, which will form the basis of more detailed plans for how we will get to our future state position. The implementation of this Estates and Facilities Strategy over the next 5 years will ensure the provision of a suitable physical infrastructure, and quality performance framework, with which the Trust will ensure the delivery of sustainable services into the future.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Use of Trust Seal**		
Report to:	**Board of Directors**	Date:	**28 November 2017**
Author:	**Matthew Kane, Trust Board Secretary**		
For:	**For approval**		

Purpose of Paper: Executive Summary containing key messages and issues

The purpose of this report is to advise of use of the Trust Seal in accordance with section 14: Custody of Seal and Sealing of Documents of the Standing Orders of the Board of Directors:

Seal No.	Description	Signed	Date of sealing
87 & 92	Deed of variation in relation to retail outlet in main foyer, East Ward Block, Doncaster Royal Infirmary	Richard Parker Chief Executive Jon Sargeant Director of Finance	20 October 2017 & 15 November 2017
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 Jon Sargeant Director of Finance	20 October 2017
91	Licence to carry out alterations at Doncaster Royal Infirmary for Sodexo Ltd	Richard Parker Chief Executive Jon Sargeant Director of Finance	15 November 2017

Recommendation(s)

The Board is requested to approve use of the Trust Seal.

Chair's Log - Finance and Performance Committee 23.11.17

Overview

A slightly shorter update this time, reflecting a more straightforward meeting, despite the challenges we face.

Following the plan agreed at the last F+P, we rotated the order of items, focussing on Performance and Workforce Management issues in the first session and Finance in the second.

The next F+P meeting is scheduled for 14 December, owing to the holiday period. Much of the monthly financial and performance data that we rely on for our core business will not be available by then. After discussion we decided that we would still hold the meeting, but the content would be thematic, focussed upon the work programme, and agreed between the F+P Chair, Director of Finance and the Trust Board Secretary between meetings.

Assurance area – Performance

The Board meeting will receive a separate performance report which will give a more granular appreciation of the picture. In broad terms Trust performance had no sufficiently exceptional issues to merit particular highlighting to the Board in this log.

Assurance area – Workforce Management

The second comprehensive workforce management report was received and considered by the committee. It addressed –

- The profile of vacant posts
- Agency spend
- Staff sickness
- Appraisals and SET

The report continues to develop. Particular attention was given to sharing the profile of consultant posts currently vacant, especially in view of recent successes in filling certain consultant posts and issues with others.

There was a detailed consideration of Agency spend and discussion about control measures and processes agreed following discussions with the BDO team. Level of spend was kept down to broadly that of the previous month, which was a significant improvement upon the start of the financial year.

The Committee will follow progress closely in future months. More detail is available in the financial report to the Board.

Assurance area – Overall Financial Picture and Closing the Financial Gap

F&P spent the late morning considering the overall financial picture and closing the financial gap. Additionally, we received a presentation from BDO in relation to the support we are in the process of contracting from them. F+P met David Fox, the interim Turnaround Director, who has been in place now for the past two weeks. David is line managed by the Director of Finance. David Fox shared initial observations and his perspective as to the progress made recently.

You will recall that last month's log shared that the mid-year stock take gave us a picture that strongly indicated under-performing CIPs and other cost pressures, which without swift action, would result in us missing our control total by circa £3.2m this financial year. This would put at risk £2 – 2.5m of STF funding that could mean a £5m plus distance from that control total. On that basis, the Trust had made a business case to NHSi (now approved) to engage the services of BDO to support us in tackling the issue.

At our meeting BDO (James Nicholls) presented the progress to date. The volume of work we are undertaking collectively is impressive. One element of particular interest was their development of a weekly scorecard looking at booked activity/planned activity which he felt was a really useful tool in highlighting an area where it was possible to make real progress (in essence by increasing the proportion of pre-planned activity in relation to elective and outpatient appointments). We look forward to seeing the fruits of that area of work.

A lively discussion was also had around culture change, buy-in and the value and criticality of the most senior executive support for the programme being shown in a highly visible way.

The work with BDO is now in full flow. In both blended team format and undertaking specific work, they have deployed a significant number of staff, which they continue to add to. On occasions, they will properly challenge us in ways we might be uncomfortable with. I am confident we will respond positively to that if we are to make the most of their services.

Again, F+P we will retain a sharp focus on progress.

Assurance area – Strategy Formulation

The Committee considered the resubmitted digital strategy at the meeting, presented by Ken Anderson. We recommended it move forward to the Board, putting the final jigsaw piece in place that will enable the Financial Strategy to be signed off in the near future.

Neil Rhodes
Chair – Finance and Performance Committee

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	Emergency Planning – Recent Developments & Future Plan		
Report to	Board of Directors	**Date**	28 November 2017
Author	Jeannette Reay, Emergency Planning Officer		

Purpose		Tick one as appropriate
	Decision	
	Assurance	√
	Information	√

Executive summary containing key messages and issues
The presentation is to update the board on recent developments and the future plan for Emergency Planning throughout the Trust.
Key questions posed by the report
The presentation is for information only.
How this report contributes to the delivery of the strategic objectives
Emergency Planning supports the Trust in its strategic objectives to: • Provide the safest, most effective care possible; • Develop responsibly, delivering the right services with the right staff.
How this report impacts on current risks or highlights new risks
Emergency Planning supports the Trust in addressing the risk: • Risk Assessment – the risk lies in either not having emergency plans in place, or having a plan that is adequate to enable the Trust to fulfil its duties as a category 1 responder under the Civil Contingencies Act 2004.

Recommendation(s) and next steps
Recommendations The Board is requested to note the update. Next Steps Work will continue in line with the work plan for Emergency Planning which is provided as an appendix to the board papers (and will be referenced in the presentation).

Emergency Planning

Recent Developments & Future Plan

28 November 2017

Emergency Planning Team

- Accountable Emergency Officer – David Purdue, COO
- Emergency Planning Officer – Jeannette Reay (30hrs)
- Emergency Planning Support Officer – Neil Colton (22.5hrs)
- Identified Non-Executive Director – Neil Rhodes

Jeannette Reay
Emergency Planning Officer

- New in post from 1 May 2017
- 20 years + NHS Experience
- Background and qualifications in:

  Accountancy, Audit, Risk Management, Compliance and Corporate Governance

Civil Contingencies Act 2014

Category One Responder

Major Incident

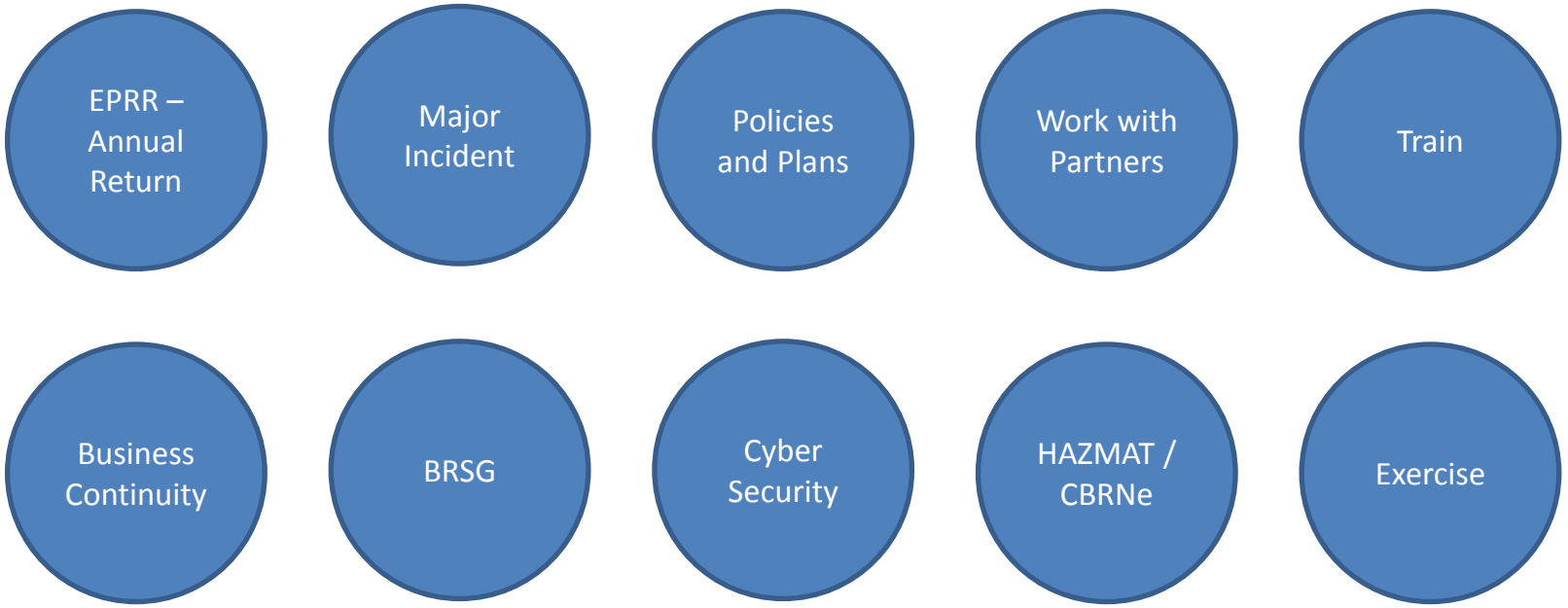
Assess risks, create plans for identified risks and implement mitigation measures to better prepare for an incident

Business Continuity

The ability to maintain essential services during and after an incident has occurred

RESILIENT

Key Areas of Work



Approach

- **Relationships,** audit, respond, refresh, promote, embed
- **Audit,** promote, refresh, relationships, embed, respond
- **Respond,** relationships, promote, embed, audit, refresh
- **Refresh,** embed, audit, respond, relationships, promote
- **Promote,** respond, relationships, refresh, embed, audit
- **Embed,** refresh, audit, promote, respond, relationships

Workplan

- What is the aim?
- How will we get there?
- Where are we now?
- When will we get there?
- Who needs to be involved?

Exercises

- Exercise Latitude – 13 July 2017
- Exercise Seven Hills – 11 October 2017
- Exercise Mohawk – 12 December 2017
- Trust Wide Exercise – Spring 2018

Challenges


Priority
Increase in Incidents
Staffing
Finances
Focus
ACS
NHSE Reqs
EPRR

Any Questions?

jeannette.reay@nhs.net
Mobile: 07557 313547

Jeannette Reay - November 2017
Work Plan For Emergency Planning Officer
DBTH

ITEM	Notes / Frequency	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018
Development													
Develop Fuller Understanding of Role / Agree Objectives								Objectives					
Meet with Trust Staff		GMs/HON			ED	CSMs	Chair/NED	BoD mtg					
Meet with Partner Staff		Coun/EPOs		Public Hlth									
Management Team Meetings													
GM / HONs Meetings													
Senior Management Team Development													
Certificate in Business Continuity (BCI)								Course	Result				
Health EPRR Programme - Certificate and Diploma								Apply					Commence
Strategy & Plans													
Major Incident													
Major Incident Plan								Draft	Consult	To BRSG / Final			
Care Group and Departmental Compliance (Inc Action Cards)		Audit					Battle Bag Audit	Audit		Update			
Business Continuity (Deep Dive) - To be audited in 2019													
Review Business Impact Assessment and Redevelop with Care Groups (2015/16 EPRR Deep Dive Actions)								Care Group Audit	Dept Audit	BIAs			
Business Continuity - Cyber		Mtg with Nigel Hall			Position audit	Mtg with Robin Smith			CS Working Grp Mtg		CS Working Grp Mtg		CS Working Grp Mtg
Business Continuity Policy and Strategy (Align to ISO 22301 per 2015/16 EPRR Action Plan)								Draft	Consult	To BRSG / Final			
Other Plans													
Severe Weather Plan								Info - Staff		To BRSG / Final			
HAZMAT and CBRNE Plan							Draft	To BRSG	Final				
Major incident at a Local Prison or Secure Hospital									Draft	To BRSG		Final	
Corporate Business Continuity Plan for Disruption to Road Fuel Supply	Dec 19												
Pandemic Influenza Plan								Draft	Final				
Evacuation Plan				Order of Evac (OOE)	OOE	Train/refine OOE		Finalise OOE	Draft	To BRSG		Final	
Lockdown	No current plan		Initial discussion			Progress		Progess					

ITEM	Queries / Notes	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	April 2018
Staff Training													
Records of Training Completed													
Undertake Annual Training Needs Assessment				Audit					Refresh				
Annual Training Programme				BRSG									
ICR Open Day	Annually												
Loggist Training Courses (Need to Plan a Refresher Course)	TBC						Look to Increase Numbers						
Strategic Management in a Crisis									Gold/Silver				
Board Development Session											TBC		
Exercises													
Communications Test	6 monthly												
Table Top Exercise (Denial of premises undertaken in June 2016)	Annually			Snr Mgrs			7 Hills		CBRNe				
Live Play Exercise (Junior Doctors Industrial Action - April 2016)	Tri-annually		Power Out				CBRNe						
Command Post Exercise	Tri-annually								Mass Cas				
Trust Exercise	Spring 2018												
Plan for Participation in Multi-Agency Exercises (EPRR Action Plan)							7 Hills		Mass Cas				
Infrastructure													
ICC Equipment Test													
ICC Inventory Check								Order					
Governance and Assurance													
EPRR Core Standards Assessment													
EPRR Self-Assessment and Action Plan - 2017/18	Annually			Self-assessment		BoD Rpt / submission	LHRP meeting	BRSG					
Progress Report on Action Plan arising from 2017/18 Self-Assessment										BRSG			BRSG
Audits													
CBRNe				DRI	Bassetlaw								
Meetings													
HRSG Meetings													
LHRP Meetings			Cyber				7 Hills						
Doncaster Joint Health Emergency Planning Meetings										TBC			TBC
South Yorkshire Business Continuity Group													TBC

Planned and on target
Completed as planned
Not achieved (include notes)

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Financial Performance – October 2017**		
Report to	**Trust Board**	**Date**	**28.11.2017**
Author	**Jon Sargeant - Director of Finance**		
Purpose	To update the Board on the financial position for the month of May 2017.		Tick one as appropriate
	Decision		
	Assurance		
	Information		✔

Executive summary containing key messages and issues
• In month position £1.213m deficit, £1,425k worse than plan due largely to under delivery of income. • YTD position £14.291m deficit, £1,431k worse than plan • The month 7 in month position was £1m worse than the forecast deficit. For the second month running expenditure has reduced from run rate levels, but lower income than expected has caused a significant pressure to the bottom line position.
Key questions posed by the report
• How will the gap in the financial plan be closed • How will the gap in the CIP plan be closed
How this report contributes to the delivery of the strategic objectives
• Identify the most effective care possible • Assist in the control and reduction of the cost of healthcare • Aid focus on innovation for improvement • Assist in developing responsibly and delivering the right services with the right staff
How this report impacts on current risks or highlights new risks
• Identifies the size and scale of the gap in the financial and CIP plans for 2017/18
Recommendation(s) and next steps
• The Board is asked to note the month 7 2017/18 financial position of £14.9 million

deficit, £1,431k adverse to plan after removal of the 16/17 STF funding and any 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 continuing under delivery on income.
- The Board is asked to note the risks particularly those relating to Doncaster CCG.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

FINANCIAL PERFORMANCE

P7 October 2017

28th November 2017

1. Income and Expenditure vs. 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
I&E Perf Exc Impairments	1,213	1,425 A	1,009	14,219	752 A	16,489	16,070
Income	(31,278)	179 A	705	(213,951)	(2,381) F	(361,696)	(367,541)
STF Incentive	(1,155)	0 F	0	(5,196)	0	(11,547)	(11,547)
STF Adjustment 16/17	0	0	0	(419)	(419) F	0	(419)
Donated Asset Income	0	0	0	(26)	(260) F		
Operating Expenditure	32,550	1,224 A	287	226,260	3,578 A	376,896	382,646
Pay	21,389	291 A	(436)	151,523	3,437 A	253,726	257,974
Non Pay	11,161	933 A	723	74,737	140 A	123,170	124,672
I&E Perf Exc 16/17 STF and Donated Asset Income	**1,213**	**1,425 A**	**1,009**	**14,664**	**1,431 A**	**16,489**	**16,489**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
UOR	4	3
CoSRR	1	2

2. CIPs

Performance Indicator	Monthly Performance			YTD Performance		Annual	Forecast
	Actual £'000	Variance to budget £'000	Variance to Forecast £'000	Actual £'000	Variance £'000	Plan £'000	£'000
Employee Expenses	369	799 A	147 A	1,602	3,453 A	11,675	5,336
Drugs	2	6 A	12 A	21	3 A	65	147
Clinical Supplies	45	49 A	55 A	300	334 A	1,156	1,150
Non Clinical Supplies	0	1 A	0 A	0	4 A	10	7
Non Pay Operating Expenses	82	38 A	43 A	297	203 A	1,224	953
Income	52	(21) F	24 A	221	(5) F	369	1,008
Total	**549**	**872 A**	**281 A**	**2,441**	**3,991 A**	**14,500**	**8,601**

3. Statement of Financial Position

All figures £m	Opening Balance 01.04.17	Current Balance 31.10.17	Movement in year
Non Current Assets	**196,907**	**193,193**	**(3,714)**
Current Assets	33,612	60,734	27,122
Current Liabilities	(31,967)	(67,650)	(35,683)
Non Current liabilities	(79,348)	(82,934)	(3,586)
Total Assets Employed	**119,204**	**103,343**	**(15,861)**
Total Tax Payers Equity	**119,204**	**103,343**	**(15,861)**

4. Other

Performance Indicator	Monthly Performance			YTD Performance		Annual	Forecast
	Plan £'000	Actual £'000		Plan £'000	Actual £'000	Plan £'000	£'000
Cash Balance	1,900	6,871		1,900	6,871	1,900	1,900
Capital Expenditure	635	51		3,307	1,299	6,481	8,245

5. Workforce

	Funded WTE	Actual WTE			Bank WTE	Agency WTE	Total in Post WTE	Under / (over)
Current Month	6,051	5,644			137	101	5,882	169
Previous Month	6,032	5,613			177	179	5,969	63
Movement	(19)	(31)	0		40	78	0 87	106

1. Context/Background

The month 7 position for 2017/18 is a deficit of £14,219k, which is £1,431kk behind the planned year to date deficit of £13,467k (after allowing for donated asset income and STF income).

The month 7 in month position was £1m worse than the forecast deficit. For the second month running expenditure has reduced from run rate levels, but lower income than expected has caused a significant pressure to the bottom line position. Given that this is the first month of forecast comparison – the in month position of £1m adverse to forecast is the same as the year to date comparison to forecast. No further reserves or balance sheet flexibilities have been released into the position in Month 7.

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	-32,612	-32,433	179	-33,137	705	-216,532	-219,592	-3,060	-373,243	-379,507
2. Costs	31,326	32,550	1,224	32,262	288	222,683	226,260	3,578	376,896	382,646
3.Capital Charges	1,074	1,096	22	1,079	17	7,316	7,550	234	12,836	12,929
Total Position Before Impairments	**-212**	**1,213**	**1,425**	**203**	**1,010**	**13,467**	**14,219**	**752**	**16,489**	**16,069**
4.Impairments	0	0	0	0	0	0	0	0	0	0
Total Position After Impairments	**-212**	**1,213**	**1,425**	**203**	**1,010**	**13,467**	**14,219**	**752**	**16,489**	**16,069**
Remove STF relating to 16/17	0	0	0	0	0	0	419	419	0	419
Remove variance relating to Donated Asset Income						-234	26	260		
Position to compare to control total	**-212**	**1,213**	**1,425**	**203**	**1,010**	**13,233**	**14,664**	**1,431**	**16,489**	**16,488**

I&E position	In Month Plan	In Month Actual	In Month Variance	2017/18 Plan
Position before STF	558	1,983	1,425	28,036
STF funding	-770	-770	0	-11,547
STF funding relating to 16/17	0	0	0	0
Reported position	-212	1,213	1,425	16,489

During October, income has been £179k worse than plan (£704k worse than forecast), this is due to an under-performance on clinical income (excluding Non PbR drugs) of £718k. The main areas of under-performance in month are elective activity which is £431k behind in month and £1,077k YTD. Daycase and Emergency activity have also deteriorated against forecast. During October, Care Group expenditure was £1.8m higher than budgeted levels (£314k higher than forecast levels). This overspend against budget includes £168k of pay costs where agency premium costs are over and above funded levels and £872k of undelivered CIP savings.

The cumulative income position at the end of Month 7 is £3,060k favourable.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-302,381	-26,303	-25,945	358	-176,779	-177,724	-945
Drugs	-22,601	-2,074	-2,035	40	-13,139	-14,243	-1,104
STF	-11,547	-1,155	-1,155	0	-5,196	-5,615	-419
Trading Income	-36,714	-3,080	-3,299	-219	-21,417	-22,010	-592
Grand Total	**-373,243**	**-32,612**	**-32,433**	**179**	**-216,532**	**-219,592**	**-3,060**

The expenditure position in October was £1,224k higher than budgeted levels, after underspend of £651k 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	21,098	21,389	291	21,744	-356	148,086	151,523	3,437	253,726	260,930
2. Non-Pay	9,644	11,228	1,583	10,515	712	68,367	77,201	8,834	114,318	122,466
3. Reserves	584	-66	-651	3	-69	6,231	-2,463	-8,694	8,852	-750
Total Expenditure Position	**31,326**	**32,550**	**1,224**	**32,262**	**288**	**222,683**	**226,260**	**3,577**	**376,896**	**382,646**

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

3. Conclusion

The Trust has forecast that it will meet its financial target for the year, and put in place a recovery programme to delivery better financial and operational grip and control. The work on the savings and governance around them has moved on at pace, and the running rate of expenditure has dropped for the second month in a row. However, there are significant risks to delivery of the forecast and the financial control total, these are

- The size of the challenge ahead of the Trust for the next 5 months, whilst the Trust deals with is peak activity period. The CIP has always been back loaded and significant savings still need to come out in the next few months.
- The Trust has failed to deliver its activity targets for the past 2 months and significant changes to doctors timetables compounded by some sickness are the main reason for this. The weekly produced rolling forecast on patient bookings suggest that there is considerable work to do to improve this position in November and December. This reduction in income over the past two months equates to the value of the YTD variance against forecast.
- Local CCG's are significantly overspent. Doncaster CCG is working with the Trust to understand what work needs to be done to deliver RTT for the next 18 months. The CCG cannot meet its control total and fund the activity the Trust needs to meet its income target. It remains to be seen how this is resolved, although the CCG are suggesting they will not pay for over performance beyond a set amount that allows them to meet their financial plan. This is currently being debated by the CEO and DoF of all local health economy Trusts. In addition the CCG continue to challenge maternity charges and the sepsis cquin, further challenges are now being received.
- The Trusts Facilities Department continues to spend ahead of its budget and forecasted amounts.
- The Trust has received unofficial notification that its business case to appoint BDO have been approved and the team is fully engaged on site. In addition, the Trust has appointed its Efficiency Director and started the reorganisation of the PMO. Work on the recovery plan is proceeding at pace.
- CIP delivery is still not as strong as required, although with the changes agreed at the last meeting of the F&P committee, better grip is starting to be evident. The underperformance in month, is matched by the level of

the in month run rate drop. The PMO and Finance team will review whether this should be counted towards the 0.5% local CIP targets set in future months if the spend continues at that level.

4. Recommendations

The Board is asked to note the month 7 2017/18 financial position of £14.9 million deficit, £1,431k adverse to plan after removal of the 16/17 STF funding and any 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

Title	**Performance Report**		
Report to	**Board of Directors**	**Date**	**28 November 2017**
Author	**David Purdue, Chief Operating Officer** **Sewa Singh, Medical Director** **Moira Hardy, Acting Director of Nursing, Midwifery and Quality** **Karen Barnard, Director of People and Organisational Development**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	x
	Information	

Executive summary containing key messages and issues

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

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

- Cancer, 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

The report also highlights the ongoing work with Care Groups and external partners to improve patient outcomes.

The report also focuses on vacancy levels, agency spend and usage, sickness rates, appraisals and SET training.

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

Performance report

The performance report is against operational delivery in July, August and September 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 for quarter 2 is at 89.5%. The key issues relate to 4 significant specialities which have high numbers of patients above 18 weeks caused due to a shortfall in Trust capacity.

The 4 specialities with the largest capacity gaps are

- Ophthalmology
- ENT
- General Surgery
- Orthopaedics

Trajectories are set for these specialities which are reliant on external support and additional sessions to bring performance back to the required standard.

NHSI are aware of the current capacity shortfalls and the expected timescales for performance to meet the target.

1 patient is waiting over 52 weeks due to their choice.

The diagnostic target failed September at 98.12% with a combination of audiology and nerve conduction delays. The issues relate to locum workforce and inability to recruit in audiology. The care group are required to develop a workforce plan for their October accountability meeting.

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.

September Performance

Trust 93.72%, including GP attendances 94.3%

Quarter 2 93.49%, NHSI trajectory for Q2 93.1%, STF achieved

15.5% of patients were transferred to the urgent care centre at DRI. The streaming pathway for Bassetlaw will be in place by 1st. October 2017

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.

The DBTH remains in the top third of Trusts nationally on average 34th out of 138

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

National additional reporting requirements have been mandating by NHSI to ensure the Boards visibility on the pressures in the wider system, these are:

Monday ED attendance and admissions as a comparison to the remainder of the week

Discharge rates at a weekend in comparison to the week days

Metric	DRI	BDGH	Further Information
Total Discharges Weekday	57175	17818	
Average Discharges Weekday	1466	457	
Total Discharges Weekend	13113	3047	18.7% of all of DRI discharges take place at a weekend and 14.6% at BDGH
Average Discharges Weekend	336	78	
Total Monday Attendances ED	11410	5813	
Average Monday Attendances ED	293	149	If the rest of the week was at the same level as Mondays then we would see an extra 500 patients a week at DRI and an extra 400 patients at BDGH
Total Tues - Sunday Attendances ED	62017	30757	A&E attendances on a Monday at DRI account for 15.5% of weekly activity rising to 15.9% at BDGH
Average Tues - Sunday Attendances ED	1590	789	
Total Elective Admissions Weekday	29154	8851	
Average Elective Admissions Weekday	748	227	
Total Elective Admissions Weekend	4662	510	
Average Elective Admissions Weekend	120	13	
Total Non-Elective Admissions Weekday	27853	8142	
Average Non-Elective Admissions Weekday	714	209	
Total Non-Elective Admissions Weekend	8621	2703	
Average Non-Elective Admissions Weekend	221	69	
Total Non-Elective (GP) Admissions Monday	1115	146	
Average Non-Elective (GP) Admissions Monday	29	4	
Total Non-Elective (GP) Admissions Weekday	5616	759	Non Elective Admissions information on a weekday the GP admissions account for 20.2% of all Emergency Admissions at DRI but only 9.3% at BDGH.
Average Non-Elective (GP) Admissions Weekday	144	19	
Total Non-Elective (GP) Admissions Weekend	942	72	When we move into the weekend this drops to 10.9% at DRI and 2.7% at BDGH
Average Non-Elective (GP) Admissions Weekend	24	2	

Cancer Performance

August 62 day performance 85.7%

Performance achieved in month. The key pathway remains urology. Additional monies have been agreed to invest in High Value pathways which includes urology.

