

# Staff brief

Staff Brief is based on the Board of Directors' meeting at Montagu Hospital on Tuesday 27 March 2018. For more information on Staff Brief contact email Adam Tingle, Acting Head of Communications and Engagement: [adam.tingle@nhs.net](mailto:adam.tingle@nhs.net) or call DRI Ext 644244.



## Financial position update

The Trust's deficit for month 11 (February 2018) was £832k, behind our monthly plan by £48k. The year-to-date position is a £16.336m deficit.

Our elective and day case income was £606k less than plan; however emergency income has continued to mitigate this position achieving £976k, while our clinical income came in at £1.322m.

Our forecasts shows that we are on course to meet our control total, however this is on the basis of receiving winter pressure funding of £1.2m, which is linked to the delivery of the targets set for our Emergency Departments' performance standards.

With just a sparse few days of the financial year left to go, we want to thank Team DBTH for your hard work throughout the past 12 months, especially over the winter, and ask you all to continue to concentrate on achieving our financial goals, making best use of resources and working as efficiently as possible as we head into the new financial year.

Hitting our control total for this financial year means that we will start in a better position for 2018/19, which will in itself bring its own challenges. In the new financial year, it's vital that we continue to think about every penny that we spend as an organisation and do not look to use-up any 'spare budget' that we may think we have.

To help you understand what cost-savings we have made this year, we have created a number of easy-to-read materials which detail how much we have saved, how we have done this and what this means for the Trust. Please take a few minutes to have a look at our Efficiency and Effectiveness journey by clicking [here](#).



## Appraisal season is coming 1 April 2018

The Trust's Appraisal Season will take place between April and June this year, with an ambition to see 90% of Trust staff receiving a good, quality appraisal.

Having your appraisal is important because it gives you feedback on how you are doing at work, how you can develop and what support is available to help you on this journey. We want every member of Team DBTH to be really clear on what their role is and how this, ultimately, contributes to the delivery of high quality patient care.

To achieve this, we're looking at doing things slightly different this year, to ensure that people value their appraisal and see it as a good use of their time. The People and Organisational Development (P&OD) Directorate are working on plans to prepare and support us all to deliver and participate in our appraisals.

If you have any ideas that can help deliver good, quality appraisals, or you have any questions about the process, please contact your HR Business Partner.

As a member of Team DBTH it's our pledge to you that we offer an environment in which you can **Develop, Belong and Thrive, Here** – ensuring you have your appraisal is just one more way in which we can achieve this together.



## Two new Non-Executive Directors appointed

Following a robust selection process, two Non-Executive Directors, Kath Smart and Pat Drake, have been appointed by our Council of Governors.

Doncaster resident, Kath, who will join the Trust on 1 April, has an extensive background in the public sector, working within the NHS for over a decade as a commissioner in Doncaster, Wakefield and Hull, covering a variety of roles from risk management to governance and external inspections.

As a Chartered Institute of Public Finance and Accountancy (CIPFA) qualified accountant, Kath has most recently worked with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) as a Non-Executive Director, as well as Chair of the organisation's Audit Committee and social enterprise, Flourish Enterprises.

Joining Kath in April is Pat Drake, a former nurse with a wide range of experience in both acute and community care. Since retiring from the Health Service, Pat has served a number of organisations and charities as a Non-Executive Director, as well as serving as Deputy Chair of Yorkshire Ambulance Service. She has also worked as a Non-Executive Director at Locala Community Services, Justice of the Peace and as Governor of a large academy.

A passionate advocate for the delivery of high quality patient care, Pat is focused upon ensuring that patients and the public have a significant voice within the NHS. Pat will take on the role of Clinical Non-Executive, a position the Trust established following the Francis Report into failings at Mid Staffordshire NHS Foundation Trust.

The new Non-Executive Directors were appointed for three-year terms after an open advertisement and recruitment process, led by the Trust's Council of Governors.



## **Award win for maternity partnership project**

A midwife at the Trust, Debbie Rees-Pollard, along with Melissa Simpson from Doncaster Children's Services Trust have scooped the Slimming World Award for Partnership Working at Royal College of Midwives (RCM) Annual Awards. The award is in recognition of their partnership project improving communication between the professionals involved in the care of vulnerable women, in turn helping to protect their unborn babies.

Before Debbie and Melissa's project, communication and information sharing between midwives and social workers was sometimes slow due to time constraints for both groups of professionals. Their initiative involved having monthly meetings with all relevant health and social care professionals to ensure that information was shared effectively, and in time to ensure the best possible care for mothers and babies.

The project has been so successful that neighbouring local authorities and clinical commissioning groups are looking to replicate its approach.