A 10 high impact intervention plan has been completed nationally to address the national performance shortfall against 62 day target.

Day 38 transfers are now being measured as part of the work to improve 62 day performance for the wider Accountable Care System

Stroke Performance

Stroke performance against direct access in 4hrs maintained the improved position at 73.9%.

CT within 1hr was achieved at 60.9%.

SNAPP performance improved to A rating and continues to be the best performance in the region.

David Purdue Chief Operating Officer, October 2017

Executive summary Board of Directors November 2017

The performance report is against operational delivery in August, September and October 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 90.7% in October, which is an improvement of 0.7% on the September position. The key issues relate to 4 significant specialities which have high numbers of patients above 18 weeks caused due to a shortfall in Trust capacity.

The 4 specialities with the largest capacity gaps are

- Ophthalmology 86.2%
- ENT 84.3%
- General Surgery 86.8%
- Orthopaedics 90.0%

Trajectories are set for these specialities which are reliant on external support and additional sessions to bring performance back to the required standard.

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

The diagnostic target was achieved in September 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.

The Trust continues to be an outlier in relation to cancelled operations for non-clinical reasons on the day of the operation. The main issues in month were due to theatre overruns and equipment failures. Work to reduce theatre cancellations is being driven by the Theatres 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.

October Performance

Trust 92.8%, Including GP attendances %

Quarter 2 92.8%, NHSI trajectory for Q2 90.3%

A total of 14321 attendances 1031 patients failed to be seen in 4hrs

15.7% of patients were transferred to the urgent care centre at DRI. The streaming pathway for Bassetlaw commenced on the 1st of October as planned.

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.

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 collected, working groups have been tasked with reviewing weekend discharge levels on both DRI and BDGH

Metric	DRI	BDGH	Further Information
Total Discharges Weekday	64501	19396	
Average Discharges Weekday	1466	441	
Total Discharges Weekend	14695	3380	18.6% of all of DRI discharges take place at a weekend and 14.8% at BDGH
Average Discharges Weekend	334	77	
Total Monday Attendances ED	12933	6545	
Average Monday Attendances ED	294	149	If the rest of the week was at the same level as Mondays then we would see an extra 169 patients a week at DRI and an extra 108 patients at BDGH
Total Tues - Sunday Attendances ED	70175	34507	A&E attendances on a Monday at DRI account for 15.6% of weekly activity rising to 15.9% at BDGH
Average Tues - Sunday Attendances ED	1595	784	
Total Elective (inc Daycase) Admissions Weekday	64340	19140	
Average Elective (inc Daycase) Admissions Weekday	1462	435	
Total Elective (inc Daycase) Admissions Weekend	14851	3597	
Average Elective (inc Daycase) Admissions Weekend	338	82	
Total Non-Elective Admissions Weekday	31434	9134	
Average Non-Elective Admissions Weekday	714	208	
Total Non-Elective Admissions Weekend	9675	3037	
Average Non-Elective Admissions Weekend	220	69	
Total Non-Elective (GP) Admissions Monday	1266	173	
Average Non-Elective (GP) Admissions Monday	29	4	
Total Non-Elective (GP) Admissions Weekday	6383	846	Non Elective Admissions on a weekday the GP admissions account for 20.3% of all Emergency Admissions at DRI but only 9.3% at BDGH.
Average Non-Elective (GP) Admissions Weekday	145	19	
Total Non-Elective (GP) Admissions Weekend	1089	78	When we move into the weekend this drops to 11.3% at DRI and 2.6% at BDGH
Average Non-Elective (GP) Admissions Weekend	25	2	

Cancer Performance

September 62 day performance 82.1%, quarter 2 performance 84.8%

Performance locally fell just below the required standard of 85%. The key pathway remains urology. Additional monies have been agreed to invest in High Value pathways which includes urology.

A 10 high impact intervention plan has been completed nationally to address the national performance shortfall against 62 day target. This includes the need for inter provider transfer at day 38.

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

October preview shows an improvement in performance, following the changes to the prostrate pathway.

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 -October 2017 (Month 7)

Page		Indicator	Standard (Local, National Or Monitor)		Current Month	Month Actual	Data Quality RAG Rating
2	Monitor Compliance Framework	31 day wait for second or subsequent treatment: surgery	94.0%	M	Sep-17	100.0%	
		31 day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	M		100.0%	
		31 day wait for second or subsequent treatment: radiotherapy	94.0%	M		100.0%	
		62 day wait for first treatment from urgent GP referral to treatment	85.0%	M		82.1%	
		62 day wait for first treatment from consultant screening service referral	90.0%	M		95.5%	
		31 day wait for diagnosis to first treatment- all cancers	96.0%	M		98.5%	
		Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.0%	M		90.6%	
		Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.0%	M		90.1%	
3		A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.0%	M	Oct-17	92.8%	
4		Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.0%	M	Oct-17	90.7%	
		% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.0%	N		99.3%	
3	A&E Performance Indicators	Total time in A&E: 4 hours (95th percentile) HH:MM	04:00	N	Oct-17	05:09	
		A&E Admitted patients total time in A&E (95th percentile) HH:MM	04:00	N		07:57	
		A&E Non-admitted patients total time in A&E (95th percentile) HH:MM	04:00	N		03:59	
		A&E: Time to treatment decision (median) HH:MM	01:00	N		01:00	
		A&E unplanned re-attendance rate %	5.0%	N		0.1%	
		A&E: Left without being seen %	5.0%	N		2.8%	
		Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		N	Sep-17	716	
		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)	48.0%	N	Aug-17	56.0%	
		Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (Trust)	90.0%	N		66.0%	
		Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (Trust)	20.0%	N		12.0%	
		Percentage of patients treated by a stroke skilled Early Supported Discharge team (Trust)	40.0%	N		70.5%	
		Percentage of those patients who are discharged alive who are given a named person to contact after discharge (Trust)	95.0%	N		90.9%	
		Implementation of Stroke Strategy - TIA Patients Assessed and Treated within 24 Hours	60.0%	N	Oct-17	78.1%	
	Theatres & Outpatients	Cancelled Operations	0.8%	N	Oct-17	1.0%	
		Cancelled Operations-28 Day Standard	0	N		3	
		Out Patients: DNA Rate		L		10.0%	
		Out Patients: DNA -Total Number of Patients who DNA		L		5290	
		Out Patients: Hospital Cancellation Rate		L		5.9%	
		Out Patients: Hospital Cancellation - Total Number of Clinics cancelled		L		152	
	Effective	Emergency Readmissions within 30 days (PbR Methodology)		L	Sep-17	5.9%	

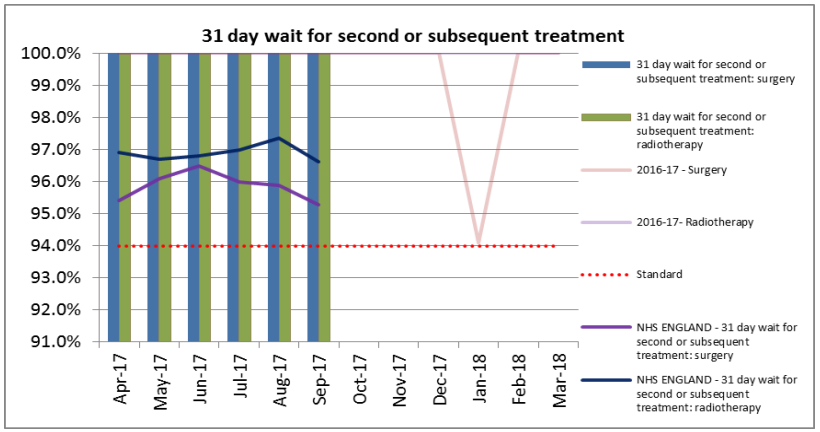
Page		Indicator	Current Month	Month Actual (TRUST)	Month Actual (DRI)	Month Actual (BDGH)	Data Quality RAG Rating
9	Fractured Neck of Femur	% of patients achieving Best Practice Tariff Criteria	Oct-17	66.7%	64.5%	75.0%	
		Best Practice Criteria					
		36 hours to surgery Performance		69.2%	67.7%	66.6%	
		72 hours to geriatrician assessment Performance		97.4%	96.8%	100.0%	
		% 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		20.50%	19.40%	25.00%	

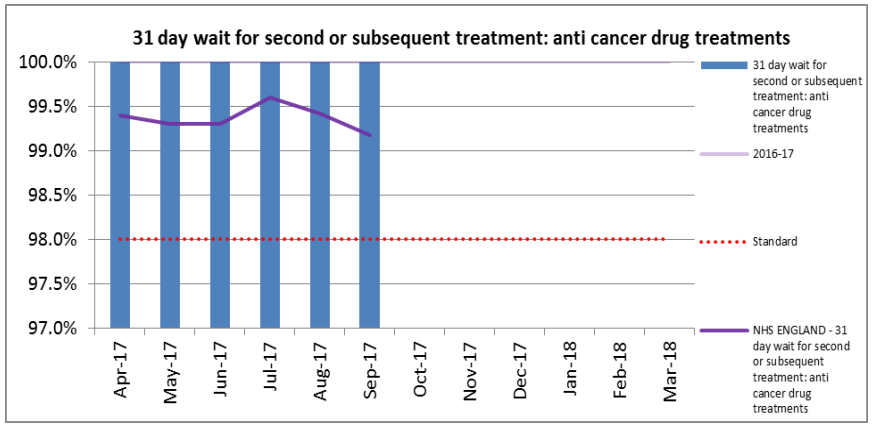
Page		Indicator	Standard (Local, National Or Monitor)		Current Month	Month Actual	Data Quality RAG Rating
11	Safe	Infection Control C.Diff	4 Per Month for Qtr 2 - 45 full year	M	Oct-17	5	
		Infection Control MRSA	0	L		0	
9		HSMR (rolling 12 Months)	100	N	Aug-17	87.82	
		Never Events	0	L	Oct-17	0	
		VTE	95.0%	N	Sep-17	95.0%	
11		Pressure Ulcers	12 Per Month 144 full Year	L	Oct-17	7	
		Falls that result in a serious Fracture	2 Per Month 23 full Year	L		0	
		Catheter UTI	Snap shot audit			0.82%	

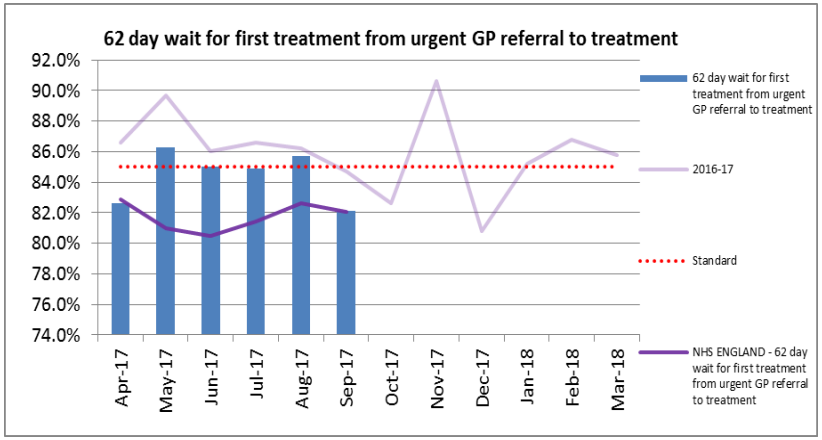
Page		Indicator	Current Month	Month Actual	Data Quality RAG Rating
12	Complaints & Claims	Complaints received (12 Month Rolling)	Oct-17	503	
		Concerns Received (12 Month Rolling)		818	
		Complaints Performance		45.0%	
		Clinical Negligence Scheme for Trusts (CNST)		3	
		Liabilities to Third Parties Scheme (LTPS)		0	
		Claims per 1000 occupied bed days		0.13	

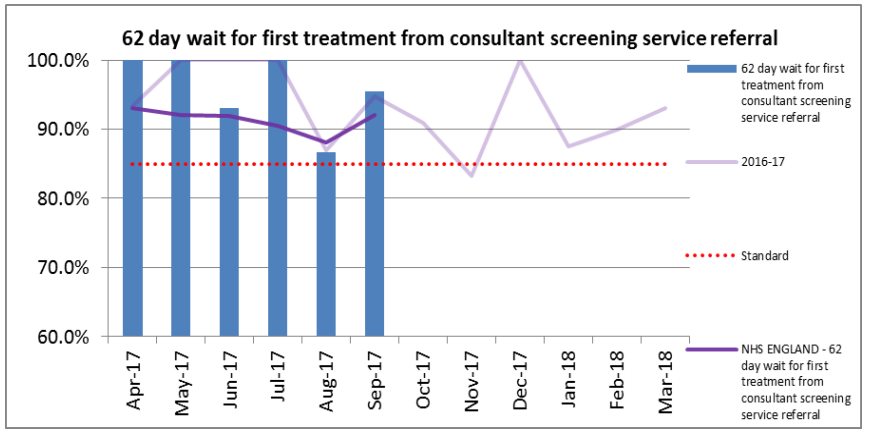
Page		Indicator	Current Month	YTD (Cumulative)	Data Quality RAG Rating
17	Workforce	Appraisals	October	56%	
16		SET Training		74%	

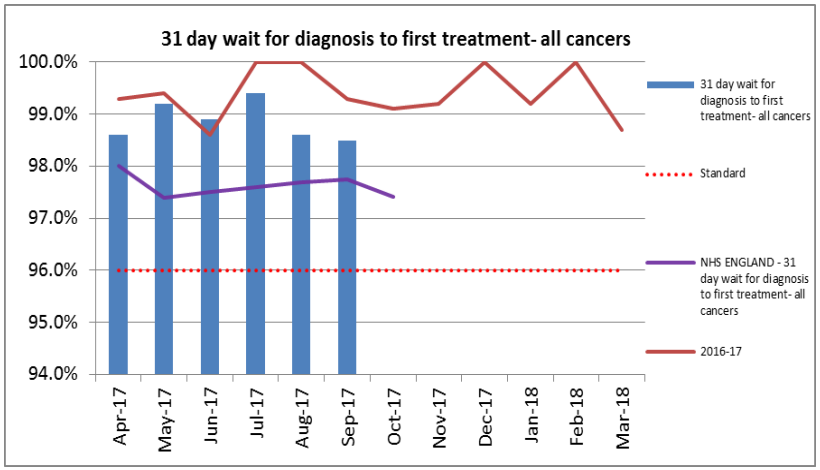
Monitor Compliance Framework: Cancer - Graphs - September 2017 (Month 6)

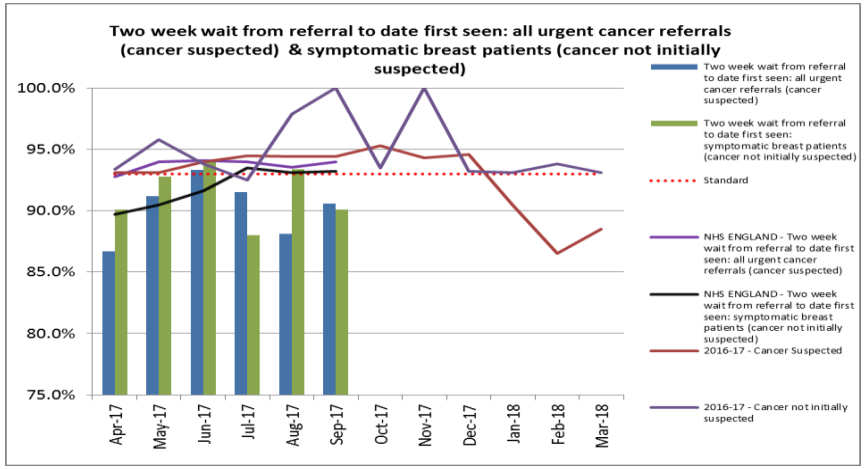




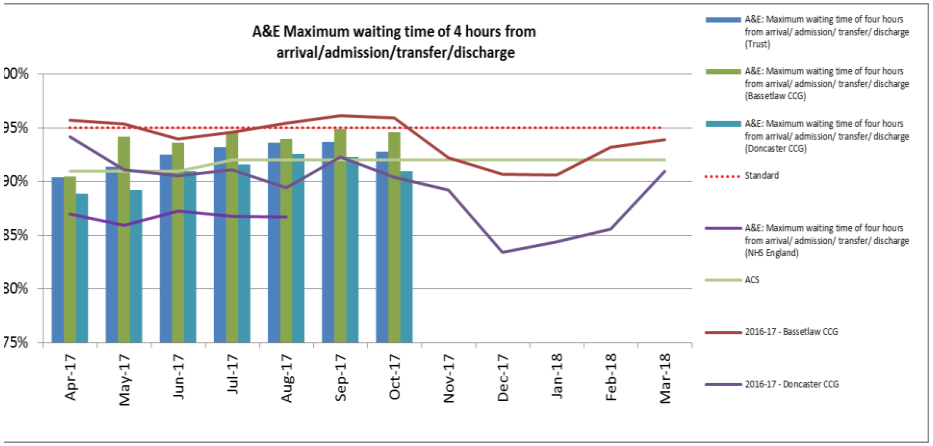


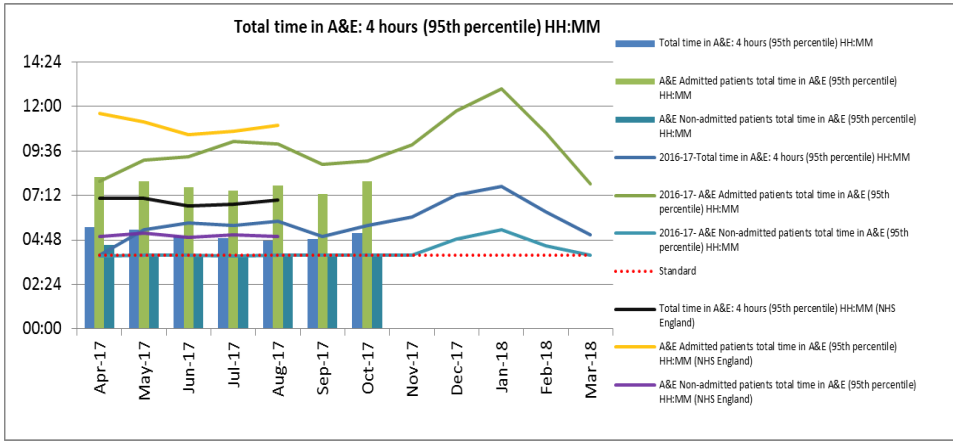


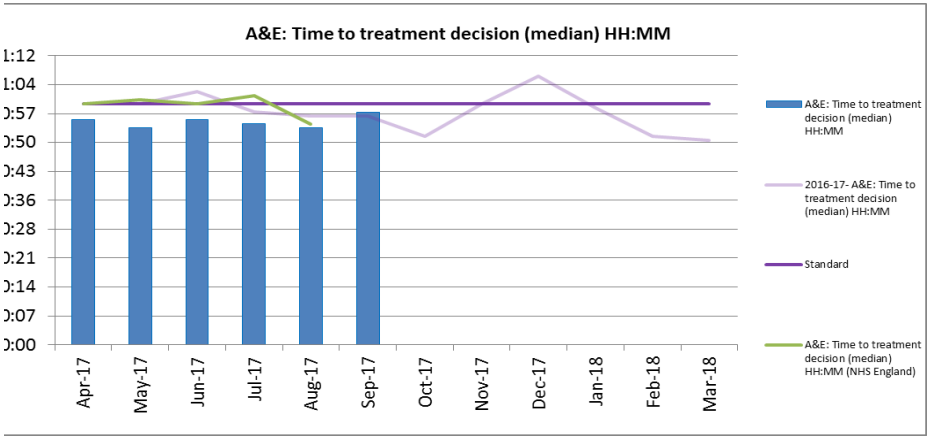


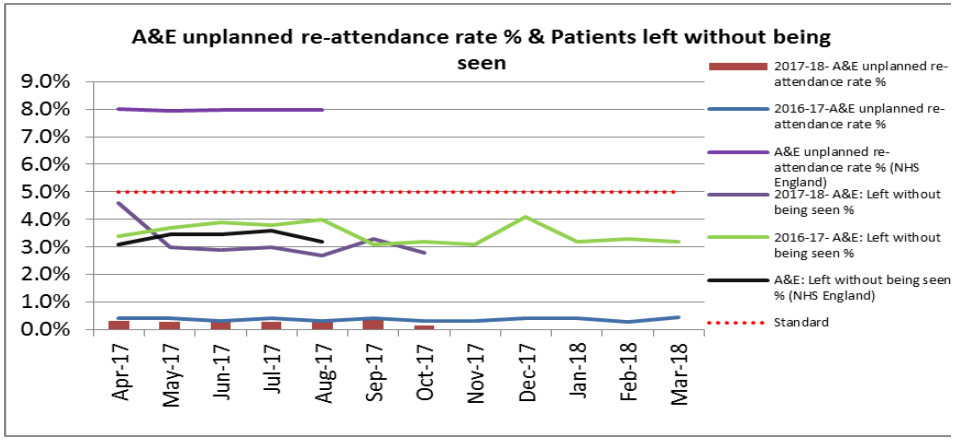


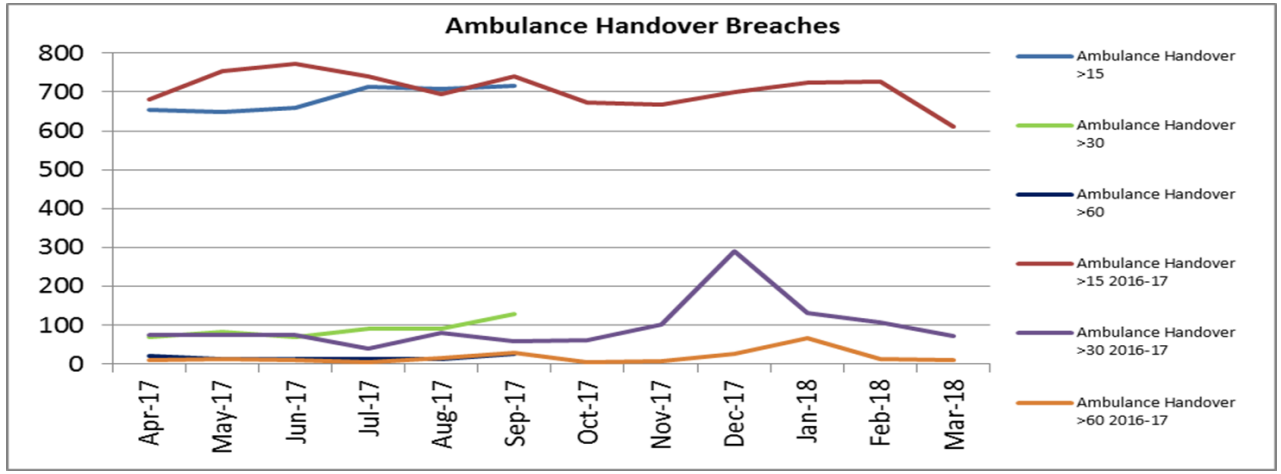
Monitor Compliance Framework: A&E - Graphs - October (Month 7)



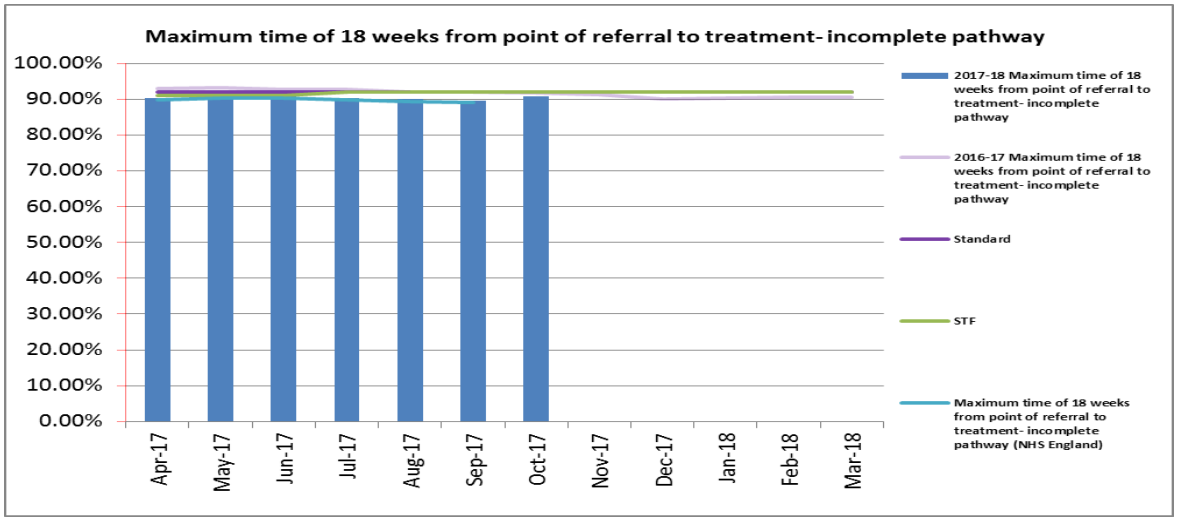


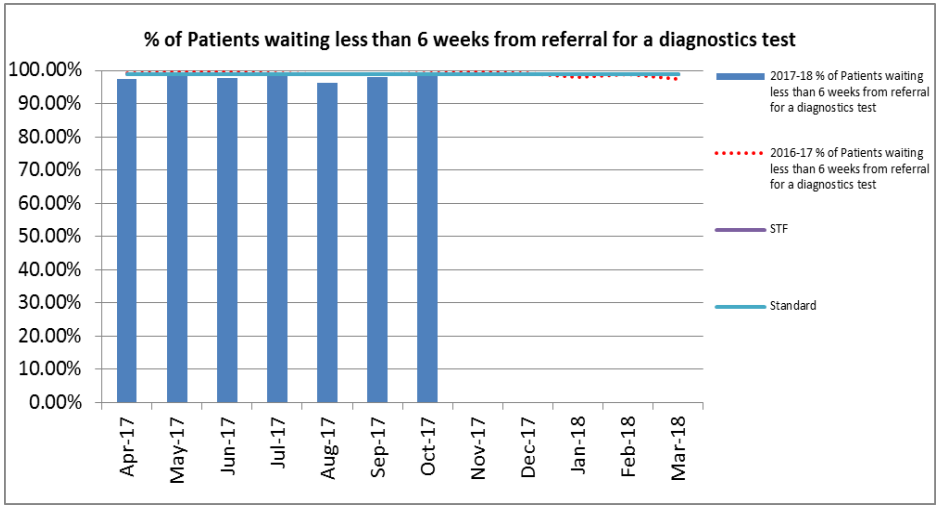


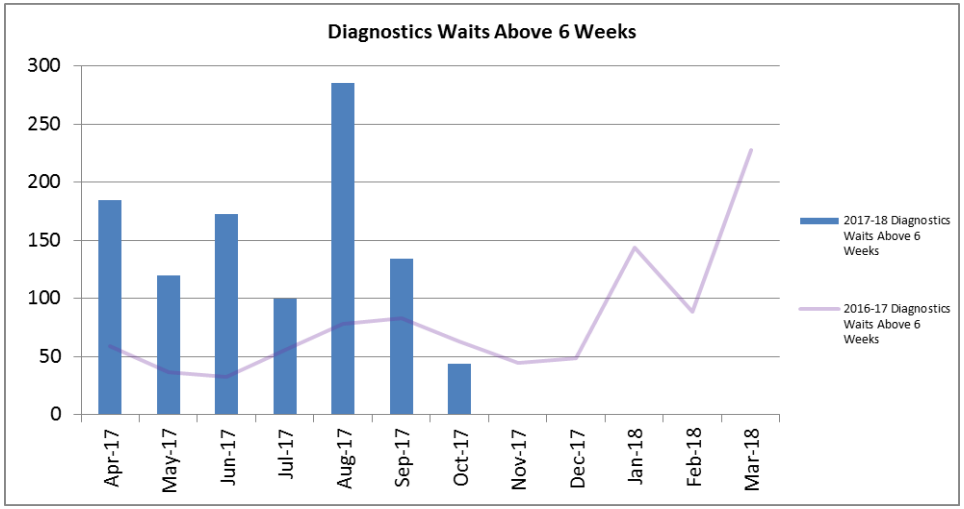




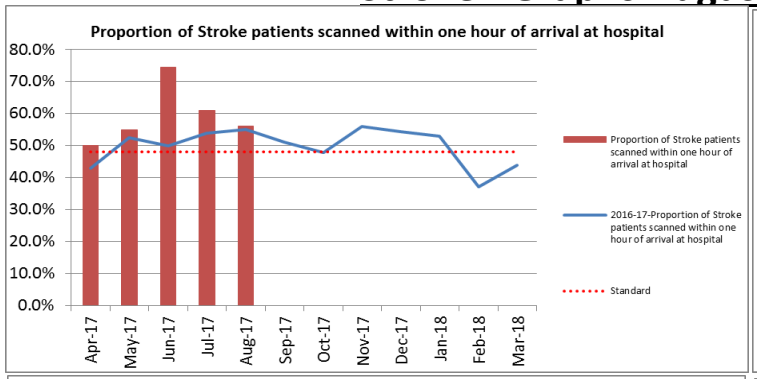
Monitor Compliance Framework: 18 Weeks & Diagnostics - October (Month 7)

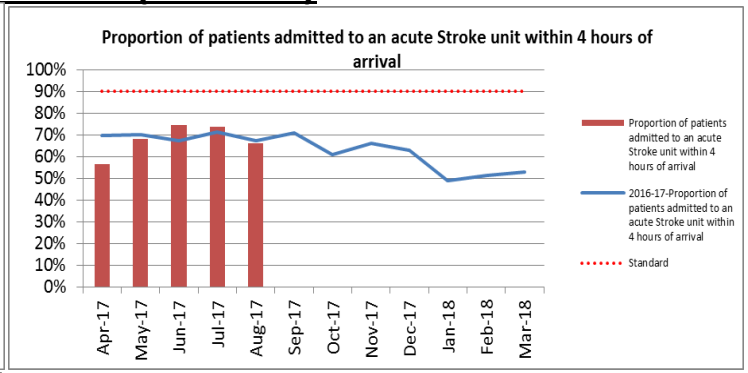


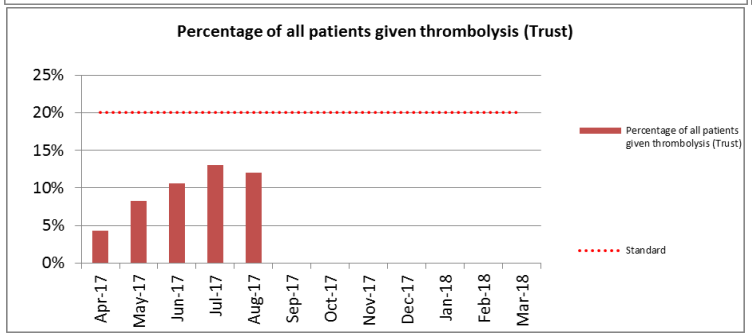


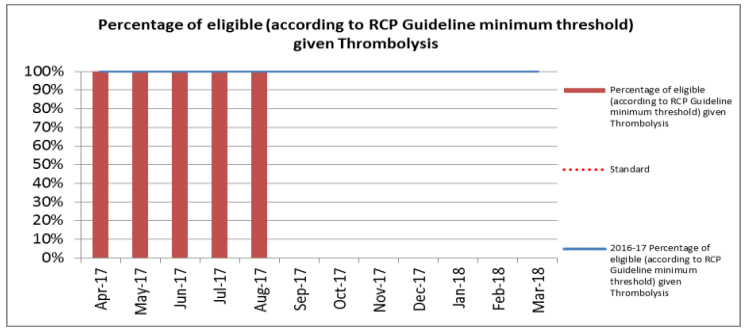


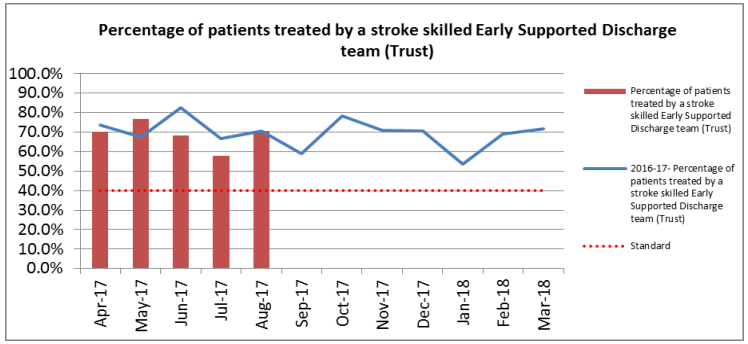
Stroke - Graphs August 2017 (Month 5)

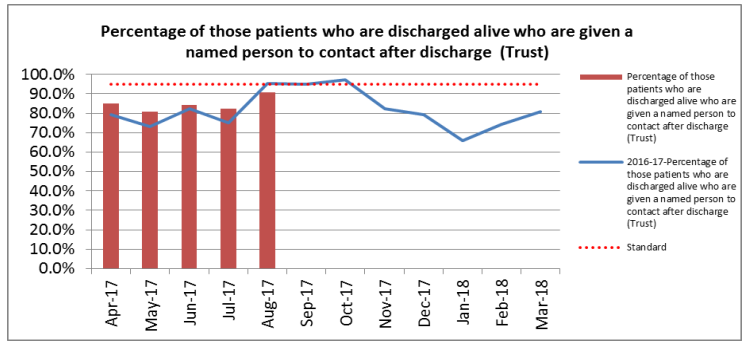


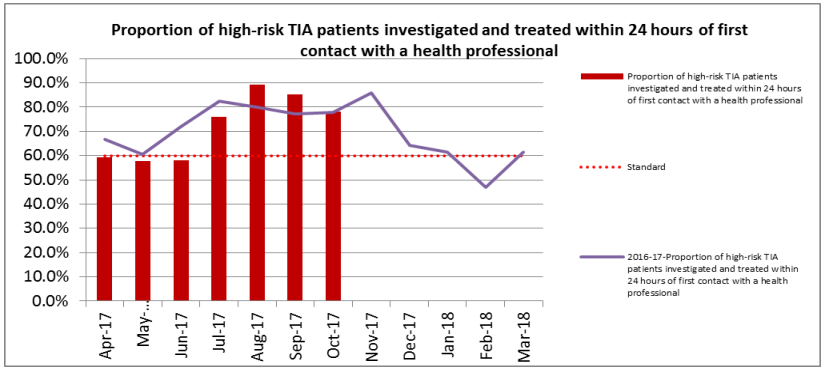




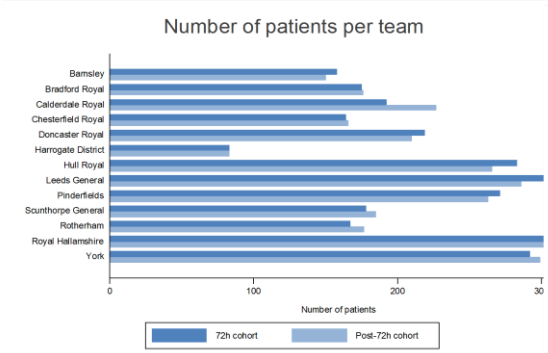






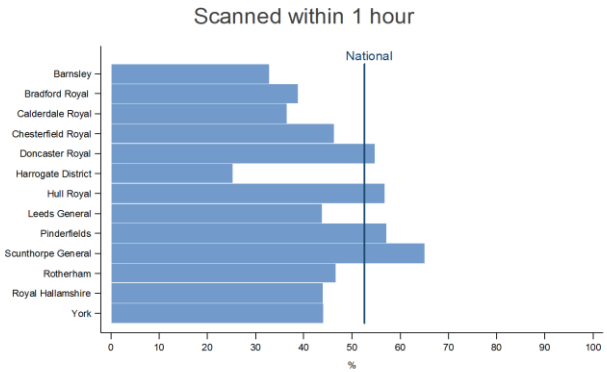


Stroke - Graphs South Yorkshire April 2017- July 2017



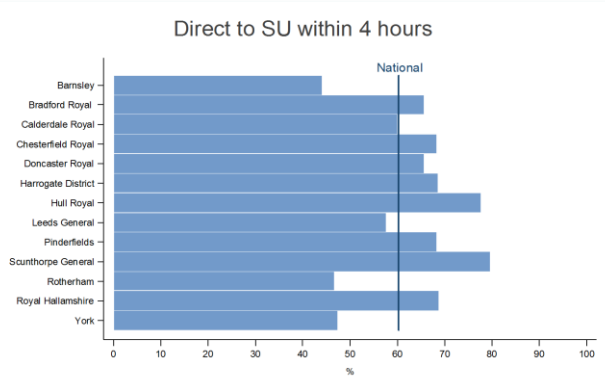
Source: SSNAP Apr-Jul 2017
Number of patients in both patient-centred cohorts - D2.2 and D5.2

Yorkshire and The Humber



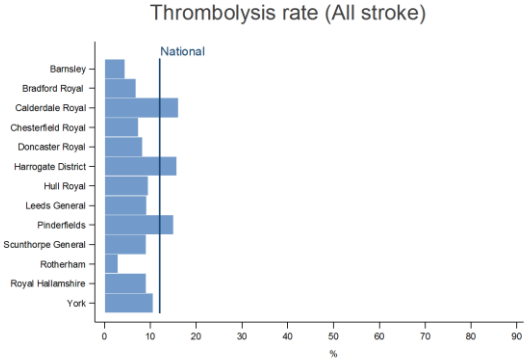
Source: SSNAP Apr-Jul 2017
Patient-centred results at team level for Key Indicator 1.1A

Yorkshire and The Humber SCN



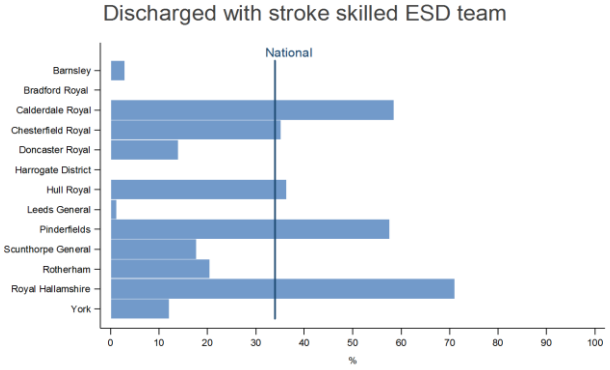
Source: SSNAP Apr-Jul 2017
Patient-centred results at team level for Key Indicator 2.1A

Yorkshire and The Humber SCN



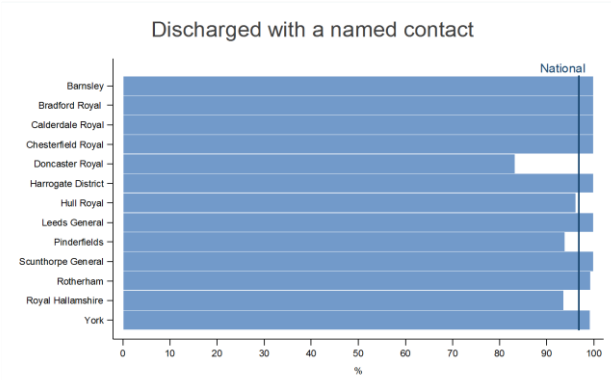
Source: SSNAP Apr-Jul 2017
Patient-centred results at team level for Key Indicator 3.1A

Yorkshire and The Hu



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

Yorkshire and The Humber SCN



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 -October 2017 (Month7)

HSMR:	Overall Trust rolling 12 month HSMR remains better than expected at 87.8. Continuing progress with implementation of Learning from Deaths
Fractured Neck of Femur:	Increased achievement of BPT to >60%. Overall risk adjusted mortality remains good at 66.7
Serious Incidents:	12 SIs being scoped in month which is a larger number than usual. 6 of these are HAPU, 2 due to falls and 4 where care could have been better.

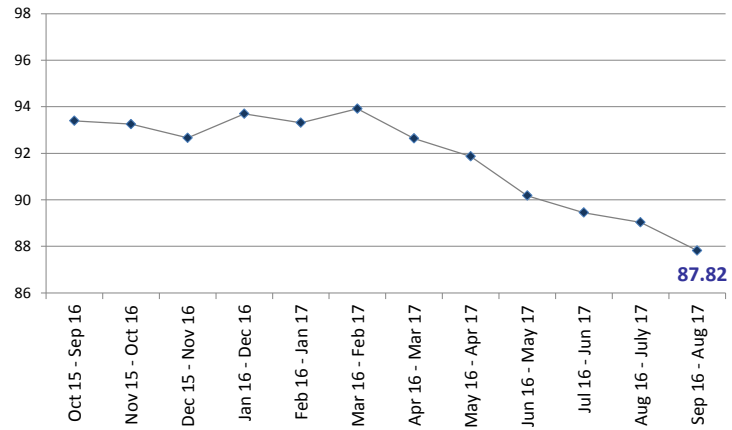
Executive Lead:
Mr S Singh

C.Diff:	The rate of cases remains above trajectory compared to last year. Interventions on Deep Cleaning, Antibiotic stewardship and monitoring hand washing compliance all continue.
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 reply times has- Weekly meetings with care groupsand Director of Nursing to review complaint reply compliance are being undertaken in conjunction with quality improvement work
Friends & Family Test:	Performance remains at or better than the national averagefor inpatient areas with ED response ratesand % recommend being below national average. The reason for the drop in % recommend score is being explored

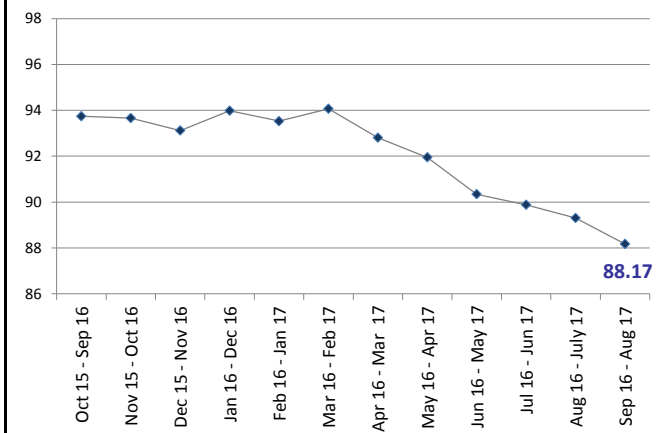
Executive Lead:
Mrs M Hardy

Hospital Standardised Mortality Ratio (HSMR) - August 2017 (Month 5)

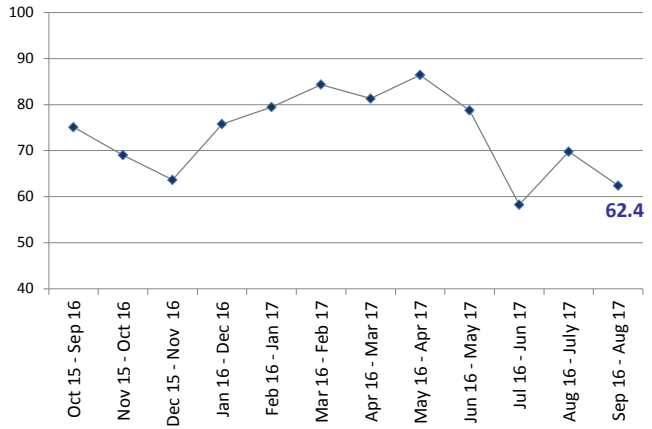
Overall HSMR (Rolling 12 months)



HSMR - Non-elective Admission (Rolling 12 months)



HSMR - Elective Admission (Rolling 12 months)

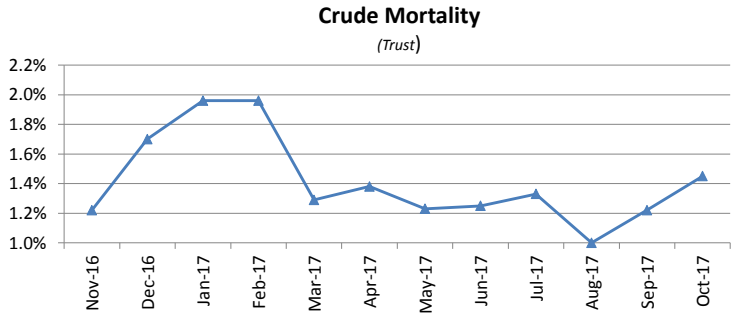


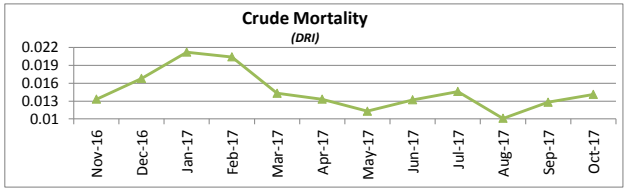
HSMR Trend (monthly)

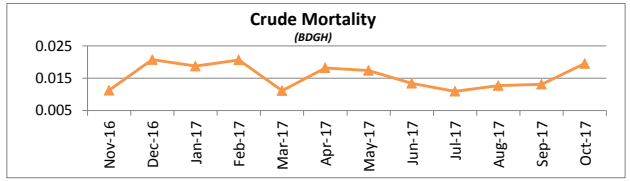
	2014	2015	2016	2017
January	115.45	116.80	99.21	94.91
February	99.11	99.94	97.73	105.54
March	102.91	90.54	97.37	82.71
April	110.49	105.91	88.50	81.97
May	90.93	101.15	96.60	77.57
June	113.74	80.27	93.67	83.86
July	109.94	92.56	97.73	92.12
August	120.18	100.27	87.52	70.44
September	110.10	90.26	95.34	
October	106.58	90.29	88.66	
November	106.84	88.98	82.30	
December	115.87	82.30	93.52	

Crude Mortality (monthly) - September 2017 (Month 6)

(number of deaths/number of patient discharged)



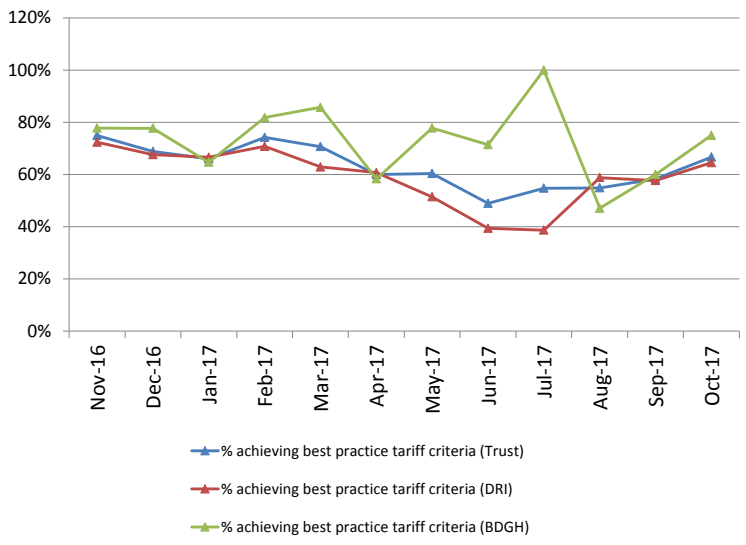




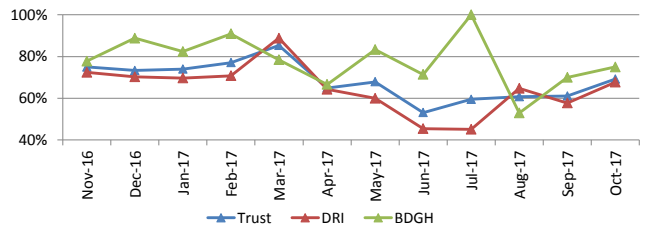
	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Trust	1.22%	1.70%	1.96%	1.96%	1.29%	1.38%	1.22%	1.25%	1.33%	1.01%	1.22%	1.45%
Doncaster	1.33%	1.68%	2.12%	2.04%	1.43%	1.33%	1.13%	1.32%	1.46%	1.01%	1.28%	1.41%
Bassetlaw	1.12%	2.07%	1.87%	2.06%	1.11%	1.82%	1.74%	1.34%	1.09%	1.27%	1.31%	1.95%

NHFD Best Practice Pathway Performance - October 2017 (Month 7)

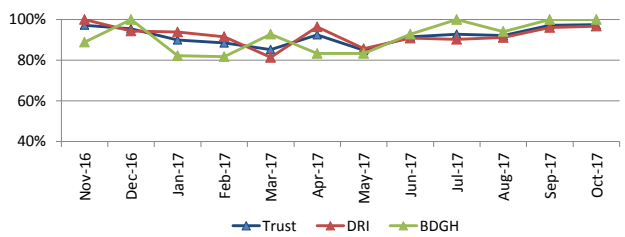
Best Practice Criteria Performance



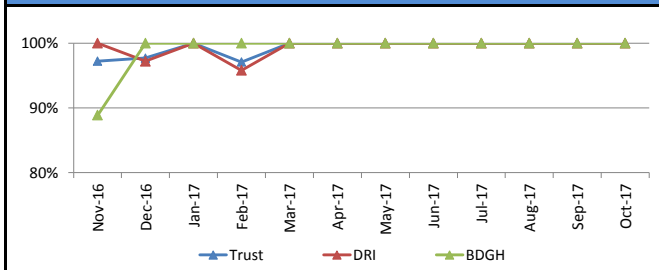
36 Hours to Surgery Performance



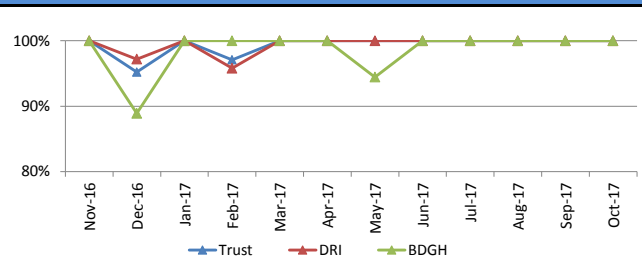
72 hours to Geriatrician Assessment Performance



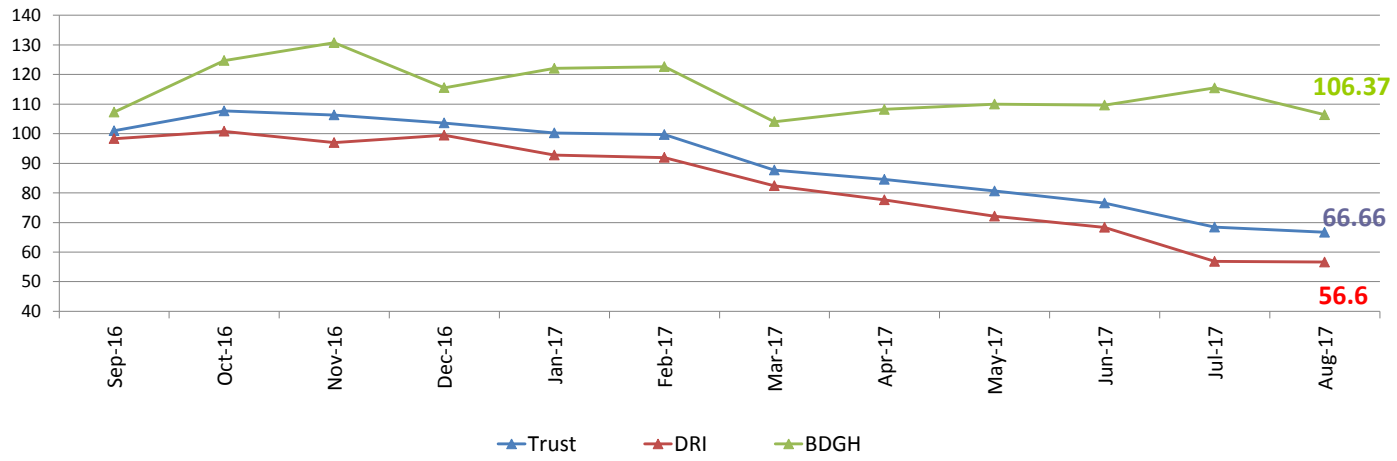
Bone Protection Medication Assessment



Falls Assessment Performance



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



Serious Incidents - October 2017 (Month 7)