The award judges were impressed by how this showed the partnership resolve between midwifery and social care in protecting families. They also praised how the project has been embedded into the work of the different teams and how it has significantly reduced the timescales for getting plans into place.



## **Catering update**

Since the commencement of our new catering services in January 2018, we have been working closely with Sodexo to ensure we manage that any difficulties during the transitional period are effectively managed.

While there have been some teething issues we were in regular contact with Sodexo communicating our expectations for inpatient meals, as well as our catering services for visitors and staff.

As with any major improvement works and large scale change there are always challenges, Sodexo and the Trust are working hard to address any issues and ensure that we have a fantastic, fit-for-purpose, catering service for our patients, visitors and team.

Due to poor weather earlier this month, the work currently being undertaken to improve our kitchens at Doncaster Royal Infirmary are behind schedule by two weeks, with this expected to complete in early April, with a 'grand-opening' event scheduled for 6 April to unveil the newly refurbished East Dining Room and brand new Subway.



## **Sharing how 'We Care' conference – book your place**

Taking place Thursday 26 April at DRI's Education Centre, the event is a chance for Team DBTH to come together, showcase exciting and innovative examples of care, as well experiences and examples of best practice. This is your

opportunity to celebrate the best and brightest aspects of DBTH, exploring what sets us apart from the rest and discovering why 'We Care'.

The day will feature a number of speakers and workshops, with marketplaces taking place during breaks, giving you chance to speak with colleagues and discover interesting and innovative projects at the Trust.

To find out more about the day and book your place, [click here](#).



## Update on 'Wholly Owned Subsidiaries'

Over the past number of weeks and months, you may have heard about 'Wholly Owned Subsidiaries' (WOS) within the NHS.

In short, these are organisations set-up externally to an NHS Foundation Trust, but still within the ownership of the organisation. In doing so, trusts report greater flexibility around working terms and conditions, greater income generation, wider prospects in areas like apprenticeships, opportunities around procurement and tendering, as well as being able to reduce tax costs.

A number of NHS trusts are currently exploring this model, while some have already adopted this way of working such as Gateshead Health NHS Foundation Trust and locally at Barnsley Hospital NHS Foundation Trust.

At the Trust, we are focused upon delivering the best patient care, whilst also providing value for money, and as such we would always explore options which would help us to achieve these goals.

With that said, our position as an organisation remains unchanged and no decisions have been made regarding taking a WOS forward.

Any large-scale changes to our Trust would require formal talks with our Board of Directors, Council of Governors and staff, as well as union representatives. If our position did change, it would be communicated well in advance.



## Proposed changes to Care Groups

In senior leadership meetings last week, discussions were held about the Trust's future direction as well as what this will mean for our current Care Groups structure.

As we commence with our five year strategy as a Trust, we need to consider how our organisational structure will help us to achieve our goals, as well as meet any challenges, over the next few years. As such, proposals have been made to reduce the number of Care Groups from six to four in the coming weeks.

These proposed Care Groups are (names subject to change):

- Enabling Services
- Medical Services

- Surgical Services
- Women's and Children's Health Services.

With this reduction, it will mean some existing Care Groups will amalgamate into the proposed structure, however it is important to note that this does not mean the withdrawal of any wards, departments or directorates.

As this is still a proposal at this stage, if you have any comments or suggestions on potential changes to our structure, please discuss this with your Care Group Director, General Manager or Head of Nursing, so this feedback can be used in any decision making process.



## Amendments to NHS pay structure

As many of you will be aware from last week's announcement, negotiations have taken place with the government, NHS Employers and trade unions on a three-year pay deal for NHS staff in England, together with changes to the Agenda for Change pay structure.

In simple terms, if approved, this means an end to the 1% pay freeze, in effect since 2010, with wage rises between 6.5% and 29% depending your banding. As a result of this negotiation, the lowest paid members of Team DBTH will see uplift in basic pay of 15%, with band one scrapped by April 2021.

In terms of what this means for the Trust finances, it's important to note that the government has committed new money to pay for the deal and money will not be taken from patient care.

With these suggested changes to Agenda for Change, this will mean fewer scales within each banding – proposed changes which you can see on NHS Employers website [here](#). You can also look at how these changes will personally affect you by using [NHS Pay's calculator](#).

It is anticipated that trade unions will now be consulting with their members until the end of May, announcing their decisions in early June. If this recommendation is accepted, the revised structure will be payable in July 2018, backdated to 1 April 2018.

We will communicate more information as it becomes available. Please keep checking the Buzz and the Intranet in the coming weeks.



## Performance update

**4 hour access** - In February the Trust achieved 90.2% against the 95% standard (including GP access). In total, over 12,579 patients were seen.