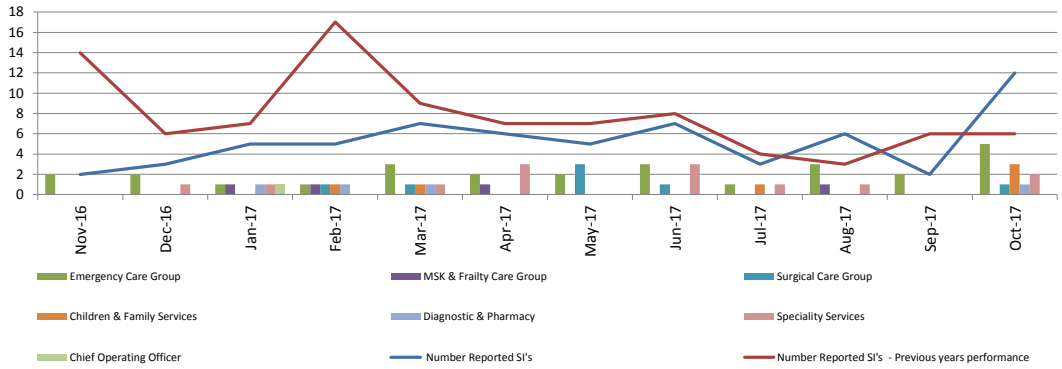
(Data accurate as at 17/11/2017)

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

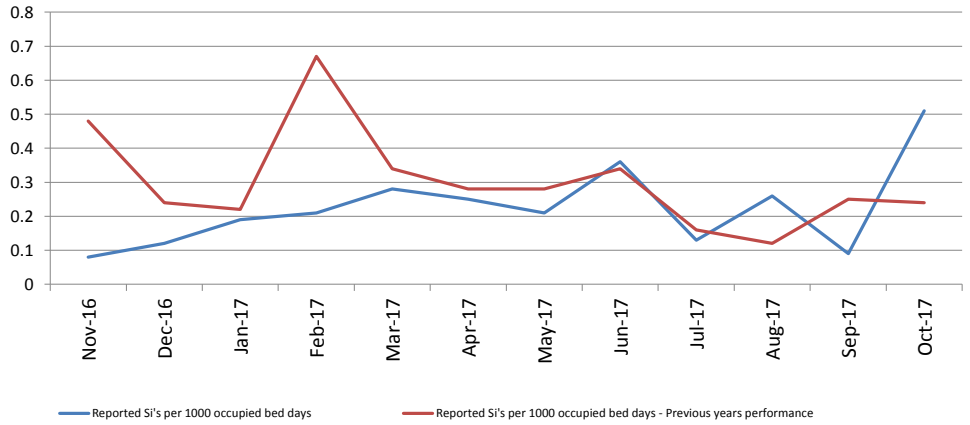
Overall Serious Incidents

Number Serious Incidents Reported

(Trust & Care Group)



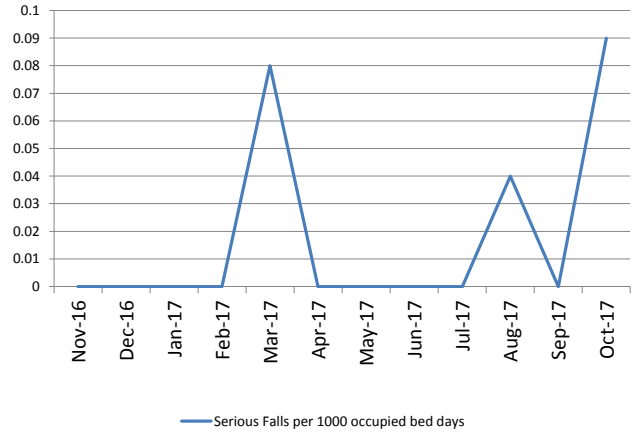
Serious Incidents per 1000 occupied bed days



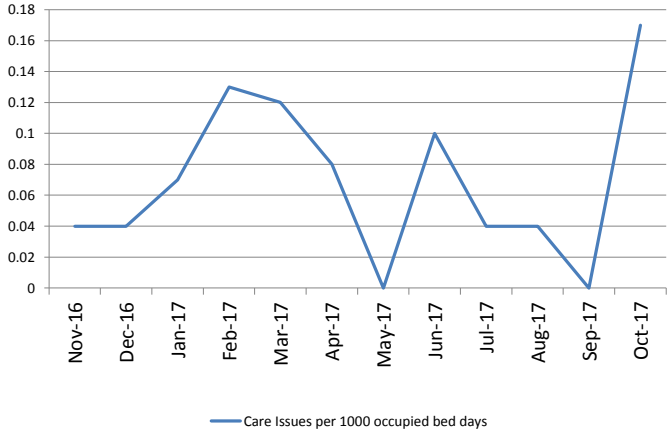
Current YTD reported SI's (Apr 17-Oct 17)	40	Number reported SI's (Apr 16-Oct 16)	35
Current YTD delogged SI's (Apr 17-Oct 17)	14	Number delogged SI's (Apr 16-Oct 16)	8

Themes

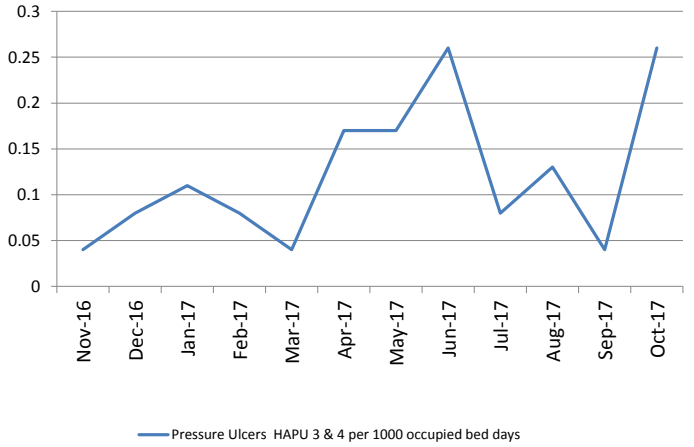
Serious Falls



Care Issues

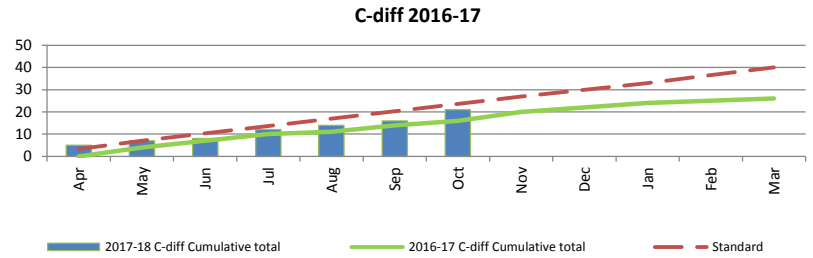


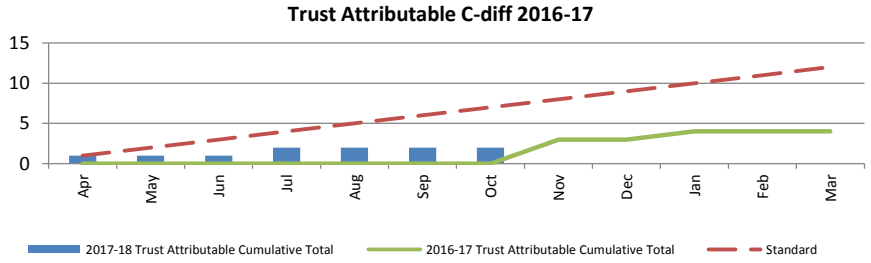
Pressure Ulcers - Category 3 & 4 (HAPU)



Monitor Compliance Framework: Infection Control C.Diff - October 2017 (Month 7)
(Data accurate as at 17/11/2017)

	Standard	Q1	Q2	Oct	YTD
2017-18 Infection Control - C-diff	40 Full Year	8	8	5	21
2016-17 Infection Control - C-diff	40 Full Year	7	7	2	16
2017-18 Trust Attributable	12	1	1	0	2
2016-17 Trust Attributable	12	0	0	0	0

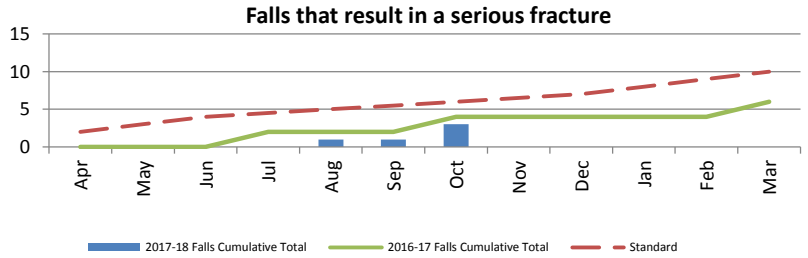




Pressure Ulcers & Falls that result in a serious fracture - October 2017 (Month 7)
(Data accurate as at 17/11/2017)

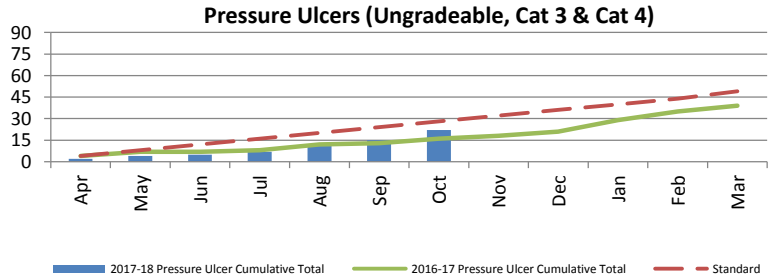
	Standard	Q1	Q2	Oct	YTD
2017-18 Serious Falls	10 Full Year	0	1	2	3
2016-17 Serious Falls	19 Full Year	0	2	2	4

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



	Standard	Q1	Q2	Oct	YTD
2017-18 Pressure Ulcers	34 Full Year	5	10	7	22
2016-17 Pressure Ulcers	60 Full Year	7	6	3	16

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

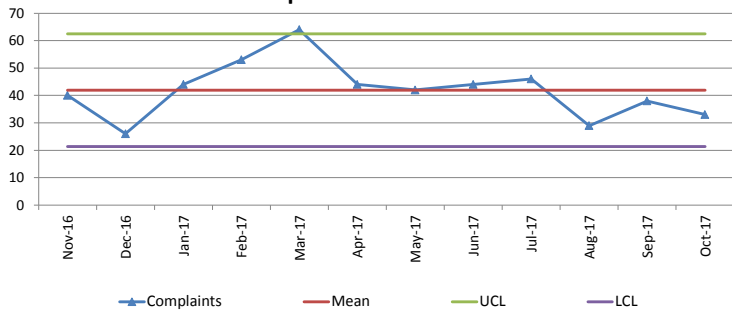


Complaints & Claims - October 2017 (Month 7)

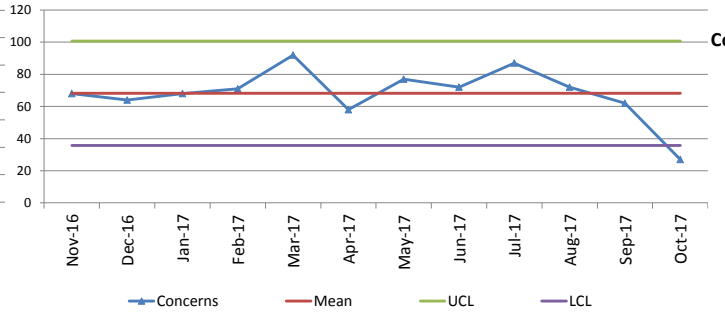
(Data accurate as at 20/11/2017)

Complaints

Complaints Received

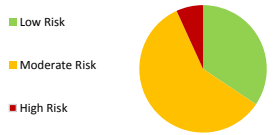


Concerns Received



October 2017 Complaints Received Risk Breakdown

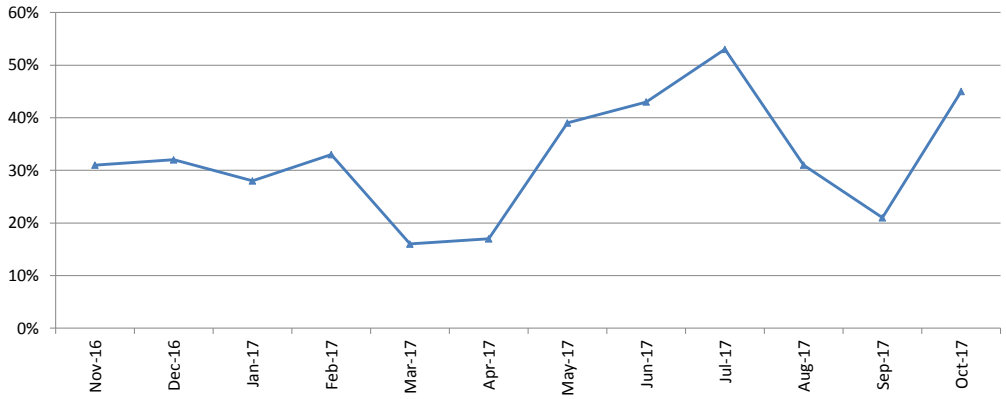
Year to Date Complaints Received Risk Breakdown



Complaints - Resolution Perfomance

(% achieved resolution within timescales)

Complaints Resolution Performance



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

Parliamentary Health Service Ombusdman (PHSO)

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

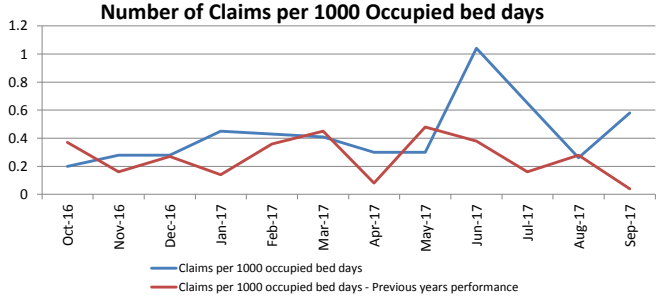
	Number referred for investigation YTD	Outcomes YTD	
2016/17	8	Fully / Partially Upheld	1
		Not Upheld	4
		No further Investigation	0
		Case Withdrawn	0
2017/18	4	Fully / Partially Upheld	0
		Not Upheld	1
		No further Investigation	0
		Case Withdrawn	0

Claims

	Current Month	Month Actual	YTD
Clinical Negligence Scheme for Trusts (CNST) Not including Disclosures	Oct-17	6	65
Liabilities to Third Parties Scheme (LTPS)	Oct-17	0	9

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

Number of Claims per 1000 Occupied bed days



Hard Truths - October 2017 (Month 7)

(Data accurate as at 20/11/2017)

				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	12.8	81%	2.0	0.0	0.0	1.5	3.5		
	NS	20	27	4.9	100%	0.5	0.0	1.0	0.5	2.0		
	NS	21	27	5.1	105%	1.0	1.0	0.0	1.5	3.5		
	LM	S12	20	4.7	91%	2.0	0.0	2.0	2.0	6.0		
	RF	SAW	21	8.2	97%	3.0	3.0	1.5	1.0	8.5		
	LC	ITU DRI	20	23.6	98%	1.0	1.0	0.0	2.0	4.0		
	LC	ITU BDGH	6	26.4	95%	0.0	0.0	1.0	1.0	2.0		
					97%							
MSK and Frailty	SS	A4	24	5.7	97%	1.0	0.5	0.0	0.0	1.5		
	SS	B5	30.7	7.0	92%	1.0	1.5	0.0	0.0	2.5		
	AH	St Leger	35	6.5	102%	1.0	2.5	4.0	1.5	9.0		
	AH	1&3	23	8.1	100%	1.0	0.0	0.0	1.5	2.5		
	SS	Mallard	16	8.5	103%	1.0	0.5	1.0	0.5	3.0		
	SS	Gresley	32	5.6	107%	1.0	1.0	2.0	1.0	5.0		
	SS	Stirling	16	7.7	101%	2.0	1.0	1.0	0.5	4.5		
	KM	Rehab 2	19	5.7	106%	1.0	0.0	0.0	1.0	2.0		
	KM	Rehab 1	29	4.2	102%	2.0	0.5	3.0	1.5	7.0		
					101%							
Specialty Service	JP	18	12	7.3	99%	3.0	1.0	1.0	0.5	5.5		
	JP	18 CCU	12	7.4	95%	0.0	0.0	2.0	1.5	3.5		
	AW	32	18	6.4	100%	2.0	1.0	0.5	1.5	5.0		
	AW	16	24	8.7	110%	1.5	1.0	0.0	1.0	3.5		
	RM	17	24	6.5	102%	3.0	2.0	3.0	2.0	10.0		
	JP	CCU/C2	18	7.0	104%	2.0	1.5	3.0	2.0	8.5		
	RM	S10	20	5.1	98%	1.5	0.0	1.0	1.0	3.5		
	RM	S11	19	5.6	98%	1.5	0.0	0.5	1.5	3.5		
					102%							
Emergency	MH	ATC	21	9.4	96%	1.5	3.0	1.5	1.5	7.5		
	SS	AMU	40	7.9	102%	1.5	1.0	3.0	2.0	7.5		
	MH	A5	16	6.3	104%	3.0	3.0	0.0	2.0	8.0		
	MH	C1	16	6.6	119%	2.0	1.0	1.0	1.5	5.5		
	SC	24	24	5.4	94%	2.5	1.0	1.5	2.0	7.0		
	SC	25	16	6.8	113%	2.0	1.5	1.0	1.0	6.0		
	SC	Respiratory unit	56	5.8	95%	3.5	2.0	4.0	1.5	11.0		
					101%							
Children and Families	AB	SCBU	8	15.9	100%	0.0	0.0	0.0	0.5	0.5		
	AB	NNU	18	10.9	99%	0.0	0.0	0.0	1.0	1.0		
	AB	CHW	18	9.7	99%	1.0	0.0	0.0	0.0	1.0		
	AB	COU/CSU	21	12.4	97%	1.0	0.0	0.0	0.5	1.5		
	SS	G5	24	6.8	95%	1.0	0.5	1.5	2.5	5.5	5.5	
	SS	M1	26	6.8	88%	1.0	2.0	1.0	1.5	5.5		
	SS	M2	18	7.2	87%	1.0	0.5	1.0	1.0	3.5		
	SS	CDS	14	24.2	92%	1.0	0.0	2.0	1.0	4.0		
	SS	A2	18	8.5	92%	2.0	2.0	0.5	1.5	6.0		
	SS	A2L	6	25.8	85%	0.0	1.0	1.5	1.0	3.5		
					93%							
Trust Position					99%							

The workforce data submitted to UNIFY provides the actual hours worked in October 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 October 2017, similar to recent months.

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

- within 5% for 24 Wards (58%), five more than September
- between 5% – 10% for 10 Wards (24%) 3 less than September
- surpluses over 10% for 4 Wards (9%) one less than September
- deficits over 10% for 4 Wards (9%) one less than September

The wards where there were surpluses in excess of 10% of the planned hours are Ward 16, Ward 25 and Ward CI; Ward s 16 and 25 have required additional staff to support patients requiring enhanced care, with Ward 16 also staffing an additional 4 beds. C1 beds had reduced to 16 but opening of beds has changed the demand.

The wards where there were deficits in excess of 10% of the planned hours are Ward B6, 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 and on B6 due to having a higher bed availability, so staff supplementing wards elsewhere.

Quality and Safety Profile
The Quality Metrics data has highlighted that 2 wards have triggered Red for quality in October 2017. These are the Respiratory Unit and Ward 17.
Respiratory Unit has triggered red for the following metrics; SI, safety thermometer, fluid balance, handwashing compliance rate, all FFT metrics, complaint and concerns, and SET compliance.
Ward 17 has triggered red for the following metrics; SI, Hospital Acquired Pressure Ulcers (category 3, 4 or ungradable), medicines storage, fluid balance, handwashing compliance rate, all FFT metrics and e-roster compliance.
Ward 17 will have a Quality Summit scheduled, and a review of agreed plans from the Respiratory Unit Quality Summit undertaken last month will take place.

Footnote: Paediatrics undertake a patient experience survey but will move to utilising FFT

Care Hours Per Patient Day (CHPPD) - October 2017 (Month 7)

(Data accurate as at 20/11/2017)

Utilising actual versus planned staffing data submitted to UNIFY and applying the CHPPD calculation the care hours for October 2017 are shown below, with a slight decrease in the overall and a slight increase for Registered midwives and nurses:

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
TRUST	**4.37**	**3.08**	**7.45**

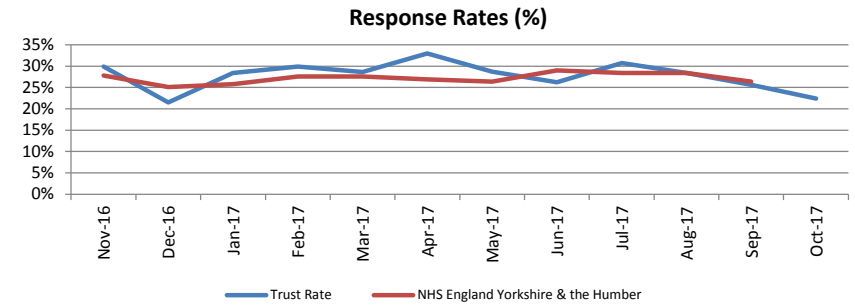
The CHPPD care hours data from May 2016 –October 2017 remain consistent.

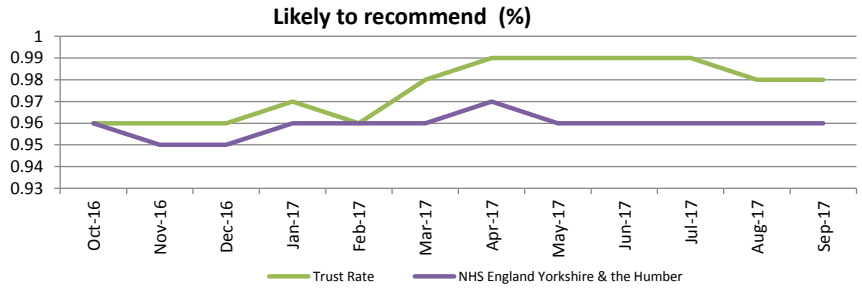
Friends & Family - October 2017 (Month 7)

(Data accurate as at 20/11/2017)

Inpatients

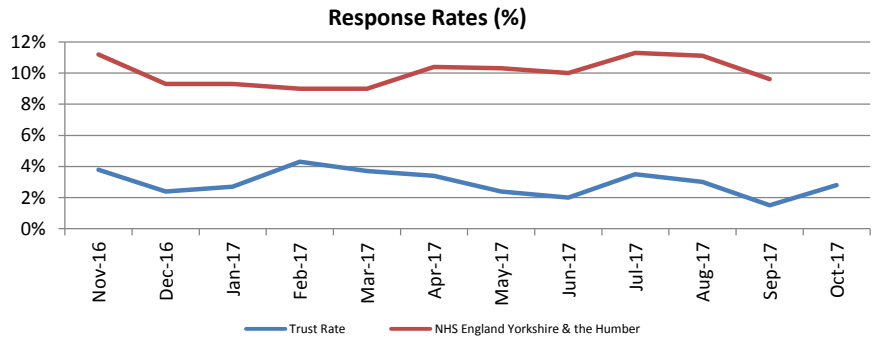
Please note: At the time of producing this report no further benchmarking data is available from NHS England.

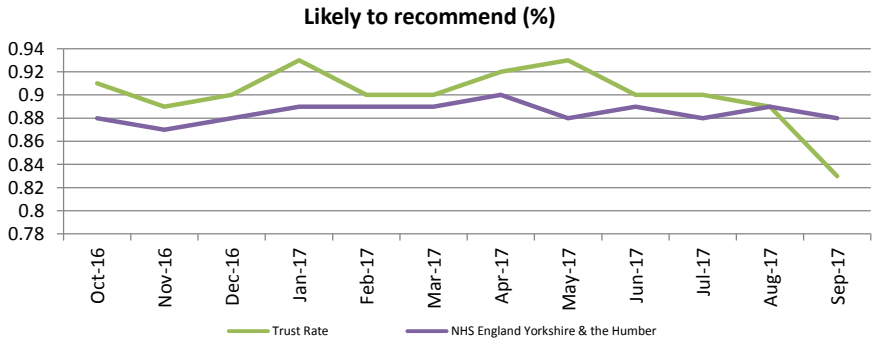




Accident & Emergency

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





Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Executive summary - Workforce - October 2017 (Month 7)

Sickness absence

September has 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 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 slight rise to 56.43% which is disappointing as several areas were expecting to be closer to the target by the end of October. The team are ensuring that managers are up to date with their recording.

SET

We have seen a further rise in compliance with Statutory and Essential Training in October to 73.91% , with discussions at WEC focusing on the individual topics to ensure compliance is achieved.

Staff in post

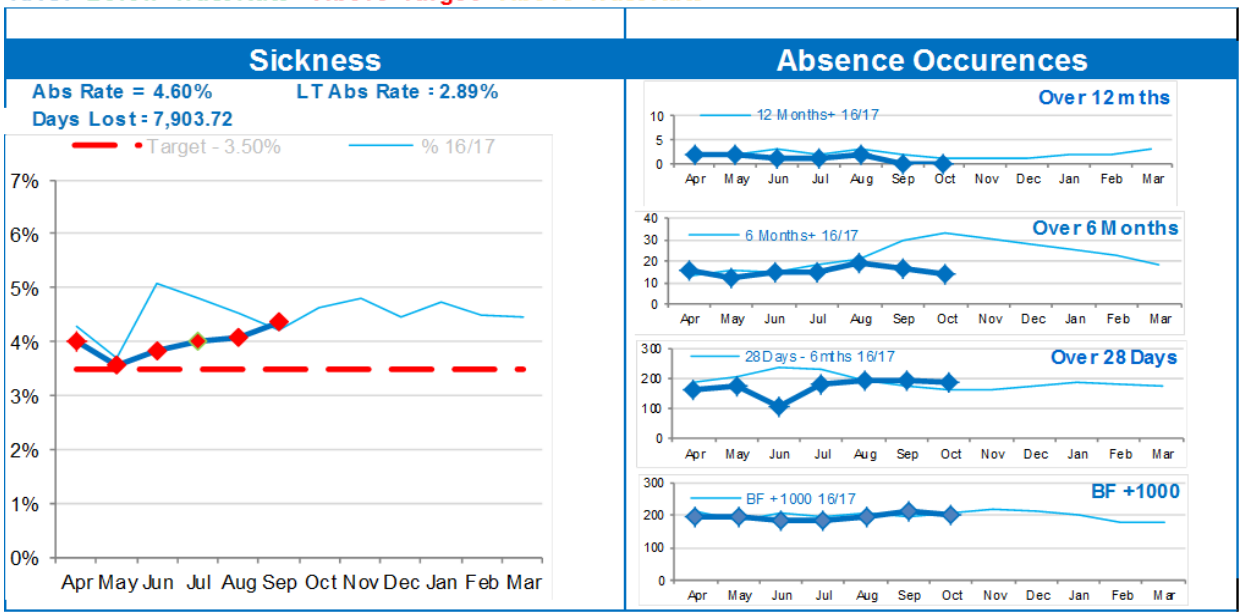
Please see attached tab covering staff in post by staff group

Workforce: Sickness Absence - October (Month 7)

CG & Directorate Sickness Absence - Oct 2017 (Q3)

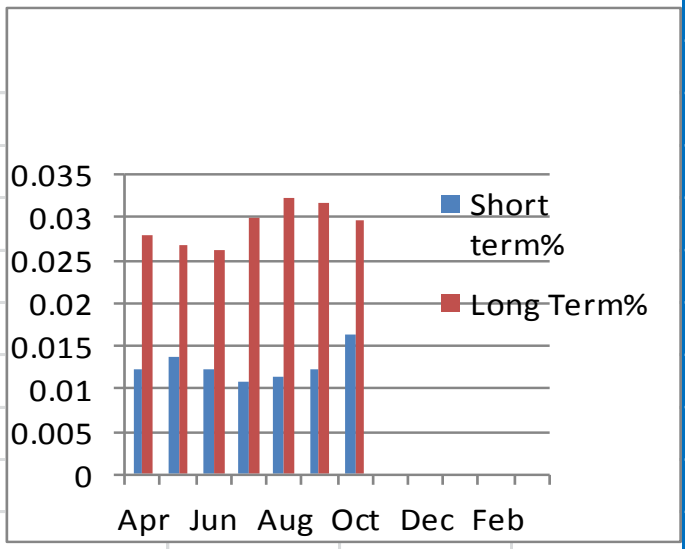
RAG: Below Trust Rate - Above Target - Above Trust Rate

Sickness



Absence Occurences

Long term / Short Term



	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 Hospita	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%

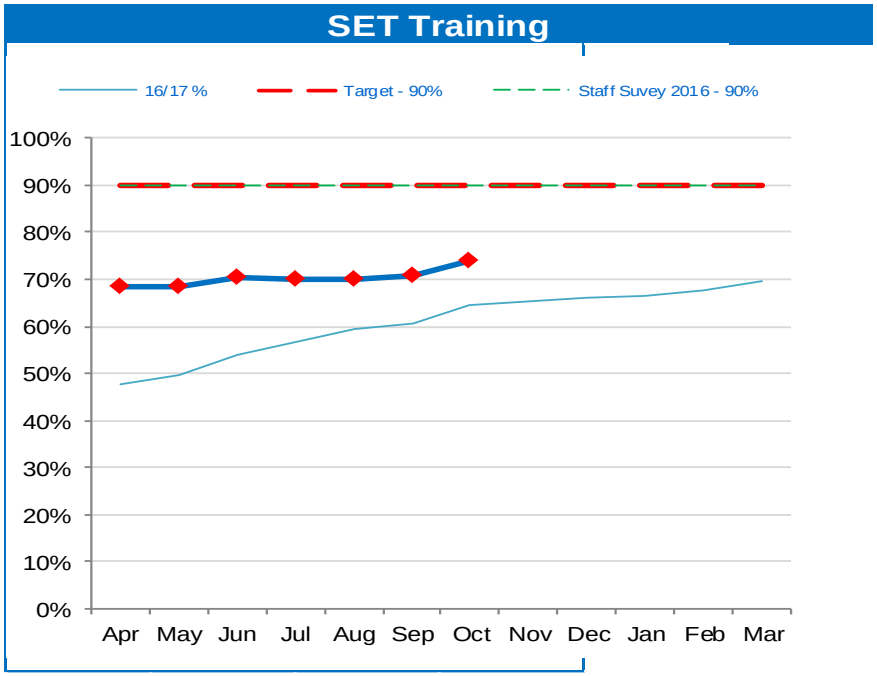
Top 10 Absence Reasons

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 - October (Month 7)

CG & Directorate SET Training - Oct 2017 (Q3)

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

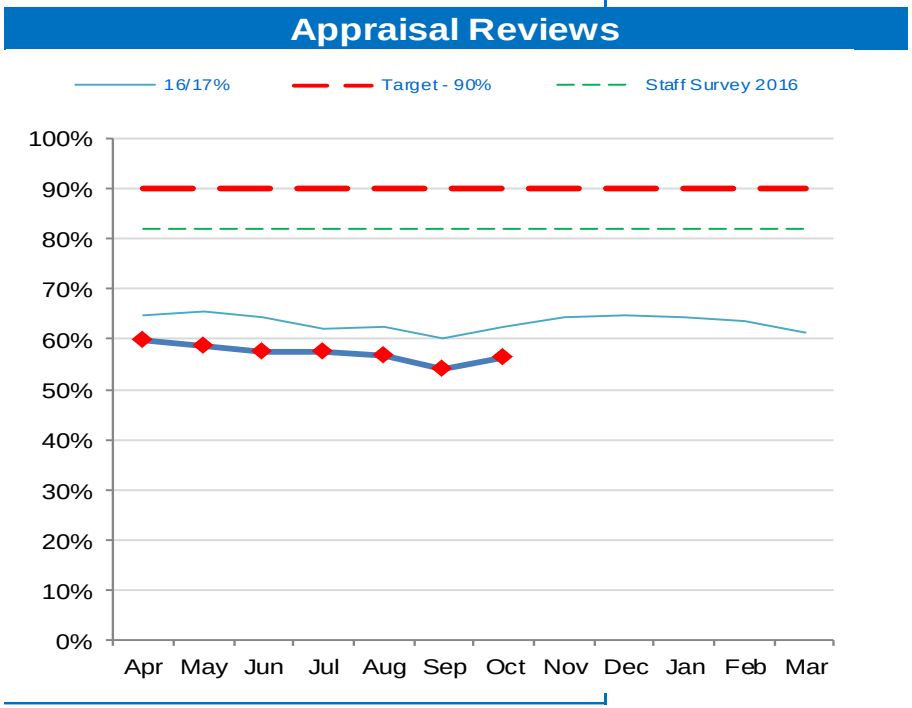


	% Compliance
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**73.91%**
Chief Executive Directorate	**76.34%**
Children & Family Care Group	**79.12%**
Diagnostic & Pharmacy Care Group	**83.84%**
Directorate Of Strategy & Improvement	**99.51%**
Emergency Care Group	**64.61%**
Estates & Facilities	**53.87%**
Finance & Healthcare Contracting Directorate	**96.20%**
IT Information & Telecoms Directorate	**95.07%**
MSK & Frailty Care Group	**82.57%**
Medical Director Directorate	**88.54%**
Nursing Services Directorate	**79.97%**
People & Organisational Directorate	**94.10%**
Performance Directorate	**76.96%**
Speciality Services Care Group	**70.35%**
Surgical Care Group	**73.78%**

Workforce: Appraisals - October (Month 7)

CG & Directorate Appraisals - Oct 2017 (Q3)

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



Trust Total

	% Completed
Doncaster & Bassetlaw Teaching Hospitals NHS FT	**56.43**
Chief Executive Directorate	**64.20**
Children & Family Care Group	**64.30**
Diagnostic & Pharmacy Care Group	**66.20**
Directorate Of Strategy & Improvement	**94.12**
Emergency Care Group	**39.77**
Estates & Facilities	**8.68**
Finance & Healthcare Contracting Directorate	**70.00**
IT Information & Telecoms Directorate	**76.52**
MSK & Frailty Care Group	**77.75**
Medical Director Directorate	**87.50**
Nursing Services Directorate	**65.67**
People & Organisational Directorate	**86.17**
Performance Directorate	**82.82**
Speciality Services Care Group	**55.21**
Surgical Care Group	**62.65**

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
Grand Total	**5,493.97**	**6,596.00**	**5,504.48**	**6,606.00**	**5,506.95**	**6,699.00**	**5,509.75**	**6,705.00**	**5,493.23**	**6,711.00**	**5,484.28**	**6,689.00**	**5,503.26**	**6,698.00**

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Well Led Governance Review – sign off**		
Report to	**Board of Directors**	**Date**	**28 November 2017**
Author	**Matthew Kane, Trust Board Secretary**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		x
	Information		

Executive summary containing key messages and issues

In line with the NHSI Code of Governance and the Trust's enforcement undertakings given on 29 February 2016 the Board of Directors commissioned an external review of its governance arrangements under the Well Led Framework with the review being undertaken during Q3 2016/17.

The review was carried out by Deloitte LLP and examined the Trust's approach towards the four domains of the Well Led framework:

- strategy and planning;
- capability and culture;
- process and structures; and
- measurement.

The review made 18 recommendations which were approved at Board on 31 January. A working group comprising the Chair, Chief Executive, two NEDs and the Trust Board Secretary was established to scope the actions that would contribute to each of the recommendations.

Attached is the action plan together with progress against each of the recommendations. To help Board distinguish between those actions that it is directly involved in and those driven by management, Board-level and operational actions have been separated.

With the majority of actions now complete it is proposed that the action plan be signed off. Work to fully embed each recommendation is, of course, ongoing.
Key questions posed by the report
Is the Board assured that the Well Led action plan has been sufficiently addressed?
How this report contributes to the delivery of the strategic objectives
A number of the recommendations contribute to the corporate objectives particularly around board development, partnership working and the development of tools to monitor progress against the strategic ambitions.
How this report impacts on current risks or highlights new risks
This action plan provides assurance against key risks identified in the Corporate Risk Register including engagement of staff, partnership working and achievement of operational performance.
Recommendation(s) and next steps
That Board agrees the action plan be signed off as complete.

Board Level Actions								
Recommendation	**Report ref and page**	**Actions planned**	**Action Owner**	**Lead**	**Target date**	**Expected impacts**	**Evidence and progress**	**RAG rating**
The new Chair should revisit the Board calendar to enable greater time to focus on strategic development and monitoring. As part of this process, there needs to be collective agreement amongst the Board on the gaps and priorities for debate in this area.	1A Page 15	Remove unminuted 'Board Brief' and use Part 2 Board meetings to ensure discussions on strategy are recorded and captured in the Board domain.	Trust Board Secretary	Chief Executive	Mar-17	Clarity of strategic objectives Strategy undertaken more visibly at Board level Board given greater understanding of what is happening on the ground Strategy kept refreshed and relevant Strategy aligned to STP in South Yorkshire Greater partnership working across SY trusts	**Complete.** Board Brief concluded January 2017 and strategy items included on Board agenda from March 2017. Care groups, corporate directorates and external speakers invited to highlight best practice to Board - presentations have included bariatric surgery, R&D, patient experience, ENT Masterclass, doctors in training and Doncaster Growing Together. Board of Directors and Governors have received presentations on strategic direction – April and July 2017. Also Board held a strategy day, June 2017. Strategic Direction agreed at July 2017 Board. Enabling strategies signed off by Board in October, November and December.	
		Invite care groups and others to give Board regular 'insight' presentations into a specialism, area of good practice or lesson learned within their area	Trust Board Secretary		Mar-17			
		Hold annual Board strategy workshops for strategic developments and to consider any amendments to strategic objectives	Director of S&I		Jun-17			
Ensure that there is consistent and explicit review of progress against strategic objectives, including a focus on impact and outcomes, at Board and committee level.	1A Page 16	Develop a quarterly 'exception' report for Board showing progress against strategic objectives, focussed on outcomes rather than activity. The report to show recent trends but also look forward, anticipating potential downturns in performance and identifying suitable mitigation	Director of S&I	Chief Executive	Jul-17	Closer monitoring of strategic objectives Board in a better position to pre-empt downturns in performance and formulate action plans to address them	**Complete.** New performance report in development which has been presented to Finance and Performace Committee and Board in September and October 2017. CEO, Chair, Executives and NEDs have been set, and been apprised against, objectives to develop strategic thinking. The CEO reports quarterly against objectives as part of his public board report. Chair and NED objectives reported via Governors. Chair and CEO are participating actively in the WTP, ACS and Place Plans and executives are involved in leading ACS work-streams. Strategic direction including mission, vision and values agreed by Board in July 2017. Mission and values reviewed as part of Exec Team Strategy Session in April 2017 and Board Strategy session June 2017.	
		Board should review mission, vision and values to ensure it is still relevant to illustrate what kind of organisation the Board expects it to be			Jun-17			
Ensure that the annual planning process is clearly documented, is fully understood by all involved, and enables sufficient interaction between the Board and Care Groups throughout the year.	1A Page 16	Produce an annual calendar of activities of the corporate year to include business and CIP planning, appraisals, annual report, contract agreement etc	Trust Board Secretary following consultation with execs and Exec Team	Chief Executive	01/11/2017 (extended)	Care groups have clear sight of the 'rhythm of the Board' and feel more engaged in corporate business planning	**Complete.** New care group governance structure for leading service development agreed by Management Board in June 2017 and implemented in August	

		Calendar to be monitored by Management Board each month. Deviations from plan to be addressed in action plan goes to the new F&P Committee.	Trust Board Secretary following consultation with execs and Exec Team		01/11/2017 (extended)		2017. The new structure includes executives alongside care group directors and HONs. New leadership development programme put in place to enhance care group leadership capability. Annual calendar to be presented to MB in November 2017.	
		Process to empower care group leadership triumvirate to run the care group in line with budget, pilot new ideas, present business cases for change and break even or produce surplus for reinvestment	Chief Operations Officer		Jun-17			
The format and use of the BAF and CRR need to be revised to take into account the commentary made in 1B.1: –The need to refresh training for all staff has been recognised; –Risk reporting and scrutiny at a Care Group level requires significant formalisation in order to ensure robust escalation to the Corporate Risk Register (CRR); –The value added by the CRR and Board Assurance Framework needs to be reviewed as we noted confusion around their purpose at both Board and senior management level.	1B Page 19	Arrange risk training for senior managers within DBTH	Deputy Director – Governance and Quality/Trust Board Secretary	Chief Executive	Jul-17	Heightened profile of risk management across the organisation Main assurance tool focussed around strategic risks and operational issues rather than simply being a summary of the risk register Increased awareness of risk in organisation and of purpose of BAF amongst senior managers Compliance with best practice Board is trained and guided on how to use the new BAF and ensure that they see evidence which mitigates risks as a regular reporting process.	**Complete.** BAF/CRR resetting session undertaken with Executive Team in April 2017. Six training sessions on risk management undertaken for staff across all three sites September - November 2017. BAF and CRR reviewed and now taken to each F&P, QEC & ANCR meeting. Risk Policy revised approved by Board in August 2017. New committee TORs and work-plans now include rotational deep dives into relevant areas of strategy and risk - QEC held the first of these in October 2017 on how we communicate service change. Deputy COO developing standard care group agendas which will incliude standing risk escalation items. Risk consideration now formalised at clinical governance meetings.	
		Include standing risk escalation item on care group agendas	Chief Operating Officer		Jun-17			
		Develop a report for Exec Team explaining purpose of BAF and proposal for changes then implement change	Trust Board Secretary		Jun-17			
		Assurance and risk mapping exercise to be undertaken by new Board committees	Trust Board Secretary		Jun-17			
		New BAF to be formulated focussing on current strategic objectives and operational issues as well as horizon threats/opportunities	Trust Board Secretary		Jun-17			
		Develop new BAF further with NED committees and approve through Management Board	Trust Board Secretary		Jun-17			
		Include on new committee TORs and work-plans rotational deep dives into relevant risks to provide further assurance to Board	Trust Board Secretary		Jun-17			
Further develop the CIP planning and execution process by: • Ensuring that all CIPs have sufficient clinical engagement at both the identification, QIA and sign-off stage; • That all major schemes are subjected to a post-implementation review which incorporates staff and patient feedback (e.g. through surveys); • Strengthening CIP assurance reporting from the Turnaround Programme Board to the F&P and QEC	1B Page 20	Develop a report to MB detailing how future CIP process will function to include: - New language for CIPs - Impact on CCG - Quality impact on proposals - Benefits and quality of experience for patient	Director of Finance	Director of Finance	Jul-17	Service changes recognised as clinically led Workforce sees CIP process as bottom up not top down and is about improvement not just cost reduction External assurance of PIR process through audit process Quality impact clearly evidenced through quality committee	**Complete.** Responsibility for PMO function moved from DSI to DOF in July 2017 and new processes, including new governance and accountability structures, agreed. PIR process has been reviewed and new documentation circulated. Turnaround Board amended to Effectiveness and Efficiency Board. CIP plans shared through F&P. Senior clinical staff involved in recent governance review of CIP processes.	
		Ensure Internal Audit Plan 2017/18 includes audit of PIR process	Director of Finance	Director of Finance	Jul-17			

Implement a programme of development for the executive team and Board. This should focus on the points outlined within the Well Led report, and build in greater time for strategy as well as team development.	2A Page 22	Arrange an externally facilitated Board development session with dates throughout the year around: - the unitary board; - board behaviours; - functional and dysfunctional boards; - horizon scanning; and - giving and receiving constructive challenge.	Director of People & OD	Chief Executive	Jun-17	Increased calibre of debate and scrutiny Greater mutual support amongst executives A Board more representative of its members and wider patient community Chair to draw executives into debate more where appropriate Clearer alignment to the NHS 50:50 by 2020 report	**Complete.** Board Development Programme commenced on 27 June 2017 with session on corporate governance and was followed by Strategy session (28 June) and team building event. Further sessions have included health and safety and fire compliance. Plans for greater Board diversity agreed with Governors, August 2017. Executives now members of F&P and QEC.	
		As part of NED recruitment in 2018, develop a paper focussing on Board diversity including regulatory expectations and proposed open recruitment process to be presented to Governors' A&R Committee in the Summer with a view to starting a programme of selection in early 2018 and spreading awareness of the Trust's interest in having a diverse board	Trust Board Secretary		Aug-17			
		Executives to join as members of committees	Trust Board Secretary		Jun-17			

As part of its refresh in 2017 ensure that the People and Organisational Development Strategy includes a more explicit focus on equality and diversity throughout all job roles and levels in the Trust.	2A Page 22	Develop specific E&D policy and action plan around protected characteristics including how to attract a diverse workforce, governors and board	Director of People & OD	Director of People & OD	Oct-17	Trust's E&D initiatives underpinned by sound policy and principles Commitment to prioritising E&D rather than seeing it as an 'add on' Reports to Board and statistical analysis of diversity	**Complete.** Diversity action plan presented to Board in July 2017. Staff diversity group now meeting within the Trust. E&D focus within new People and OD Strategy, agreed by Board in October 2017. Appointments and Remuneration	
Reconsider how NEDs and governors engage meaningfully with staff and gain assurance within their current time allocation at the Trust, including through refreshing the existing NED service visits.	2B Page 24	NEDs to take a full part in Board Development activity and new Governor briefings.	Trust Board Secretary	Chief Executive	Mar-17	Increased NED visibility Increased NED knowledge of ward challenges and best practice Clarity on processes and opportunity to see good practice and ask questions regarding ideas for change and improvement More teams presenting reports to Board	**Complete.** NEDs attending Board development and Governor Briefings. Chair undrtakes regular ward visits which is supported by an informal programme of NED visits. Ward sponsorship and QAT presentation planned for January's Board of Governors. NEDs now invited to QAT and Quality Summits as well as Friday lectures. Programme of presentations at Board meetings in place and embedded.	
		Revise protocol on NED/Governor ward visits to focus on peer assessment and the NED ambassadorial role	Deputy Director – Governance and Quality/Trust Board Secretary		01/01/2018 (extended)			
		Include NEDs sometimes in QAT and CQC clinical assessment visits	Trust Board Secretary		Mar-17			
		Schedule Board presentation on clinical assessment with a focus on fluid balance and health promotion	Trust Board Secretary		01/12/2017 (extended)			
		Hold a rolling programme of presentations at public Board meetings on key operational areas	Trust Board Secretary		Mar-17			
To further increase the effectiveness of ANCRC, the Trust should: •Update the committee work plan to reflect the revised terms of reference, incorporating the elements of good practice referenced in 3.A.1; •Maintain the more concerted focus on follow-up of internal audit recommendations in line with the proposals made in September 2016; •Increase the level of focus and scrutiny on the effectiveness of risk management arrangements; and •Review the reporting lines for the ANCRC sub-groups.	3A Page 28	Undertake review of committees, their terms of reference and workplans, to align them to the Single Oversight Framework and strategic diretcion.	Trust Board Secretary with DoF	Chief Executive	Oct-17	Compliance with best practice Clear accountability structures Increased ability to handle strategic and operational risk	**Complete.** As the board committee strcuture was substantially changed in June 2017 a conscious decision was taken not to change ANCR's terms of reference. Workplan has been revised and agreed by the Committee in September 2017. Changes to H&S Group reviewed in September following receipt of findings from KPMG. Further session on H&S planned for January 2018.	
		KPMG to explore reporting lines in other trusts for IG and H&S Groups and feed back to ANCR	KPMG		Jul-17			
		Highlighted best practice to be added to the ANCR workplan	Trust Board Secretary		01/10/2017			

CGOC should: •Consider ways in which it can better align its agenda to the Quality Strategy goals to increase focus in this area, and also awareness of the strategy; •Using the BIR as a starting point, introduce a CGOC dashboard to direct debate towards key areas of exception and redress the balance of committee reporting between analysis and narrative; •Ensure that items which are not relevant to the ToR are appropriately referred to FOC or ANCRC; and •Update the ToR and work plan to reflect the good practice areas discussed in this report.	3A Page 29	Undertake review of committees, their terms of reference and workplans, to align them to the Single Oversight Framework and strategic diretcion.	Trust Board Secrtary with MD, DONS and DP&OD	Chief Executive	Jun-17	Better alignment with Single Oversight Framework and strategic objectives Compliance with best practice	**Complete.** CGOC recast as Quality and Effectiveness Committee with revised TOR and workplan aligned to SOF and strategic diretcion. Proposed additions incorporated.	
Revise FOC to expand the focus of the committee, including greater focus on: capital and investment priorities and plans; performance against plan, and SLR. As part of these changes, the Trust should seek to reduce any existing duplication between the work of FOC and other forums.	3A Page 29	To review and recast FinOC as the Finance and Performance Committee incorporating quality and workforce aspects with terms of reference to incorporate the points identified by Well Led and Internal/External Audit.	Trust Board Secretary with DOF and COO	Chief Executive	Jun-17	Better alignment with Single Oversight Framework and strategic objectives Compliance with best practice	**Complete.** FinOC recast as Finance and Performance Committee with revised TOR and workplan aligned to SOF and strategic diretcion. Proposed additions incorporated.	
Revise reporting lines for WEC so that quality aspects of its business are reported to CGOC, and workforce transformation and efficiency aspects are reported to FOC.	3A Page 30	Consider revised terms of reference in line with new Quality and Effectiveness Committee	Trust Board Secretary with Director of People & OD	Chief Executive	Jun-17	Compliance with best practice	**Complete.** As part of the new committee structure, WEC will report into Quality and Effectiveness Committee as it was felt reporting into two committees may result in a blurring of accountability. The Director of P&OD will sit on both the F&P and QEC to ensure relevant issues are reported into the relevant committee.	
In preparation for the forthcoming changes in the Board, a stakeholder mapping exercise should be undertaken to ensure clear responsibility and transition of relationships.	3C Page 34	Identify key stakeholders Arrange meetings for Chair/Chief Executive with identified key stakeholders Develop a wider engagement strategy to include key principles, audiences and delivery	Trust Board Secretary Head of Communications and Engagement	Chief Executive	Jun-17 Jun-17	Clarity of, and good relationships with, local and national partners Strategy will allow the Trust to see where the value of its partnerships lie and to invest time appropriately	**Complete.** Key meetings have been arranged with the CCGs, Council, Universities, Members of Parliament and relevant Chairs/CEOs of other trusts. Wider Communications and Engagement Strategy agreed by Board in October 2017. Chair of the Board meets with partners - collectively and on individual basis - regularly and has worked with them to deliver an ACS-wide conference for Governors. Further conferences planned with NEDs and local politicians in 2018.	

Update the BIR to incorporate the elements of good practice defined in 4A.1: –Greater alignment of indicators to the Trust's strategic objectives; –The inclusion of data quality kite marks as planned; –Improving the timeliness of information which usually has a lag of two months; and –Greater use of performance forecasts.	4A Page 35	Develop an integrated BIR report to Board to include metrics on: - quality; - patient experience; - research; and - finance	Exec Team	Chief Executive	Jul-17	Compliance with best practice	**Complete.** Nine key metrics have been initially identified to report on and the first version of the revised BIR was brought to Exec Team in June. New style performance report brought to F&P and Board in September 2017.	