**RTT** – In February, we performed below the standard of 92% achieving 90%, the same position as the previous month.

**Cancer targets** – In January the 62-day performance achieved the 85% standard, coming in at 85.6%.

**HSMR** – The Trust's rolling 12 month HSMR remains better than expected at 87.42, a very minor increase from last month but mirroring last year's performance.

**C.Diff** – Remains below trajectory for the month, however still above last year’s performance, although on trajectory to achieve the nationally set target.

**Nursing Workforce** - The Trust’s overall planned versus actual hours worked in February was 98%.

**Appraisal rate** – The Trust’s appraisal completion rate has seen a further rise to 66.48%, Trust goal to get to 90% with the introduction of Appraisal Season in April 2018.

**SET training** – Compliance with Statutory and Essential Training (SET) remains static and at the end of February the rate was 78.59%.

**Sickness absence** – February has seen a decrease in monthly sickness levels to 4.54%.



### **Award nomination for innovative flu campaign**

Our flu vaccination campaign for 2017/18 has been nominated for NHS England’s Flu Fighter 2018 awards in the category of 'Social and Digital Media'.

Ensuring that staff were aware that the flu vaccination was available, our Communications and Engagement team worked closely with Occupational Health and Wellbeing to design and deliver an eye-catching publicity campaign. Taking the lead from last summer’s cinematic offerings from a galaxy, far, far away, the flu jab was given a decidedly intergalactic make-over, complete with Jedi, lightsabers and a parody of Star Wars’ iconic opening crawl.

Called ‘Flu Wars – The Last Flu Fighter’, the campaign had members of Team DBTH, strike their best poses for fake film posters, as well as get involved in the creation of a teaser trailer, detailing when the vaccination would be available for members of staff.

The Social and Digital Media award recognises those who have shown outstanding creativity in the use of digital and social media to promote the flu vaccine to staff.

The NHS England Flu Fighter 2018 awards will take place Tuesday 24 April, when the winners will be announced.



### **Digital DBTH: ERS set for ‘go-live’**

From 2 April 2018 all GP Practices are expected to make a patient referral for all first consultant-led outpatient appointments via the NHS Electronic Referral Service (ERS).

By adopting this digital system, it will enable us to reduce administrative processes and, most importantly, improve overall treatment time for patients. In preparation for the paper switch-off, our IT Team are working hard to ensure the system is issue-free while solving challenges around booking slots.

A Q&A piece can be seen in this week’s edition of the Buzz regarding this change. If you have further questions about the paper switch-off, please contact [donccg.enquiries@nhs.net](mailto:donccg.enquiries@nhs.net).



## The 100 Day Challenge

In October, NHS England confirmed our successful application to become a 'wave three' site for the Elective Care Development Collaborative (ECDC) Programme.

This project is a partnership effort, with the Trust working with colleagues from NHS Doncaster Clinical Commissioning Group, RDASH, Healthwatch Doncaster and primary care (including pharmacy and general practice).

Supported by NHS England, together we are looking at implementing a number of changes within three specialities, with an overarching ambition to improve the experience patients have when they receive care and treatment from the local NHS. To ensure these changes are delivered, all initiatives are developed, implemented and monitored over a 100 day period, which officially began 31 January 2018.

Covering the specialities of Cardiology, ENT and Urology, the 100 Day Challenge covers:

**Cardiology:** This group is intending to implement BNP or NTproBNP blood testing on a trial basis for patients with suspected uncontrolled heart failure. Reduce referrals to Cardiology for Ambulatory Blood Pressure Monitoring (ABPM). To reduce inappropriate referrals directly to Cardiology and ensure stability of patients while they await confirmed AF diagnosis.

**ENT:** This group is intending to reduce referrals to secondary care for ear wax and stuffy nose focusing on a sample of GP practices in Doncaster.

**Urology:** The group is intending to reduce routine referrals (non-two week wait) from a sample of GP practices to Urology and Gynaecology and reduce Catheter Clinic follow-ups.

On 21 March, those involved in the project came together at the new National College For High Speed Rail in Doncaster to discuss how things were progressing as the 100 Day Challenge is now at its mid-point.

Giving feedback on the previous two months, the assembled project leads gave feedback on their progress, what has been accomplished and what challenges they have faced. Designed to give those present a chance to reflect, as well as renewed purpose and motivation, the event was the perfect opportunity to take stock of the work that has taken place so far.

Further updates will be available as the project nears its completion. If you have any further questions or would like more involvement in the programme please get in touch with Claire Booth, Project Manager for 100 Day Challenge via [claire.booth8@nhs.net](mailto:claire.booth8@nhs.net)