Operational Actions								
Recommendation	**Report ref and page**	**Actions planned**	**Action Owner**	**Lead**	**Target date**	**Expected impacts**	**Evidence and progress**	**RAG rating**
Undertake a review of the frequency and effectiveness of service and speciality level clinical governance meetings, addressing any findings and reporting assurance on progress to the CGOC.	2C Page 26	Develop a new kite mark approach for CG meetings on the basis of earned autonomy with a standard agenda to include: - risks; - learning and development; - performance; - learning from complaints	Medical Director and DoNS	Medical Director and DoNS	Jun-17	Consistency of approach to CG meetings Increased staff engagement and involvement	**Complete.** The frequency of Care Group and Specialty level meetings is monitored monthly centrally by the Governance office. This has formed part of the CGC reports to QEC. There has been significant improvement in attendance at both Care Group and Specialty level governance meetings. Effectiveness of Care Group governance meetings was undertaken in the summer of 2016, and findings were addressed through Care Group Governance Lead appraisals. Standard template agenda and workplan for both Care Group and Specialty governance meetings are in place (which includes risks, learning and development, learning from complaints). Performance is addressed through the Care Group Accountability meetings with the Chief Operating Officer. Care Groups report on a six monthly basis to CGC on set objectives. These have been reviewed for 2017/18 using HED metrics. Metrics have been developed for each Care Group. A paper will go to CGC in July with set targets for each of the metrics to be agreed with Care Groups.	
		Assurance provided in the form of a regular report to the CGQC.			Jun-17			

Alongside recommendation 10 to review specialty level CG structures the Trust should also review the arrangements for ward teams to meet to discuss learning and improvement alongside introduction of a standard agenda for discussion which should include team level quality performance data.	2C Page 26	As per recommendation 10	Medical Director	Medical Director	Jun-17	Consistency of approach to ward team meetings Increased staff engagement and involvement	**Complete.** Ward staff attend Specialty clinical governance meetings which follows a standard template agenda. Ward Managers feed into the governance process and disseminate key learning at ward level. Ward Managers hold ward meetings to monitor the Ward Quality Assessment Tool – which is regularly assessed by the Matron and formally assessed by an external Head of Nursing (and team) to award appropriate RAG rating. Safety Thermometer data is shared at ward level. Hard Truths data is shared and discussed at ward level	
The Trust should look to rationalise its performance and structures at Care Group level, where possible creating a single forum for holding each Care Group to account for delivery and performance. These should have consistent ToR, agendas and governance structures and should take place at a frequency appropriate to the track record of performance and delivery in each group.	3B Page 32	Review and rationalise the current CG accountability meetings, grip and control meetings, and cancer, A&E and RTT meetings in each care group Ensure sufficient formalisation of CG meetings through a common agenda and papers, aligned to the Trust's strategic priorities Ensure action logs capture timescales, action owners and monitoring arrangements	COO	COO	Jul-17	Increased autonomy for sustained high levels of performance and delivery Reduced duplication Performance of care groups reported through new F&P Committee. Care groups attend to be held to account.	**Complete.** Rationalisation of CG accountability meetings is being considered through the Single Oversight Framework by the DoSI. The Deputy Chief Operating Officer is currently undertaking a piece of work around standardising CG meetings. This is aligned to the SOF Licence to Operate accountabilty framework.	

		Develop a consistent set of dashboards with a separate paper outlining the five key risks for each care group to be presented at each relevant CG meeting						

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Chair's and NEDs' Report**		
Report to	**Board of Directors**	**Date**	**28 November 2017**
Author	**Suzy Brain England, Chair**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		x

Executive summary containing key messages and issues
The report covers the Chair and NEDs' work in October/November 2017 and includes updates on a number of activities: • Winter • Non-executive Director update • Governor update • Other meetings this month • NED activity
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
The report relates to all of the strategic objectives.
How this report impacts on current risks or highlights new risks

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

Chair's Report – November 2017

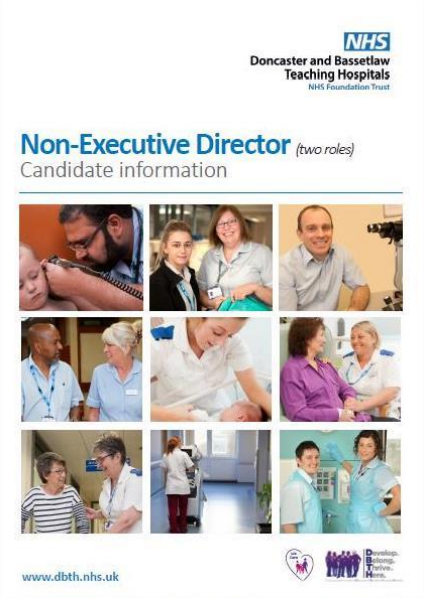
Winter is coming

While Winter may not officially start until 21 December, it begins much earlier within our hospitals as we see higher numbers of people attending A&E, increased admissions and prevalence in seasonal illnesses.

This will be my first Winter at the Trust and so I felt it important to ensure that all staff feel that the Chair, the Board and the executive team appreciate their work, are managing the challenges and can be approached for help and advice at any time. Over the forthcoming weeks, I will be putting messages out into staff newsletters and encouraging staff to share their experiences and concerns with myself or members of the executive team. I am sure the Board will join me in these sentiments.

Non-executive Director update

The advert for the clinical and generic non-executive roles is now live and I have been continuing to meet a number of possible candidates to discuss both roles.



Application is by CV and supporting letter. Governors are meeting on 27 November to decide the panel and process for shortlisting and interviews. The process thereafter is as follows:

- Deadline for applications – 3 December 2017
- Shortlisting – 18 December
- Interviews – 19 and 22 January 2018
- Approval – 31 January
- Commencement –
  Clinical role - 1 February; Generic role - 1 April

Governor Update

It was an honour and privilege to host the governors' conference on the ACS at the New York Stadium in Rotherham on 27 November. My thanks to Alan Johnson, Sir Bruce Keogh, Sir Andrew Cash and the other speakers and all governors who took part in the panel, as well as everyone who attended and facilitated the tables. Slides have been shared and work is taking place on typing up the notes from the day. Further engagement events will take place in the New Year with politicians and NEDs and dates will be set shortly.

The latest governor brief took place on 14 November where we had easily the largest attendance for this type of event. The Chief Executive and Trust Board Secretary began by taking governors through the process for getting heard in the Trust before the Director of Estates and Facilities gave an update on the current situation relating to fire compliance. Both presentations were well received.

I then promptly left one hospital for another to be on hand for the birth of my grandson, Stanley Oliver, at Pinderfields, the following morning. I was very grateful to all for their best wishes.

I was grateful to executives for agreeing to fund a governor training programme which started on 20 November when NHS Providers came to the Trust to give an excellent half-day session on recruitment and selection of non-executives. I know the governors who attended appreciated it too.

A whole day session on the core skills for governors is being organised for 18 January.

Finally, I would like to welcome Professor Rob Coleman as University of Sheffield's new partner governor. Rob replaces Oliver Bandmann who has been the University's partner governor for eight years.

Other meetings this month

During the month I also took part in Working Together Partnership and NHS Providers Board meetings, met with Ruth Allarton to talk through her role as Associate non-executive director and held one-to-ones with a selection of executive and corporate directors, and non-executives.

I continued my monthly timetable of ward walkabouts with visits to ICU and Frailty at Doncaster. Thank you to Jochen, acting care group director for surgery, and Cindy, head of nursing in MSK and frailty, for showing me around.

I also participated in a Chamber of Commerce event on 24 November at Mount Pleasant with Doncaster Members' of Parliament. The session enabled local business and public sector leaders to join Ed Miliband MP, Caroline Flint MP, Rosie Winterton MP, Deputy Mayor, Glyn Jones, and fellow members for a round of constructive questioning and open discussions, chaired by Dan Fell, Doncaster Chamber.

Whilst the Trust is apolitical, it operates in an increasingly political environment and it is important our voice is heard as new policy is set and budgets are allocated.

NED Activity

Linn and Neil attended our sub-regional ACS Governors' Conference at Rotherham on 27 October, in which many of our Doncaster & Bassetlaw Governors participated. There were several thought-provoking presentations from well-known speakers and a clear "feather in our cap" for attracting this calibre of speakers and a packed attendance. One of our governors raised a key question around what we really mean by accountability in the ACS, how we will know that accountability is working in practice, and models for the role of governors in the developing ACS system.

The Fred and Ann Green meeting was held on Thursday 17th November, with Alan Armstrong in the chair. The quality of the supporting papers, particularly progress report on active schemes, has improved with a clear up to date summary of the current situation. During the meeting there were two presentations. One on Film Array testing process by Bala Subramian, Consultant Microbioligst and David Green, Chief Biomedical Scientist Microbiology. This has significantly shortened the time to identify meningitis which has meant faster targeted treatment, reduction in length of stay in hospital, and the prevention of unnecessary medication,antibiotics. The other presentation was given by Willy Pillay, Deputy Medical Director and Endovascular surgeon on the contribution the fund has made to the development of vascular and endovascular surgery in supporting AAA (abdominal aortic aneurysm) screening. This funding ensured the Trust could offer surgery that could meet national best practice. Both schemes are excellent examples of improvements in patient safety and quality of care that the fund can facilitate.

Alan also visited Ward 16 on Tuesday 21st November. At first hand I was assured of the level of multi disciplinary team working that has led to the Hyper Acute Stroke Unit moving from a SSNAP score of D to top score of A in 2 years and the capability, competence and professionalism of the staff. I now look to be assured that the Trust will ensure the increased resource and infrastructure necessary to deliver the new emergency hyper acute service for South Yorkshire and Bassetlaw.

Chief Executive's Report
28 November 2017

Hospital services review begins in South Yorkshire and Bassetlaw

Trusts, Clinical Commissioning Groups and other healthcare providers across South Yorkshire, Bassetlaw and Chesterfield are coming together with patients and the public to help shape how hospital services could be delivered in the future to ensure local people continue to get safe, sustainable, high quality care.

This is all part of the Hospital Services Review which commenced at the end of last month. The first steps will look at the Commissioning model and also how current hospital services are provided and what needs to happen to future proof them; taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards.

This partnership work will explore the issues and challenges facing five services these services are: Urgent and Emergency, Maternity, Paediatrics, Gastroenterology (including Endoscopy) and Stroke.

The aim will be to ensure patients and local communities have access to appropriate, safe, high quality care, and that improved ways of working are developed to ensure existing staff are retained, as well as hospitals being able to attract the best possible staff in the future.

It is important to note that this piece of work will not look at closing any of the current general hospitals in South Yorkshire, Bassetlaw or Chesterfield.

Earlier this month, in my capacity as Chief Executive I spoke to staff within these services on all sites to discuss what this means for DBTH and what opportunities will arise from the review.

Designation of Children's Tier 2 Surgery

Last week, the Trust undertook a peer assessment as part of the process to designate specialist units across the ACS for children's tier two surgery.

Overall we can report lots of positive feedback into the three areas visited, Emergency Department, Theatres and wards. There was also some useful feedback that the team will be reviewing and further organisational development work was also identified.

DBTH was the first Trust to be peer reviewed as part of the process.

Doncaster College merger

Doncaster College and North Lindsey College have merged, and are now collaborating as part of the DN Colleges Group.

The merger is the result of an extensive review and consultation process to determine how to create the strongest future for our colleges. As the DN Colleges Group, Doncaster College and North Lindsey College will continue to provide high quality local teaching and learning opportunities, with each College retaining its own name and distinct identity. Moving forward as one organisation, they will now also have the ability to strengthen learning opportunities while extending regional connections for local students that feed directly into employment opportunities and the economic focus of the region.

Andy Tuscher has been appointed as Chair of the DN Colleges Group Governing Body with Anne Tyrrell as Chief Executive Officer.

Devolution referendum

There has been much discussion about the future of devolution proposals in South Yorkshire following discussions over a possible Yorkshire-wide bid.

Barnsley and Doncaster councils have now decided to hold a referendum in their areas asking voters to decide between the Sheffield City Region and Yorkshire deals. Although it is not binding the councils have committed to respect the outcome of the result.

Budget

Last Wednesday, the chancellor announced £1.6 billion of extra revenue for 2018/19 and £3.5 billion extra capital funded by the treasury, £0.5bn this year and an additional £3bn over the next five years. The Trust is already set to benefit from some of the additional capital with the DRI ED development signaled as a scheme which will be funded subject to the approval of a final business case.

The Government has also committed to fund with new money an increase to agenda for change staff, subject to the recommendation from the pay review bodies. In addition, the government has committed extra capital and extra revenue for this year. This is set against the national context of downgraded national productivity forecasts and ongoing debt and borrowing challenges.

NHSI announce changes to Single Oversight Framework

NHS Improvement has announced some changes to its Single Oversight Framework – the mechanism by which it supports health trusts.

No changes are proposed to the five themes, the approach to monitoring, how support is identified and how providers are segmented. However there will be changes to the structure, format and presentation of the SOF.

Consultation on CQC and NHSI Use of Resources

NHS Improvement has asked for views to reflect their assessment of trusts' use of resources in published CQC inspection reports and trust-level ratings. They are also seeking feedback on how they can best combine the rating that will be awarded for use of resources with CQC's five trust-level quality ratings, and how they will generate new combined ratings at the trust level.

NHS Improvement began its use of resources assessments at non-specialist acute trusts in October 2017 using the use of resources assessment framework and methodology which was developed following public and stakeholder feedback and testing at a number of acute trusts earlier this year. Members of the public, healthcare providers and other stakeholders are invited to take part in the consultation online. The consultation will run from 8 November 2017 to 10 January 2018.

Decision made on the future of hyper acute stroke services

The joint committee of clinical commissioning groups met on Wednesday 15 November and made the unanimous decision to change the way we provide hyper acute stroke services across the region. The decision comes after almost three years of detailed work, developing proposals, a 16 week public consultation and analysis of various performance and financial data available.

Dr Peter Anderton, stroke consultant and clinical lead for hyper acute stroke services, led the presentation to the committee supported by transformation programme lead Marianna Hargreaves and associate communications director Helen Stevens.

Hyper acute stroke care will, in the future, no longer be provided in Barnsley or Rotherham Hospitals with patients from the region being taken for their initial assessments and treatments in Doncaster and Sheffield - or Pinderfields Hospital for some Barnsley patients.

No changes were made to the hyper acute stroke service in Chesterfield.

Embedding a culture of quality improvement

The King's Fund has launched a new report, *Embedding a culture of quality improvement*. The report argues that the potential benefits of a quality improvement approach are considerable, but quality improvement is not an easy option and is not for the faint-hearted. Considerable time and resources need to be invested in the work to embed it in an organisation over time.

NHS leaders play a key role in creating the right conditions for quality improvement. Building an organisation-wide commitment to quality improvement requires brave leadership, a sustained focus over time, and efforts to promote transparency, evaluation and shared learning across the organisation and beyond.

It is reassuring that the content of the report aligns with our local Qii strategy and the report provides the opportunity to learn from the experience of others who are further along their QI journey.

AHP Conference

It was my pleasure to open and participate in the ACS Conference for Allied Health Professionals on 14 November at DBTH. This was the first time such a conference had been held in the region.

The event saw a packed Lecture Theatre receive presentations on the AHPs' role within the wider ACS with representatives from NHS Improvement, Chief Allied Health Professions Officer and regional partners present. My thanks go to all involved.

Delayed Transfers of Care

The table below sets out the Trust's Delayed Transfers of Care performance in September 2017. We continue to perform well in this area with a relatively low level of DTOCs.

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Delayed days per occupied bed	1.6%
Delayed days	337
Nov-17 delayed days target to achieve control total	278
Nov-17 beds unavailable due to DTOC target to achieve control total	9
01/11/2017 - daily sitrep beds unavailable due to DTOC	16
02/11/2017 - daily sitrep beds unavailable due to DTOC	13
03/11/2017 - daily sitrep beds unavailable due to DTOC	13
04/11/2017 - daily sitrep beds unavailable due to DTOC	13
05/11/2017 - daily sitrep beds unavailable due to DTOC	11
06/11/2017 - daily sitrep beds unavailable due to DTOC	8
07/11/2017 - daily sitrep beds unavailable due to DTOC	9
Week average - beds unavailable due to DTOC	12
Distance from control target - beds unavailable due to DTOC	3

Control total

- Where a Trust has a September 17 delayed days per occupied bed rate above 3.3%, the control total is to achieve a rate of 3.3% by November and maintain thereafter.
- Where a Trust has a September 17 delayed days per occupied bed rate below or equal to 3.3% and the rate is below or equal to the rate achieved in June 17, the control total is to maintain the September 17 rate.
- Where a Trust has a September 17 delayed days per occupied bed rate below or equal to 3.3% and the rate is above that achieved in June 17, the control total is achieve the June 17 rate and maintain thereafter.

83% of front line staff vaccinated against the flu

For the second year running, DBTH is the first acute Trust nationally to vaccinate more than three quarters of all front line staff against the flu, surpassing the 75% target set nationally.

This is a fantastic achievement for the Trust and one which demonstrates the dedication to the wellbeing of our patients and how caring members of Team DBTH are. We must extend our thanks to our team of vaccinators, as well as our Occupational Health and Wellbeing Team who have been tireless in their efforts to ensure staff get their jab.

We are actively encouraging this year's vaccination programme as early reports are suggesting that this winter will see a significant increase in cases of flu. Australia and New Zealand have both just experienced the worst flu season in many years, suggesting Britain may be hit by the same strain this winter, with NHS England Chief, Simon Stevens, asking trusts nationwide to brace themselves for a difficult period.

One year without a Hospital Acquired Pressure Ulcer within MSK and Frailty Care Group

On Thursday 19 October, the MSK and Frailty Care Group achieved one year without any reported cases of severe Hospital Acquired Pressure Ulcers (HAPUs).

MSK are the largest bed-holding Care Group in the Trust, with 80,400 bed days in 2016/17 with the Group caring for the frailest, injured and vulnerable patients that come through our doors.

The Care Group have been working in collaboration with the Skin Integrity Team, and focusing on education of staff as well as implementing a number of programmes and projects.

Each ward was presented with a certificate based on how many days they have been HAPU free, with Doncaster Royal Infirmary's Mallard Ward going longer than four years without a sore. What a great achievement.

Sugar-sweetened beverages

Back in June 2017, the Trust was asked to make a voluntary commitment to reduce the sale of sugar-sweetened beverages (SSBs) on NHS premises. Unless the NHS can reduce the sale of SSBs to less than 10% of all sales by April 2018 a ban on the sale of all SSBs will be implemented from July 2018.

As a result, a number of trusts and major food suppliers have signed up to the voluntary scheme. DBTH is one of the trusts who has yet to make the commitment but is planning to do so once our new catering contract is implemented.

As part of the commitment the Trust is required to rreduce the total monthly volume of SSB sales per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts as well as provide NHS England with self-reported data on a quarterly basis, comprising total monthly beverage sales by volume (litres), including the total volume of sugar-sweetened beverage sales, for each of the in-house outlets and local suppliers.

Health and Safety

Whenever as a Board we do learning and development it is important to put that learning into practice. Following last month's session on H&S and fire safety, I have agreed with the Chair that we will have a standing item at Board, initially in Part 2, to discuss current H&S issues at the Trust.

I understand that the Audit and Non-clinical Risk Committee is also calling the Director of Estates and Facilities to their January meeting to ensure a deeper dive into health and safety issues. It is an area that requires a sustained focus to ensure we do not lose sight of our statutory responsibilities.

Recent appointments

Following a meeting of Nominations and Remuneration Committee last month, David Purdue has been appointed as Deputy Chief Executive at the Trust. David will hold the position in tandem with his role as Chief Operating Officer.

In other news, Professor Stephen Powis will replace Sir Bruce Keogh as Medical Director at NHS England next year. Professor Powis is currently group chief medical officer at the Royal Free London NHS Foundation Trust.

Procurement nominated for prestigious award

The Trust's Procurement Team has been nominated for NHS Procurement Professionals HCSA 2017 awards. This is due to a number of innovations, achieved accreditations, leading on partnership work and developing staff.

Well done and good luck to the team. The winners will be announced 30 November.

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the Finance & Performance Committee
held at 9:15am on Tuesday 24 October 2017
in the Boardroom, DRI

PRESENT	:	Neil Rhodes, Non-executive Director (Chair) Philippe Serna, Non-executive Director Jon Sargeant, Director of Finance David Purdue, Chief Operating Officer Karen Barnard, Director of People & Organisational Development
ALSO IN ATTENDANCE:		Ruth Bruce, Head of Performance Kirsty Edmondson Jones, Director of Facilities & Estates Simon Marsh, Chief Information Officer Kate Sullivan, Corporate Governance Officer
OBSERVERS	:	Bev Marshall, Governor Observer James Nicholls, BDO
APOLOGIES	:	Matthew Kane, Trust Board Secretary Marie Purdue, Director of Strategy & Transformation

Action

Apologies for Absence

17/10/1 Apologies were noted from Marie Purdue and Matthew Kane.

17/10/2 The Chair commended the DBTH Procurement Team who been shortlisted for the HCSA Team of the Year Award 2017. The award recognised the good work and achievements of the team who had led on the first nationally contracted product, saving the NHS over £1m.

Action Notes from Previous Meeting

17/10/3 The action log was reviewed and updated.

Any other business

17/10/4 No additional business was declared.

FINANCE

Financial Year End Forecast

17/10/5 The Committee received the financial year end forecast. The Director of Finance presented the report and set out the basis for forecast assumptions and key issues. Significant work had been undertaken with Care Groups to understand the staffing position and any likely key changes. The forecast was based on run-rate not budget. Income was based on the level of performance and adjusted for phasing of days in the month.

17/10/6 Details of the following were provided and discussed:

Income Forecast

- Detailed clinical income forecast
- Trust income forecast by commissioner and the variance to CCG forecast outturn. Risks were highlighted.
- A full list of income assumptions
- Income risks and opportunities
- An analysis of the likelihood and financial impact of risks was provided and discussed.

17/10/7 *Expenditure Forecast*

- Pay expenditure by staff group and by month
- Pay expenditure assumptions and drivers of variances between the pay plan and forecast
- Non-pay expenditure, assumptions, main drivers for non-pay overspends and details of winter pressure reserves.
- An analysis of the likelihood and financial impact of risks was provided and discussed.

17/10/8 *CIP*

- CIP forecast by work-stream
- Sensitivity analysis showing the best, worst and most likely case scenarios.

In response to a query from Philippe Serna it was clarified the forecast assumed the most likely delivery of CIP without support from BDO. The CIP position would be covered further in the presentation from BDO, later in the meeting.

17/10/9 *Capital forecast*

The Trust was finalising its capital forecast for the year and was awaiting final confirmation via the Director of Estates and Facilities on the costs for fire works. The Chief Executive had met with the Fire Service to clarify the requirements for remedial fire work and a letter to confirm this was awaited. The Director of Nursing had also highlighted the need for further beds and this would be factored into the plan. A capital plan summary was provided.

17/10/10 *Cashflow forecast*

The forecast assumptions led to a projection that the Trust would draw down expected borrowings for the year of £13.2m against an original plan of £16.1m.

17/10/11 *Conclusions*

As had previously been reported, without remedial action, the Trust would miss the control total by £3.2m and, as a result, would risk STF funding which would worsen the position to a deficit against plan of between £6m and £8m.

A key issue was that Doncaster CCG may overspend in the current financial year. Several meetings had taken place between the Directors of Finance (DoFs) and CEs of both organisations to discuss the position. There was very little flexibility available to the Trust and focus on CIP and run rate were now essential. The key areas that the Trust needed to ensure control over were the use of temporary staffing of all types, that activity and capacity was used as effectively as possible and that non-pay spend was strongly controlled particularly in non-clinical areas e.g. estates.

17/10/12 The Chair was encouraged that meetings had taken place with DoFs and CEs but he raised concern about the challenges faced by both organisations and how this might impact on future relationships. He raised concern that CCGs had not commissioned for growth and commented that the Trust must ensure it was paid fairly for the work it was undertaking and this was discussed. The Trust had invoiced the CCG for everything that it could, the worst case scenario was that a dispute or contract query was raised but the DoF gave assurance that relationships with the CCG were positive and that there was no appetite on either side to escalate matters.

17/10/13 In response to a query from Philippe Serna it was reported that the DoF and Chief Operating Officer were leading work on next year's activity plans.

17/10/14 It was reported that there had been some issues in terms of higher than expected income in some areas due to improved and earlier coding by the Trust and not increased activity and this had been an issue for the CCG. Accurate coding was very important in terms of patient safety and accuracy of mortality metrics. The matter was discussed in detail. The Trust was coding within the rules and the CCG had been invited to come in to the Trust to verify.

17/10/15 Bev Marshall commented that he did not recall previously being made aware that the CCG had under commissioned. He went on to reflect that when CIP targets had originally been set a significant level had been unidentified at that time, and should be a lesson for the future; the DoF concurred, he acknowledged the concerns and the matter was discussed. The Chair gave assurance that in terms of CIP targets NEDs had expressed similar concerns to executives over recent months and would be seeking assurance from BDO in terms of the likelihood of CIP delivery and the accuracy of assumptions.

17/10/16 It was agreed to report on Financial Year End Forecast at future meetings. **JS**

The Financial Year End Forecast was NOTED.

External Governance Review of Cost Improvement Plans

17/10/17 The Director of Finance introduced James Nicholls of BDO who presented the Review of CIP Governance Arrangements at the Trust and delivered a presentation which summarised BDOs findings and recommendations.

17/10/18 The governance review highlighted some areas of good performance along with the need to improve in a number of areas, particularly in terms grip and control. The proposal looked to support both CIP delivery and Grip and

Control; the Trust has submitted a business case based on the proposal attached to NHSI and BDO had started work at risk.

17/10/19 James Nicholls summarised the detailed report, delivered the presentation and drew attention to the key issues.

17/10/20 The review had taken place over 3 weeks and had focused on four key areas: Leadership and culture; Governance and reporting; Processes and controls and Capacity and capability. The review had involved interviews with key staff and it was reported that all executives had been very open and extremely supportive of the review process.

17/10/21 *Governance*

Key findings and recommendations of the review included:

Leadership and Culture: The review found there to be a fairly consistent message in terms of the importance of finance but there needed to be much stronger organisational ownership of CIP targets and it was imperative this was addressed.

Governance & Reporting: There had been a number of positive findings including a clear documented governance structure that was well resourced, however there needed to be more simplified, efficient and effective monitoring and reporting processes.

Capacity & Capability: The review recommended that the PMO be revitalised and renamed with a greater focus on support, challenge, and tight monitoring of scheme delivery. To provide this it was strongly recommended that a new Efficiency Director be appointed to support the DoF and lead financial improvement work-streams; this recommendation was being taken forward through NHSI.

Processes & Controls: Although the systems and procedures for grip & control were in place the review found that they were not always working as intended, for example in terms of the VCF and E Rostering processes.

17/10/22 *CIP scenarios*

The review concluded that the Trust could achieve its CIP target with a disciplined approach to existing and new schemes, stronger grip and control, and targeted support. In general schemes were good and covered the right areas but the pace of approach was not fast enough and BDO had looked at what could be done to accelerate the plan. A two phased approach had been proposed; the first to support Grip & Control would be done on a fixed fee basis. The second piece of work would be to support CIP delivery and fees would be based on delivery; a risk share basis of a percentage of the savings achieved with an agreed fee cap.

17/10/23 Details of the expected fees and CIP delivery were provided. In response to a query from the Chair it was clarified that almost all schemes were recurring. Bev Marshall raised concern about the likelihood that the proposed level of savings on bank and agency staff could be delivered and this was discussed. The proposals were realistic but they were challenging; there was a lot of evidence that rules for the authorisation of bank and agency staff had not been complied with as well as issues around processes and controls which if corrected would have a definite impact. An overview of the E Rostering and agency authorisation process was provided by the DoF; one of the key issues had been early identification and escalation of potential financial impact and the holding to account process and these would be addressed.

17/10/24 The Committee considered the report so far and Philippe Serna asked how the Trust would ensure that BDO were supported in terms of being empowered to come in to the Trust to inject the culture and change required. The Committee discussed how the external support and work to be undertaken would impact on staff morale. It was clarified that BDO would not take management action, there would be a blended approach and management action would come from the Trust. BDO would provide support in terms of the right information being available at the right time so that evidenced conversations could take place. There was a detailed discussion about culture, behaviours and the current situation; it would not be possible to change culture in six months, this would happen over time, but it would be possible to change behaviours.

17/10/25 *Governance recommendations*

A diagram illustrating the recommended structure for the blended approach was provided. Overall the existing structure and processes were good but some areas needed to be strengthened. Key to this was the recommended appointment of an Efficiency Director. Strong financial leadership would be key for creating and maintaining momentum with CEO, Chair and COO support for quality challenges.

17/10/26 The appointment of an Efficiency Director was discussed and in response to concerns raised by Bev Marshall it was clarified that the position was not an Executive Director post but it was important the person had the status in the organisation to drive the changes. An advert for a substantive appointment would go out shortly. There was further discussion about how the role would fit in to the current structure. The Committee supported the recommendation to appoint an Efficiency Director.

17/10/27 An overview of CIP delivery recommendations, BDO support for CIP delivery and Grip & Planning and the cost of that support was provided and discussed.

James Nicholls left the meeting so that the Committee could reflect on the presentation and the review findings and recommendations.

17/10/28 Chair invited opinions from Committee. The Committee felt assured by the review. Although the fees were not insignificant, providing the plan was delivered the Trust would be in a better position. The Committee endorsed

the risk based fee structure.

17/10/29 The Committee considered the following risks and questions;

- Risk of delivering CIP outside of the timeframe and whether this had been considered in the contract with BDO. Although there would be longer term benefits from cultural change and knowledge transfer there needed to be a contingency for the risk of failure to deliver savings and this was discussed. There was a clear reporting line and processes in place to drive and monitor CIP delivery; the DoF gave an overview of new controls.

- How would BDOs performance be evaluated and how would the Trust ensure CIP plans considered impact on quality and patient care; A QII process was in place and the Chief Operating Officer would work between the PMO and Director of Nursing and Medical Director to ensure this was followed.

17/10/30 *James Nichols returned to the meeting.*

The External Governance Review Improvement Plans were NOTED.

Financial Performance Report – Month 6 2017/18

17/10/31 The Director of Finance presented to the Committee a paper summarising performance in month 6. A deficit position of £13m was noted, £673k ahead of plan. However it was noted that the reported position included £419k of STF income relating to 2016/17 that could not be counted towards the Trust's control total as well as £258k of variance relating to donated asset income, which again was discounted from the control total. The restated position to be used was a deficit of £13.483m, £4k better than the control total target to date.

17/10/32 Work had continued in September to ensure robust processes for authorising agency spend were working and the Trust had seen a reduction in agency usage. There had been a slight increase in substantive staffing costs but overall expenditure had reduced from previous run rate levels, largely driven by the reduction in medical agency spend. However, the income position was worse than expected, causing a significant pressure on the Trust bottom line. To alleviate the pressure caused by the year to date Care Group expenditure and the month 6 income performance, there had been a review of reserves and prior year accruals being held. £1.3m of recurrent reserves had been released into the position during Month 6.

17/10/33 The chair commended the reduction in agency spend.

17/10/34 It was reported that there had been a significant unexpected under performance of clinical income. The main area of underperformance was elective activity largely driven by issues relating to orthopaedic theatre utilisation and medical rotas and a summary of the key issues was provided. As soon as the Trust had become aware of the issues the Chief Operating Officer

had met with the Care Group senior team who were due to present a recovery plan the following day.

17/10/35 The Chair asked for assurance in terms of the level of confidence that it was possible to rectify the issues and to what extent the position was recoverable and this was discussed. The Chief Operating Officer updated the Committee on the key issues and action taken so far. Meetings had taken place with the Care Group Director, Business Managers and the Head of Nursing. A 100 day Recovery Plan had been developed which detailed every theatre list and identified that each list was covered by a surgeon, anaesthetist and nursing staff. A detailed overview of the plan was provided, it included changes to outsourcing, theatre utilisation and pre-ops. A meeting was to take place the following day to ensure actions had been taken forward; this would be followed up with weekly planned meetings. There should have been much earlier escalation that activity had not been undertaken and the process for when and where this should have been flagged up was being reviewed.

17/10/36 Based on the implementation of the recovery plan and actions it was possible to recover the activity position however, these issues had not previously been identified as a risk and the Director of Finance reminded the committee that the financial forecast had been based on activity at month 5 being steady and to plan.

17/10/37 Reflecting on what had been reported the Chair asked for an update on Orthopaedic financial performance and progress against the 100 day plan at the next meeting. At that time the Committee would consider attendance of the CG at a future meeting to provide reasons for financial under performance, action plans and lessons learnt. **DP** **ALL**

17/10/38 Further to this it was agreed to include full details of CG financial performance against budget in future reports. **JS**

17/10/39 The cash balance at the end of September was £8.6m against a plan of £1.9m. The closing balance was much higher than the plan because of the Sustainability Transformation Funding (STF). Significant work had been undertaken to clear the backlog in processing supplier invoices ('invisible invoices').

17/10/40 Month 6 delivery of the efficiency and effectiveness programme was reported at £1,894k against a plan of £5,010k which was £3,116k behind plan. An analysis by work-stream was provided. The new SRO weekly reporting template process was now embedded and being successfully used to escalate work-streams that were not hitting their milestones and / or financial targets.

17/10/41 With regard to the previously reported planned appointment of an efficiency director, Philippe Serna asked how the committee would receive information from the person appointed and whether it would be appropriate for them to sit on the committee; It was agreed to consider this outside of the meeting. **JS/NR**

The Financial Performance Report was NOTED.

STRATEGY

Enabling Strategies

17/10/42 Each of the strategies below had been circulated prior to the meeting. The committee reviewed each strategy and feedback was summarised below:

- P&OD Strategy
- Clinical Site Development Strategy
- Digital Strategy
- Estates & Facilities Strategy

17/10/43 *P&OD Strategy* – The strategy had previously been considered by the Quality & Effectiveness Committee (QEC) at its September meeting and the feedback from that meeting had had been shared with the Committee. It was reported that the feedback was in the process of being incorporated in to the document and was not included in the version provided. Karen Barnard provided an overview of the strategy, she highlighted that following the BDO Governance Review further work would also been done to strengthen Efficiency & Effectiveness and Grip and Control sections.

17/10/44 Reflecting on the recommendation of the QEC to remove some of the data, Bev Marshall commented that he had found the data useful and asked if it could be retained, perhaps as an appendix. The Chair echoed this and commented that it was important to be able to determine from the strategy what the plan was and this was supported by the data. This was discussed and Karen Barnard gave assurance that much of the data had been kept in the strategy but would be incorporated in to a SWOT analysis.

17/10/45 *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. It was a culmination of 9 months' work with CGs to consider how to make the most efficient and effective use of Trust sites.

17/10/46 It was reported that there may be some cross cutting with the ACS Acute Services Review, due to be published later the same week, and there may be some further work to do to consider this, but it was noted that strategy remained focussed on the most efficient and effective strategy for the Trust and its patients. Philippe Serna asked how well aligned the strategy was to the ACS Acute Services review. The Trust was integral in terms of involvement with the ACS groups and the strategy was fully aligned with the work coming out of that. It was also aligned with PLACE plans and RDaSH in terms of intermediate care.

17/10/47 In response to a question from Bev Marshall about why the Chequer Road site was not included in the strategy and whether the Trust had plans for the services currently provided there, David Purdue gave an overview of issues with the Chequer Road site in terms of suitability of the site for the services provided there. The Trust was in discussion with the local council and CCG and

option appraisals were being considered for the services at Chequer Road; it was agreed to circulate these outside of the meeting and also to provide an update to Governors at future meeting or Governor briefing. **DP/MK**

17/10/48 *Digital Strategy* – The strategy reflected the 5 year plan and supported the 5Ps. Projects, objectives and risks were set out in an appendix. Simon Marsh reported that a key risk was that revenue and capital budgets at Trust level and from external sources may not be sufficient to complete the strategy as anticipated.

17/10/49 The strategy was considered and discussed in detail; As there remained uncertainty as to the availability of Trust and external capital and revenue, there needed to be clarity on what were the pivotal and priority schemes and views on this were shared; it was agreed that an information strategy was needed to look at how information was going to be better used in the Trust as this would help drive the IT strategy.

17/10/50 There were national, regional, local and Trust initiatives that needed to be delivered in order to support the wider healthcare agenda and deliver digital interoperability and integration between providers in health and social care. These could not be completed at scale, without the use of sophisticated technology and the Chair asked at what point in the future there needed to be convergence regionally and across the NHS. Simon Marsh summarised the work undertaken regionally; national funding to support plans was no longer available and the region was now looking to the ACS to provide support. National context and historical background issues were discussed but it was clarified that the Strategy remained focussed on Trust priorities and making Trust systems as efficient and effective as possible to ensure they were fit for purpose organisationally.

17/10/51 Simon Marsh emphasised that the number one priority for the Trust was the provision of a secure, resilient, supported and sustainable technical environment that would enable 24/7/365 operations at the Trust. Everything else, including the delivery of technology to support the digital change agenda, was secondary to this primary objective.

17/10/52 After further detailed discussion it was agreed to update the committee with the prioritisation of schemes and deliverables in the Digital Strategy; It was noted that deliverables would be refreshed annually in line with funds available. **SM**

17/10/53 *Estates & Facilities Strategy* – The strategy comprised of 2 documents, the full strategy and a summary document, both were provided. The strategy had been developed in accordance with NHS Estates Guidance, and this was why the main document was so lengthy, due to this executives had agreed that the summary document should also be developed. The Committee endorsed the summary document. The strategy aimed to ensure that the Trust provided safe, secure, high quality healthcare buildings to support current and future needs.

17/10/54 The strategy ranked the current condition of the estate and an overview of the rankings was provided. The total required capital programme of investment was not included; this was a significant piece of work and would be undertaken by the Director of Finance.

17/10/55 The Committee considered the report; Philippe Serna noted that 12% of the estate was considered to be non-compliant and he asked how the Trust managed this in terms of expenditure and investment, for example did this represent an inevitable cost pressure for the Trust and this was discussed in detail. In terms of managing the estate, all business decisions were taken through the business case process and were risk based in terms of trying to reduce risk. Bev Marshall suggested sharing the plans with the Fred & Ann Green Legacy Advisory Group, particularly the plans for the Centre of Excellence at Montagu Hospital; Kirsty Edmondson Jones advised that a business case for this was being developed.

17/10/56 Reflecting of the review of the strategies the Chair asked the committee to consider how it should review progress against the strategies in the future, and how often it should do this. The Committee would feedback on this at the next meeting. **ALL**

17/10/57 On behalf of the Committee the Chair would verbally RECOMMEND to the Board the strategies presented subject to the incorporation of the feedback and actions set out above.

Performance Report

17/10/58 The Committee received the report which focussed on the three main performance areas for NHSI compliance; Cancer, 4hr Access and 18 weeks RTT. The report also highlighted the ongoing work with Care Groups and external partners to improve patient outcomes. Further to feedback at the previous meeting more improvements had been made to the report to include greater benchmarking and analysis. Ruth Bruce presented the report and drew attention to the following:

17/10/59 *Cancer* - The 62-day target had been failed nationally. The Trust had seen an improvement and had achieved the target in August, 85.7% against the 85% standard. There continued to be key issues in urology in terms of the prostate pathway, due to the number of patients requiring treatment and the need for diagnostic tests.

17/10/60 The 2 week wait standard had been failed, 88.1% against the 93% Standard. It had previously been reported to the Committee that gaps in service provision had led to some administrative issues which had caused breaches. The Committee were advised that the separate two-week wait booking team had now been relocated back to the central booking office to allow for increased flexibility, since that time fewer issues had been reported.

17/10/61 *4hr Access Target* – 93.72% in September; Although the Trust had not achieved the 95% standard for the month it had achieved Q2 performance at 93.5%

against a target of 93.1%. An action plan to achieve the 4hr Access Target was monitored weekly through the internal 4hr access meeting and monthly via the A&E Delivery Board. Three key work-streams were under review:

- Monday attendances/admissions including GP admissions compared to Tuesday-Sunday
- Weekend discharge rates compared to Monday-Friday
- Review of counting of all attendances outside of ED

17/10/62 Cancelled operations for non-clinical reasons had been 1% (50 patients) of Trust operations in September. Of these 43 operations had been cancelled for non-clinical reasons and the reasons for this were illustrated in a chart. It was agreed that benchmarking data for cancelled operations and DNAs would be included in future reports, the number of DNAs would also be included. **RB/DP**

17/10/63 *Ambulance Handover Times* – A new table was provided which illustrated the ambulance handover times for Doncaster and Bassetlaw, for both YAS and EMAS. This showed that both DRI and Bassetlaw Hospitals compared favourably to other trusts in the region for the percentage of handovers in 15 minutes and the average handover time.

17/10/64 The Chair commended the report and expressed his appreciation for the inclusion of the additional data, graphs and benchmarking requested by the Committee.

The Performance Report was NOTED.

PEOPLE

Workforce Report

17/10/65 Karen Barnard provided an update to the Committee which focussed on Month 5 vacancy levels, agency spend & usage, sickness rates, appraisals and SET training.

17/10/66 The reporting changes agreed at the previous meeting would be incorporated into future reports *(See Action Notes: 17/09/21, 26 & 29).*

17/10/67 An executive summary containing key messages and issues was presented. The vacancy rate in month 5 was 7.1% against a target of 5%, this reduced to 5.4% when medical and dental staff were excluded. 33 newly qualified midwives had recently been appointed on a 12-week induction period together with a number of newly qualified general nurses.

17/10/68 With regard to agency spend and usage there had been a reduction in some high spending areas such as Emergency Care. A weekly medical agency panel had commenced. The meetings were led by the Medical Director and discussions at those meetings had led to the review of some rotas. There had been a further rise in sickness levels in September with a rise in short term absence rates; work was underway to address this and the Trust had been emphasising the need for return to work interviews.

17/10/69 Appraisal rates had reduced again in September. This was disappointing as it had been expected that a number of areas would improve by this time. Discussions were taking place with other Trusts to see what could be learnt. Some concerns had been raised at the previous meeting about the appraisal rates of some corporate directorates; it was clarified that this had been due to the recording of appraisal data on the system. The Director of People & Organisational Development undertook to ensure this was corrected and reflected in the next report and to provide an update on the recording of appraisals at the next meeting. **KB**

17/10/70 The Committee considered the various trends in the report; although there had been a reduction in Medical Agency spend this did not correlate with the trend in demand which had risen and this was discussed. This had been picked up by the finance department and was due to invoice phasing and accruals issues. The Director of Finance provided details of the reasons for this which in part were due to the timeliness of invoices being received; Assurance was provided that the Trust was working with the provider of bank and agency staff to improve this.

17/10/71 The Workforce Report was NOTED.

Items for escalation to the Board of Directors

17/10/72 No items were noted for escalation

IT & Information Governance Group ToR

17/10/73 To be deferred to next meeting. **SM**

Minutes of the meeting held on 26 September 2017

17/10/74 The minutes of the meeting were agreed as a true record of the meeting.

Any Other Business

17/10/75 Performance would be moved to the beginning of the agenda for future meetings.

Time and date of next meeting:

Date: 23 November 2017
Time: 9:15am
Venue: Boardroom, DRI

Signed:…….. **…….**
Neil Rhodes **Date**

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.

17/10/18 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: **DP**

- To include SWOT
- To strengthen links to DBTH values
- To consider governance/accountability tree
- To consider how the Trust would be assured the strategy was working

It was also agreed to review the Strategy with the Medical Director to consider the categorisation of services. **DP/SS**

17/10/19 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.

17/10/20 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. **LP**

Strategic Discussion Items

Research & Development

17/10/21 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.

17/10/22 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.

17/10/23 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. **ALL**

- *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.

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. **SS/MK**

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 patent 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

17/10/52 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. **MH/LC**

17/10/53 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.

17/10/54 The Patient Experience & Engagement Assurance Report was NOTED.

17/10/55 LEADERHIP AND IMPROVEMENT CAPABILITY

17/10/56 Workforce & Education Assurance Report

17/10/57 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. **KB**

17/10/58 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.

17/10/59 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.

17/10/60 The Workforce and Education Assurance Report was NOTED.

17/10/61 GOVERNANCE AND RISK

17/10/62 RCOG Action Plan

17/10/63 The Medical Director presented the update on actions resulting from Royal College of Obstetricians & Gynaecologists (RCOG) recommendations 2016.

17/10/64 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 are 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 they 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 indictor 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**

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 9 October 2017 at 2pm
in the Boardroom, DRI

Present:

Richard Parker	Chief Executive (in the Chair)
Andrew Barker	Care Group Director - Diagnostics & Pharmacy
Karen Barnard	Director of People & Organisational Development
Suzan Bolam	Head of Therapies *(for Thrinath Kumar* - MSK & Frailty*)*
Kirsty Edmondson-Jones	Director of Estates & Facilities
Moira Hardy	Acting Director of Nursing, Midwifery and Quality
Eki Emovon	Care Group Director - Children and Families
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
David Purdue	Chief Operating Officer
Marie Purdue	Acting Director of Strategy & Improvement
Jon Sargeant	Director of Finance
Jochen Seidel	Acting Care Group Director - Surgical
Sewa Singh	Medical Director

In attendance:

Kate Sullivan	Corporate Governance Officer
Matthew Kane	Trust Board Secretary

Apologies:

Thrinath Kumar	Care Group Director - MSK & Frailty

Action

Minutes of the previous meeting

MB/17/10/1 The minutes of Management Board on 11 September 2017 were approved as an accurate record of the meeting.

Matters arising and action notes

MB/17/10/2 The action notes were reviewed and updated.

MB/17/10/3 MB/17/8/13 – Action to provide comments on the Children's and Families Board ToRs be assigned JS

MB/17/10/4 MB/17/8/14 – An update on the BDO governance review would be provided at the next meeting. **JS**

MB/17/10/5 MB/17/8/32 – Forthcoming Assessments, Inspections & reviews - The proposed visit on 7th December had been cancelled.

ACS & ACP Update

MB/17/10/6 Richard Parker delivered a presentation on Health and Care Working Together in South Yorkshire and Bassetlaw (SYB) - An Accountable Care System (ACS) which summarised the SYB context and priorities, ways of working and successes and challenges. SYB ACS was made up of 5 Accountable Care Partnerships (ACS) it was one of the 8 best in the country but it didn't have all the answers and was not perfect. There was no clear path and the issues were very complex.

MB/17/10/7 The SYB ACS Memorandum of Understanding (MoU) had been approved by Boards in September 2017, this set out how organisations were going to work together. Committees in Common would be established; a key issue for organisations was the matter of a delegated authority limit for the committees in common to enable them to make decisions.

MB/17/10/8 An overview of the SYB ACS priority work-streams was provided which illustrated the 4 national priorities, 5 local priorities, 5 enabling priorities and 2 major reviews. The reviews to take place were the *Future of Commissioning* and *Hospital Services Review (HSR)* with 5 services identified as part of the HSR; engagement had started with the relevant teams. The outcome of these reviews would determine the future of the ACS underpinned by achieving the 4 national priorities, 5 local priorities and 5 enabling priorities.

MB/17/10/9 Key positives had helped progress the ACS; it had been built on a strong history of working together in SYB, there was a shared aim that went beyond health with a local focus on population health, education, employment and housing, there had been excellent progress in 'place', decision making mechanisms were in place and Senior leadership was embedded with work-streams led by CEOs and COs.

MB/17/10/10 Management Board discussed what the ACS would look like in terms of management structures, alignment of strategies and organisational sovereignty.

MB/17/10/11 There were 5 key challenges for the ACS including service failure and not taking our people with us, particularly clinicians. There were also challenges for local leaders including wearing three 'hats': organisation, place, system, and engagement with the public, staff and stakeholders.

MB/17/10/12 Members discussed the presentation at length and the Chief Executive responded to questions and gave examples of how commissioning would work and how GP Federations and Local Authorities fitted in to the ACS.

MB/17/10/13 Questions were raised about the timeframe for employment or contractual changes for staff that would move to working for the ACS; this would be done on a speciality by speciality basis. It was a big area of consideration for the ACS and discussions were ongoing. The risks and challenges were discussed.

The ACS & ACP Presentation was NOTED.

Preparations for Winter

MB/17/10/14 The CEO provided an update on preparations for winter from the mandatory

national meeting he had attended in Manchester for acute trusts. Key note speakers had included Jeremy Hunt MP, Secretary of State for Health, Simon Stevens, Chief Executive, NHS England, Jim Mackey, Chief Executive, NHS Improvement and Pauline Philip, National Urgent and Emergency Care Director, NHS England and NHS Improvement. Key messages included; this winter trusts were expected to manage risk within financial plans and achieve performance standards, including progressing flu campaigns. Ambulances were not to be waiting in car parks and wards and corridors were not to be designated as wards. CEs were encouraged to ensure staff moral was maintained throughout period.

MB/17/10/15 Due to differentials in the numbers Trusts reporting against the 4hr Access Target, Trusts which had developed alternative pathways to the Emergency Department had been requested to review these pathways and include in the 4hr access denominator where appropriate. The pathways must have an identified clock start and stop within a 4hr framework to be eligible for inclusion in the figures. David Purdue was working with the information department to review the pathways which could be included and how they could be recorded on the system. The potential impacts were discussed. Trust Boards were encouraged to be sighted on detailed ED metrics, Monday ED attendances and subsequent ED and GP admissions; this was to test the 7 day services offered in primary care and the impacts of increased GP access.

MB/17/10/16 David Purdue provided an update on the Winter Plan which had been approved by the Board of Directors in July 2017. A full report would be taken through the A&E Delivery Board and he summarised the following: the 9 key elements of the plan, work to do in terms of delays within the system and focussed work being undertaken around key areas where there were issues, plans to reduce elective throughput, patient flow, stranded patients, ED Streaming, older people with mental health and ambulance response times.

MB/17/10/17 In response to a query about National funding it was reported that some funding may be available but there was no clarity at this time. With regard to plans to reduce elective throughput at the Trust it was clarified this was planned for the 1st ten days in January. Day cases would not be affected and orthopaedic capacity had been ring fenced.

The Preparations for Winter Update was NOTED.

Replacement Consultant Physician with Special Interest in Geriatric & General Medicine Business Case

MB/17/10/18 The MSK & Frailty Care Group had received notice of resignation from a Consultant in the Care of the Elderly Team and sought approval to replace the post. The paper included the Job Description (JD).

MB/17/10/19 The JD was reviewed; some errors were noted, these would be corrected. There was more work to do on the job plan in terms of the number of PAs which would be different to the previous post holder and this was discussed. It was clarified that all JDs should be approved by the Medical Directors Office prior to submission to Management Board and further to this it was agreed to provide an 'At a Glance' **ALL**

cover sheet on all future Business Cases to highlight any changes to the previous role.

MB/17/10/20 Following review of the case and discussion about the Business Case process it was agreed to provide an update on the Medical HR Service in early 2018. **KB**

MB/17/10/21 The Replacement Consultant Physician with Special Interest in Geriatric & General Medicine Business Case was APPROVED in principal subject to review of details of job plan (PAs), detailed financial plan and correction of JD errors outside of the meeting before interview. **TK/WP/JS**

Feedback from Care Groups / Corporate Directorates

MB/17/10/22 Diagnostics & Pharmacy - Andrew Barker provided the following update;

- An enhanced weekend clinical pharmacy would commence at the beginning of November

MB/17/10/23 Children's & Families - Eki Emovon provided the following update;

- Job planning was progressing in right direction

MB/17/10/24 MSK & Frailty – Suzanne Bolam provided the following update;

- Colleagues were thanked for their support with the new rota
- The majority of job plans had been signed off
- 2 new locum consultants were due to commence in November and December
- A 12 month pilot of a virtual fracture clinic would start in early November to improve patient pathways and trough put fracture clinic. The pilot was cost neutral.
- The ACS Awareness Conference for AHPs was taking place at the Trust on 16th November. Sir Andrew Cash would be attending the event.

MB/17/10/25 Emergency - Nick Mallaband provided the following update;

- A consultant would be taking a 12 month career break from December 2017. The JD was being reviewed and an advert would go out to fill the post. Until the position was recruited to agency staff may need to be used to back fill the post.
- There had been some issues getting middle grades at night at Bassetlaw Hospital.
- An interim payment arrangement was in place with Consultants regarding time shifted hours and this was discussed.

MB/17/10/26 Surgical - Jochen Seidel provided the following update;

- There had been issues with Holt in terms of short notice being given that staff were not available.
- The CG had been unsuccessful filling previously identified gaps in the rotas,

either internally or externally. This was discussed and would be picked up outside of the meeting.

- 3 new staff had commenced: 1 at Bassetlaw and 2 at Doncaster
- An advert was out for an Intensive Care consultant. So far there had been 1 applicant.
- A consultant was due to retire and return in November. There would be a 5 week gap when the consultant would return to near full capacity. A plan was in place to bridge the gap.
- Significant issues with existing washer disinfector equipment and the commissioning of the new equipment were highlighted and the matter was discussed. It was agreed to escalate the delays in commissioning via the Director of Estates. **JS/KEJ**

Later in the meeting the Director of Facilities and Estates reported that the work on the washer disinfectors would commence the following week with commissioning planned for early November.

MB/17/10/27 Specialty Services - Gill Payne provided the following update;

- A Stroke Consultant position had been offered but the candidate had not yet confirmed their acceptance.
- There had been no further progress with job planning at this time.

The feedback from Care Groups / Corporate Directorates was NOTED.

Finance Report as at 31 August 2017

MB/17/10/28 Jon Sargeant presented the finance report that set out the Trust's financial position at month 5 and drew attention to key points as follows;

- In month position £12,842k deficit, £704k worse than plan
  However it was noted that this reported position included £419k of STF income relating to 2016/17 that cannot be counted towards the Trust's control total. The restated position which will be used by NHS Improvement to monitor the Trust's financial performance is a deficit of £13,261k which is £1,124k worse than our control total target to date (£12,137k).
- YTD position £13.261m deficit, £1,123k worse than plan
- Income was ahead of expected levels in August
- High agency and non-pay expenditure had continued.
- The level of unidentified CIPs also continue to generate a significant overspend.

MB/17/10/29 Work continued on the financial forecast; current figures, based on income staying the same, showed the Trust miss the control total which would result in the Trust losing a percentage of STF funding and the Trust would not deliver the financial plan.

MB/17/10/30 There had been some issues with SBS in terms of receipting. Discussions were taking place with SBS who had agreed to bring in a team at their cost to address the issues. Anyone experiencing issues should contact Richard Somerset.

The Finance Report was NOTED.

Efficiency & Effectiveness Update

MB/17/10/31 Jon Sargeant provided an overview of the findings and recommendations of the review of the Trusts CIP Governance arrangement undertaken by BDO. The review had taken place over 3 weeks and had focused on four key areas: Leadership and culture; Governance and reporting; Processes and controls and Capacity and capability.

MB/17/10/32 Leadership and Governance: There had been a number of positive findings including a clear documented governance structure that was well resourced, however there needed to be more simplified, efficient and effective monitoring and reporting processes. The review found there needed to be much stronger ownership of CIP targets and it was imperative this was addressed.

MB/17/10/33 Processes & Controls: Although the systems and procedures for grip & control were in place the review found that they weren't always working as intended, for example in terms of the VCF and E Rostering processes, and some specific work would be undertaken to ensure these process were working as they should be.

MB/17/10/34 Overall the governance processes were found to be sound and the delivery of a significant element of the CIP plan was on track; however there were issues in key areas and the Trust would miss financial targets, and risk STP funding, unless it engaged in a revitalised approach to financial recovery.

MB/17/10/35 Capacity & Capability: The review recommended that the PMO be revitalised and renamed with a greater focus on support, challenge, and tight monitoring of scheme delivery. To provide this it was recommended a new Deputy Finance Director Efficiency be appointed to lead financial improvement work-streams reporting to the FD, this recommendation was being taken forward through NHSI.

MB/17/10/36 BDO had identified additional potential savings; details of this were requested, some concern was raised in terms of whether a quality impact assessment had been conducted and this was discussed. The key issue was delivering existing savings plans. Some of the work proposed was about bringing some work forward to deliver sooner or more than planned. There was further detailed discussion and it was noted that a key element was controlling costs; in terms of CIP, some schemes had not progressed and it was imperative that grip and control measures were taken forward quickly. The Trust recognised that staff were working hard but despite this the benefits of some schemes had not been realised.

MB/17/10/37 A Business Case had been put forward to commission BDO to provide a targeted light touch support to deliver solutions that would help the Trust deliver the financial plan through sustained CIP delivery. Jon Sargeant outlined the work to be undertaken; there would be two pieces of work; the first to support Grip & Control would be done on a fixed fee basis. The second piece of work would be to support CIP delivery and fees would be based on delivery; a risk share basis of a percentage of the savings achieved with an agreed fee cap. Details of the expected fees and CIP

delivery were provided.

MB/17/10/38 Jon Sargeant had met with the Chair of the Board and the Chair of the Finance & Performance Committee to agree the Business Case which would be submitted to NHSI the following day.

The Efficiency & Effectiveness Update was NOTED.

Corporate Risk Register

MB/17/10/39 Matthew Kane presented the Corporate Risk Register and Board Assurance Framework and highlighted the extreme risks that had been registered on Datix.

MB/17/10/40 **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:

Ref 1429 – Prescription of air mattresses to known smokers in the community: Not for escalation to the Corporate Risk Register. Take back to CG to review risk rating.

Ref 1435 – K2 Clinical Record, intermittent internet connectivity in the community: Not for escalation to the Corporate Risk Register. Take back to CG to review risk rating.

Ref 1443 – Datix malfunction: Do not escalate to the Corporate Risk Register. After review agreed to restate the risk from 15 (L3cC3) to 12 (L4xC3)

The Board Assurance Framework and Corporate Risk Register was NOTED.

Forthcoming Assessments, Inspections and Reviews

MB/17/10/41 Matthew Kane presented the summary report showing forthcoming reviews and previous reviews which had resulted in action plans.

MB/17/10/42 CQC Inspection –The Chief Executive thanked everyone for their work on the submission of evidence to the CQC.

The Forthcoming Assessments, Inspections and Reviews report was NOTED.

Chief Executive's Report

MB/17/10/43 The Chief Executives Report was provided for information and NOTED

Business Intelligence Report as at 30 September 2017

MB/17/10/44 The Business Intelligence Report was provided for information and NOTED.

Minutes of the Corporate Investment Group meeting

MB/17/10/45 Expansion of Endoscopy Services (CIG 17/8/10 & 11) - It was noted that the minutes of the meeting were to be amended to reflect that the element of the Business case for a Nurse Endoscopist had been APPROVED.

The minutes of the Corporate Investment Group meeting held on 21 August 2017 were provided for information and NOTED.

Minutes of the Planned Care Board meeting

MB/17/10/46 The minutes of the Planned Care Board meeting held on 17 August 2017 were provided for information and NOTED.

Minutes of the Children's & Family Board meeting

MB/17/10/47 The minutes of the Children's & Family Board meeting held on 11 August 2017 were provided for information and NOTED.

Minutes of the Urgent & Emergency Care Steering Group meeting

MB/17/10/48 The minutes of the Urgent & Emergency Care Steering Group meeting held on 18 September 2017 were provided for information and NOTED.

Minutes of the Elective Care Steering Group meeting

MB/17/10/49 The minutes of the Elective Care Steering Group meeting held on 11 September 2017 were provided for information and NOTED.

Any Other Business

MB/17/10/50 None.

Items for escalation to the Board of Directors

MB/17/10/51 None.

Items for escalation from Sub-Committees

MB/17/10/52 None.

Date and Time of Next Meeting:

MB/17/10/53

Date: 13 November 2017
Time: 2pm
Venue: Boardroom, DRI

Board of Directors Agenda Calendar

STANDING ITEMS			OTHER / AD HOC ITEMS
MONTHLY	**QUARTERLY**	**BIANNUAL / ANNUAL**	
DECEMBER 2017			
CE Report	Report from the Chair of the ANCR committee (Verbal)		
Business Intelligence Report			
Nursing Workforce			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
JANUARY 2018			
CE Report	ANCR minutes (16.12.16)	Budget Setting / Business Planning / Annual Plan	
Business Intelligence Report	Chief Executive's Objectives	SOs, SFI, Scheme of Delegation	
Nursing Workforce	Complaints, Compliments, Concerns and Comments Report		
MB Minutes	R&D Strategy metrics (in BIR)		
Finance & Performance Minutes	Safeguarding & maternity metrics (in BIR)		
Finance Report	P&OD Quarterly report		
Chairs' Assurance Logs			
FEBRUARY 2018			
CE Report	QEC Minutes	Budget Setting / Business Planning / Annual Plan	
Business Intelligence Report	Monitor Quarterly Declaration Q3		
Nursing Workforce	Board Assurance Framework & corporate risk register Q3		
MB Minutes			
HWB Decision Summary			
Finance & Performance Minutes			

As at 22 November July 2017

Finance Report			
Chairs' Assurance Logs			
MARCH 2018			
CE Report	Report from the Chair of the ANCR committee (Verbal)	Budget Setting / Business Planning / Draft Annual Plan	
Business Intelligence Report	Monitor Q3 Results Notification	Staff Survey	
Nursing Workforce		Fred & Ann Green Legacy minutes	
MB Minutes			
HWB Decision Summary			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
APRIL 2018			
CE Report	ANCR minutes	Draft Annual Report	Mandatory training update
Business Intelligence Report	Chief Executive's Objectives	Draft Quality Account	
Nursing Workforce	Complaints, Compliments, Concerns and Comments Report	Budget Setting / Business Planning / Final Annual Plan	
MB Minutes	R&D Strategy metrics (in BIR)		
HWB Decision Summary	Safeguarding & maternity metrics (in BIR)		
Finance & Performance Minutes	P&OD Quarterly report		
Finance Report			
Chairs' Assurance Logs			
MAY 2018			
CE Report	Monitor Quarterly Declaration Q4	Annual Report	
Business Intelligence Report	QEC Minutes	Quality Account	
Nursing Workforce	Report from the Chair of the ANCR committee (Verbal)	Annual accounts	
MB Minutes	Board Assurance Framework & corporate risk register Q4 (inc. annual assurance summary)	ISA260 and quality account assurance	
HWB Decision Summary		Charitable Funds minutes	
Finance & Performance Minutes		Mixed Sex Accommodation	

Finance Report			
Chairs' Assurance Logs			
JUNE 2018			
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	
Nursing Workforce	Monitor Q4 Results Notification	ANCR Annual Report	
Bed Plan			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
JULY 2018			
CE Report	Chief Executive's Objectives		Reference Costs
Business Intelligence Report	Complaints, Compliments, Concerns and Comments Report		Diversity and Inclusion
Nursing Workforce	R&D Strategy metrics (in BIR, to include R&D annual summary)		
MB Minutes	Safeguarding & maternity metrics (in BIR)		
Finance & Performance Minutes	ANCR Minutes		
Finance Report	P&OD Quarterly report		
Chairs' Assurance Logs			
AUGUST 2018			
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			

SEPTEMBER 2018			
CE Report			Catering Report
Business Intelligence Report			Teaching Hospital
Nursing Workforce			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
OCTOBER 2018			
CE Report	ANCR minutes	Charitable Funds minutes	
Business Intelligence Report	Chief Executive's Objectives	Fred & Ann Green Legacy minutes	
Nursing Workforce	Complaints, Compliments, Concerns and Comments Report		
MB Minutes	R&D Strategy metrics (in BIR)		
Finance & Performance Minutes	Safeguarding & maternity metrics (in BIR)		
Finance Report	P&OD Quarterly report		
Chairs' Assurance Logs			
NOVEMBER 2018			
CE Report	QEC minutes	Annual Compliance against the National Core Standards for Emergency Preparedness, Resilience and Response (EPRR)	Enabling Strategies
Business Intelligence Report	Board Assurance Framework & corporate risk register Q2		
Nursing Workforce			
MB Minutes			
Finance & Performance Minutes			
Finance Report			
Chairs' Assurance Logs			
OTHER ITEMS			
Review the appointment of Peter Brindley (Executor of Fred and Ann Green Will)			3 yearly (May 2018)
Constitution review			3 yearly (Jan 2018)

Minutes of the meeting of the Board of Directors
Held on Tuesday 31 October 2017
In the Boardroom, Doncaster Royal Infirmary

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moira 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
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Ruth Allarton	Associate Non-executive Director
	Kirsty Edmondson Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement
	Two members of the public	

ACTION

Welcome and apologies for absence

17/10/1 All were present. The Chair welcomed Ruth Allarton to her first meeting of the Board as associate non-executive director.

Declarations of Interest

17/10/2 Board was reminded of the need to keep their registers of interests up-to-date.

Actions from the previous minutes

17/10/3 The list of actions from previous meetings was noted and updated.

17/10/4 It was noted that action 3, relating to attendance by non-executives at quality summits, would be discharged shortly as Linn Phipps was attending a quality summit on Respiratory ward.

Doncaster Growing Together

17/10/5 The Board considered a presentation from Lee Tillman, Assistant Director of Strategy and Performance at Doncaster MBC, which set out some of the

work the Council was doing around the Doncaster Growing Together model.

17/10/6 Doncaster Growing Together was an integrated partnership approach to providing services which was based around four key areas:

- Doncaster Learning
- Doncaster Working
- Doncaster Caring
- Doncaster Living

17/10/7 These areas were underpinned by a commitment to keep it simple, deliver value, expect contribution, be ambitious and do things together. The aspirations and projects associated with each of the four key areas were set out.

17/10/8 Doncaster Growing Together was launched on 21 September and work on spreading the news about the programme was taking place until December 2017. Community engagement would start in November 2017.

17/10/9 Board was advised that some of its directors were already actively working with the Council to support some of the projects, e.g. estates and facilities. In response to a question from Philippe Serna, the Board was advised that the work had been received well by the local community.

17/10/10 It was noted that as one of Doncaster's largest employers the Trust could play a huge role in the success of Doncaster Growing Together and in the wider economy and education of the locality. Linn Phipps commented that the Trust should be actively engaged in the Council's plans for community engagement and the presentation should emphasise the co-production element from the start.

17/10/11 The Board NOTED the presentation on Doncaster Growing Together.

Strategy & Transformation Update

17/10/12 The Board considered a report of the Director of Strategy and Transformation which presented for approval the enabling strategies relating to:

- Patient Experience and Engagement
- People and Organisational Development
- Quality Improvement and Innovation
- Clinical Governance and Assurance Strategy
- Communications and Engagement Strategy

17/10/13 The remaining strategies would be brought to Board in due course.

17/10/14 The Board commended the template but asked that each strategy be distilled into a summary version with key objectives to facilitate awareness across the Trust. Reflecting on the recent *King's Fund* video on how the NHS worked, the Chief Executive advised Board that the Trust wanted to do something similar for its strategies.

17/10/15 The enabling strategies for Patient Experience and Engagement, People and Organisational Development, Quality Improvement and Innovation, Clinical Governance and Assurance and Communications and Engagement were APPROVED.

Emeritus Status

17/10/16 The Board considered a report of the Medical Director that proposed the granting of Emeritus Status for Dr Bruce Bittiner.

17/10/17 Dr Bittiner had worked in the Trust for a period of 25 years as a Consultant Dermatologist and held the role of Specialty Clinical Governance Lead for Dermatology for a period prior to the organisational re-structure in 2014, and continued to support the clinical governance team thereafter.

17/10/18 The granting of Emeritus Consultant Status to Dr Bruce Bittiner, Consultant Dermatologist at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, was APPROVED.

Chair's Assurance Logs for Board Committees held 25 October 2017

17/10/19 The Board considered the assurance reports of the Chairs of Finance and Performance and Quality and Effectiveness Committees, following their meetings on 25 October 2017.

17/10/20 The Board was advised that while performance was on track, use of reserves had once again been applied to ensure the Trust reached a sustainable month end financial total. A consultant firm, BDO, had been employed by the Trust to assist in meeting the control total.

17/10/21 The Board was further advised that grip and control mechanisms had been reviewed along with temporary staffing and rostering elements. The planned CIP for this year was £12m against an original plan of £14.5m. NHS Improvement was fully aware of the work the Trust was undertaking to ensure it hit its plan. A new Efficiency Director, David Fox, would be employed by the Trust subject to the approval of a business case.

17/10/22 Further to a question from Alan Armstrong about ensuring a transfer of skills from BDO to in-house staff, the Board was advised that the arrangements allowed for a blended team and the new Efficiency Director would be a substantive post who would report directly into the Director of Finance.

17/10/23 The Board was advised that the two key strands to the work the Trust was doing on its financial position was, first and foremost, about meeting its control total, and secondly around the wider reshaping of services across the South Yorkshire and Bassetlaw area. Further CIP workstreams were also required. Once the position had been stabilised, further opportunities would be sought out.

17/10/24 The Board was advised that the Quality and Effectiveness Committee had been looking at what assurance meant and examples of new assurance style reports that had been developed, with six assurance questions, were shared as part of the QEC Chair's Log. The Board confirmed they were helpful in terms of highlighting key issues.

17/10/25 Board RECEIVED the Chairs' Logs for assurance.

NHS Protect – Withdrawal of Support for Local Counter Fraud

17/10/26 The Board considered a report of the Local Counter Fraud Specialist that set out how the Trust was responding to notification that NHS Protect was fundamentally changing its support to local counter fraud teams.

17/10/27 The Board was advised that NHS Protect was withdrawing from direct operational support during 2016/17 to NHS organisations and their incumbent local counter fraud specialists, to a model of standard setting, bench marking and assurance that would enable local corrective action. The onus for compliance was now firmly on trusts and to some extent the Chair of a relevant Audit Committee to oversee anti-crime activity.

17/10/28 Particular changes included:

- The local area anti-fraud services provided by NHS Protect being phased out and no longer provided from 1 April 2017.
- The application of the decision that Boards now had sufficient knowledge of anticrime procedures without the need of support by NHS Protect.
- The withdrawal of services for advice and guidance in counter fraud matters to the Trust.
- The withdrawal of training and support to anti-crime specialists.
- The cessation of NHS Protect's local review of investigation files.

17/10/29 In March 2017, the Chair of the Audit and Non-clinical Risk Committee at the Trust wrote a letter to the Managing Director of NHS Protect to seek clarification of their intentions and to seek assurance regarding the future. The resultant response reaffirmed the points outlined.

17/10/30 No particular issues had been encountered to date but Board agreed to review the position in 12 month's time. Neil Rhodes commended the executive summary within the report as a good example that should be followed by others.

17/10/31 The report was NOTED.

Finance Report – September 2017

17/10/32 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 6, 2017/18.

17/10/33 The month six position was a £13,006k deficit, which was £673k ahead of the planned year-to-date figure of £13,679k. This included £419k of Sustainability and Transformation Fund (STF) income relating to 2016/17 that could be counted towards the Trust's control total. The position that would be used by NHS Improvement to monitor the Trust's financial performance was a deficit of £13,483k, £4k better than the control total target-to-date.

17/10/34 During September, expenditure reduced from previous run-rate levels, largely driven by a reduction in medical agency spend. However, the income position was significantly worse than expected, due to unfilled theatre slots in Trauma and Orthopaedics, causing a significant pressure on the Trust's bottom line.

17/10/35 In addition, the Trust had met with colleagues at the CCG to ensure RTT figures were maintained and control totals were hit. In response to a question from Linn Phipps about levels of reserves, the Board was advised that levels of reserves were adequate but that the steps taken to ensure the Trust hit month-end totals meant that much of it had been utilised.

17/10/36 The Board NOTED the month 6 2017/18 financial position of £13.4 million deficit, £4k favourable to plan after removal of the 16/17 STF funding and any variance related to donated asset income.

Performance Report as at 30 September 2017

17/10/37 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 6, 2017/18.

17/10/38 Performance against key metrics included:

4 hour access - In September the Trust achieved 93.72% against the 95% standard (94.3% including GP access). As an organisation, DBTH remained in the top 35 of trusts for performance.

RTT – In August, the Trust performed below the standard of 92% achieving 89.5%, with four specialities with a high number of patients above 18 weeks, these being: Ophthalmology, ENT, General Surgery and Orthopaedics.

Cancer targets – In August the 62-day performance achieved the 85% standard, coming in at 85.7%. The Trust's two-week wait performance dipped however, at 88.1%.

HSMR – The Trust's rolling 12 month HSMR remained better than expected at 88.39, an improvement from last month.

C.Diff – The rate of cases remained slightly above trajectory. Interventions on deep cleaning, antibiotic stewardship and monitoring hand washing compliance continued.

Nursing Workforce - The Trust's overall planned versus actual hours worked in September was 99%.

Appraisal rate - The Trust's appraisal completion rate dipped to 54%, lower than last month.

SET training - There has been an increase in compliance with Statutory and Essential Training (SET) and, at the end of September, the rate was 70%.

Sickness absence – The Trust continued to see a rise in sickness, with September being 4.37% and the year-to-date position being 4.24%. The increase was associated with absences of less than 28 days and a small rise in episodes of three months in duration. The HR Business Partners would be emphasising the need to undertake return to work interviews.

Linn Phipps raised the question of what performance data could be reviewed at board committees as distinct from the Board and indicated that QEC had started looking at this and the concept of exception reporting.

17/10/39 The Performance Report was NOTED.

Winter Planning

17/10/40 The Board considered a report of the Chief Operating Officer that provided assurance on the potential activity growth and risks to the 4hr Access Target as a result of winter pressures.

17/10/41 Details of key metrics were shared together with six areas of focus which systems must act on to improve focus. These were:

- Access to 111

- Ambulance Response Programme, increased clinical triage
- GP Accessibility (increased GP assess monies for each CCG)
- Urgent Treatment Centres , with the Doncaster plan to be first wave for an Urgent Care Centre
- ED streaming
- Flu Vaccinations, with DBTH achieving 75% of front line staff

17/10/42 There was discussion around the Trust's recent 'System Perfect' exercise that brought together teams across the Doncaster and Bassetlaw's health and social care community to improve patient flow and experience, and to better understand urgent and emergency care pathways. There were a number of initial and wider impacts of the exercise on the Trust and these were detailed in the report. There was a desire from the Board to learn more about System Perfect through a planned workshop, potentially involving partners. **DP**

17/10/43 Progress against the Winter Plan would be reported monthly to the Board of Directors as part of the Business Intelligence Report.

17/10/44 Board NOTED the report and that actions identified would improve patient outcomes.

Missed Appointments Engagement Project

17/10/45 The Board considered a presentation from Emma Challans, Deputy Chief Operating Officer, that outlined the work the Trust was doing in relation to missed appointments.

17/10/46 Around 50,000 appointments were missed last year with more than 8,000 alone in ophthalmology. This project, in association with Healthwatch, sought to work with people across primary and secondary care to understand why hospital appointments were missed.

17/10/47 Work would start in December and the recommendations would form part of a report. The Board commended the approach and felt that the issue would make a good subject for a future deep dive topic at Finance and Performance Committee. Linn Phipps felt the work was a good example of the Trust co-producing work with Healthwatch.

17/10/48 The presentation on the Missed Appointments Engagement Project was NOTED.

Nursing Workforce Report

17/10/49 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.

17/10/50 The overall planned versus actual hours worked in September 2017 was 99%, a one per cent decrease since August. Care Hours Per Patient Day (CHPPD) stood at 7.59. Ward A5 and Respiratory were both assessed red for quality in the month and would be subject of a quality summit.

17/10/51 The Board of Directors NOTED the content of the paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

Bassetlaw Mortality – Fractured Neck of Femur

17/10/52 The Board considered a report of the Medical Director that set out, for assurance purposes, reasons for the differentiation in hospitalised standard mortality rate (HSMR) at Doncaster and Bassetlaw sites.

17/10/53 The rolling 12 month relative risk mortality (HSMR) for fractured neck of femur had showed a divergence in outcome between Doncaster Royal Infirmary (57.86) and Bassetlaw Hospital (115.18) giving an overall HSMR for the Trust of 68.88.

17/10/54 In order to identify possible causes for this discrepancy between the two sites a review was undertaken for the period September 2016 to August 2017 inclusive through a mortality review process using the structured judgement method. The key lessons from the review were highlighted in the report.

17/10/55 On review of this cohort of patients there did not appear to be any cause for concern with the quality of care despite the apparent increase in mortality. The numbers involved were fairly small and therefore no appropriate judgement on the HSMR could be made as to its significance.

17/10/56 Coding has been identified as an issue at the Bassetlaw end and the orthopaedic specialty had now adopted the Nottingham Hip Fracture Score that tended to highlight the potential role of co-morbidities on predicted mortality. However, this score was not transferrable to coding and therefore action had been taken to directly identify the relevant co-morbidities with respect to improving coding. The orthopaedic department had also strengthened their mortality review process with input from ortho-geriatricians into case note reviews and the completeness of the reviews were monitored by the Matron. All deaths were now the subject of a structured judgement review.

17/10/57 The report into Bassetlaw mortality – fractured neck of femur was NOTED.

Corporate Risk Register and Board Assurance Framework

17/10/58 The Board considered a report of the Trust Board Secretary which presented the quarter two corporate risk register and board assurance framework (BAF) for monitoring.

17/10/59 In the quarter:

- Two new risks had been placed on the BAF.
- Two of the risks on the BAF had seen ratings change.
- One risk had escalated to the corporate risk register, relating to medical agency spend.

17/10/60 In addition, controls and assurances on both documents had been updated. Six training sessions had taken place with staff on risk management and Datix. Meanwhile, the Quality and Effectiveness Committee had undertaken their first deep dive into one of the risks on the BAF around communicating service changes to the public and staff. Further deep dives were planned.

17/10/61 The Corporate Risk Register and BAF were NOTED.

Reports for Information

17/10/62 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Finance and Performance Committee minutes, 19 September 2017
- Quality and Effectiveness Committee, 22 August and 22 September 2017
- Charitable Funds Committee minutes, 25 July 2017
- Minutes of Management Board, 11 September 2017
- Board of Directors' Calendar

Items escalated from Sub-Committees

17/10/63 None.

Minutes

17/10/64 The minutes of the meeting of the Board of Directors on 26 September 2017 were APPROVED as a correct record with the addition of John Parker to the list of attendees and insertion of Kirsty Edmondson Jones in the list of those in attendance (rather than present).

Any other business

17/10/65 There was no any other business.

Governors questions regarding business of the meeting

17/10/66 There were no questions from governors.

Date and time of next meeting

17/10/67 9.00am on Tuesday 28 November 2017 in the Boardroom, DRI.

Exclusion of Press and Public

17/10/68 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 **Date**
Chair of the Board